

Employee Benefits Committee Meeting Minutes

February 18, 2014 10:00-11:30 AM

203 Student Center

Presiding: Harris, Bill, Chair, EBC

Present: Bender, Patty, AVP, Office of Institutional Equity
Carwile, Debbie, Compensation
Erway, Ed, UK Healthcare Finance
Krauss, Susan, Asst. Treasurer-Endowment Services
McCarthy, Denise, College of Health Sciences
Nikirk, Sara, Auxillary Services
Sizemore, Stephen, Library Administration
Veach, Rosemary, Agriculture

Wilson, Kimberly, VP Human Resources
Carroll, Shannan, University Legal Office (Ex-Officio)
Payne, Joey, Chief Benefits Director
Carbol, Gail, Benefits Manager

Recorder: Jolie Preston, Employee Benefits

Agenda Item & Speaker	REPORT	ACTION
Call to order – Bill Harris	Mr. Harris called the meeting to order at 10:00 a.m.	No action needed.
Review/Approval Of 11/19/2013 Minutes - Bill Harris	Mr. Harris moved to pass the EBC minutes for the November 19, 2013 meeting. Ed Erway made a motion. Susan Krauss seconded the motion. Motion carried.	The minutes will be posted on the EBC web site.
\$500 FSA Rollover Survey Results – Gail Carbol	<p>Gail Carbol presented the findings on the survey issued to FSA plan participants. When asked which of the following options affecting health care flexible spending account year end balances would you prefer for future plan years: 1. Adopt the new \$500 Rollover Option for Plan Year July 1, 2014 - June 30, 2015? or 2. Maintain the Current Grace Period (not adopt the \$500 Rollover Option) Plan Year July 1, 2014-June 30, 2015? Of the 849 plan participants polled, 658 (78%) preferred the \$500 rollover option; vs 191 (22%) who preferred to maintain the current grace period.</p> <p>In addition to polling current FSA plan participants; non-participants were polled as well. 659 non-participants responded. Of the 659 non-participants who responded; 354 (54%) stated they would be more likely to participate if the new \$500 rollover option is implemented; 15 (2%) stated they would be less likely to participate if the new \$500 rollover option is implemented; while 290 (44%) stated the \$500 rollover option would not affect their decision to participate.</p>	The motion passed.

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	<p>Joey Payne stated the \$500 rollover option would encourage enrollment by lessening the effect of the current “use it or lose it” policy that is in place.</p> <p>Ed Erway posed a question. What is the average health Flexible Spending Account (FSA) election amount? On average \$1,100.</p> <p>Gail Carbol stated by adopting the new \$500 FSA rollover, this would allow a medical emergency fund for lower paid employees who are on the HMO plan (and other plans as well).</p> <p>Joey Payne noted these findings were reported to the Staff Senate last week with their approval.</p> <p>Susan Krauss made a motion, to adopt the \$500 FSA rollover option for fiscal plan year 2014-2015. Ed Erway seconded the motion. The committee voted and the motion passed.</p>	
<p>UK-RHP Health Plan Network Update-Joey Payne</p>	<p>Joey Payne shared a brief history of the UK-RHP Health plan. It became an option some 20 years ago because the University wanted a HMO health plan option available to employees in all Kentucky counties. The Regional Service Area (RSA) plan was adopted and administered by CHA Health. From the beginning members were to use local county or surrounding county CHA Providers or return to the UK-HMO network providers. Humana purchased CHA and implemented what is now called the UK Regional Health Plan (RHP) under the same guidelines. When implementing the RHP to Anthem BCBS in 2013 we found Humana didn’t have the ability to track which region members were being seen in (as long as members were seeing in-network Humana providers, claims were being paid as in-network regardless of the region services were rendered; unless prior-authorization was required and then the region was able to be tracked). Anthem has the ability to track regions and implement the plan as it is clearly stated during Open Enrollment and in the Employee Benefits book. However, since the RHP members had been able to use whichever region they chose under Humana, we came up with the 7 Regions + HMO for 2013-14. This allowed plan members to visit any Anthem provider in the 110-county UK-RHP network for primary care and specialist office visits and procedures performed in the office. However; surgeries and other certain specialty procedures must be performed in the plan member's designated facility network region or the member must return to the UK-HMO network.</p> <p>Mr. Payne shared that Terry Olson, with the Staff Senate, brought up the idea of allowing UK-RHP members to go anywhere in the region for primary care and specialty care (including surgeries) with the exception of the Louisville network and out of state providers. This led to the UK-RHP Provider Directory for Region A and Region B. Region A can be seen by any participating provider in any region except providers in Region B. Region B can only use providers in Region B or UK-HMO network providers.</p>	<p>No action needed.</p>

Agenda Item & Speaker	REPORT	ACTION
	<p>Several questions were posed by Committee members:</p> <ol style="list-style-type: none"> 1. If you live in the Louisville Region (Region B), can you go to the University of Louisville Hospital? Yes, they can use any provider in Region B or they can use UK Chandler Hospital or UK Good Samaritan Hospital. 2. Will McCracken County have to go to UK or will they be able to go to Vanderbilt? Yes, they will have to come to UK Chandler Hospital or UK Good Samaritan Hospital. Out of State hospitals will not be covered. This is not a change for the RHP plan; it has always had this requirement. 3. What if an ambulance takes members out-of-network? That would be covered as Emergency Care or Urgent Care services, if an emergency. 4. When will this take effect? 7/1/2014. <p>Ed Erway inquired about discounts for providers in the outlying counties, such as the Bowling Green area, where providers are not entering HMO contracts.</p>	
Meeting convened- Bill Harris	Mr. Harris ended the meeting at 10:35 a.m.	No action needed.