

**Employee Well-being and Satisfaction Committee Meeting
July 22, 2015**

1. Income Protection Plan RFP

- A. Maintain current plan with premium reduction**
- B. Move to a more traditional Plan**

Ted Pafundi explained that the district has had a disability plan for over 25 years and recently went through an RFP process. The plan was designed and underwritten for an educational employer and is no longer routinely available in the marketplace.

The current short-term disability period is up to 2 years for illness/5 years for accident. Employees purchase monthly amounts, up to 60 percent of their income with three optional waiting periods (15, 30, or 60 days). The current long-term disability period is up to age 65. Employees purchase monthly amount up to their short-term disability monthly benefit or below.

Aon conducted a market search to obtain proposals for our voluntary short-term and long-term disability coverage. They received responses from Assurant, the incumbent carrier, and seven (7) other vendors. They were asked to quote on our current plan design and if it was not available, quote on a proposed standard 60 percent income replacement plan.

Only Standard insurance quoted the current plan; however, there were still material deviations. The other vendors indicated they could not administer the current short-term benefit design. The responders did quote on a traditional plan; however, there would be materials transition issues due to the fundamental differences in the plan design, including the age-based rates. The overall premium ranged from \$2.3 to \$4.482 million. Standard insurance as the closest responder from a cost perspective to transition to a more contemporary plan, but the individual premiums increased slightly over age 50. Assurant responded with a decrease in rates to their current plan for 2016. The short-term disability rate decreased 5 percent and the long-term disability rate by approximately 17 percent, with an overall 7.2 percent decrease based on current enrollment.

Options –

- 1. Continue with current carrier and plan design, with rate discount, realizing that changes in carrier may be imminent.
- 2. Consider proposed traditional plan options, with material plan design and rate changes. Closest responder was Standard, with overall rate similar; however, on an individual basis rates could double based upon older age group.

Ted Pafundi's recommendation would be to stay with current plan with the knowledge that it may go away. If you started today to develop this plan, this would not be the plan to use. Going forward if we transition to another plan it would be based on age – not medical exams with a guaranteed amount.

Motion made and seconded to recommend Option 1 – Recommendation passed unanimously.

2. EAP RFP

Tabulating results from EAP and will present at the next EWBS meeting.

3. 2016 Health Plan Renewal

A. Status Quo Renewal – 9.3%

B. Combo Plan (changes across all plans) – 6.53%

C. High Deductible Plan (HMO and CHPD, no changes; NPOS deductible from \$300 to \$2,500) – 4.68%

Ted Pafundi reviewed the renewal options.

Example A – would increase 9.3 percent with no plan design changes.

Example B – would increase 6.53 percent with plan design changes. We looked at claims where they were out of line. The plan changes would be based on the evaluation of usage.

National POS co-pays would be \$500 or higher and our current co-pays are only \$300

HMO Staff – no co-pay for labs – still paying 20 percent of cost - recommending some co-pay changes.

Mike Gandolfo asked about ER co-pays – Do we have urgent care centers to let everyone know that they are options since that co-pay is only \$250 versus \$300 for the ER? Mr. Pafundi indicated that Risk sent out a flyer to let employees know there were urgent care centers available. Risk contacted every vendor to ensure the list was accurate. Some stated that there was a problem when they went to urgent care they were then sent to ER as the urgent care facility was not able to handle their issue resulting in two co-pays. It was suggested that we let people know when to use which – urgent care or emergency room. The ER should be used for life-threatening illnesses.

Discussed the drug plans- there are new drugs for cholesterol and hepatitis which are expensive. It was asked if we were looking at drugs that are currently on the Rx3 plan going to be changed to generic drugs. It was requested that a listing of drugs and the number of employees using them as well as which drugs are planning to go generic. Risk will get that information to share. Even though a drug goes generic – there are some that are still in Tiers 2 and 3. Some drugs go off and some go on the list; but will not drop our specialty drugs. What is the maximum amount that specialist and drugs (Rx4)? Medical and pharmacy – \$6,250 / \$12,500 combined. The drug plan will eliminate the deductible on Tier 2, the only difference in co-pay. Savings is not as great as we are looking for, but it is closer to what the standard is. Looking at the data from last year, 11,000 employees and dependents would stay the same; 8,000 would move from Tier 1 to Tier 2; 3,000 will no longer pay the deductible; majority will stay the same. Suggestion was made that somehow HR could have a site with coupons for medications. It was shared that this is currently available on the website.

