

CHAMPAIGN COUNTY
LABOR/MANAGEMENT HEALTH INSURANCE COMMITTEE AGENDA
Wednesday, August 17, 2016 - 2:00 p.m.

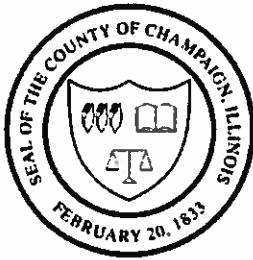
Meeting Room 3
Brookens Administrative Center
1776 E. Washington St., Urbana

Committee Members: Rick Snider (Co-Chair), Angela Lusk (Co-Chair), Chris Alix, Donna Blumer, Brent Frye, Stan Harper, Debbie Heiser, Josh Jones, Tea Jones, Barb Doyle-Little, Barbara Mann, Michelle Mennenga, Betty Murphy, John Naese, Tami Ogden, Dwayne Roelfs

Alternates: Astrid Berkson, Brad Morris, Josh Reifsteck

AGENDA

- I. Call to Order
- II. Approval of Minutes– August 9, 2016
- III. Discussion – New quotes
- IV. Other Business
- V. Next Meeting – August 23
- VI. Adjournment



CHAMPAIGN COUNTY BOARD
LABOR MANAGEMENT HEALTH INSURANCE COMMITTEE
County of Champaign, Urbana, Illinois

MINUTES – SUBJECT TO REVIEW AND APPROVAL

DATE: Tuesday, August 9, 2016
TIME: 2:00 p.m.
PLACE: Lyle Shields Meeting Room
Brookens Administrative Center
1776 E Washington, Urbana, IL 61802

Committee Members Present: Chris Alix, Astrid Berkson, Donna Blumer, Brent Frye, Stan Harper, Barb Doyle-Little, Josh Jones, Tea Jones, Barb Mann, Matt McCallister, Michelle Mennenga, Betty Murphy, Tami Ogden, Dwayne Roelfs, and Rick Snider.

Committee Members Absent: Debbie Heiser, Angela Lusk, John Naese, and Josh Reifsteck.

County Staff: Tammy Asplund (Recording Secretary)

Others Present: John Malachowski (Gallagher)

Call to Order

Mr. Snider called the meeting to order at 2:05 p.m.

Approval of Minutes from August 2, 2016 Meeting

There was a Motion by Mr. Harper to approve the July 19, 2016 meeting minutes from the Labor Management Health Insurance Committee; seconded by Mr. Jones. Upon vote, the MOTION CARRIED unanimously.

Discussion

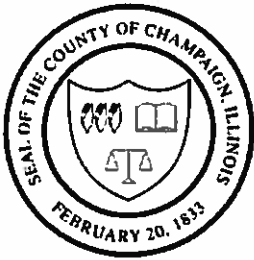
Mr. Malachowski reviewed the handout provided on August 18, 2015 during this process. He highlighted the original 19% increase proposed by Health Alliance. The committee's decision to change from a POS to an HMO; with an increase in the HRA, resulted in the overall 2.74% increase over 2014.

In the last 36 months, there has been a \$500,000 differential. Health Alliance has paid out this amount in claims, more than what it received in premiums. The current renewal goes from 4.5 million to 6.8 million (51%). With the HRA, it becomes a 39.17% increase. Health Alliance also quoted our 2014 POS plan (for next year) at a 104% increase.

Mr. Malachowski presented a breakdown of claims. He cautioned the committee about sharing these details with anyone outside the committee; to make sure employee's privacy is preserved. The County has 41 claims that exceed \$30,000 over the last twelve months. He shared a handout with numbers showing a 35% - 40% increase; which are hypothetical and designed to encourage Health Alliance to reduce its quote.

Mr. Malachowski presented two Aetna Hybrid Plans; one with an HRA and a \$5,000 deductible and the second a non-HRA with a \$1500 deductible. These are the highlights:

Champaign County strives to provide an environment welcoming to all persons regardless of disabilities, race, gender, or religion. Please call 217-384-3776 to request special accommodations at least 2 business days in advance.



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- Self-funded plan billed like a fully insured plan
- Does not have to follow some ACA mandates
- Nobody will have to change doctors with this plan
- No direct feed to BPC
 - A replacement would have to be found
- Aetna has not yet provided a full worksheet
- Health Alliance does not offer a hybrid product
- Mr. Malachowski categorized this quote as “aggressive”
- Mr. Malachowski agreed to send a handout summarizing the coverage for this plan prior to next week’s meeting

Mr. Malachowski expects quotes from Blue Cross/Blue Shield and United Health Care by next week. He believes the County can use the potential purchase of other insurance (vision, dental, life, etc) to negotiate better pricing on the health insurance.

