



Collin County 2018 Benefits

2018 Presentation for FY2019 Budget

Benefits Presentation

Fiscal Year 2017 Benefit Costs

(does not include stop loss reimbursements)

Medical and Prescription	2017 Costs	2016 Costs
Total Claims Cost	\$23,410,290	\$22,528,622
Employees Pay	\$3,120,398 (13%)	\$3,069,752 (14%)
County Pays	\$20,289,892 (87%)	\$19,458,870 (86%)
Average # of Covered Employees	1,419	1,399

Benefits Presentation

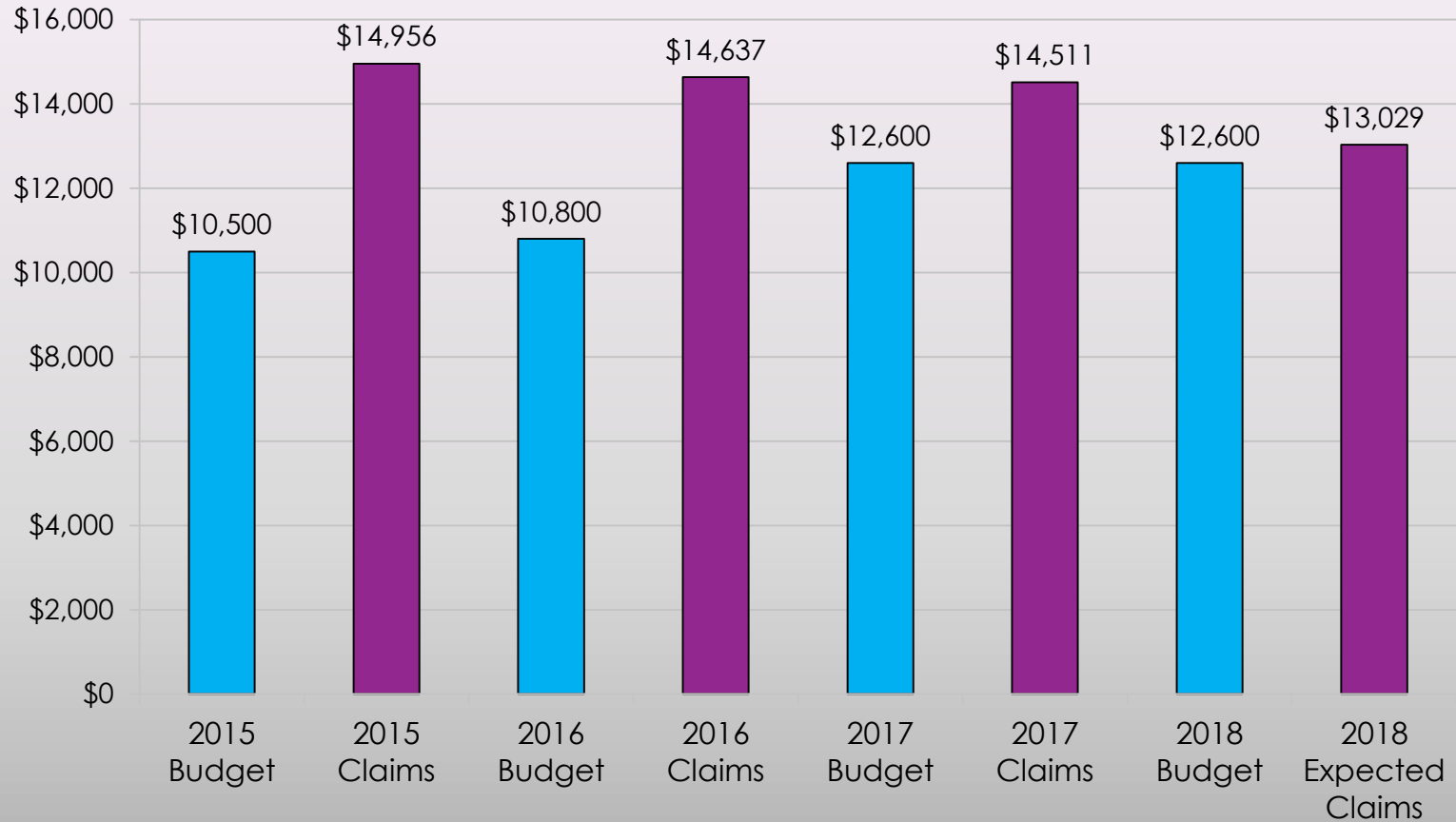
Employee Cost Share

	2013	2014	2015	2016	2017
Employee Pays	18%	17%	14%	14%	13%
Employer Pays	82%	83%	86%	86%	87%

Benefits Presentation

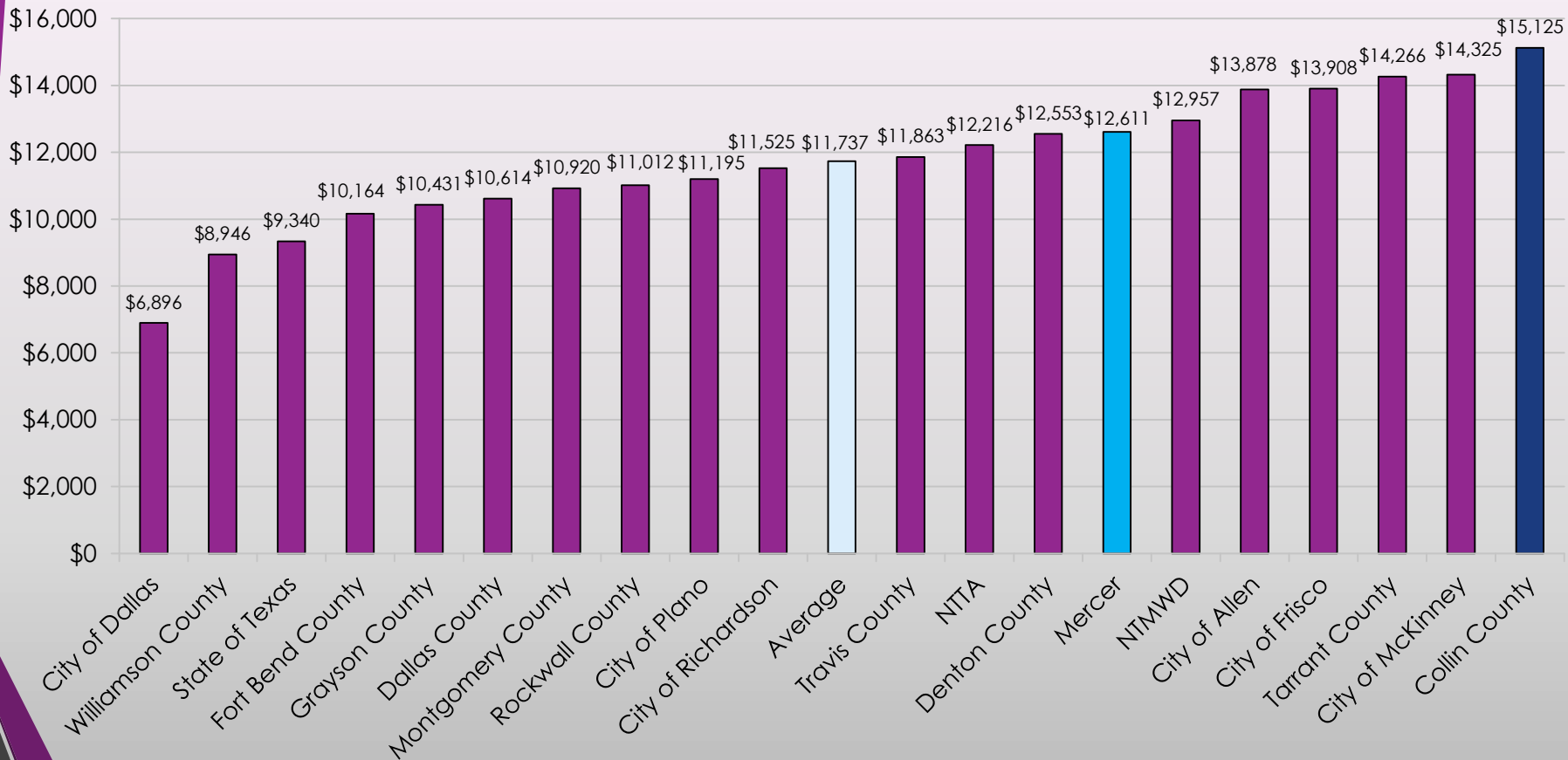
Fiscal Year Budget vs. Claims Per Employee

(includes stop loss reimbursements)



Benefits Presentation

2017 Average Employer Premium Cost Per Employee Premium Plan



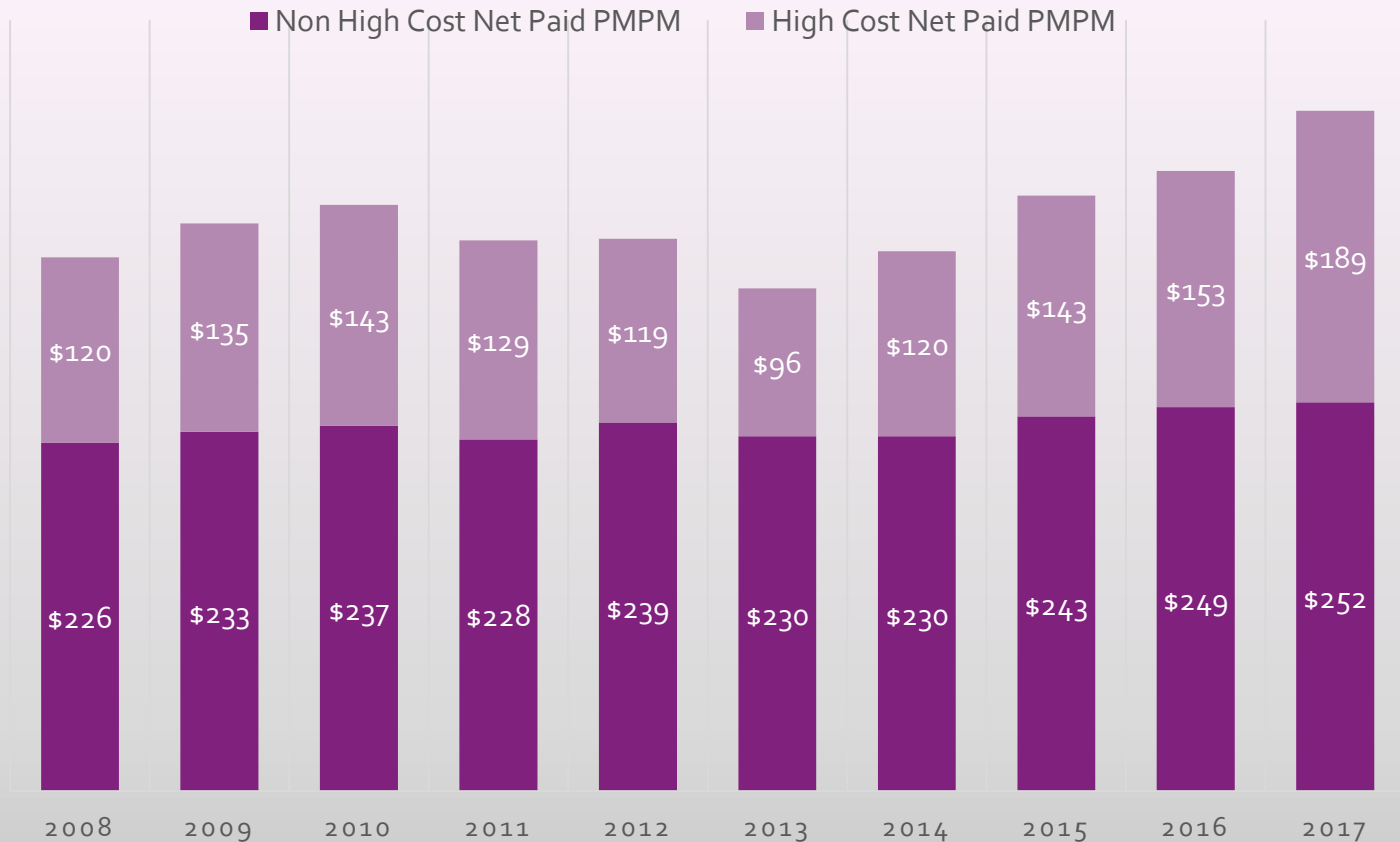
Benefits Presentation

2017 Claims Information

- Utilization of medical benefits is essentially 100%.
- Insured members averaged 3,433. For every insured employee we also cover an average of 1.39 dependents.
- Catastrophic cases are those that exceed \$50,000. 43% of our cost was due to high cost claimants, which is about 5% percent more than the prior year.
- 55 claims were over \$50,000 in 2017 (increase of 2).
 - 37 claims were between \$50,000 and \$100,000 (increase of 2).
 - 18 claims were over \$100,000 (same as previous year). Of those claims, 7 were over \$200,000 (comparable to last year).
 - 1 claim over \$1 million
- There was a 22% increase in the average cost of a high cost claims compared to a 2% increase last year.

