

PEIA Benefit Coordinator
Quarterly Workshop

Flatwoods, October 16, 2012

Summary of Benefits & Coverage

- Affordable Care Act requires that new enrollees and existing employees making qualifying event changes have access to this tool
- Will also be provided electronically for all policyholders each plan year during Open Enrollment
- Can be printed and given to the employee or the employee can be provided with instructions to go online to access the information
- Needs to be provided in addition to the Shopper's Guide and Summary Plan Description
- Only applies to health insurance, not life insurance or flexible benefits
- PEIA Customer Service will only print and provide copies to policyholders when requested by policyholder

The Health Plan

- Has separate Summary of Benefits and Coverage (PEIA and THP websites)
- THP information available at their website: <http://www.healthplan.org/>
- Direct inquiries/questions to THP at 800-624-6961
- There are 7 counties not covered under the Health Plan:

McDowell, Mingo, Summers, Grant, Mineral, Pendleton, and Hardy

Dependents to Age 26

- Because of changes to PPB Plans for Plan Year 2013 which began July 1, 2012, all qualified dependents to age 26 can be covered regardless of employer-sponsored insurance being available, marital or student status, financial dependency, or residence
- Cannot be covered for health insurance through PEIA by both their parent and self
- Can enroll for life insurance in their name and health under parent

Dependent Changes Online

- Revised screens to add new dependent
- Will be prompted to add coverage once dependent is added
- Will receive e-mail if dependent is added and finalized but no coverage election made within 24 hours

Qualifying Events Revised

- Divorce
- Marriage
- Birth of Child or Adoption
- Open enrollment under spouse's **or dependent's** benefit plan
- Death of spouse **or dependent**
- Beginning of spouse's **or dependent's** employment
- End of spouse's **or dependent's** employment
- Significant change in health coverage due to spouse's **or dependent's** employment
- Unpaid leave of absence by policyholder, spouse, **or dependent**
- Change from full-time to part-time employment or vice versa for policyholder, spouse, **or dependent**

New Forms Online

- Benefit Coordinator Reference Manual
- Health Enrollment Forms
- Change in Status Form
- Life Insurance Enrollment Forms
- Retiree Forms (in process)
- **Remember!!!**
 - **Do NOT terminate employees online if they are transferring or retiring!**
 - If you are uncertain where the employee is going to be employed when they leave your agency – use a **paper** termination form
 - If the employee had PEIA previously but there has been a lapse in employment, they **must** complete paper forms to enroll

Improve Your Score Discount

- Valid for active policyholders in the PEIA PPB Plans
- Screen every two years to stay in program (but can screen every calendar year)
 - If green score, valid for 2 years without engaging
 - If yellow or red score, must engage before discount will be processed
 - Can engage online at Manage My Benefits
 - If need paper form, policyholder (not BC) must call PEIA Customer Service for engagement affidavit
- Information on Improve Your Score and Tobacco Status will only be given to policyholders, not to BCs due to HIPAA regulations

Improve Your Score Discount

- Website is www.peiapathways.com:
 - Register to be a worksite screening location
 - Find list of screening events
 - Contact information, announcements, other features being added
- Wellness Benefits changed on IYS Screenings:
 - PPB Plan policyholders only, including retirees and dependents age 18 to 26 (only policyholder's screen counts for discount)
 - No optional tests
- Enhancements include:
 - On-site coaching for those with yellow or red scores
 - Lifestyle and fitness coaching
 - More opportunities for engagement, increased website resources, and informational webinars being developed

Tobacco-Free Discount

- PEIA will require all policyholders to reconfirm their tobacco status during open enrollment for Plan Year 2014 (in April 2013)
- Status will default to **tobacco user** July 1 if policyholder does not either:
 - Go to Premium Discounts tab on Manage My Benefits and report their tobacco-free status, or
 - Complete a tobacco-free affidavit and send to PEIA for processing
- Agencies can report tobacco use by those claiming the discount to Karen Hall at PEIA, extension 52670
- A Chantix prescription (even if not filled) will cause the policyholder to be moved to tobacco-user status

