Those present: Susan Chisholm, Erica Spangler, Jean Varner, Iva Gillet, Ginny Kois, Rita Webb, Delores Roberts, Laura Sprung, Peggy Ehrenberg, Iva Gillett, Art Grocholski, Joshua Bond, Brad Holland (ex-officio), Beth Reinhard (ex-officio), and David White.

OPEN SESSION

Mr. David King, Lead Benefits Counselor, Human Resources, was our guest speaker for this meeting. Mr. King gave an overview of the upcoming open enrollment which will begin November 2 through November 20, 2009.

The University of Virginia’s health plan is owned by the University and Southern Health manages our claims. Increased health care expenses, increased number of high dollar (over $100K) claims coupled with poor market conditions has necessitated many changes to the U.Va. Health Plan.

A copy of the PowerPoint presentation is attached that outlines many of the changes implemented for the next year and this can also be found on the HR website: http://www.hrs.virginia.edu/benefits.html. Because of the many changes and costs that will incur with next year’s health insurance coverage, it was recommended that council members alert constituents and share the PowerPoint presentation in advance of the start of the open enrollment date of November 2.

Changes include some of the following points:

• Copayments for generic drugs remain the same
• Brand name drugs will move from copayments to coinsurance and those brand name drugs purchased at retail will have a $100 deductible
• New mental health vendor, MHNet and preauthorization will be required for those switching services
• Changes to office visit copayments:
  PCP office visit $20 (from $15)
  Specialist office visit $40 (from $30)

Listed below are answers provided to questions submitted from constituents.

1) How much in weekly claims goes to pay for Southern Health fees?
   UVA currently pays around 1.25 million per week for claims expense. 100% of that money is used on claims. UVA pays a small per employee/per month fee for Southern Health administration.

2) Will the Medical cards have the new mental health phone number?
   The mental health phone number will remain the same in 2010. New ID cards will still be provided by Southern Health for 2010 due to the change in co-pay amounts.

3) Is there a deductible for in-patient stay in the High Premium?
   No. The deductible only applies to services with a coinsurance charge.

4) Will there be an example of someone with Diabetes available for Open Enrollment?
We will attempt to provide an example during open enrollment for diabetic prescription charges in the new plan structure.

5) Is there a $5,000 limit for a family unit with Health Care FSA?
No. The health care FSA limit is tied to the employee. If a husband and wife both work at U.Va, each could contribute up to $5,000 to the health care FSA.

6) Plans for Wellness Coordinator position.
The wellness coordinator position is being reviewed by UHR and their health care consultant. An announcement on the direction of this position/program is expected after the 1st of the year. Current programs, such as weight watchers and the smoking cessation program are still available and Teresa Stevens in Benefits is the contact.

CLOSED SESSION

Due to the open enrollment presentation and the questions asked the closed session was brief. Captured below were highlights of the closed session.

September Meeting Minutes
These minutes are still under review and will be voted on at the November meeting.

Parking and Transportation
The Cavalier Camp participant drop off and pick up location safety was addressed and moving its location is currently under review.

UVA Vendor Fair, Thursday, November 12
This vendor fair includes a table for the communication councils and we will need volunteers to represent the various councils.

The Medical Center has a similar fair that will be held on November 16, in Jordan hall.
Attachment
Open Enrollment 2009 PowerPoint Presentation

Note to editors. Once I have a version that is a final draft, I will combine both these minutes with the PDF file of the PowerPoint presentation submitted by David King.
Open Enrollment 2009
November 2 to November 20

UHR Office of Employee Benefits
UVA Health Plan: Changes to the Plan

In both programs:

Changes to Office Visit copayments:
- PCP office visit $20 (from $15)
- Specialist office visit $40 (from $30)

Addition to dental benefits:
- Additional Services for those with a diagnosis of maternity, heart disease, stroke, diabetes, transplant, and respiratory disease; includes an additional cleaning as well as enhanced non-surgical periodontal coverage
Some helpful definitions

**Copayment:**
- A fixed dollar amount you pay each time you receive a particular medical or Rx service.
- Copayments do not accumulate to any kind of maximums so no limit the amount of copayments you would owe.

**Coinsurance:**
- A fixed percentage of allowable you must pay towards the cost of covered services.
- Coinsurance accumulates toward a maximum out-of-pocket for coinsurance. The medical maximum out-of-pocket for coinsurance excludes deductibles, copayments, prescriptions, and dental.