Benefits Presentation

Medical Net Paid PMPM Historical Trend



- High Cost Net Paid PMPM increased 58% from 2008 to 2017
- Non High Cost Net Paid PMPM increased 12% from 2008 to 2017





















Benefits Presentation

Large Loss Claims Top Categories

<u>Condition</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Musculoskeletal			
Disc Disorder/Back Pain	5	9	6
Arthritis/Osteoarthritis	0	2	5
Other	5	3	1
Cancer			
Breast	3	0	1
Ovarian/Uterine/Cervical	0	0	0
Other	7	5	6
Circulatory			
Hardening of the arteries	1	0	1
Dysrhythmias / Myocardial Infarction	6	5	5
Other	4	7	7
Perinatal Period			
Single Liveborn	1	0	2
Twin Liveborn	0	1	0
Extreme Preterm	1	0	0
Nervous System			
Inflammatory Conditions	2	0	7
Episodic Disorders	2	1	6
Other	2	1	9

Benefits Presentation

Top Diagnosis Categories by Cost

<u>Diagnosis</u>	<u>Claimants</u>	<u>Dollars</u>	<u>Cost/Claimant</u>	<u>Catastrophic Dollars %</u>
Musculoskeletal System	1,011 	\$2,692,159 	\$2,663 	41% 
Cancer	322 	\$2,077,514 	\$6,452 	75% 
Perinatal Period	48 	\$1,694,391 	\$35,300 	94% 
Circulatory System	651 	\$1,482,644 	\$2,277 	52% 
Injuries and Poisonings	536 	\$1,427,853 	\$2,664 	36% 

Benefits Presentation

Top Diagnosis Categories

- Musculoskeletal claimants per 1,000 insured increased by 1% but the cost of claims decreased 6%. Our number of claimants is 4% lower than our peers, but our cost per claim is 11% higher. 41% of musculoskeletal claims costs were also high cost claims.
- Circulatory system claims cost decreased by 10%. We are 14% lower than our peer group. 52% of circulatory claims costs were high cost claims.
- Cancer claimants decreased by 6% but the cost of cancer claims increased by 53%. We are 3% higher than our peer group. 75% of cancer claims were high cost claims.
- The number of injury and poisoning claimants decreased by 8% and are 11% lower than our peer group; however, the cost of claims increased 28%. 36% of injury and poisoning claims were high cost claims. Many of these claims were due to complications of implants or surgery, and head injuries.

Benefits Presentation

Stop Loss

	2013	2014	2015	2016	2017
Stop Loss Fee	\$1,060,335	\$1,497,337	\$1,593,727	\$1,905,407	\$1,880,061
Stop Loss Reimbursement	\$789,589	\$1,454,918	\$1,223,371	\$2,048,231	\$2,826,984
Carrier Impact	25%	3%	13%	(8%)	(50%)

Benefits Presentation

Major Cost Drivers

- Musculoskeletal is highest in spend and prevalence.
- Musculoskeletal system diagnoses is the leading primary clinical cost driver for the third year in a row.
- Cancer spend increased 53% and is the 2nd highest cost driver.
- Catastrophic cases (those over \$50,000) net paid PMPM increased 24%. Net paid PMPM is 15% higher than the norm.
 - Cancer: 10 members / claims totaled \$1,743,613 (22% of total Catastrophic claims cost)
 - Perinatal: 2 members / claims totaled \$1,638,423 (21% of total Catastrophic claims cost)
 - Musculoskeletal: 10 members / claims totaled \$1,245,616 (16% of total Catastrophic claims cost)
- Those with more than \$50,000 in medical net payments represent 1.6% of claimants and 43% of medical costs.
- Perinatal costs increased by 129%, which is 299% more than the norm.
- ER Utilization increase 14%. Net paid per ER visit also increased 14%.

Benefits Presentation

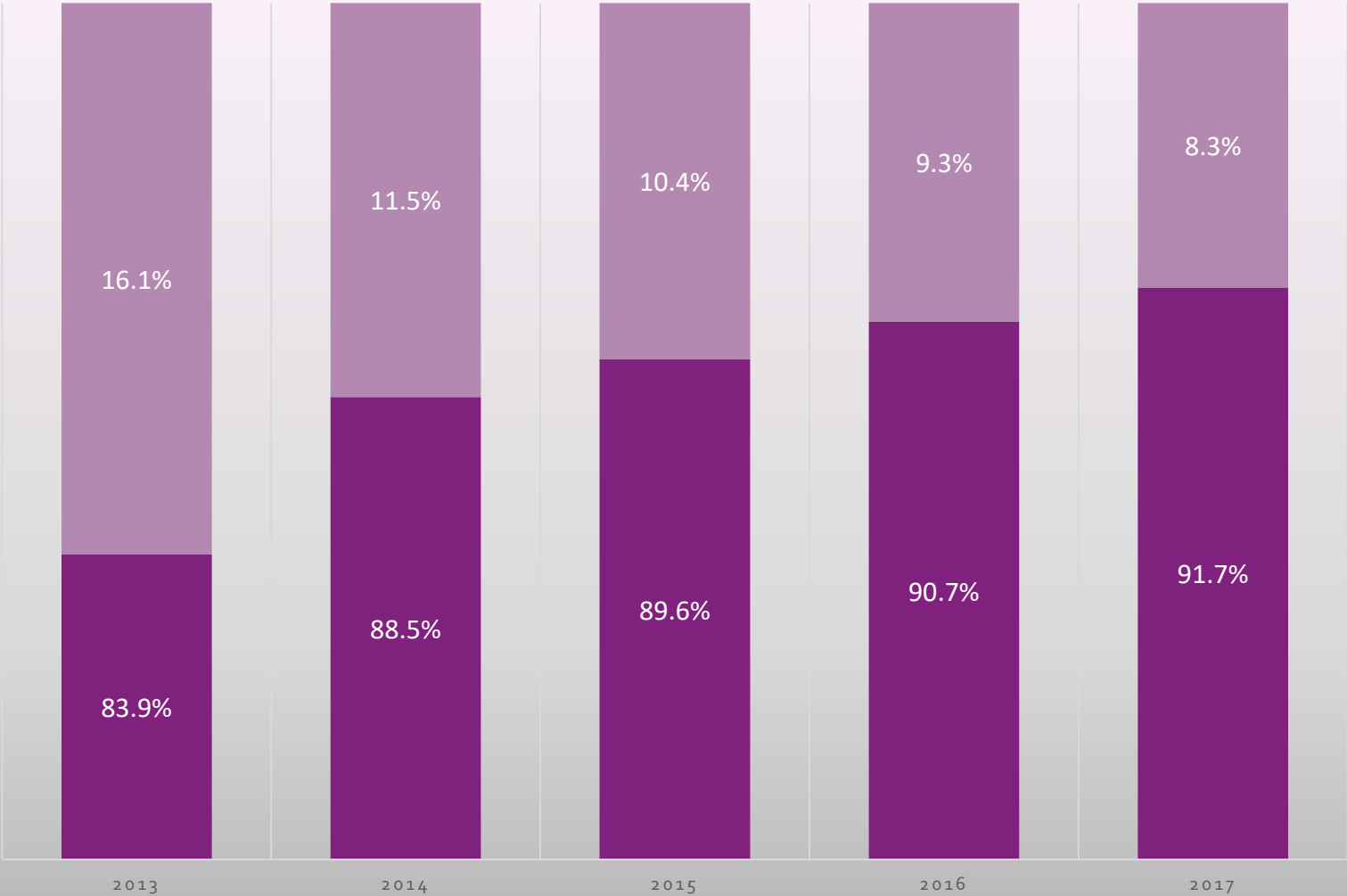
Pharmacy

- Total pharmacy costs were \$6,133,097 for the year; 23% of total costs.
 - Total pharmacy cost increased 13%.
- Top 15 drugs cost Collin County almost \$2 million and comprise 35% of the county's costs.
- Over the last five years:
 - Net paid per member per month increased 63%.
 - Plan paid specialty per member per month increased 283%.
 - Plan paid non-specialty per member per month increased 21%.
 - Plan paid per prescription increased 48%.

Benefits Presentation

PHARMACY COST SHARE

■ Plan Paid ■ Employee Paid



Benefits Presentation

Top 15 Prescriptions by Net Paid

Name of Prescription	Used to Treat	Tier	Members Using Prescription	Number of Prescriptions	Annual Cost of Prescription	Cost per Prescription
HUMIRA PEN*	Inflammatory Conditions	2	10	74	\$424,054	\$5,730.46
STELARA*	Inflammatory Conditions	2	5	13	\$177,282	\$13,637.08
TECFIDERA*	Multiple Sclerosis	2	4	21	\$148,300	\$7,061.90
JAKAFI*	Oncology	2	1	12	\$142,489	\$11,874.08
OTEZLA*	Inflammatory Conditions	3	5	39	\$136,813	\$3,508.03
NUTROPINA AQ NUSPIN 20*	Growth Hormone Deficiency	2	2	11	\$132,952	\$12,086.55
VICTOZA (1)	Diabetes	2	25	160	\$124,889	\$780.56
VYVANSE	ADHD	2	85	490	\$121,587	\$248.14
HUMALOG KWIKPEN	Diabetes	2	25	107	\$104,690	\$978.41
LANTUS SOLOSTAR	Diabetes	3	26	164	\$90,239	\$550.24
CIALIS (2)	Erectile Dysfunction	3	45	178	\$85,450	\$480.06
SEROSTIM*	Immunodeficiency Conditions	3	2	13	\$69,940	\$5,380.00
REVLIMID (3)*	Oncology	2	1	5	\$69,379	\$13,875.80
TESTIM	Hormone Replacement	2	16	79	\$65,926	\$834.51
CONCERTA	ADHD	2	40	194	\$63,508	\$327.36

*Specialty Medications

- 1) Victoza: Patent expired 08/17
- 2) Cialis: Patent Expiring 08/18
- 3) Revlimid: Patent Expiring 11/2020

Benefits Presentation

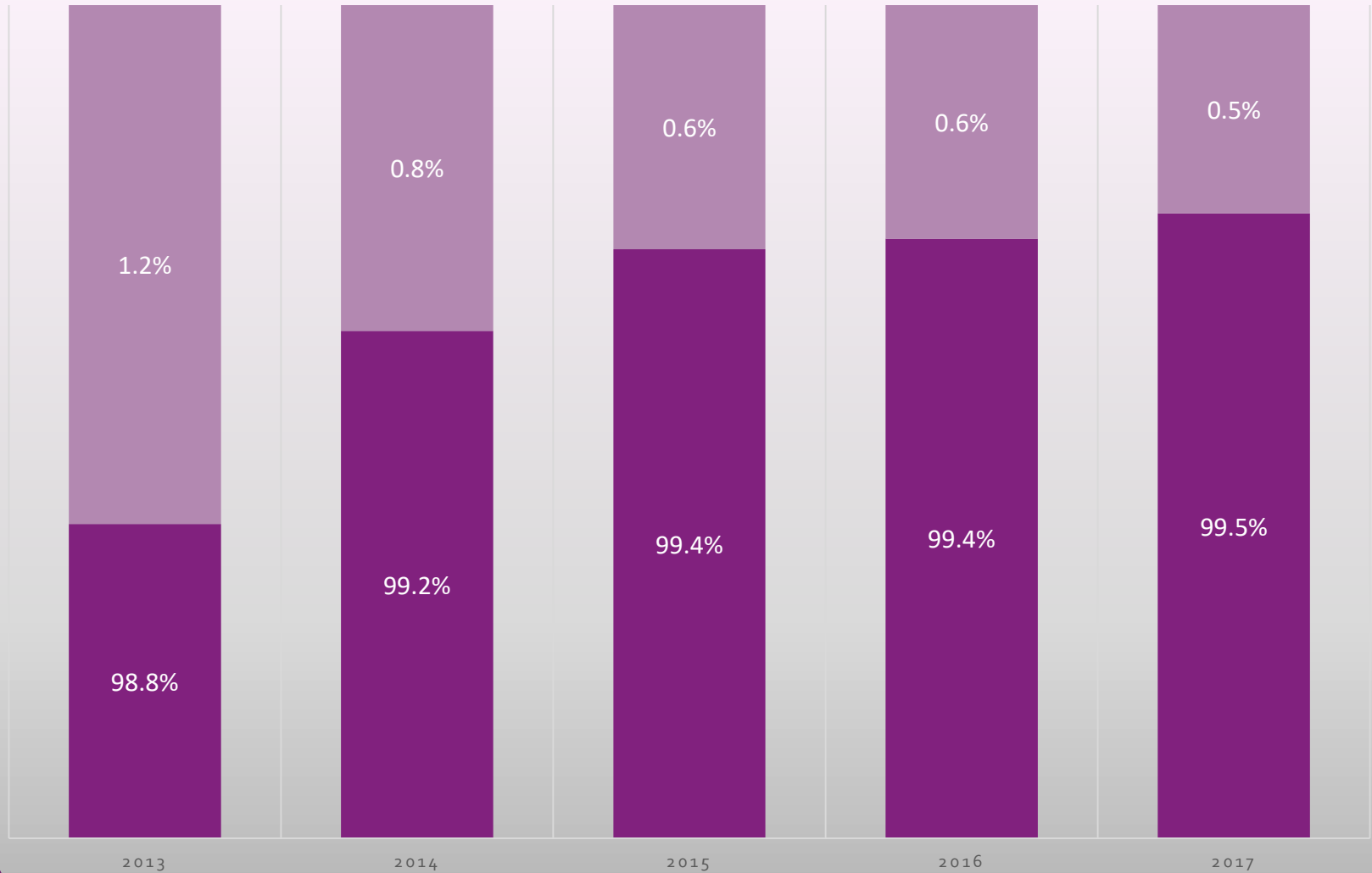
Specialty Pharmacy

- Specialty drugs are generally defined as having one or more of the following characteristics:
 - Complex to manufacture, requiring special handling and administration
 - Costly both in total, and on a per patient basis (typically >\$600 per dose)
 - Taken by a relatively small portion of population who have rare and complex medical conditions
 - Requires ongoing clinical support
- The Mercer survey reported for 2017 that drug costs are outpacing other medical plan costs by a wide margin, driven largely by expensive specialty medications. Specialty drugs alone have contributed 70 percent of overall growth in pharmacy costs over the past five years.
- Specialty drug costs increased 37% (\$580,000 more than previous year).
 - 60 specialty utilizers represent 2% of total population and 36% of plan paid.
 - Specialty plan paid per RX 32% higher than peer.
- Employees were contributing less than 0.5% of specialty drug costs in 2017.