ID Cards and Address Changes

- Being issued by HealthSmart
- New cards with HealthSmart logo being designed and will be sent to all policyholders in the future
- If a new employee does not receive their card, they can contact HealthSmart or go to the HealthSmart website to print a temporary card; instructions are located in the Benefit Coordinator Briefings
- Policyholders whose address has changed due to the 911 system need to change their address with PEIA and Minnesota Life (and FBMC if applicable)
 - Go to Manage My Benefits and click on Policyholder Summary tab to enter new address, or
 - Complete and submit a Change in Address form to PEIA via mail
- PEIA has stacks of returned cards and correspondence that need to be forwarded

Minnesota Life Beneficiary Updates

- For **active** employees now through the end of November
- Beneficiary updates through **Manage My Benefits only** (no paper forms); enhanced screens to simplify process
- **Benefit Coordinators to notify employees** of the project via e-mail
- **E-mail text provided to BCs by group** (State, Colleges/Universities, etc.)
- Minnesota Life will complete a mail campaign later to those not responding online

***Proposed Changes to
PPB Plans for
PEIA Plan Year 2014***

Non-State Agencies

- No premium adjustments
- Benefit changes aligned with State Plans

State Agencies

- Premium adjustments
- Benefit changes as described later

Fiscal Year 2014 Plans

- No increase in State funding (does not include non-state agencies)
- State plan needs to decrease expenses by \$11 million for FY 2014
- Cannot increase active employee premiums without further State funding due to 80/20 rule

Recommended Premium Adjustments

EMPLOYER (State)			
PLAN A	PLAN B	PLAN C	PLAN D
101%	80%	80%	90%

EMPLOYEE (State)			
PLAN A	PLAN B	PLAN C	PLAN D
100%	80%	95%	90%

- These premium adjustments do **not** apply to non-State agencies

Plan A ONLY

FY 2014 Deductible and MOOP Savings Scenarios

<u>Deductible Increase</u>				
Single	\$25	\$50	\$75	\$100
Family/Child	\$50	\$100	\$150	\$200
<u>MOOP Increase</u>				
Single	\$0	\$0	\$0	\$0
Family/Child	\$0	\$0	\$0	\$0
<u>Savings</u>				
Active - State	\$1,800,000	\$3,600,000	\$5,300,000	\$7,000,000
Active - Non-State	<u>300,000</u>	<u>500,000</u>	<u>800,000</u>	<u>1,100,000</u>
Total State	\$2,100,000	\$4,100,000	\$6,100,000	\$8,100,000
Retiree - Non-Med	\$300,000	\$700,000	\$1,000,000	\$1,300,000
Total	\$2,400,000	\$4,800,000	\$7,100,000	\$9,400,000

Plan A ONLY

Plan A Deductible Projections

Employee Only	2013 Annual Deductible	2014 Option A	2014 Option B	2014 Option C	2014 Option D	Family	2013 Annual Deductible	2014 Option A	2014 Option B	2014 Option C	2014 Option D
\$0 - \$20,000	\$100	\$125	\$150	\$175	\$200	\$0 - \$20,000	\$200	\$250	\$300	\$350	\$400
\$20,001 - \$30,000	\$150	\$175	\$200	\$225	\$250	\$20,001 - \$30,000	\$300	\$350	\$400	\$450	\$500
\$30,001 - \$36,000	\$200	\$225	\$250	\$275	\$300	\$30,001 - \$36,000	\$400	\$450	\$500	\$550	\$600
\$36,001 - \$42,000	\$225	\$250	\$275	\$300	\$325	\$36,001 - \$42,000	\$450	\$500	\$550	\$600	\$650
\$42,001 - \$50,000	\$250	\$275	\$300	\$325	\$350	\$42,001 - \$50,000	\$500	\$550	\$600	\$650	\$700
\$50,001 - \$62,500	\$375	\$400	\$425	\$450	\$475	\$50,001 - \$62,500	\$750	\$800	\$850	\$900	\$950
\$62,501 - \$75,000	\$400	\$425	\$450	\$475	\$500	\$62,501 - \$75,000	\$800	\$850	\$900	\$950	\$1,000
\$75,001 - \$100,000	\$425	\$450	\$475	\$500	\$525	\$75,001 - \$100,000	\$850	\$900	\$950	\$1,000	\$1,050
\$100,001 - \$125,000	\$500	\$525	\$550	\$575	\$600	\$100,001 - \$125,000	\$1,000	\$1,050	\$1,100	\$1,150	\$1,200
\$125,001 +	\$600	\$625	\$650	\$675	\$700	\$125,001 +	\$1,200	\$1,250	\$1,300	\$1,350	\$1,400