**Deductible:**
- A fixed dollar amount you must incur before the plan begins to pay for the cost of covered services. Individual and family amounts.
Rx Changes

In both programs:

- Copayments for generic drugs remain the same

- Brand name drugs will move from copayments to coinsurance

- Brand name drugs purchased at retail will have a $100 deductible.
UVA Health Plan: Rx changes, continued

Retail pharmacy (30-day supply)

Generic $6 copayment

Formulary Brand 20% coinsurance after deductible
(coinsurance minimum $24, maximum $100)

Non-Formulary Brand 20% coinsurance after deductible
(coinsurance minimum $48, maximum $100)
UVA Health Plan: Rx changes, continued

Mail Order (90-day supply)

Generic $14 copayment

Formulary Brand 20% coinsurance
(coinsurance minimum $56, maximum $300)

Non-Formulary Brand 20% coinsurance
(coinsurance minimum $112, maximum $300)
UVA Health Plan: Rx changes, continued

Specialty (30-day supply)

For Generic, Formulary, Non-Formulary Brand
- 20% coinsurance
- Minimum $50, maximum $100
Rx examples

Formulary Drug at retail

Lipitor

2009 cost = copayment $24
2010 cost if deductible not met = $124.00

Full cost $193.32
Deductible $100.00
Balance after deductible $93.32
20% coinsurance on balance $18.66
Apply minimum copay $24.00

Total $124.00

2010 cost if deductible met = $38.66

(20% coinsurance of $193.32)
Rx examples

Non-Formulary Drugs at retail

Vytorin
- current copayment: $48
- if deductible met, with 20%: $48

Aciphex
- current copayment: $48
- if deductible met, with 20%: $49.36

Cozaar
- current copayment: $48
- if deductible met, with 20%: $48
Rx examples

**Specialty Drugs**

**Copaxone**
- Current copayment: $50
- With 20%: $100

**Advate**
- Current copayment: $75
- With 20%: $100

**Humira**
- Current copayment: $50
- With 20%: $100
UVA Health Plan: Mental Health Changes

- In both programs:
  - Mental Health Parity compliance
    - Eliminates plan maximums to be in compliance with Federal Parity
  - New Mental Health vendor
    - Currently United Behavioral Health
    - New vendor is MHNet
    - Preauthorization required
UVA Health Plan: Changes to the High Premium Plan

Changes to Copayments

- In-patient copayment $300 (from $200)
- Emergency Room and Outpatient Procedures $125 (from $75)

Addition of $100 Deductible
UVA Health Plan: Changes to the High Premium Plan

Addition of Co-insurance

- Some services now covered at 100%, will move to mirror other HP with deductible and coinsurance of 90%/10%; examples include cardiac rehab, respiratory therapy, chemotherapy, dialysis, IV infusion therapy and medications administered in conjunction with any of these services

- Specialty diagnostic services including but not limited to MRA, MRI, CAT Scan, PET Scan will move to mirror other diagnostic services with deductible and 90%/10% coinsurance
## UVA HEALTH PLAN
### Premiums 2009 and 2010

<table>
<thead>
<tr>
<th>Employee</th>
<th>2009 Low Premium Program</th>
<th>2010 Low Premium Program</th>
<th>2009 High Premium Program</th>
<th>2010 High Premium Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$12</td>
<td>$12</td>
<td>$42</td>
<td>$47</td>
</tr>
<tr>
<td>EE + child</td>
<td>$47</td>
<td>$47</td>
<td>$147</td>
<td>$166</td>
</tr>
<tr>
<td>EE + spouse</td>
<td>$54</td>
<td>$54</td>
<td>$171</td>
<td>$193</td>
</tr>
<tr>
<td>Family</td>
<td>$116</td>
<td>$116</td>
<td>$327</td>
<td>$370</td>
</tr>
<tr>
<td>Double State</td>
<td>$80</td>
<td>$80</td>
<td>$291</td>
<td>$334</td>
</tr>
</tbody>
</table>
## Quick Comparison – In Network

<table>
<thead>
<tr>
<th>Service</th>
<th>Low Premium Program</th>
<th>High Premium Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Office Visits</td>
<td>$20 Copayment</td>
<td>$20 Copayment</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$40 Copayment</td>
<td>$40 Copayment</td>
</tr>
<tr>
<td>Drugs</td>
<td>$6 generic $100 deductible brand at retail, then 20% with coinsurance minimums and maximums</td>
<td>$6 generic $100 deductible brand at retail, then 20% with coinsurance minimums and maximums</td>
</tr>
<tr>
<td>Diagnostic, lab and XRay services</td>
<td>$350 Deductible + 20% co-insurance</td>
<td>$100 Deductible + 10% co-insurance</td>
</tr>
</tbody>
</table>
# UVA Health Plan: Quick Comparison – In Network