Benefits Presentation

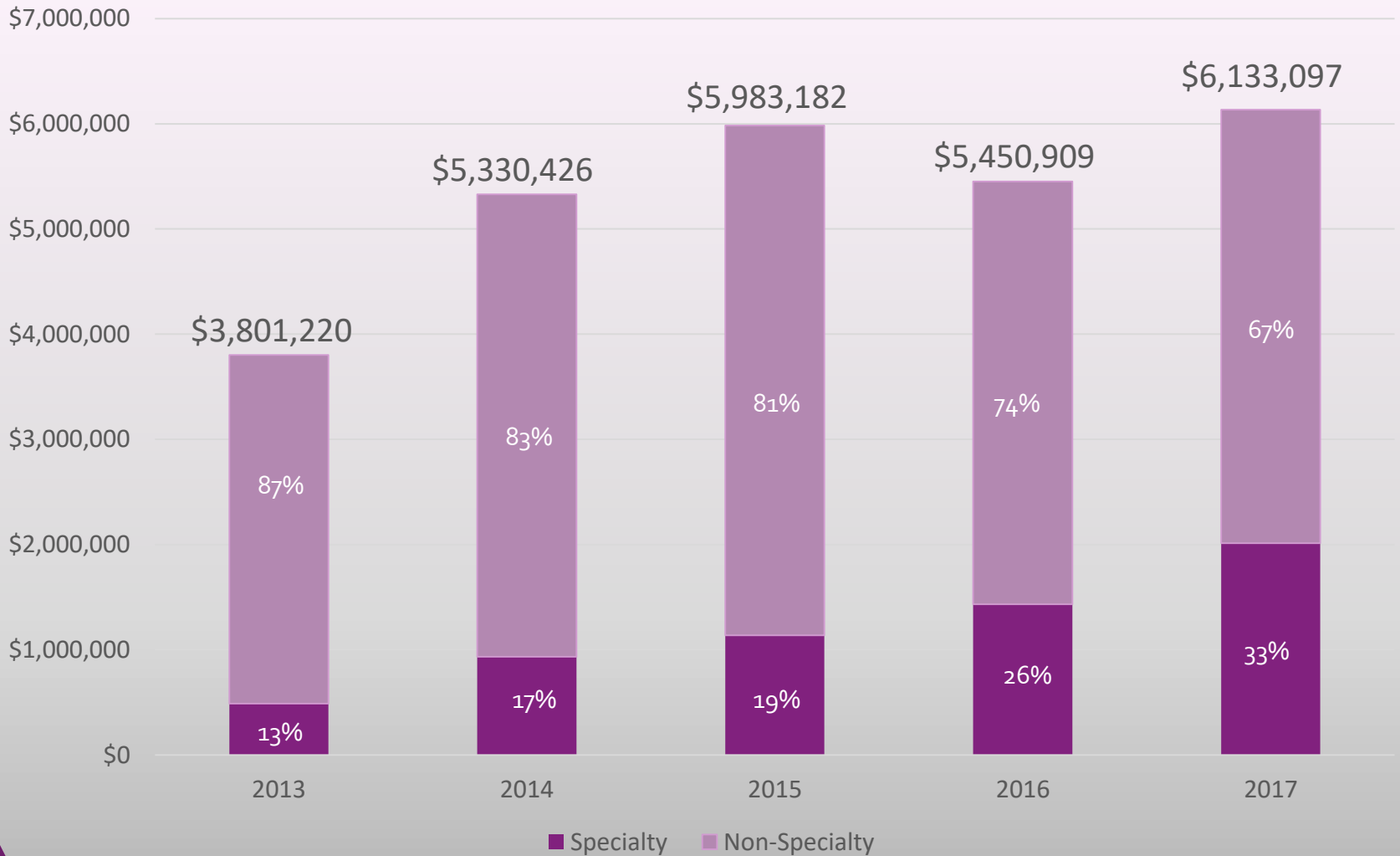
SPECIALTY PHARMACY COST SHARE

■ Plan Paid ■ Employee Paid



Benefits Presentation

TOTAL PHARMACY COST



* Value pharmacy network added for plan year 2016



Medical and Dental Benefit Comparisons

Benefits Presentation

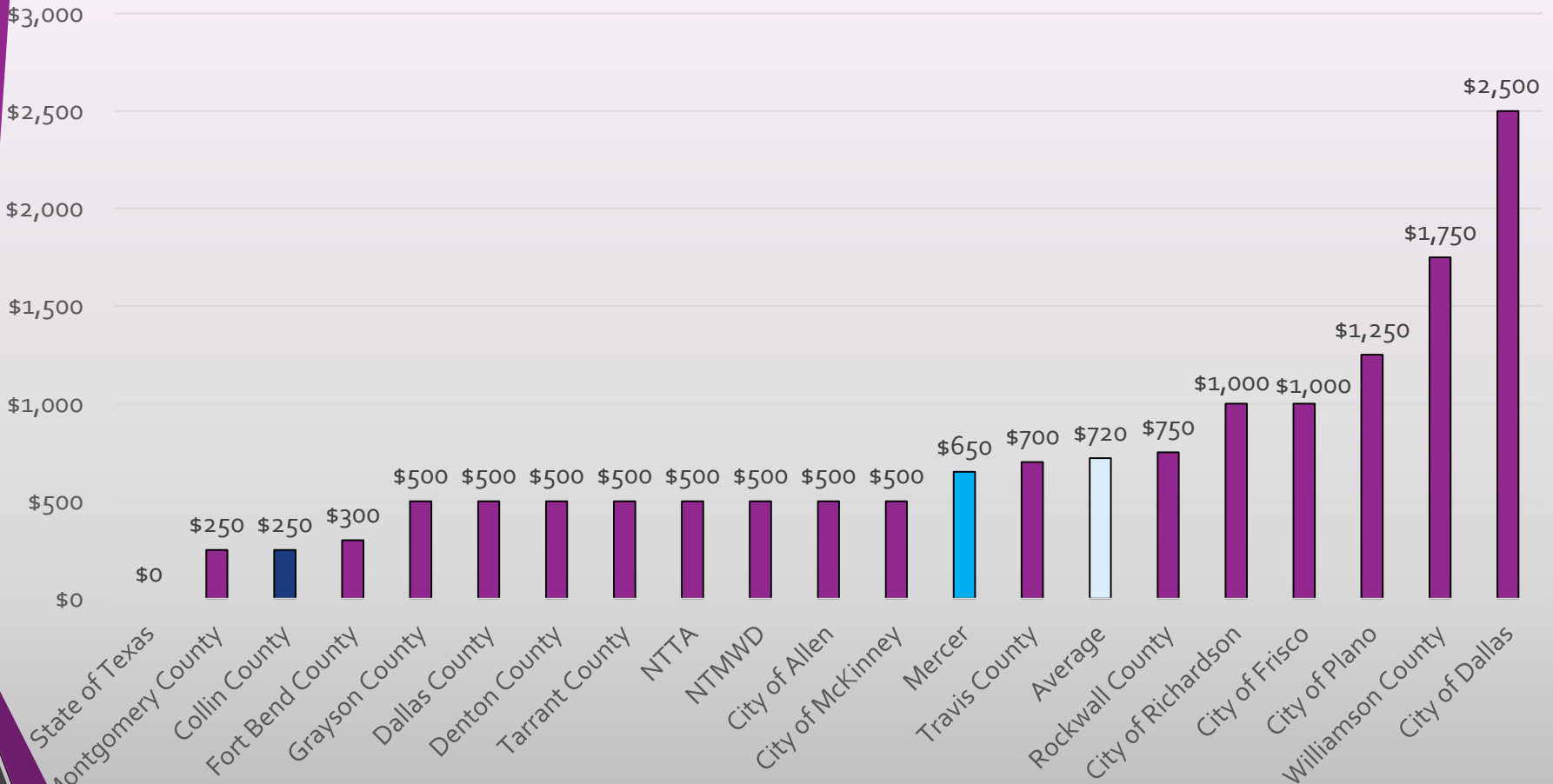
Medical Plan Benefit Comparison

- **Deductibles:**
 - Our deductible is lower than the average. Our deductible is in the lower quartile although the state still has a zero deductible plan.
- **Out of Pocket Expenses:**
 - Our out-of-pocket maximum is equivalent to Montgomery County and North Texas Municipal Water District, but less than all other entities surveyed.
 - We were below the Mercer average of \$3,000 for 2017. Changed to \$3,000 for 2018.
- **Physician Co-Pay:**
 - The low physician co-pay for primary care physicians is meant to encourage use of primary physicians.
 - Average primary care physician cost is \$62.62 per member per month, a 5% increase.
- **Specialist Co-Pay:**
 - We have one of the largest differentials between our physician co-pay and our specialist co-pay (City of Richardson's differential is \$5 more). This encourages members to see their primary care physician first.
 - Average specialist cost is \$214.59 per member per month, a 15.9% increase.
 - Average specialist cost is 71% more than primary care cost.
- **Percent of Services Paid:**
 - We have one of the lowest percentage paid (75%).
 - In-patient hospital stays and outpatient surgeries are covered at 100% after applicable co-pay and deductibles.