Specialist scripts result in 1.4 percent (over 50 percent); 17 members file 46 scripts resulting in \$1.3 million. Specialty drugs are driving pharmacy amounts and it is not unreasonable to request members to pay \$150 deductible.

Item C – with plan design changes – 4.68 percent (5 percent reduction)

4. Payroll Model

Ted Pafundi discussed the payroll models

Example A – 9.3 percent across all plans – Staff plan had highest loss rate for last two years and the cost should be based on what actuarially makes sense and stand on their own.

Example B – 6.53 percent – can see the difference in the payroll amounts.

Example C – 4.68 – across the plans – the plans again should actuarially make sense.

By having three different plans (CDHP, Staff, NPOS), employees can make decisions and receive savings to offset the payroll cost. The district would like to put the money in salaries and not in insurance as that affects your retirement. Free up the total compensation packet to go to salaries. Last year this group recommended taking \$3 million toward health care from the \$18 million in available salary dollars.

Kevin Smith reviewed salary increase impact projections over a 30 year career based receiving either a 1.5 or 3.0 annual increase.

Most of the employees don't even use the plan resulting in their annual earnings increasing. The raise received for the lowest paid employees would at least cover any insurance increases.

Dr. Corbett summarized the payroll deductions and the difference between Option C – CDHP and the current NPOS costs. He stated that we tend to treat Ted with disrespect in getting this rolled out. We have to decide as a group what direction he needs go in to make solid decisions.

April Paul stated that we have to have time to make sure that everyone, including the providers, has all of the information available to provide to employees and retirees so they can make informed choices. We need to have a plan design today.

Ted Pafundi provided facts on what a Health Savings Account (HSA) is and discussed that an HSA has some of the same attributes as an FSA (flexible spending account). This is just information that needs to be looked at in case this option may be something to consider as we look toward 2016/2017 options. Since this was confusing and is not included as an option for this 2015/2016 plan, we shouldn't talk about it today, but think about it as we look toward long-term options for employees.

The unions left the group to caucus to determine if they wanted to accept the information as presented or to continue negotiations.

The unions returned from caucus – Mike Gandolfo indicated that they are leaning toward option B with modifications. They would like to see the ratio used for employee plus spouse and employee plus children be adjusted slightly to shift the rate percentage as the charges for the spouse is higher than for children. Other districts that have no changes in plans or slight changes have different carriers – maybe have more than one provider. It was shared that that could be a double-edge sword when you have more than one carrier their rates may be higher since one provider is not covering all employees. When you compare it from different districts – our rates do not compare. Mr. Galdolfo stated that they compared other districts including Levy, St. Johns, Volusia, Pasco, Bay to name a few. It was stated that³ these districts are not the same

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size as Pinellas and asked if they checked those – such as Hillsborough, Miami-Dade, Polk. Mr. Gandolfo stated that they sent out a request, but not all districts responded.

It was stated that Aon reviews the data to compare with actuaries to ensure that we are where we should be. We validate the information before we bring back to the group.

The unions also want to have the deductible not only removed for first year, but all dropped. Would like the district to negotiate a lower co-pay with All Children's Hospital for a better deal when using their ER. Humana negotiates with all hospitals. The unions asked - What percentage of employees who live close to All Children's Hospital who use that facility?

It was stated that moving from a \$150 deductible or lower and take away the plan design changes, the premium would go up.

The group recommended Option B at 6.53 percent and tweak/ fine tune the design changes and start negotiations.

Meeting concluded.

Bargaining Leadership Team began at 3:55 p.m.