Plan A ONLY

FY 2014 Deductible and MOOP Savings Scenarios

<u>Deductible Increase</u>				
Single	\$0	\$0	\$0	\$0
Family/Child	\$0	\$0	\$0	\$0
<u>MOOP Increase</u>				
Single	\$150	\$300	\$450	\$600
Family/Child	\$300	\$600	\$900	\$1,200
<u>Savings</u>				
Active - State	\$900,000	\$1,800,000	\$2,500,000	\$3,100,000
Active - Non-State	<u>100,000</u>	<u>100,000</u>	<u>200,000</u>	<u>300,000</u>
Total State	\$1,000,000	\$1,900,000	\$2,700,000	\$3,400,000
Retiree - Non-Med	\$400,000	\$700,000	\$1,000,000	\$1,300,000
Total	\$1,400,000	\$2,600,000	\$3,700,000	\$4,700,000

Plan A, B, and D Change Already in Place for 2014 -- Make family/child out-of-pocket maximum 2x single

Plan A ONLY

Plan A Out-of-Pocket Maximum (OOPM) Projections

Employee Only	2013 OOPM	2014 OOPM	Option A	Option B	Option C	Option D	Family	2013 OOPM	2014 OOPM	Option A	Option B	Option C	Option D
\$0 - \$20,000	\$800	\$800	\$950	\$1,100	\$1,250	\$1,400	\$0 - \$20,000	\$1,200	\$1,600	\$1,900	\$2,200	\$2,500	\$2,800
\$20,001 - \$30,000	\$1,100	\$1,100	\$1,250	\$1,400	\$1,550	\$1,700	\$20,001 - \$30,000	\$1,650	\$2,200	\$2,500	\$2,800	\$3,100	\$3,400
\$30,001 - \$36,000	\$1,250	\$1,250	\$1,400	\$1,550	\$1,700	\$1,850	\$30,001 - \$36,000	\$1,875	\$2,500	\$2,800	\$3,100	\$3,400	\$3,700
\$36,001 - \$42,000	\$1,500	\$1,500	\$1,650	\$1,800	\$1,950	\$2,100	\$36,001 - \$42,000	\$2,250	\$3,000	\$3,300	\$3,600	\$3,900	\$4,200
\$42,001 - \$50,000	\$1,750	\$1,750	\$1,900	\$2,050	\$2,200	\$2,350	\$42,001 - \$50,000	\$2,625	\$3,500	\$3,800	\$4,100	\$4,400	\$4,700
\$50,001 - \$62,500	\$1,800	\$1,800	\$1,950	\$2,100	\$2,250	\$2,400	\$50,001 - \$62,500	\$2,700	\$3,600	\$3,900	\$4,200	\$4,500	\$4,800
\$62,501 - \$75,000	\$1,850	\$1,850	\$2,000	\$2,150	\$2,300	\$2,450	\$62,501 - \$75,000	\$2,775	\$3,700	\$4,000	\$4,300	\$4,600	\$4,900
\$75,001 - \$100,000	\$1,900	\$1,900	\$2,050	\$2,200	\$2,350	\$2,500	\$75,001 - \$100,000	\$2,850	\$3,800	\$4,100	\$4,400	\$4,700	\$5,000
\$100,001 - \$125,000	\$2,000	\$2,000	\$2,150	\$2,300	\$2,450	\$2,600	\$100,001 - \$125,000	\$3,000	\$4,000	\$4,300	\$4,600	\$4,900	\$5,200
\$125,001 +	\$2,250	\$2,250	\$2,400	\$2,550	\$2,700	\$2,850	\$125,001 +	\$3,375	\$4,500	\$4,800	\$5,100	\$5,400	\$5,700