Benefits Presentation

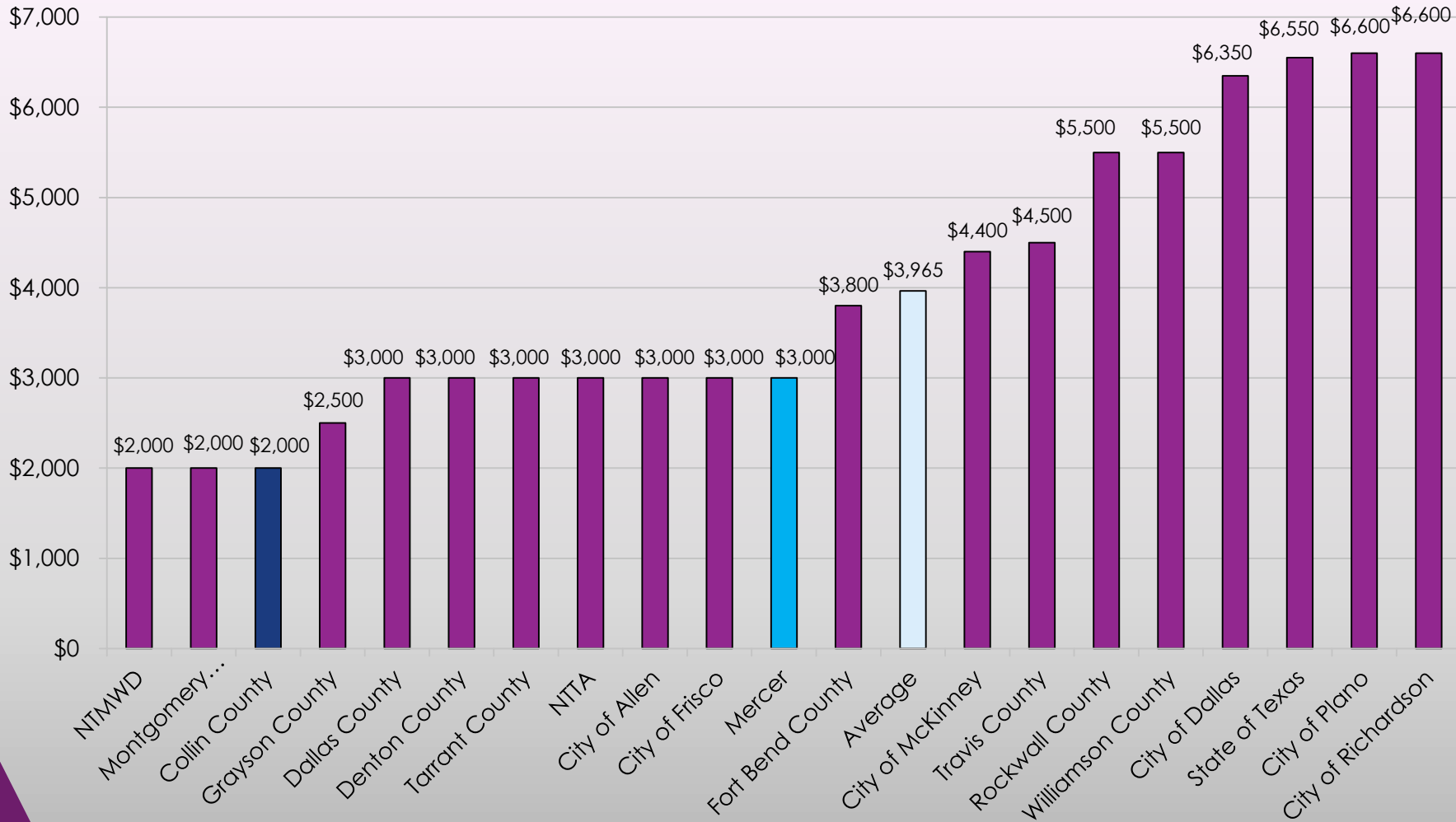
Premium Medical Plan Deductibles

Deductibles



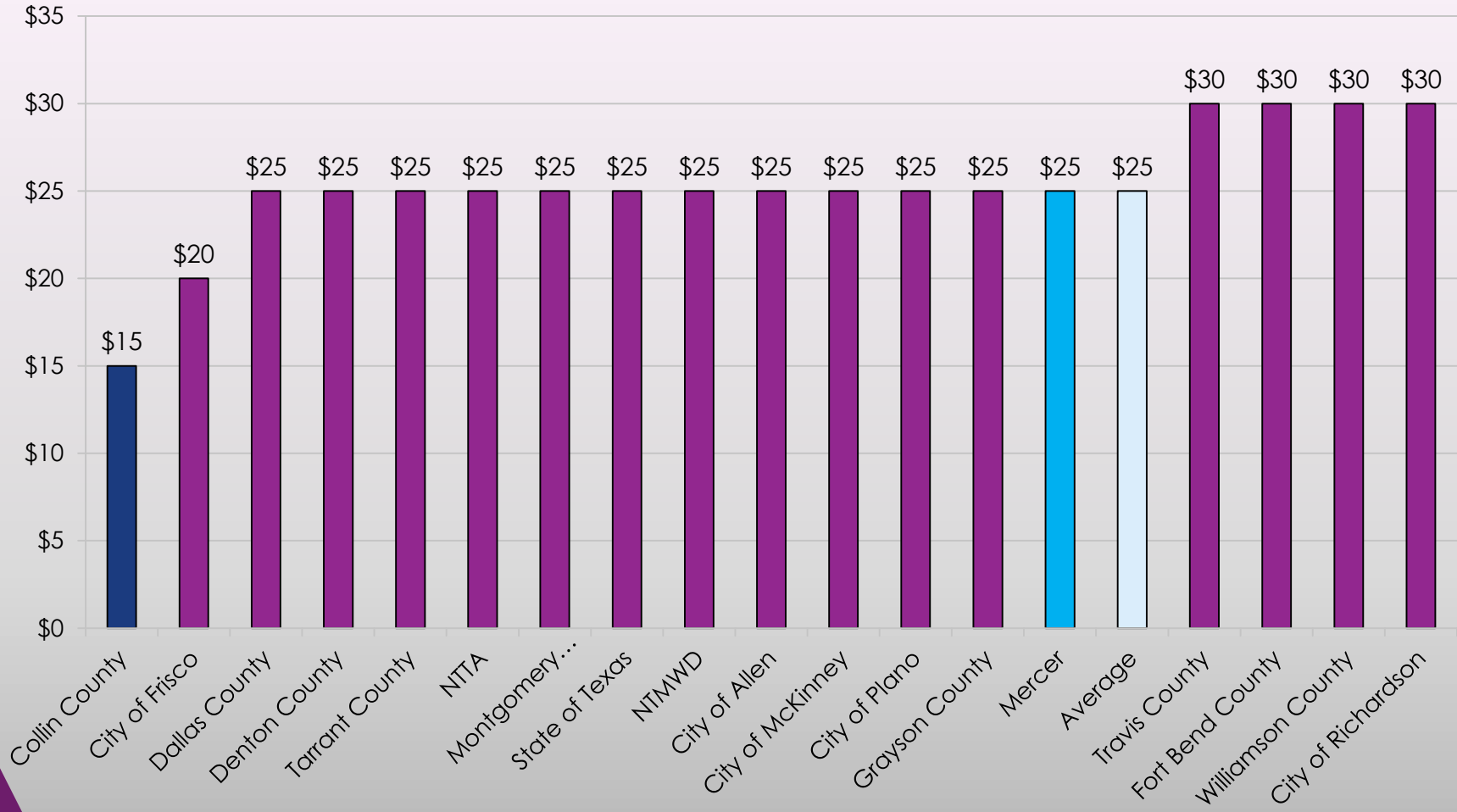
Benefits Presentation

Premium Medical Plan Out of Pocket Expenses – In Network



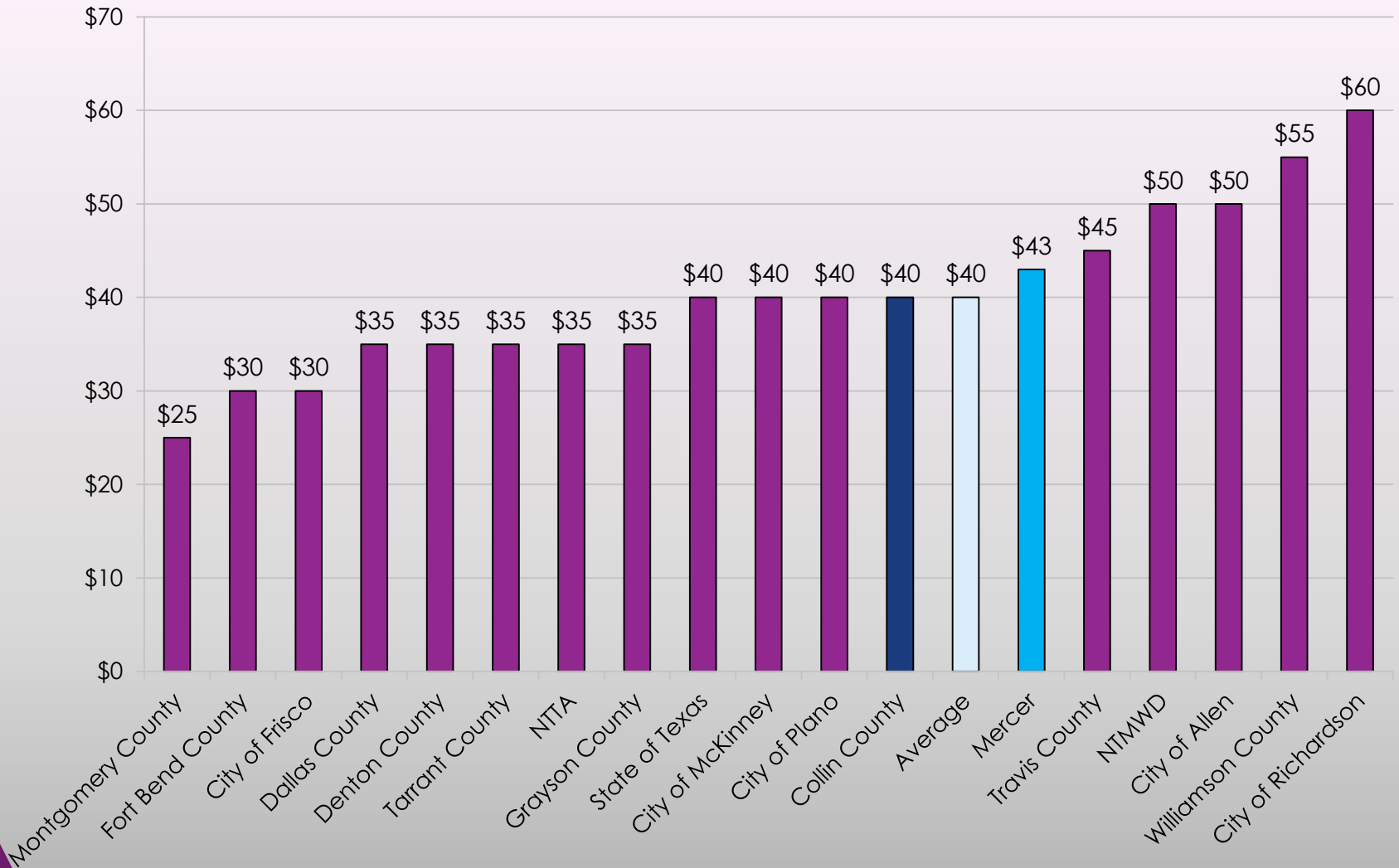
Benefits Presentation

Premium Medical Plan Primary Care Physician Co-Pay



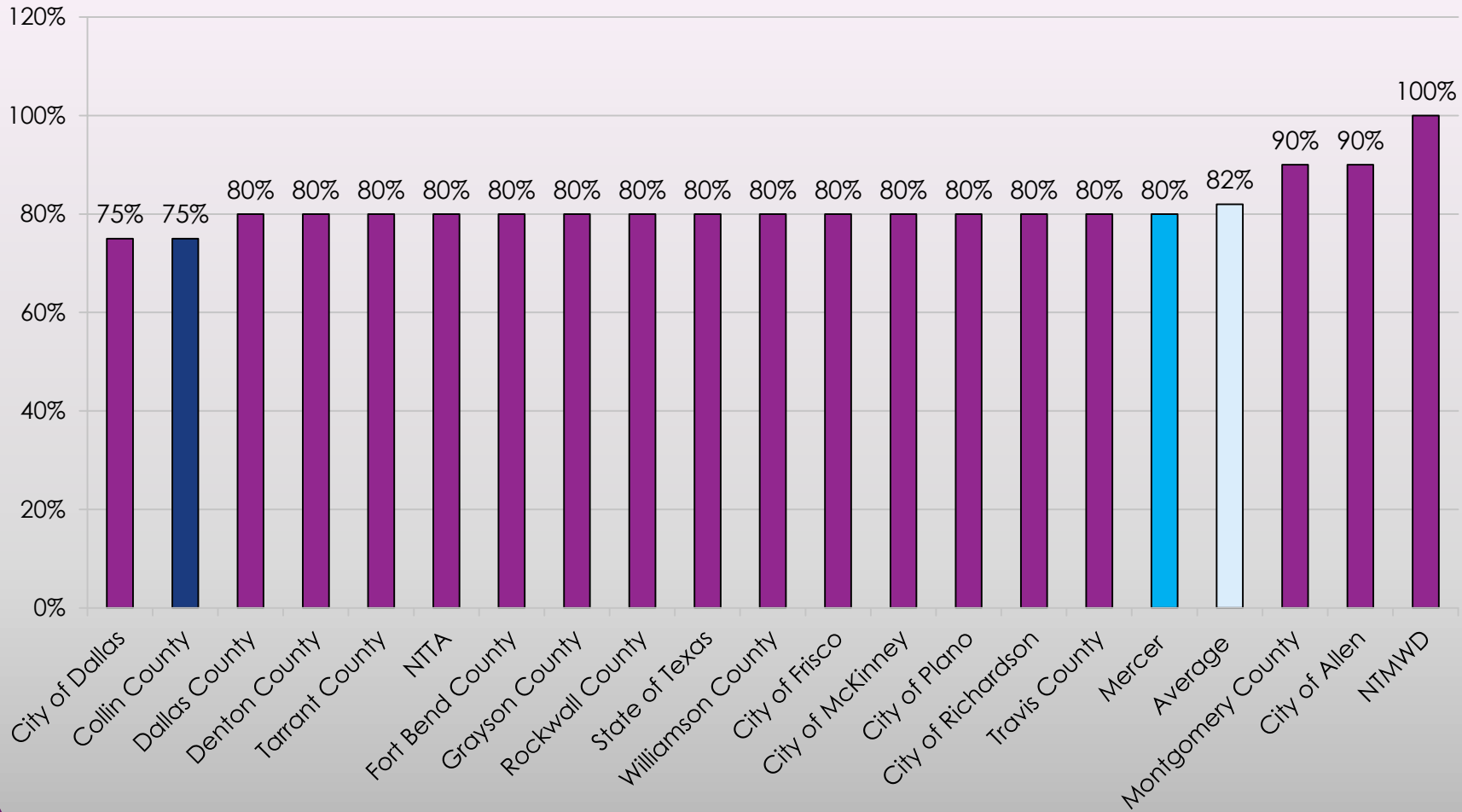
Benefits Presentation

Premium Medical Plan Specialist Co-Pay



Benefits Presentation

Premium Medical Plan Co-Insurance % Paid – In Network

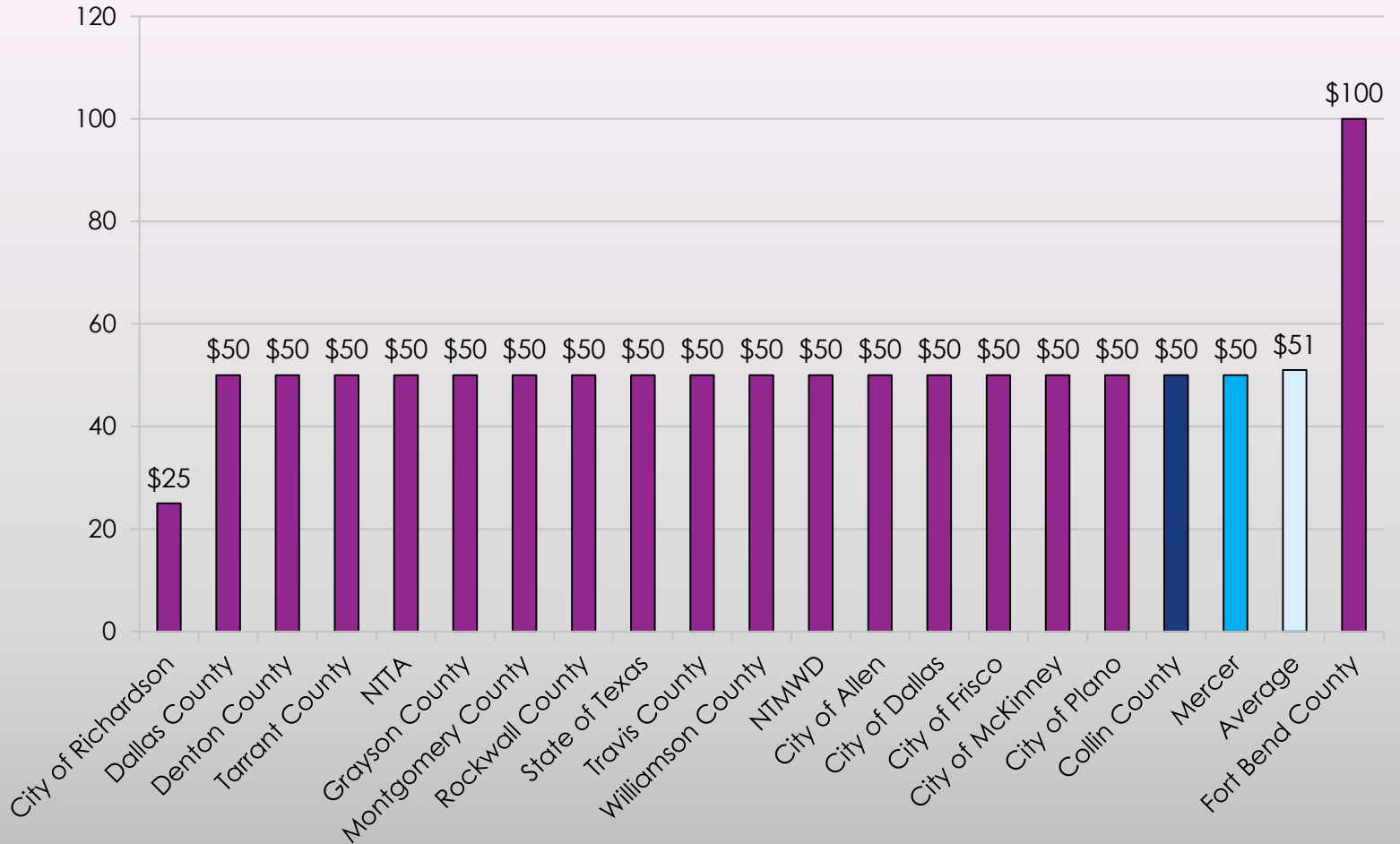


Dental Plan Benefit Comparison

- Our dental plan deductible of \$50 is consistent with our counterparts.
- Our dental plan maximum (\$1,000) is lower than the majority of our counterparts. 410 of 1,462 employees (28%) used the maximum level of benefits.