During the EWBS meeting on June 17, 2015, it was recommended that the following be presented to the BLT for approval:

- Humana CompBenefits Dental Plan, Renewal 6 percent – 2 year rate guaranteed
- Met Life Dental Plan Renewal 4 percent, 2 year rate guaranteed
- EyeMed Vision, Option 1 through December 31, 2019
- Met Life Voluntary Products, Hospital Indemnity, Defender ID, Legal, holding rates through December 31, 2015
- Met Life Voluntary Auto, Home, Pet, no expiration

Motion made and accepted to accept the above recommendations and submit to the School Board for approval. Motion passed unanimously.

Employee Well-being & Satisfaction Committee Meeting July 22, 2015

Agenda

1. Income Protection Plan RFP

- A. Maintain current plan with premium reduction
- B. Move to a more traditional Plan

Recommendation: _____

2. EAP RFP

Results will be presented at next EWBS meeting.

3. 2016 Health Plan Renewal

- A. Status Quo Renewal – 9.3%
- B. Combo Plan (changes across all plans) – 6.53%
- C. High Deductible Plan (HMO and CDHP, no changes; NPOS deductible from \$300 to \$2,500) – 4.68%

Recommendation: _____

4. Payroll Model

- A. Accept as presented
- B. Continue Negotiations

Recommendation: _____

5. High Deductible/HSA Plan

- A. Replace NPOS with HSA plan
- B. Add HSA Plan to current program (If administrative and TIS changes can be completed in time)
- C. Educate and inform and add to program next year.

Recommendation: _____

Vision:
100% Student Success

Mission:
"Educate and prepare each student for college, career and life."

July 22, 2015

TO: Employee Well-being & Satisfaction Committee
FROM: Risk Management & Insurance
SUBJECT: Disability Plan - Marketing Results

BACKGROUND:

The district has offered a disability voluntary product for over 25 years. It was previously insured through Washington National and over the last 10 years has been purchased through other insurance carriers. The current carrier is Assurant, which is administered by DRMS. Although the carrier has changed, the product and plan design has remained virtually the same. It was designed and underwritten for an educational employer and is no longer routinely available in the marketplace.

In April 2015, we were notified that Assurant will be evaluating this line of business for their company. It is expected this product line will be sold to a competitor or discontinued.

CURRENT PLAN DESCRIPTION:

STD: benefit period is up to 2 years for illness/5 years accident. Employees purchase monthly amounts, up to 60% of their income, with three optional waiting periods (15, 30, 60 day)
Participation: 4830 employees

LTD: benefit period is up to age 65. Employees purchase monthly amount up their STD monthly benefit or below.
Participation: 3258 employees

MARKETING SUMMARY:

In June 2015, Aon-Hewitt conducted a market search to obtain proposals for our Voluntary Short Term and Long Term Disability coverage. They received responses from Assurant, the incumbent carrier, and 7 other vendors. They were asked to quote on our current plan design and if it was not available, quote on a proposed standard 60% income replacement plan.

Only Standard Insurance quoted the current plan, however there were still material deviations. The other vendors indicated they could not administer the current STD benefit design.

The responders did quote on a traditional plan; however, there would be material transition issues due to the fundamental differences in plan design, including the **age-based rates**. The overall premium ranged from \$2,300,000 - \$4,482,288. Standard Insurance was the closest responder from a cost perspective to transition to a more contemporary plan, but the individual premiums increased significantly over age 50.

Assurant responded with a decrease in rates to their current plan for 2016. The short term disability rate decreased 5% and the long term disability rate by approximately 17%, with an overall 7.2% decrease based on current enrollment.

Options:

1. Continue with current carrier and plan design, with rate discount, realizing that changes in carrier may be imminent. Premium \$2,286,000 to \$2,121,506.
2. Consider proposed traditional plan options, with material plan design and rate changes. Closest responder was Standard, with overall rate similar \$2,295,153, however, on an individual basis rates could double based upon older age group.