Plan A, B, and D Change Already in Place for 2014 -- Make family/child out-of-pocket maximum 2x single

Proposed Benefit Change Scenarios

Plan A Changes

	Active Plan	Non-Medicare Retirees	Total
Increase Specialist copay from \$25 to \$40	\$3,000,000	\$330,000	\$3,330,000
Increase non-Medical Home copay from \$15 to \$25	\$5,900,000	\$600,000	\$6,500,000

Plan A, B and D Changes

ER Copay Adjustment Options:

Set all ER copays to \$100 (no reduction for medical emergency)	\$2,100,000	\$120,000	\$2,220,000
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Drug Plan Changes

- Increase copay for **Specialty Medications** from \$50 per 30-day supply to:
 - \$85 per 30-day supply of generic specialty medication
 - \$85 per 30-day supply of preferred brand name specialty medication
 - \$100 per 30-day supply of non-preferred brand specialty medication
- Total Savings – to come
- Potentially create a new specialty benefit
- **Transplant Drugs:** waive copayment on anti-rejection drugs only

Wellness Program Proposed Changes

- Weight Management Program
 - Allow members a second attempt at the program, if first attempt fails
- Tobacco Cessation Program
 - Members will be required to submit a tobacco affidavit during Open Enrollment (April) in 2013. Time to update the PEIA records.
- Face to Face Diabetes Management Program
 - Discontinue waiving copayment for third-tier (non-preferred) brand name diabetes medications. Copay will still be waived for generics and preferred drugs.

Retiree Changes

- **Non-Medicare changes:**
 - Premium Adjustments
 - All Plan A changes to be determined
 - Plan B will be available to non-Medicare retirees in alignment with the active plan
- **Medicare changes:**
 - Two new Medicare Advantage alternatives
 - Change Medicare retirees to Medicare calendar year (plan year)
 - 6-month plan (July – December 2013) – no reduction in deductible or out-of-pocket maximum for this shortened plan year
 - 12-month plan year beginning January 1, 2014
 - Will maintain premiums and benefits with no changes for the entire 18-month period.

Medicare Advantage Plan Alternatives – Medical Only

This information is illustrative and for discussion only.

Plan Element	Gold Plan	Silver Plan	Bronze Plan
Medical Deductible	\$25	\$100	\$250
MOOP	\$750	\$1,350	\$1,500
PCP Copay	\$10	\$10	\$10
Specialist Copay	\$20	\$30	\$30
Inpatient Hospital Copay	\$100	\$150	\$150
Skilled Nursing Facility	\$0	\$0	\$0
Emergency Room	\$50	\$50	\$65
Ambulance	\$0	\$0	\$0
Outpatient/Office Surgery Copay	\$50	\$50	\$65
Premium Savings over Standard Plan	0.0%	14.5%	30.3%

* These are approximate values only and include only the medical portion. Prescription benefits are not addressed in this example.

Public Hearing Schedule

Customer Service: 5:00 - 6:00 pm

Registration: 5:00 – 6:00 pm

Public Hearing: 6:00 – 8:00 pm

DATE	LOCATION
Monday, November 12, 2012	Holiday Inn, 301 Fox Croft Avenue, Martinsburg, WV
Tuesday, November 13, 2012	Ramada Inn, 20 Scott Avenue, Morgantown, WV
Wednesday, November 14, 2012	WV Northern Community College, 1704 Market Street, Wheeling, WV
Thursday, November 15, 2012	Marshall University Medical School, Harless Auditorium, 1600 Medical Center Drive, Huntington, WV
Monday, November 19, 2012	Tamarack Ballroom A, One Tamarack Park, Beckley, WV
Tuesday, November 20, 2012	Civic Center, Little Theater, 200 Civic Center Drive, Charleston, WV

SEND WRITTEN COMMENTS TO:

Public Comment

West Virginia Public Employees Insurance
Agency

601 57th Street, SE, Suite 2

Charleston, WV 25304