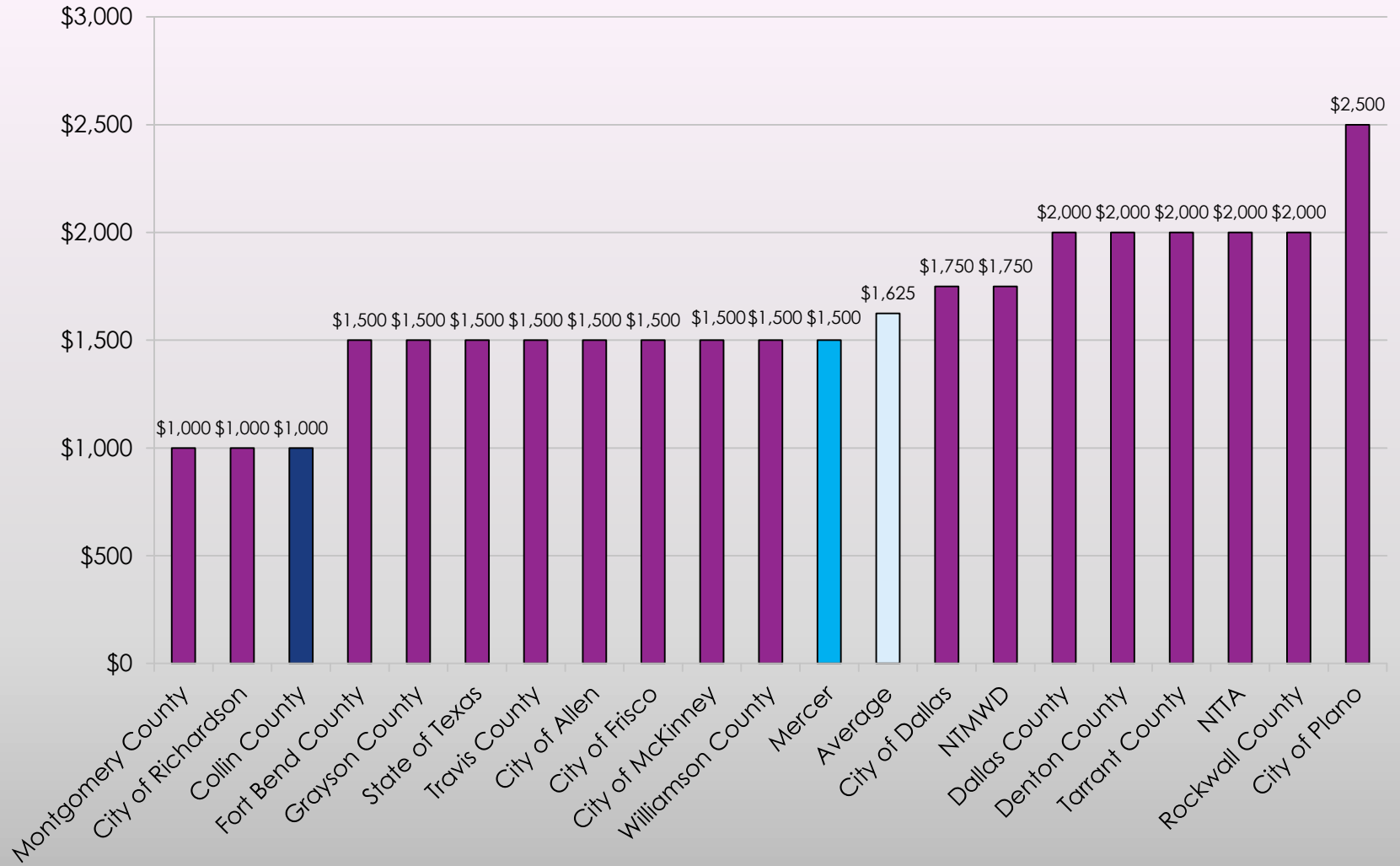
Benefits Presentation


Dental Plan Deductibles



Benefits Presentation

Dental Plan Maximums

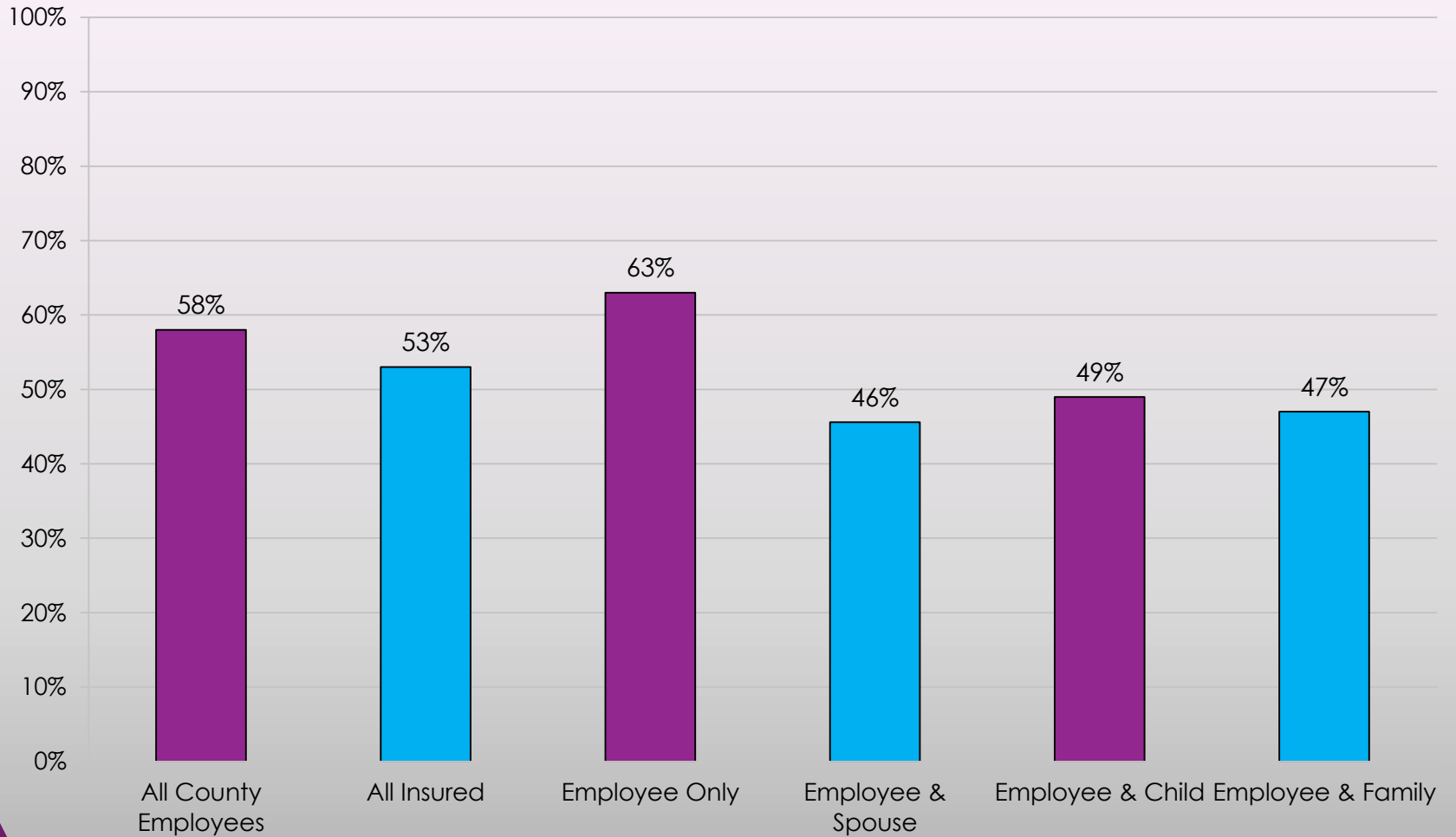




Medical and Dental Employee Premium Comparisons

Benefits Presentation

Percentage of Employees with Salaries Under \$50,000

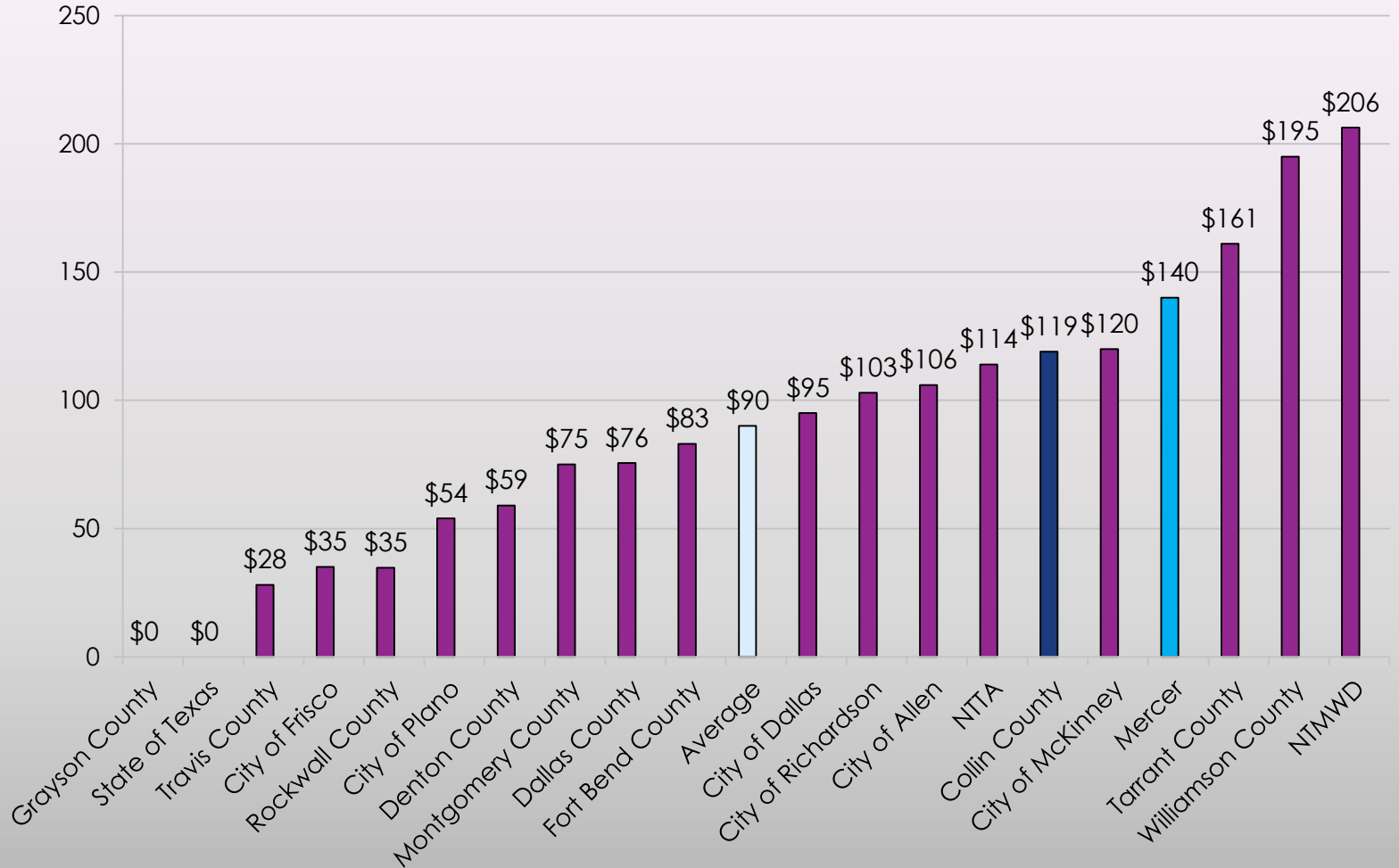


Medical Plan Employee Premium Comparison Summary

- Collin County's Employee Only contribution is above the average.
- Employee/Spouse, Employee/Children, and Employee/Family premiums are in the lowest quartile.