RECOMMENDATION:

Vision:
100% Student Success

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2016 HUMANA PROPOSED HEALTH PLAN DESIGNS

EXAMPLE A: 9.3% Renewal No Plan Design Changes

EXAMPLE B: 6.53% Renewal with Plan Design Changes

- ✓ National POS Deductible –
Employee \$300/\$600 to \$400/\$800
- ✓ HMO Staff - ER Co-pay from \$300 to \$500
- ✓ HMO Staff Co-pay for Durable Medical Equipment \$50
- ✓ HMO Staff Copay for Lab (To be determined)
- ✓ ALL Plans: OOP Max from \$3,500/\$7,000 to \$4,000/\$8,000
- ✓ ALL Plans: RX4 - \$20/\$55/\$95/\$150; \$250 deductible for Tier 3 and 4
(Currently RX 3 - \$20/\$55/\$95; \$250 deductible for Tier 2 & 3)

EXAMPLE C: 4.68% Renewal with Plan Design Change

- National POS Deductible \$300/\$600 to \$2500/\$5000

2016 Renewal Payroll Deduction Summary ; Options A-C

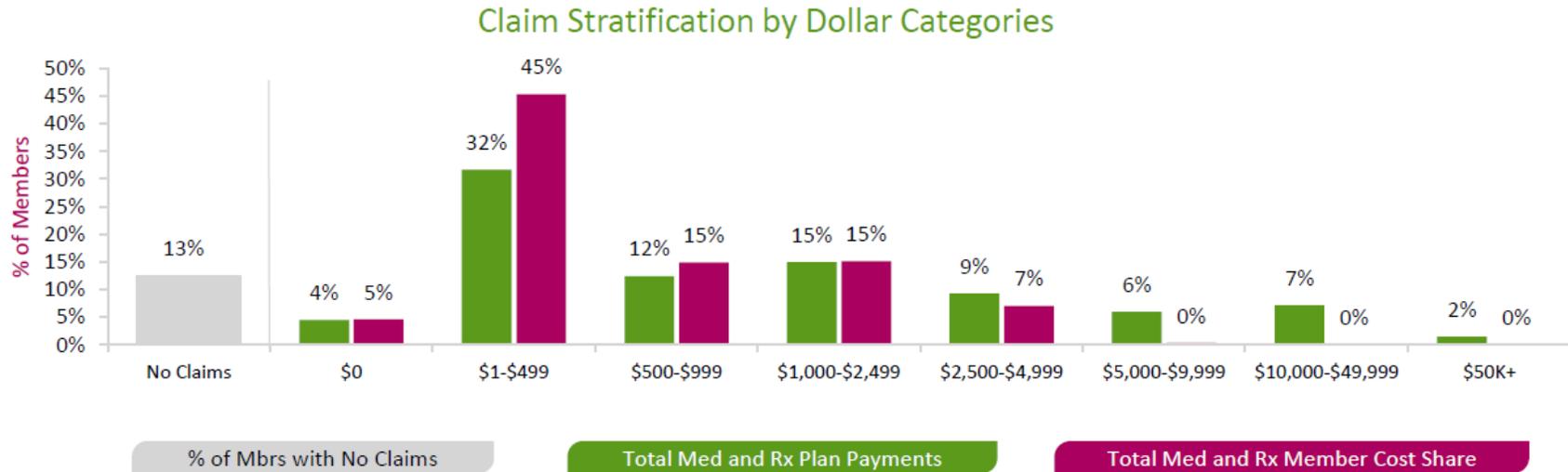
2016 Plan	2015 Enr	2015 Payroll Ded	2016 9.3% Ded (A)	2016 6.53% Ded (B)	2016 4.68% Ded (C)
CDHP					
Employee	1,198	\$30.00	\$61.81	\$52.33	\$46.01
EE plus Child(ren)	269	\$115.00	\$166.06	\$150.85	\$140.69
EE plus Sp	287	\$120.00	\$173.01	\$157.22	\$146.68
Family	494	\$178.00	\$257.79	\$234.03	\$218.15
2Board Fam	105	\$85.00	\$164.79	\$141.03	\$125.15
Total	2,353				

Staff					
Employee	1,832	\$48.00	\$81.48	\$71.51	\$64.85
EE plus Child(ren)	427	\$151.00	\$205.41	\$189.20	\$178.38
EE plus Sp	301	\$158.00	\$214.54	\$197.70	\$186.45
Family	666	\$230.00	\$314.63	\$289.42	\$272.58
2Board Fam	117	\$137.00	\$221.63	\$196.42	\$179.58
Total	3,343				

