Staff Council Meeting Summary Tuesday, March 14, 2018 267 University Hall 1:30- 3:30 p.m.

In attendance: Tom Fortener, Adam Horseman, Dawn Banker, Maureen Barry, Joanie Hendricks, Suzanne Semones, Jerry Hensley, via phone: Casey Dues

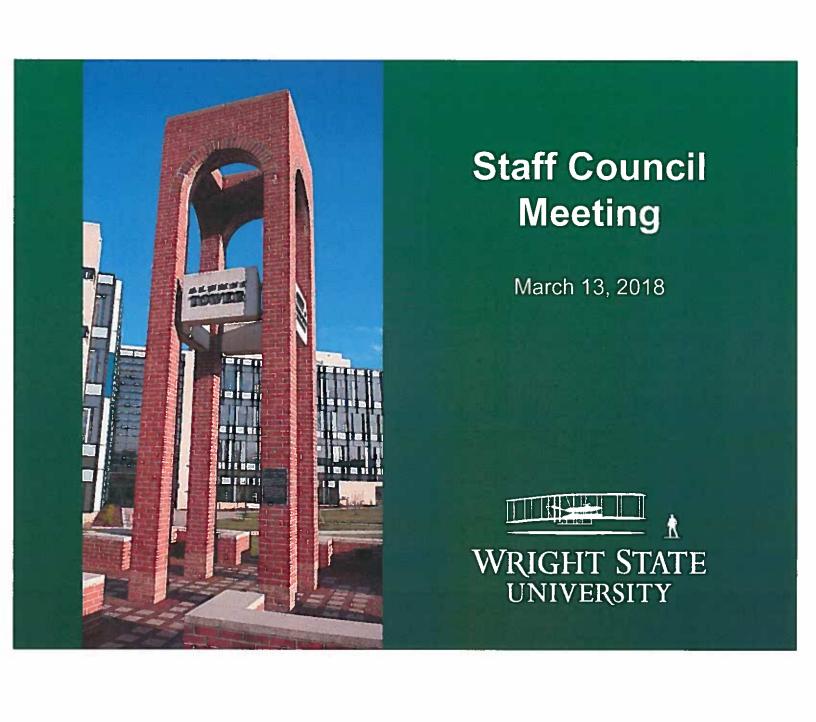
Guest Speakers: Shari Mickey-Boggs, Associate Vice President and Chief Human Resource Officer; Sylvia Brockman, Director, Total Rewards; Monica Mack, Senior Benefits Analyst

New Business

- a. <u>Health plan 80/20 issue</u> Council expressed concern that notification of issues were not communicated in a timely manner. Shari Mickey-Boggs said that HR had a debrief and will be more proactive with communication in the future.
- b. Health Care Benefit Cost and Update -(see attached slides)
 - 1. Claims costs were way up from projections for CY17; however, January and February costs were down.
 - 2. Spousal costs or PMPM (per member per month) are trending up.
 - 3. Pharmacy plan costs used to run around 5% of total costs and now are accounting for approximately 15% of the costs, largely due to specialty drugs.
 - 4. Healthcare Plans Best Practices (see slide with same title) University currently utilizing those with ✓. Other practices listed are best practices and future considerations but not currently in use at WSU.
 - 5. Suggestions:
 - Send monthly tips to employees i.e. Tuition remission can be used to take HPR classes; Castlight quick tips
 - Biometric screenings should be incentivized. Employees who complete the biometric screening should pay a lower cost for insurance than those who do not. Covered spouse should also participate in biometric screening.
 - Offer classes: nutrition, cooking, how to find manufacturer assistance for drug costs (rebates)
- c. <u>Castlight</u> –The University's cost for Castlight is \$103K per year. Currently, enrollment is just under 50% of employees, and return rate is 79%.
- d. <u>Furlough</u> furlough leave policy has been adopted and posted https://policy.wright.edu/policy/8470-furlough-leave

Old Business – Dr. Berberich was unable to attend this meeting. These items held over for April meeting.

- a. Traffic issues in Millett Hall Parking Lot
- b. Office relocation plan and expenses
- c. Additional cuts for FY18
- d. Staff representation on Provost search committee & committee selection



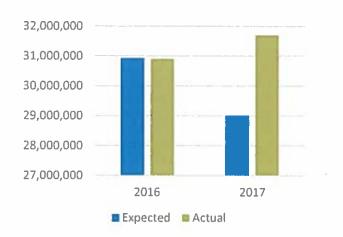
Expected vs Actual*

Source: Horan and Associates, Inc.

Year	Expected Plan Cost	Actual Plan Cost	Difference
2016	\$30,912,075	\$30,927,008	\$ 14,933
2017	\$29,023,415**	\$31,702,652	\$2,679,237

^{*} Does not include costs for Health Savings Account nor the savings for Pharmacy Rebates.

^{**} Expectation was lower than 2016 due to headcount reduction after the Voluntary Retirement Incentive Program (VRIP).



Why such an increase?

1. High Cost Claims



2. Specialty Drugs



High Cost Claims

Claim Level	2016	2017
\$150,000	16	18
\$175,000	9	13
\$200,000	5	11
\$250,000	1	8
\$300,000	1	5
\$500,000*	1	0
Total	33	55

^{*}Stop Loss would kick in

\$2,240,000 more in 2017

Specialty Drugs

Drug	Drug Use/Indication	Paid Increase
HUMIRA PEN	Arthritis & Crohn's Disease	\$250,209
XYREM*	Loss of Muscle Control (also Narcolepsy)	\$150,199
TECFIDERA	Multiple Sclerosis	\$113,074
SPRYCEL*	Leukemia	\$ 94,800
MEKINIST	Skin Cancer	\$ 86,349
TOTAL		\$694,631

^{*}Earliest possibility for generic is 2023 and 2020

What WSU Pays

Fixed Costs

- Healthcare Reform Fees
- Administration Fees
- Stop Loss

Variable Costs

- Medical Claims
- Pharmacy Claims



Healthcare Plans Best Practices

Basics

- Offer HDHP (CDHP)
 HSA sponsor makes a
- contribution to employee's accounts
- Transparency tool provided by specialty vendor
- Mandatory generics or other RX strategies
- Steer members to specialty pharmacy for specialty drugs
- Collective purchasing of Rx benefits
- Spousal surcharge

Well-Being

- Company vision/mission statement supports a healthy workplace culture
- Offer technology-based
- well-being resources
- Use incentives for well-being programs
- Spouses may participate in programs
- Tobacco surcharge
- Provide stress management or mindfulness programs
- Integrate well-being incentive with health plan

Quality and Value

- Offer a Surgical Center of Excellence
- Primary care on-site clinic
- Telemedicine utilization of 5% of higher
- Reference-based pricing
- Narrow networkspharmacy and medical



As we enter strategic benefit planning, what feedback do you wish to provide?

As we focus on increased communication around healthcare costs, what advice do you have?