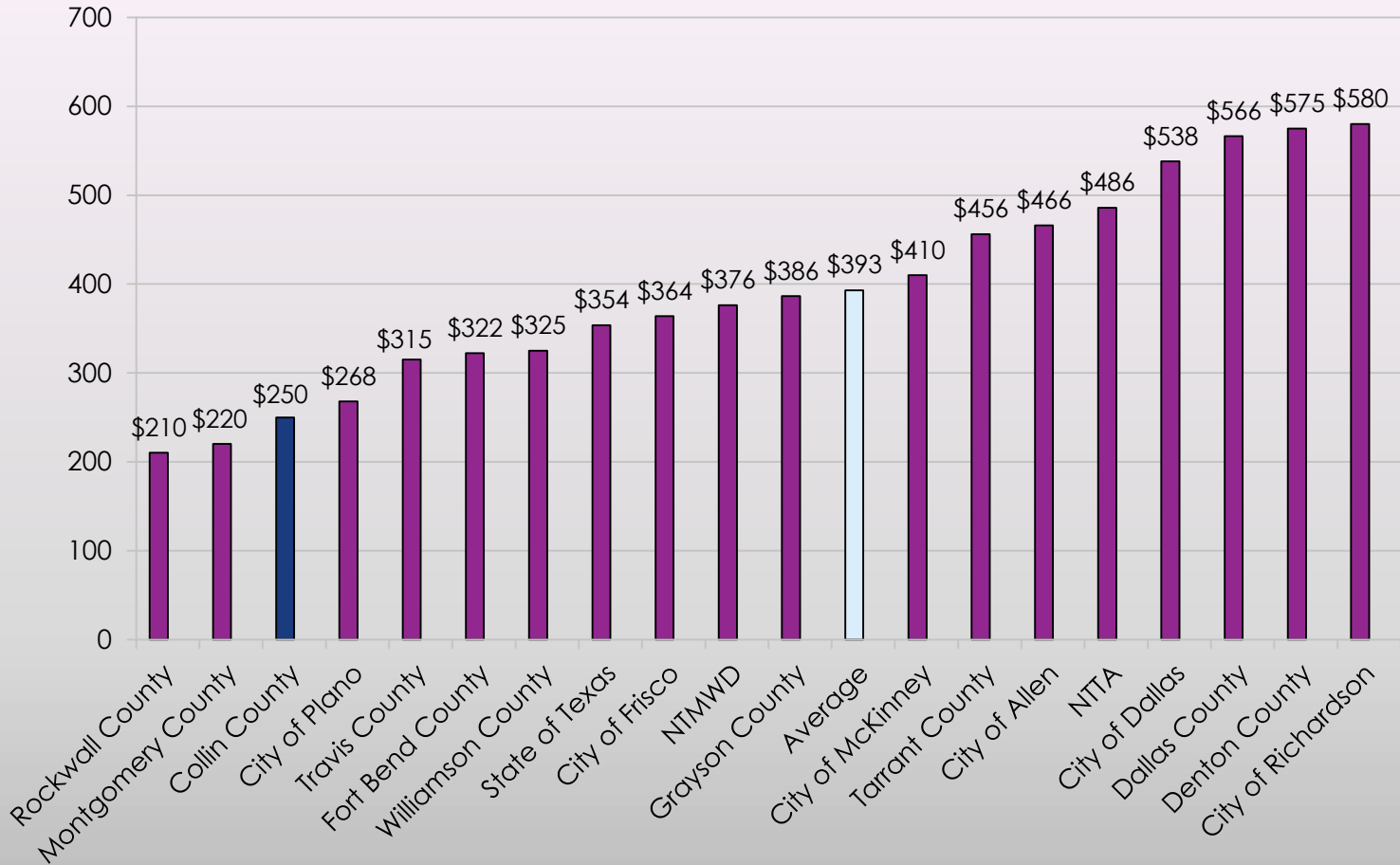
Benefits Presentation

Premium Medical Plan Employee Only Coverage Cost/Month



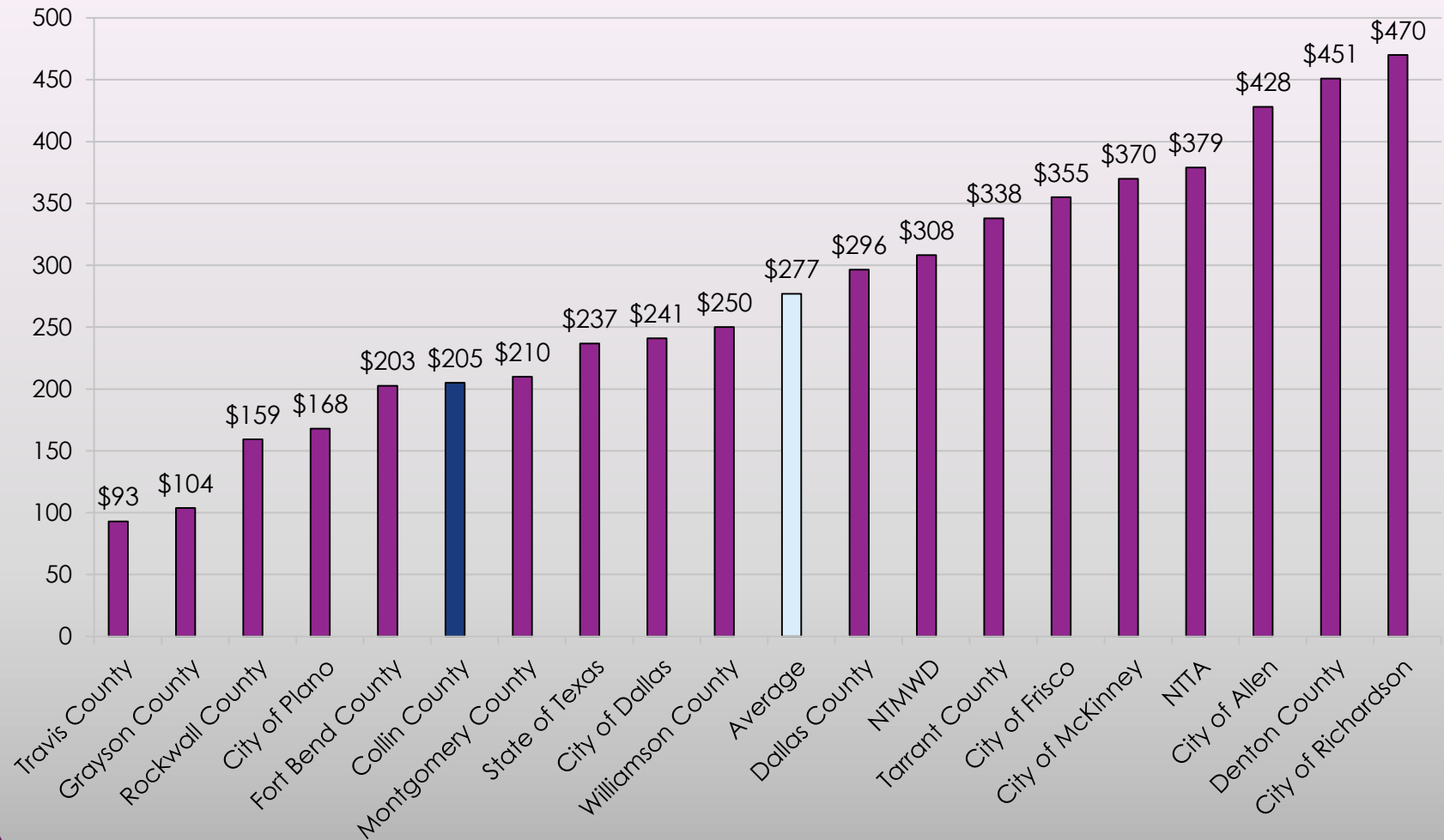
Benefits Presentation

Premium Medical Plan Employee & Spouse Coverage Cost/Month



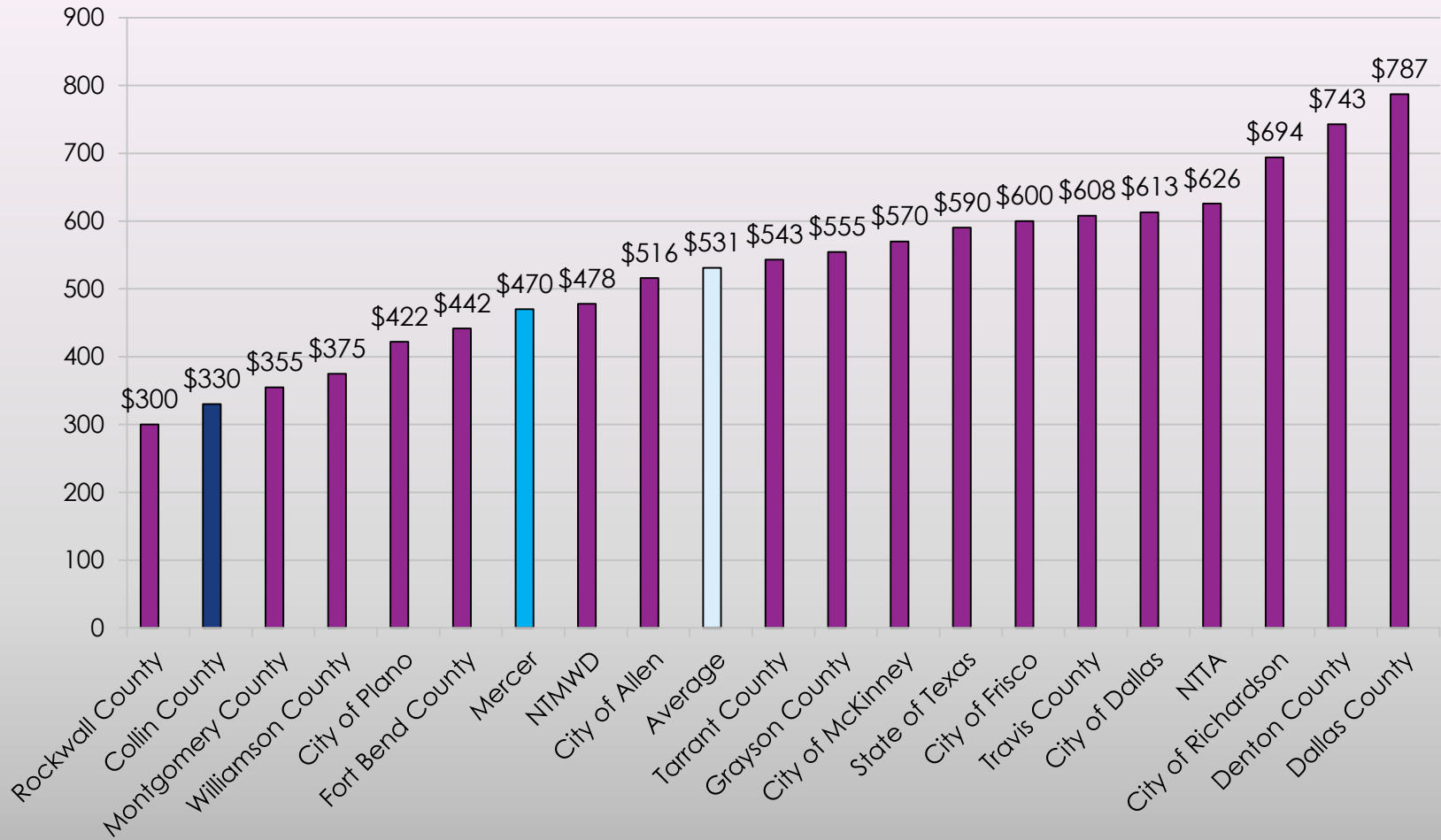
Benefits Presentation

Premium Medical Plan Employee & Child(ren) Coverage Cost/Month



Benefits Presentation

Premium Medical Plan Employee & Family Coverage Cost/Month

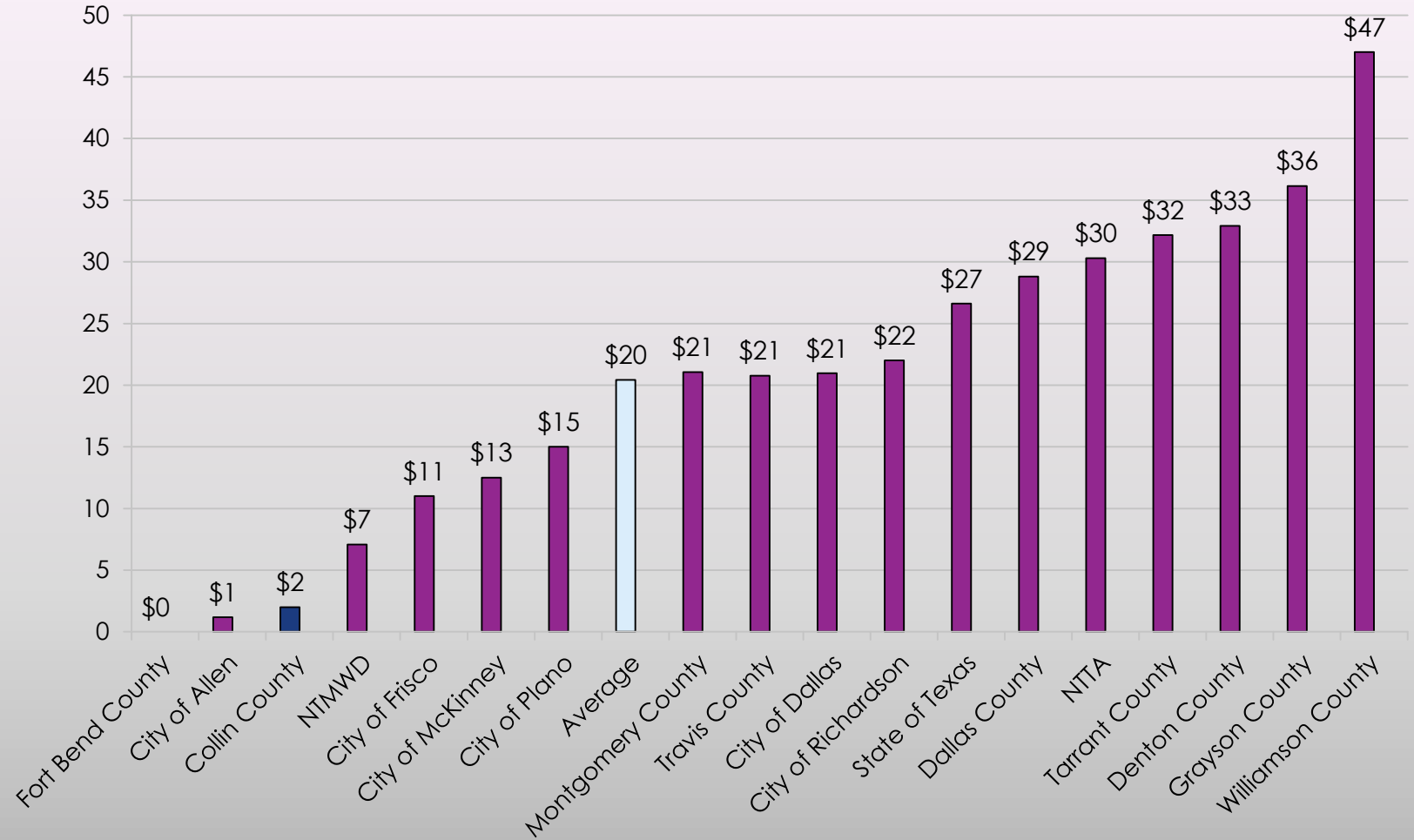


Dental Plan Employee Premium Comparison Summary

- Collin County is the only surveyed entity with a 2-tier premium design. A majority of plans have a 4-tier premium design.
- Both premium tiers (employee only and employee & family) are in the lowest quartile for premium payment.