NPOS					
Employee	2,561	\$63.00	\$97.88	\$87.49	\$80.55
EE plus Child(ren)	422	\$175.00	\$231.64	\$214.77	\$203.50
EE plus Sp	743	\$182.00	\$240.77	\$223.27	\$211.58
Family	878	\$262.00	\$349.61	\$323.51	\$306.09
2Board Fam	137	\$169.00	\$256.61	\$230.51	\$213.09
Total	4,741				

Total Health	10,437
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Pinellas County Schools 1/1/2014-12/31/2014



- 65% of membership with claims cost under \$1,000
- 50% of membership with claims cost under \$500
- 13% of membership with NO claims, not even preventive

Salary Increase Impact Projection
30 Year Career

	20,000	30,000	40,000
<i>Cumulative Earnings Over a 30 year Career (1.5% Annual Increase)</i>	750,774	1,126,160	1,501,547
<i>Cumulative Earnings Over a 30 year Career (3.0% Annual Increase)</i>	951,508	1,427,262	1,903,017
<i>Additional Cumulative Earnings</i>	200,735	301,102	401,469
<i>Average Annual Difference Over 30 Years</i>	6,691	10,037	13,382
<i>Initial FRS Benefit Based on a 1.5% annual Increase*</i>	14,353	21,530	28,707
<i>Initial FRS Benefit Based on a 3% annual Increase*</i>	21,343	32,015	42,686
<i>Annual Difference</i>	6,990	10,485	13,979

(*based on highest 5 earning years)

2016 Renewal Payroll Deduction Summary ; Options A-C

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Total	4,741				

Total Health 10,437

diff

$E - 16.99 \cdot 20 = 340 + 500 = 840$
 $E+C - 34.31 \cdot 20 = 686 + 1000 = 1686$
 $E+S - 35.32 \cdot 20 = 706 + 1000 = 1706$
 $FAM - 43.85 \cdot 20 = 877 + 1000 = 1877$
 $2BF - 43.85 \cdot 20 = 877 + 1000 = 1877$

Facts on - What Is A Health Savings Account (HSA)

- Health Savings Accounts (HSAs) are like personal savings accounts or IRA's, but the money in them is used to pay for health care expenses. They are similar to Flexible Spending Accounts (FSAs) but you have the ability to roll over unspent money each year. The money you put into an HSA is yours and you can take it with you if you switch jobs or retire. You or your employer may contribute to your HSA. You are the sole owner of the account.

Note: FSA's have a use or lose it feature that you cannot take the money with you. You cannot be enrolled in an HSA and FSA at the same time.

- HSAs and High Deductible Health Plans (HDHP) were created as a way to promote consumerism and help control health care cost. The idea is that people will spend their health care dollars more wisely if they're using their own money. In addition, doctors and other health care providers will have an incentive to lower their rates because they're competing for business. You can only be covered by one HDHP, including coverage through your spouse.
- Premiums and employee contributions are typically lower for HDHPs.
- All deposits are tax free. Withdrawals are also tax free if used for qualified health care expenses. You can use it to pay for medical expenses now or in the future. You can even use your account for retiree medical expenses.
- Helps members become more engaged and provides employees the responsibility for health care decisions because you control how your HSA money is spent by shopping around for care based on quality and cost.

Health Savings Accounts

- ❖ Triple Play - Tax Savings
 - ✓ Set aside money tax free (FICA, FITA) to utilize for qualified health care expenses
 - ✓ Unused funds accumulate interest (funds in a bank account in the employees name)
 - ✓ Distributions for eligible medical expenses are not taxable
- ❖ Portable and can offset retirement medical expenses
- ❖ Qualified health care expenses include:
 - ✓ Deductibles and copays
 - ✓ Dental and Vision expenses
 - ✓ Spouse and/or dependent health care related expenses
 - ✓ Alternative treatments (i.e., acupuncture)
- ❖ 2016 HSA Regulations
 - ✓ Minimum Deductible
 - Individual - \$1,300
 - Family - \$2,600
 - ✓ Maximum Contribution limit (employer + employee)
 - Individual - \$3,350
 - Family - \$6,750
 - ✓ Maximum OOP Maximum
 - Individual - \$6,550
 - Family - \$13,100