

## NSHE PEBP Benefits Task Force

### Summary Notes from Meeting – December 12, 2011

1. **Discuss follow-up from November 30, 2011 meeting with PEBP staff.** The Task Force reviewed the written summary of the meeting. Overall progress was made on issues of importance to NSHE, although most items highlighted have not yet been fully addressed. We will look at scheduling quarterly meetings with PEBP administration in order to check progress on some of the continuing issues. In particular, we will need to follow-up on the access options to E-PEBP for NSHE HR staff. In addition, Gerry Bomotti will follow-up with Steve Zink to check on status.
  
2. **Discuss plan for specific input at the December 15, 2011 PEBP Board meeting, and specifically status update on Middle Tier discussions and what we submitted to PEBP.**

A good discussion took place on all the issues on the PEBP agenda, and Jacque Ewing Taylor provided very good feedback on some of the agenda items. We will ask Michelle and Pat to represent NSHE at the PEBP meeting and focus on the following items:

  - a. We will thank PEBP staff for meeting with NSHE individuals on 11/30/11, and express our hope that we will be able to have other meetings in the future.
  - b. An alternative to the current CDHP and HMO is still needed. We cannot assess or comment on the two options included in their meeting packet because of lack of information, specifically monthly premium amounts. It is important to highlight that we do not know how to evaluate options without seeing all the information, and that it must include the premium amounts. We will provide PEBP with the same information that was developed on what we think are reasonable parameters for an additional option that would meet existing needs from employees. We will also offer to work with PEBP individuals on assumptions for such a plan.
  - c. We will speak to three recommendations from staff in their packets that we support:
    - i. No limit on carry over amounts for HRA's
    - ii. HSA contributions in the future on a semi-annual basis. We continue to prefer annual, but the semi-annual basis was preferable to any of the other options considered.
    - iii. Exclude preventative dental cleanings from the plan year maximum dental benefit.
  - d. We will specifically highlight some data included in the PEBP packet on the two-thirds reduction in prescription costs in the plan vs. last year. We would like to understand the details of this data and what the implications may be of this information. This is important follow-up information to receive.
  
3. **Status update on discussion of NSHE PEBP Task Force at December 2, 2011 Board of Regents meeting.** There was a good discussion on this topic. The Board members seemed very attentive to this issue and gave every indication that it was of significant importance to them. Gerry Bomotti will contact the Chancellor's office to find out what the System is assuming will be follow-up interactions for the Board of Regents. The Task Force strongly recommends that the System consider an informational update on this important issue at all regularly scheduled Board of Regents meetings for calendar year 2012. Depending on the outcome of our work with

PEBP, the Board of Regents may be asked at some future date to support independence for NSHE relative to providing health care to our employees. It is very important to make sure the Board fully understands the background for such a discussion, and one way to help accomplish that would be for regular discussions at Board of Regents meetings.

4. **Update on status of NSHE Health Care Consultant selection.** The System expects that the final contract with BBI will be finalized prior to Christmas. We will plan to invite BBI to our next Task Force meeting.
5. **Update on status of retiree representation on NSHE PEBP Task Force.** Two specific names were mentioned of individuals who have retired from NSHE and may have interest in Task Force participation. Each Task Force member was asked to provide names of specific candidates for the Task Force, who are retirees, to Chris Haynes no later than this Friday, December 16, 2011. Several ideas for retiree representation were highlighted, including the following:
  - a. Have more than one retiree, which could participate in both the north and south sites for the Task Force.
  - b. Consider identifying a retiree that is pre-Medicare and one that is covered under Medicare, in order to give representation to our entire retiree population and the different issues associated with each.

It was noted that only the Chancellor can appoint additional members to the Task Force, although he has indicated a willingness to consider such appointments. If Task Force members talk with potential retiree representatives they should do so to judge their interest in serving on the Task Force, but note that final appointment would require other steps.

6. **NSHE Health Care Survey.** Dr. Chris Cochran has agreed to take the lead on this project, and the Task Force had a good discussion about assumptions. Chris will develop the draft survey and give it to NSHE HR representatives for initial comments and suggestions. Following that, an updated draft will be shared with the entire Task Force for comments. We will coordinate with the campus HR staff in getting the survey out, and each NSHE institution was asked to provide the best dates for their campus for the survey distribution (assuming late January/early February, 2012) to Chris Haynes no later than Friday, December 16, 2011 (the assumption is that the survey will be open about 1 week). The survey will go out to each NSHE employee, but Chris Cochran will also use a statistical sample of the results to check for any bias. Task Force members were asked to send their specific comments about specific survey questions/issues to Chris Cochran no later than Friday, December 16, 2011. We also discussed using this survey to identify individuals who would be willing to share their specific issues/stories about the current health care program. The Task Force talked about doing some short videos to capture individual feedback on the health care program so as to be able to share these with PEBP Board members and others in the near future. While we plan to share all the results of the survey with PEBP, it was felt that the videos would allow a more powerful presentation (and it was noted that PEBP employees are not often at PEBP Board meetings nor do they contact PEBP Board members via e-mail or through other means).
7. **Update data on NSHE participants and opt-outs for PEBP program.** It was noted that current data was as of August 2011, and updated information is needed in order to better analyze

the participation rates for NSHE employees. Michelle and Pat will provide the updated data/information to Gerry Bomotti.

8. **Potential future agenda items.**

- a. The next Task Force meeting will be held on January 25, 2012 at 9 a.m.
  - i. Discussions with BBI on options to provide additional health care support to NSHE employees, even while we are part of PEBP.
  - ii. Ask BBI to give us information on their assumptions about the implications on state health care programs, like PEBP, after the full implementation of the current federal health care requirements.
  - iii. NSHE Health Care Survey status, including option for videos of some employees' stories.
  - iv. Status of recommendations for retiree representatives on the Task Force.
- b. Other future meeting potential agenda items.
  - i. Meet with NSHE Health Care Consultant to discuss overall priorities and schedule for their activities, including the potential for NSHE having an independent health care program, as well as the idea of using a health care "Concierge."
  - ii. Updated NSHE data on participation and opt-outs of PEBP.
  - iii. Quarterly meetings with PEBP staff (and status of E-PEBP access and interpretation of the two-thirds decline in prescription drug costs in the plan).
  - iv. Invite SDM and UNSOM representatives to discuss options for providing services to NSHE employees.