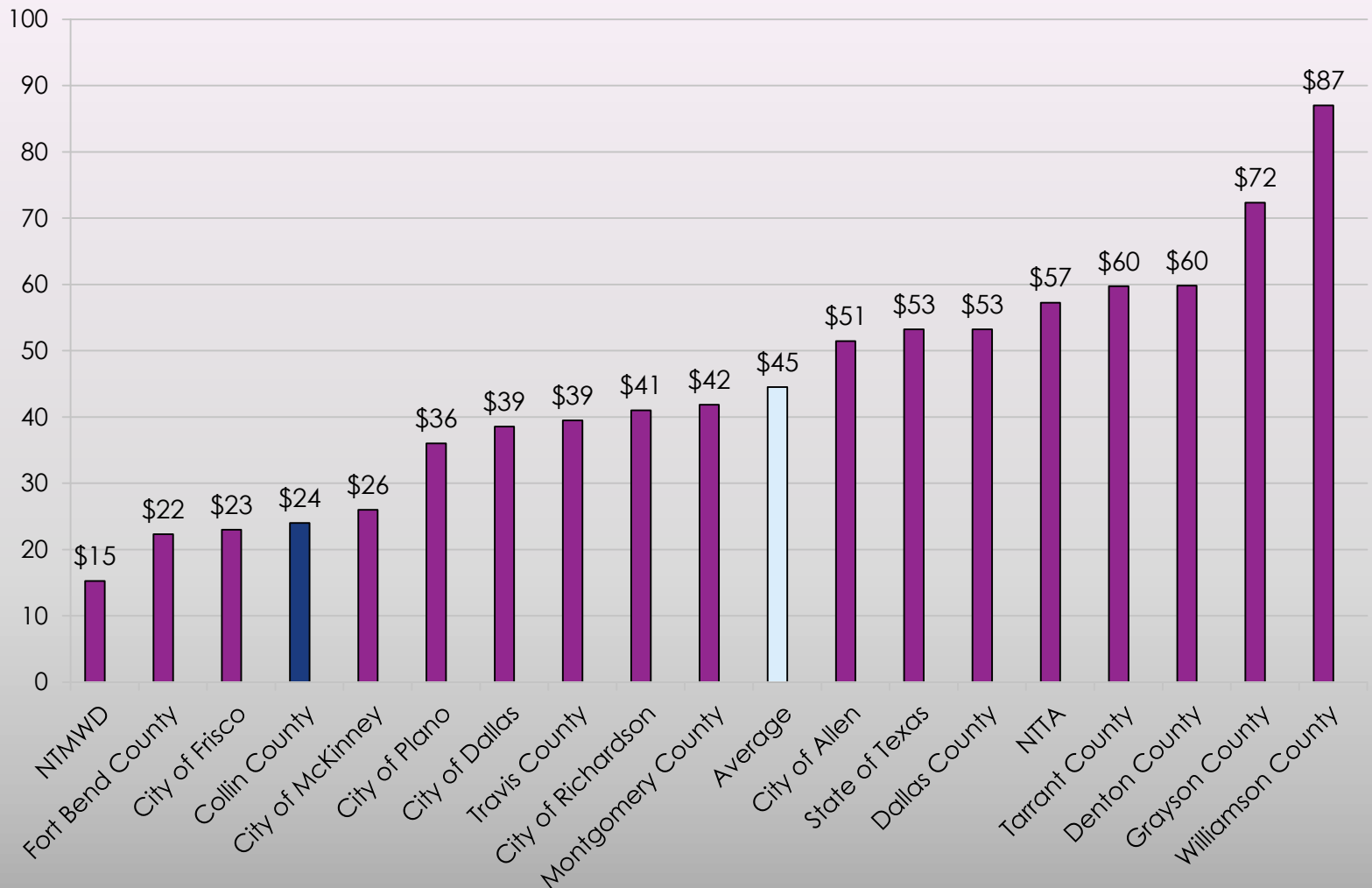
Benefits Presentation

Dental Plan Employee Only Coverage Cost/Month



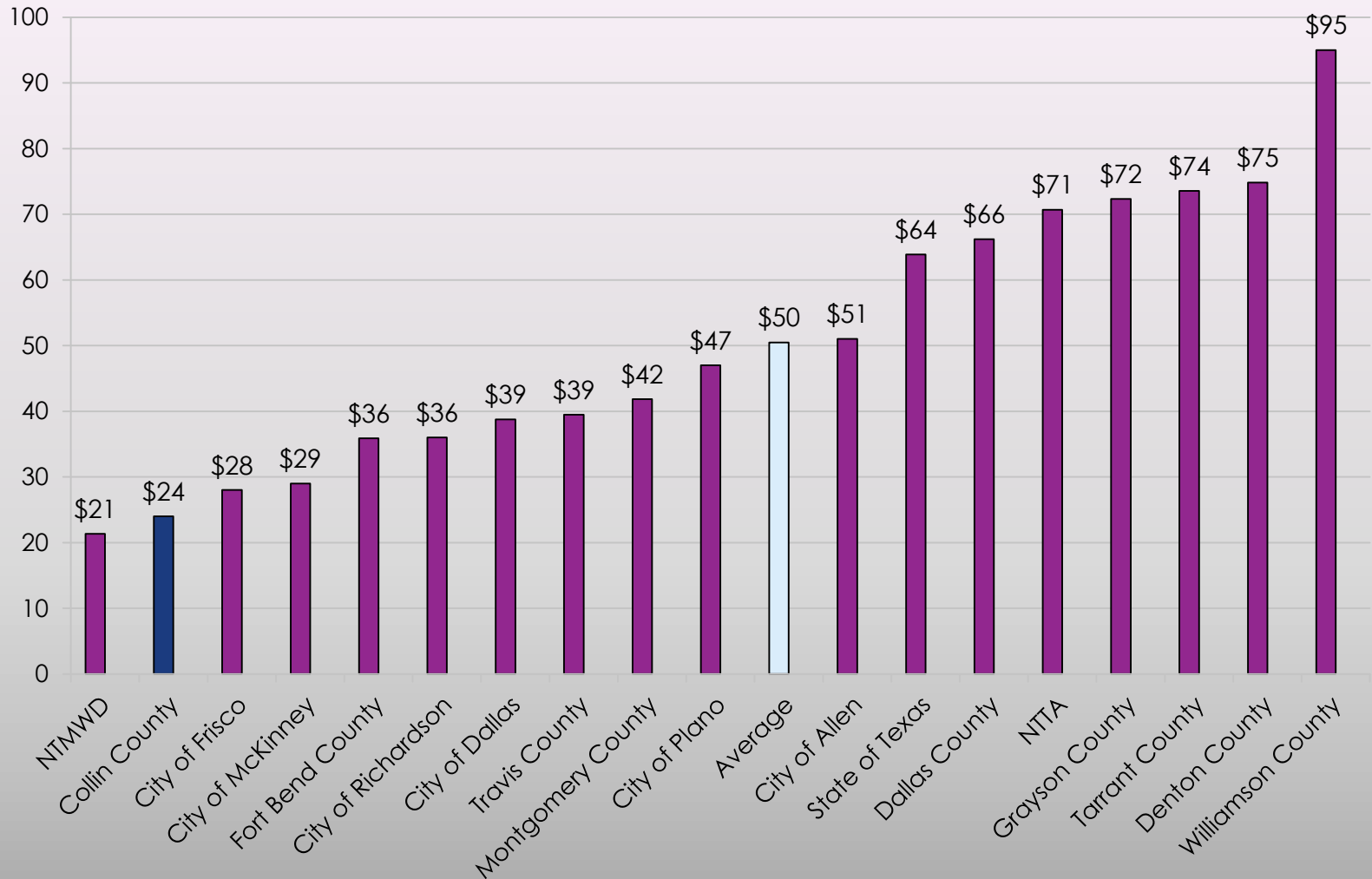
Benefits Presentation

Dental Plan Employee & Spouse Coverage Cost/Month

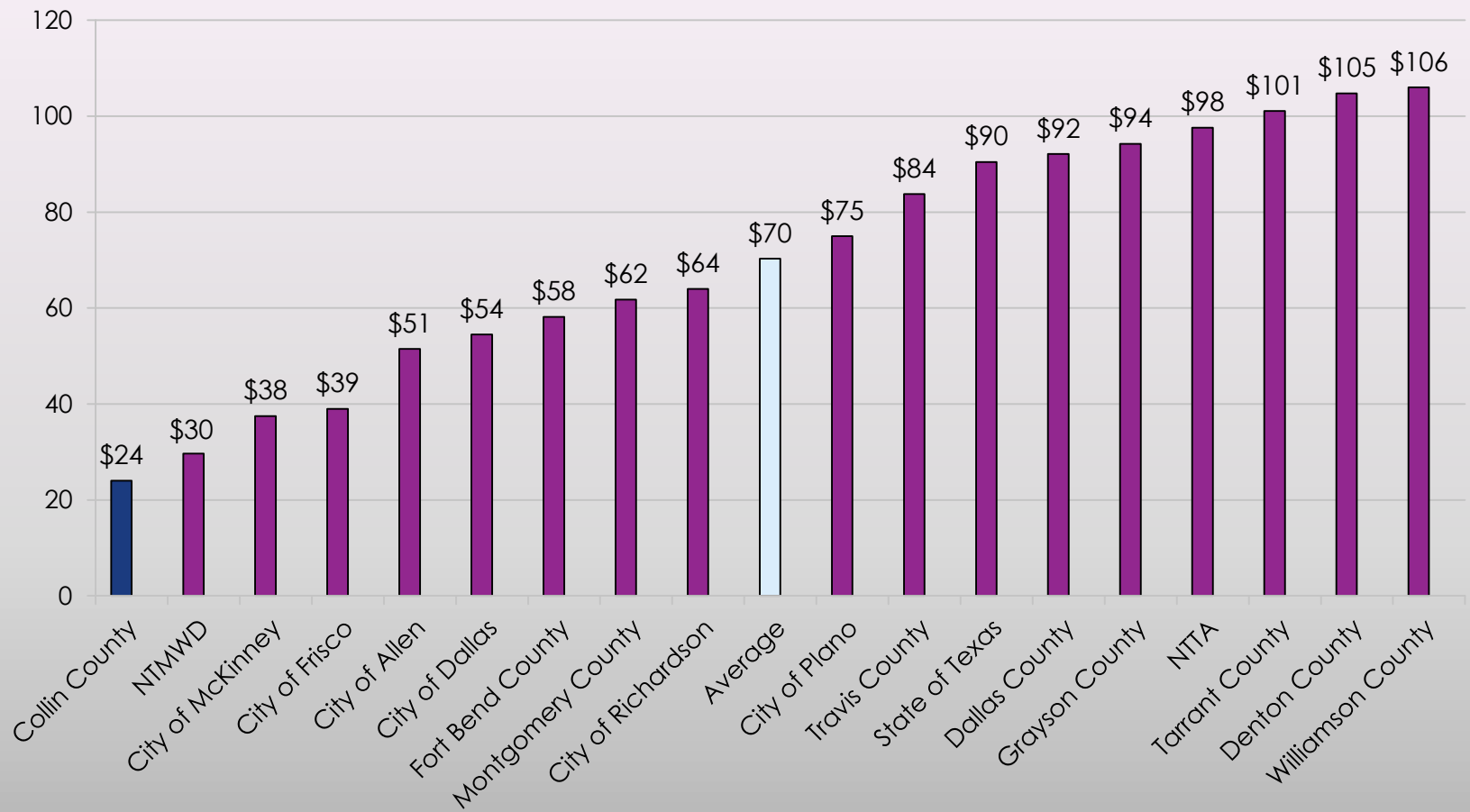


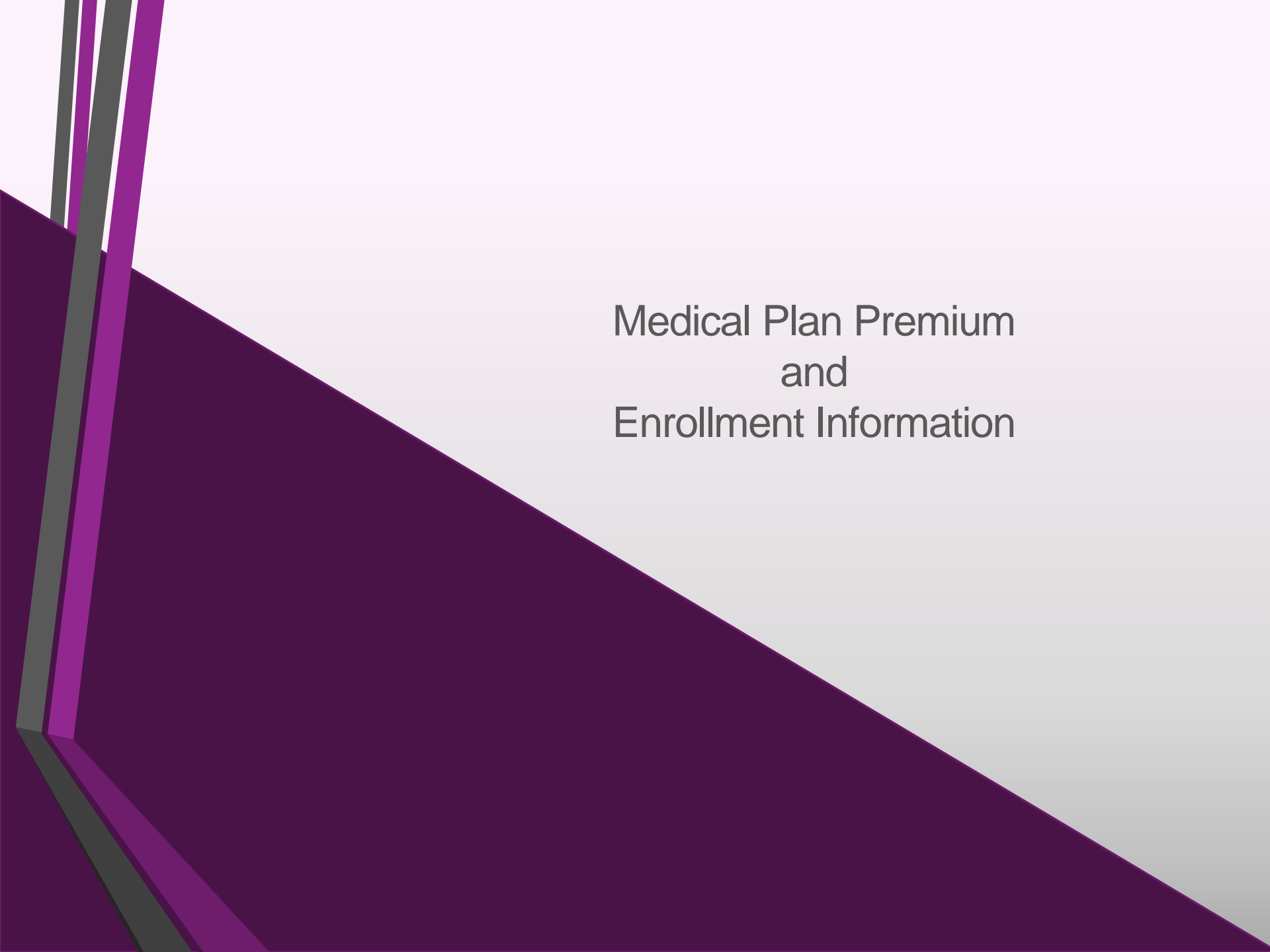
Benefits Presentation

Dental Plan Employee & Child(ren) Coverage Cost/Month



Dental Plan Employee & Family Coverage Cost/Month





Medical Plan Premium
and
Enrollment Information

Benefits Presentation

2017 Active Employee Monthly Insurance Plan Rates and Enrollment*

Medical Coverage Level	Advantage Premium Discount EE Cost	Advantage Standard Premium EE Cost	Advantage Premium Surcharge EE Cost	Advantage Plus Premium Discount EE Cost	Advantage Plus Standard Premium EE Cost	Advantage Plus Premium Surcharge EE Cost
EE Only	\$65 (111)	\$90 (81)	\$90 (56)	\$94 (221)	\$119 (30)	\$144 (50)
EE & Spouse	\$160 (28)	\$185 (9)	\$210 (20)	\$225 (101)	\$250 (7)	\$275 (40)
EE & Child(ren)	\$120 (44)	\$145 (21)	\$170 (21)	\$180 (146)	\$205 (12)	\$230 (21)
EE & Family	\$220 (85)	\$245 (20)	\$270 (62)	\$305 (191)	\$330 (15)	\$355 (61)
Total	268	131	159	659	64	172