<table>
<thead>
<tr>
<th></th>
<th>Low Premium Program</th>
<th>High Premium Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness testing</strong></td>
<td>100% with no limit</td>
<td>100% with no limit</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$350 Deductible + 20% co-insurance</td>
<td>$125 Copayment; 10% coins (after deductible) +$40 physician copay</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>$350 Deductible + 20% co-insurance</td>
<td>$300 Copayment</td>
</tr>
<tr>
<td><strong>Outpatient Hosp. Procedures</strong></td>
<td>$350 Deductible + 20% co-insurance</td>
<td>$125 Copayment</td>
</tr>
<tr>
<td><strong>Medical Co-insurance Out-of-Pocket Limits</strong></td>
<td>$3,500 per person</td>
<td>$2,500 per person</td>
</tr>
<tr>
<td></td>
<td>$7,000 per family</td>
<td>$5,000 per family</td>
</tr>
</tbody>
</table>
UVA Health Plan: Things to Consider

- Monthly cash flow
- Average annual health costs (view your history at www.southernhealth.com)
- Tolerance for unexpected/unplanned expenses
- Participation in the Flexible Spending Account Program
- Have an opportunity to change next year
UVA Health Plan: What Do You Do

- If you wish to change programs, complete a Program Election Form.

- In addition, if you are adding or deleting dependents, complete a UVa Health Plan application.

- Return forms and paperwork to the UHR Office of Employee Benefits by Friday November 20\(^{st}\) by 5:00pm
UVA Health Plan: Reminder about dependents

Drop ineligible dependents –

- Former spouse
- Married children
- Children not at home
- Relatives other than legal spouse and children
- Not an IRS dependent
Other Open Enrollment Items

- Vision Insurance
  - Davis Vision

- Flexible Spending Accounts
  - Chard Snyder

- Tax Deferred Savings Plan
Davis Vision Insurance

- Automatic re-enrollment if you are currently enrolled in Davis Vision Insurance; must complete forms to drop coverage
- Who is eligible?
  Benefits-eligible academic and Medical Ctr employees
  Do not have to be enrolled in the Health Plan to enroll in the Vision Plan
- Once each calendar year you can receive
  - Eye Examination for glasses with a specialist copay
  - Spectacle lenses and frames  OR
  - Contact lenses
    Employee only  $5.66 per month
    Employee and child  $9.91 per month
    Employee and spouse  $10.20 per month
    Family  $15.86 per month
Flexible Spending Accounts:
General

- You must re-enroll each year and can now enroll on-line
- Programs are use or lose
- Debit card or claim form with direct deposit
- On-line account info available
- $2.75 per month administrative fee
- Changes limited based on qualifying events
- If you are enrolled in 2009 and elect to re-enroll in 2010, you will use your current debit card. New debit cards will not be issued.
Flexible Spending Accounts: Debit card features

- Special-purpose pre-paid Master card to pay for qualified expenses
- Works like a debit card with the value of your account contribution stored on it; when you use it, amount is deducted from your account
- For Health Care FSA, the dollar value on the Card will be your annual election amount
- For Dependent Care FSA, the card is funded each pay period, so you must be aware of your account balance
- The Card will work only at locations with eligible merchant categories (ex: pharmacies, medical and vision providers, and hospitals)
- Will not work at restaurants, hardware stores, book stores and gas stations, for example
- Save your receipts in case of an audit—card could be suspended if receipts are requested and not provided
- Receipts can be requested at anytime after the expense has been submitted
Flexible Spending Accounts: Health

- Minimum: $240; Maximum: $5000
- New employees can enroll immediately, no waiting period
- Grace period until March 15th 2011 to incur claims; until April 30th to file claims
- Can be used for:
  - Drug copays
  - Vision care
  - Certain OTC costs
  - Uncovered dental
  - Chiropractic services
Flexible Spending Accounts: Health, cont’d

Cannot be used for:

- Cosmetic surgery
- Premiums
- Vitamins and herbal supplements
Flexible Spending Accounts: Dependent Care

- Minimum: $240, Maximum: Depends on tax status
- Can be used for:
  - Before & after school programs
  - Nursery school, preschool, in-home care
  - Summer camp (not overnight)
  - Adult daycare
Flexible Spending Accounts: Dependent Care, cont’d

- Can not be used for:
  - Child support payments
  - Educational supplies or activity fees
  - Private school tuition (after preschool)

The Dependent Care program is intended to allow both parents to work or attend school full-time.
Tax Deferred Savings Program

- Limits for 2009: are:
  - Age 49 and younger: $16,500
  - Age 50 or older: $22,000
  - Limits for 2010 not yet available

- Reminder for biweekly; will defer more in 2010 unless you make a change

- MUST complete a new TDSP Authorization Form if you wish to change deferral amount

- Can elect flat amount or percentage
Questions?

Contact the UHR Office of Employee Benefits
E:mail: openenrollment@virginia.edu
Mail: PO Box 400127; C’ville 22904-4127
Phone: 434/982-0123
Fax: 434/924-4486

All forms must be received by the UHR Office of Employee Benefits by 5 p.m., November 20

Keep fax confirmation sheet!