

Staff Alliance Staff Health Care Committee
December 17, 2014 2:00 p.m. 3:30 p.m.
Audio Meeting Minutes

Committee Members Roll Call:

UAA

Melodee Monson
Maureen Hunt

SAA

Monique Musick
Linda Hall

UAF

Lesli Walls
Kim Eames
Alternates: David Bantz and Susan Sanborn

Alliance Representative

Monique Musick

Ex-Officio

Erika Van Flein

Agenda approved as presented.

Review and discussion on the JHCC recommended plan changes as per the following notes from the Joint Health Care Committee meeting held on December 10, 2014.

JHCC December 10, 2014

FY16 and approved 7 of them. The last is still under consideration, but needing more information.

1) CDHP Deductibles and Out-of-Pocket (OOP) maximums

The U.S. Treasury Department released new minimum deductibles for plans with an

(CDHP). The 2015 minimum deductibles are now \$1,300 individual, \$2,600 family. OOP limits were also raised up to possible Maximum out of pocket limits of \$6,450 individual, \$12,900 family. JHCC discussed whether to raise the

deductibles incrementally as the Feds raise the limits or to make a larger jump and not change it for a few years. That would also differentiate the CHDP more from the UA High Deductible Health Plan (HDHP). The group decided to just increase (incrementally) the deductibles to the new federal minimums and to leave the OOP levels where they are.

MOTION: The Joint Health Care Committee recommends that the CDHP minimum deductibles for the new plan year (Fiscal Year 2015-2016) be increased as required by the federal government (\$1,300 for an individual and \$2,600 for a family).

ACTION: Passed

MOTION: The Joint Health Care Committee recommends that the CDHP maximum out of pocket limits for an individual and a family not be raised.

ACTION: Passed

MOTION: The Joint Health Care Committee recommends that the 750 Plan and HDHP maximum out of pocket limits for an individual and a family not be raised.

ACTION: Passed

2.) Increase pharmacy co-pay for the 750 Plan and HDHP

increased in cost recently and our copay is currently very low at \$5. JHCC reviewed a few different funding models including an option to add a fourth tier of co-pay for specialty pharmacy drugs that have been increasingly adding to overall pharmacy costs. In the end the committee chose a hybrid new tier structure, adding in a new \$100 co-pay for specialty drugs.

MOTION: The Joint Health Care Committee recommends that the pharmacy copays for the new plan year (FY2015-16) for the 750 Plan and the HDHP be as follows:

Retail= \$10 - \$30 - \$60 - \$100 (**\$100 retail fee is for specialty drugs**)

Mail= \$20 - \$60 - \$120 NA

Deductible= \$0, OOP Max= \$1,000 individual, \$1,700 family

ACTION: Passed 11 to 1

3.) Discontinue coverage of PPI (Proton Pump Inhibitors), either brand only or all

Looking just at brand name PPIs that have OTC versions available (Nexium, Prilosec, Prevacid)

of claims from 5/1 thru 10/31 for Univ of AK. There were 217 claims for \$80,218 for these products. An option could be to **only cover generics (or over the counter)** but no brand name drugs.

MOTION: The Joint Health Care Committee recommends to cover generic

proton pump inhibitors

MOTION: The Joint Health Care Committee recommends to switch to out-of-network providers being paid at the 125% of Medicare rates for the State of Alaska per the Premera proposal.

ACTION: Passed 7 to 4.

b) Payment to Member: Change how OON providers are paid.

Currently payment goes to provider.

Change to be:

1) a joint payment (member and provider on check; member must sign to endorse), OR

2) payment directly to member and member must pay the provider.

MOTION: The Joint Health Care Committee recommends that the mode of payment for out-of-network providers be continued according to current practice, i.e., **process of paying the provider directly.**