*As of December 2017

Benefits Presentation

Advantage Plan Premium History for Full Time Employees

Plan	Medical Coverage Level	2010	2011	2012	2013	2014	2015	2016	2017	2018
Advantage Premium Discount (Wellness Physical)	EE Only	\$0	\$0	\$0	\$82	\$65	\$65	\$65	\$65	\$65
	EE & Spouse	\$110	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160
	EE & Child(ren)	\$85	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
	EE & Family	\$175	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220
Advantage Standard Premium (New Hire)	EE Only	\$10	\$25	\$25	\$107	\$90	\$90	\$90	\$90	\$90
	EE & Spouse	\$135	\$185	\$185	\$185	\$185	\$185	\$185	\$185	\$185
	EE & Child(ren)	\$110	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145
	EE & Family	\$200	\$245	\$245	\$245	\$245	\$245	\$245	\$245	\$245
Advantage Premium Surcharge (No Wellness Physical)	EE Only		\$50	\$50	\$132	\$90	\$90	\$90	\$90	\$90
	EE & Spouse		\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210
	EE & Child(ren)		\$170	\$170	\$170	\$170	\$170	\$170	\$170	\$170
	EE & Family		\$270	\$270	\$270	\$270	\$270	\$270	\$270	\$270

Benefits Presentation

Advantage Plus Plan Premium History for Full Time Employees

Plan	Medical Coverage Level	2010	2011	2012	2013	2014	2015	2016	2017	2018
Advantage Plus Premium Discount (Wellness Physical)	EE Only	\$10	\$25	\$25	\$94	\$94	\$94	\$94	\$94	\$94
	EE & Spouse	\$188	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225
	EE & Child(ren)	\$140	\$180	\$180	\$180	\$180	\$180	\$180	\$180	\$180
	EE & Family	\$265	\$305	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Advantage Plus Standard Premium (New Hire)	EE Only	\$35	\$50	\$50	\$119	\$119	\$119	\$119	\$119	\$119
	EE & Spouse	\$213	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
	EE & Child(ren)	\$165	\$205	\$205	\$205	\$205	\$205	\$205	\$205	\$205
	EE & Family	\$290	\$330	\$330	\$330	\$330	\$330	\$330	\$330	\$330
Advantage Plus Premium Surcharge (No Wellness Physical)	EE Only		\$75	\$75	\$144	\$144	\$144	\$144	\$144	\$144
	EE & Spouse		\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$275
	EE & Child(ren)		\$230	\$230	\$230	\$230	\$230	\$230	\$230	\$230
	EE & Family		\$355	\$355	\$355	\$355	\$355	\$355	\$355	\$355



Additional Information

Benefits Presentation

Plan Demographics

	Advantage Medical Plan	Advantage Plus Medical Plan	Total
Total Enrolled	558	893	1451
Gender			
Male	307 (41%)	435 (59%)	742 (51%)
Female	251 (35%)	458 (65%)	709 (49%)
Salary Level			
Under \$50,000	360 (47%)	413 (53%)	773 (53%)
Over \$50,000	198 (29%)	480 (71%)	678 (47%)
Age			
30 and younger	172 (70%)	75 (30%)	247 (17%)
31 – 40	149 (45%)	185 (55%)	334 (23%)
41 – 50	126 (31%)	286 (69%)	412 (28%)
51 – 60	93 (29%)	231 (71%)	324 (22%)
60+	18 (13%)	116 (87%)	134 (10%)

Benefits Presentation

Employee Contribution Percentage Survey

	% Paid by Employee for Employee Coverage	% Paid by Employee for Employee & Spouse Coverage	% Paid by Employee for Employee & Child Coverage	% Paid by Employee for Family Coverage
City				
City of Allen	14%	28%	33%	33%
City of Dallas	16%	47%	23%	23%
City of Frisco	3%	18%	21%	21%
City of McKinney	16%	25%	25%	25%
City of Plano	10%	19%	16%	16%
City of Richardson	9%	37%	32%	32%
Average	11%	29%	25%	25%
County				
Collin County	10%	12%	11%	11%
Dallas County	9%	36%	22%	22%
Denton County	6%	30%	30%	30%
Fort Bend County	9%	27%	18%	18%
Grayson County	0%	25%	10%	19%
Montgomery County	7%	18%	18%	17%
Rockwall County	4%	19%	15%	15%
State of Texas	0%	25%	20%	20%
Tarrant County	16%	22%	22%	22%
Travis County	4%	20%	9%	27%
Williamson County	20%	28%	23%	23%
NTMWD	25%	25%	24%	24%
NTTA	12%	25%	25%	25%
Average	9%	24%	19%	21%
Private	24%			

Benefits Presentation

Changes in Benefits

- 2016 changes
 - Virtual Visits
 - Pharmacy Value Network
- No major changes in 2017
- 2018 Changes
 - Out-of-pocket Maximum: Increased by \$1000 individual/\$2000 family
 - Pharmacy: Moved from co-payment to co-insurance
 - Advantage Plus Vision: 30-day grace period for exams and lenses
 - Dental: Exams, cleanings, and x-rays do not count toward the maximum
 - Real Appeal
 - Personal Health Support with Disease Management (added 06/01/2018 no cost to the County)

Benefits Presentation

On-Site Nurse

- The Nurse Liaison engaged in 542 individual sessions. The top 3 activity types were:
 - Individual Coaching
 - Targeted Outreach
 - Community Resources
- The Nurse Liaison primarily focused on back health, diabetes, cancer support and education, and catastrophic claimants/in patient.
- The Nurse Liaison held 78 group sessions. The top 3 topics were:
 - United at Work Presentations
 - Diabetes/Prediabetes
 - Men's Health
 - Stand for Health
 - Health and Wellness Education
 - Benefits/UHC Clinical Program Education

Benefits Presentation

Diabetes

- 1 out of 10 enrolled members are diabetic.
 - 315 enrolled members have diabetes.
 - In addition 265 individuals have multiple risk factors including hypertension, high cholesterol and obesity.
- Diabetes with complications
 - Number of claims has decreased 6%.
 - Claims paid per member per month has increased 40%. We are 36% lower than our peers.
- Diabetes without complications
 - Number of claimants has decreased 1%.
 - Claims paid per member per month has decreased 13% and is 16% lower than peer.

Benefits Presentation

2017 Trends

- Medical net paid per member per month increased 10%.
 - 19% increase in average length of hospital stay.
 - Average net paid per admission increased 42%
 - 5% increase in net paid per outpatient surgery.
 - 14% increase in both net paid per ER visit and emergency room visit frequency.
- Catastrophic cases increased with frequency and severity.
 - Almost 4% increase in number of cases
 - Almost 24% increase in plan cost
- Chronic conditions related to modifiable health risks contributed to the trend.
 - Musculoskeletal – Net paid per member per month decreased 6%.
 - Cancer – Net paid per member per month increased 53%.
 - Heart Conditions – Net paid per member per month decreased 10%.

Benefits Presentation

Retiree Insurance

- Employers are required to report employer contributions to retiree benefits on their CAFR as a liability due to GASB rules.
- Retiree costs increased from 2016 to 2017 by an average of 3%.
- Collin County charges the actuarial cost for all retirees that elected coverage after 05/31/2010.

Monthly Premium	Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
2017	\$2,015.22	\$4,030.42	\$3,627.36	\$4,735.76
2016	\$1,960.26	\$3,920.51	\$3,528.44	\$4,606.62

- Retiree insurance costs are based on retirees claim experience only.
- There is an adverse impact, because the only employees taking the insurance are those that have a greater need for the coverage.
- In 2017, there were no new enrollments in retiree medical coverage.
 - A total of five retirees were enrolled in medical insurance as of 12/1/2017.



Affordable Care Act

Benefits Presentation

Affordable Care Act

- Collin County's Advantage plan meets affordability and coverage requirements; must re-evaluate annually.
 - A plan is considered affordable if employee costs are less than \$96 a month. The Advantage plan is currently \$90 a month.
 - Minimum coverage requires a plan to cover 60% of health care costs. The Advantage plan covers 83% of health care costs.
- In-network deductibles and co-pays, and prescription costs now apply to annual out-of-pocket expense limits.
- Benefit changes including:
 - Add additional dependents – children to age 26
 - No waiting period longer than 90 days
 - Coverage of essential benefits
 - First dollar coverage of preventive care benefits (no cost sharing)
 - Regulated appeals process
 - Complying with ACA definition of full-time employee
 - No lifetime maximum
 - Limitation on retroactively stopping coverage
 - In-network deductibles, co-pays, and prescription costs apply to out-of-pocket maximum
 - Cover certain clinical trials
- Fee payments.
- Additional reporting requirements including employee communication and extensive W-2 requirements.

Affordable Care Act

- Additional Fees
 - PCORI – \$2.39 per covered member fee for 2017. Payment made in July 2018 was \$6,367. This fee continues through plan year 2018, paid in 2019.
- Cadillac Tax: Implementation moved to 2022.
- 1094/1095 IRS Tax Forms
 - Forms mailed to employees; transmitted to IRS.
 - CSCD employees, whose medical benefits are provided through ERS, are included in Collin County's IRS transmittals.
 - State (ERS) distributes the 1095-b (shows medical coverage).
 - Collin County distributes the 1095-c (shows coverage was offered).
 - State does not provide info to us.
 - Subject to penalties of up to \$250 per return with a maximum penalty of \$3 million.



Wellness

Benefits Presentation

Wellness

- To receive the \$200 wellness payment and the \$25 monthly insurance discount, employee's must complete:
 - Annual physical
 - Cholesterol screening
 - Well man/woman examination
 - Physician-identified body mass index (BMI) information
 - The UHC online health assessment
- Our wellness program is currently ACA and HIPAA compliant as it is participatory, not contingent upon achieving a particular health status and incentives are below the maximum allowable threshold.
- Per UnitedHealthcare, Collin County had the highest wellness utilization of their book of business.

Benefits Presentation

2017 BMI Statistics

		Employee		Spouse		Total	
		Counts	Percent of Total	Counts	Percent of Total	Counts	Percent of Total
Underweight	Below 18.5	3	0.3%	6	1.2%	9	.5%
Normal	18.5 - 24.9	176	15.0%	80	16.1%	256	15.3%
Overweight	25.0 - 29.9	364	31.0%	161	32.4%	525	31.4%
Obese	30+	632	53.8%	250	50.3%	882	52.8%
Total		1175		497		1672	

Benefits Presentation

Collin County, Texas, and U.S. BMI Comparison

	BMI	U.S. 2016	Texas 2016	Collin County 2017	Difference U.S.	Difference Texas
Underweight	Below 18.5	1.8%	1.9%	.5%	-1.3%	-1.4%
Normal	18.5 - 24.9	32.9%	29.7%	15.3%	-17.6%	-14.4%
Overweight	25.0 - 29.9	35.3%	34.8%	31.4%	-3.9%	-3.4%
Obese	30+	29.9%	33.7%	52.8%	22.9%	19.1%



Changes for Considerations

Benefits Presentation

Medical Plan Design Considerations

- TMJ
 - Current limit is \$5,000 lifetime max.
 - Remove limit from both plans.
- Infertility
 - Increase the allowed cost for infertility treatments from \$5,000 to \$20,000 lifetime max.
- Acupuncture
 - Not covered under the Advantage plan.
 - Currently limited to \$1,000 per year under the Advantage Plus plan.
 - Change Advantage Plus plan to allow 26 visits per year.
- Chiropractic Visits
 - Unlimited under the Advantage plan.
 - Currently limited to \$1,000 per year under the Advantage Plus plan.
 - Change Advantage Plus plan to allow 26 visits.
- Lasik
 - Current limit \$2,000 lifetime.
 - Remove limit from both plans.
- Glasses
 - Currently Advantage Plus plan pays 50% without a limit.
 - Change reimbursement to 50% up to \$500 for frames and lenses under the Advantage Plus plan.
- Sleep Apnea
 - Currently has a lifetime maximum of \$5,000.
 - Remove lifetime maximum.
 - Treat CPAP as durable medical equipment.
- Consider a tier plan for medical with reduced premiums for lower income employees (Commissioner requested discussion).

Pharmacy Considerations

- Specialty drug coupons are currently being applied by retail pharmacies at the point of sale. Members pay the discounted rate while the full amount of the co-insurance is applied toward their out-of-pocket maximum.
- Recommend that specialty medication be filled through the UHC specialty pharmacy, Briova. This will allow the plan to benefit from the reduced cost, and coupons, where the manufacturer pays for the cost, will not count toward the out-of-pocket maximum since the employee is not paying the amount.