Other Business

None

Next Meeting

The next meeting will be held on Wednesday, August 17, 2016 at 2:00 p.m.

Adjournment

There was a Motion by Mr. Roelfs to adjourn the meeting; seconded by Mr. Alix. Upon vote, the MOTION CARRIED unanimously. Mr. Snider adjourned the meeting at 4:15 p.m.



Champaign County, Illinois
Proposed Effective Date: 01-01-2017
Aetna Open Access® Aetna Select™

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

PLAN FEATURES	IN-NETWORK
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Deductible (per calendar year)	\$1,500 Individual \$3,000 Family
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Unless otherwise indicated, the deductible must be met prior to benefits being payable.
Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible.
Pharmacy expenses do not apply towards the Deductible.
The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.

Member Coinsurance	Covered 100%
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Applies to all expenses unless otherwise stated.

Payment Limit (per calendar year)	\$1,500 Individual \$3,000 Family
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Certain member cost sharing elements may not apply toward the Payment Limit.
Pharmacy expenses apply towards the Payment Limit.
Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit.
The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.

Lifetime Maximum	Unlimited except where otherwise indicated.
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Primary Care Physician Selection	Optional
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Referral Requirement	None
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PREVENTIVE CARE	IN-NETWORK
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Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived
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1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older

Routine Well Child Exams	Covered 100%; deductible waived
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7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22.

Routine Gynecological Care Exams	Covered 100%; deductible waived
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Recommended: One exam per calendar year. Includes routine tests and related lab fees.

Routine Mammograms	Covered 100%; deductible waived
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Recommended: One baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over.

Women's Health	Covered 100%; deductible waived
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Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling.
Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

Routine Digital Rectal Exam	Covered 100%; deductible waived
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Recommended: For covered males age 40 and over.

Prostate-specific Antigen Test	Covered 100%; deductible waived
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Recommended: For covered males age 40 and over.

Colorectal Cancer Screening	Covered 100%; deductible waived
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Recommended: For all members age 50 and over.



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Routine Eye Exams 1 routine exam per 12 months.	\$40 copay; deductible waived
Routine Hearing Screening	Covered 100%; deductible waived
PHYSICIAN SERVICES	IN-NETWORK
Office Visits to member's selected Primary Care Physician	\$25 copay; deductible waived
Specialist Office Visits Includes services of an internist, general physician, family practitioner or pediatrician if the physician is not the member's selected PCP.	\$50 copay; deductible waived
Audiometric Hearing Exam	Not Covered
Pre-Natal Maternity	Covered 100%; deductible waived
Walk-in Clinics Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.	\$25 copay; deductible waived
Allergy Testing	Your cost sharing is based on the type of service and where it is performed
Allergy Injections	Your cost sharing is based on the type of service and where it is performed. Covered 100% when an office visit charge is not applicable.
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-ray If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; after deductible
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%; after deductible
Diagnostic Complex Imaging	Covered 100%; after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care Provider	\$50 copay; deductible waived
Non-Urgent Use of Urgent Care Provider	Not Covered
Emergency Room	\$200 copay; deductible waived
Non-Emergency Care in an Emergency Room	Not Covered
Emergency Use of Ambulance	\$100 copay; deductible waived
Non-Emergency Use of Ambulance	Not Covered
HOSPITAL CARE	IN-NETWORK
Inpatient Coverage Your cost sharing applies to all covered benefits incurred during your inpatient stay.	Covered 100%; after deductible
Inpatient Maternity Coverage (includes delivery and postpartum care) Your cost sharing applies to all covered benefits incurred during your inpatient stay.	Covered 100%; after deductible
Outpatient Hospital The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	Covered 100%; after deductible
Outpatient Surgery - Hospital The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	Covered 100%; after deductible



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Outpatient Surgery - Freestanding Facility	Covered 100%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Outpatient	\$25 copay; deductible waived
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Inpatient	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Residential Treatment Facility	Covered 100%; after deductible
Outpatient	\$25 copay; deductible waived
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
OTHER SERVICES	IN-NETWORK
Skilled Nursing Facility	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Home Health Care	Covered 100%; after deductible
Hospice Care - Inpatient	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Hospice Care - Outpatient	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Outpatient Short-Term Rehabilitation	Covered 100%; deductible waived
Limited to 60 visits per calendar year.	
Spinal Manipulation Therapy	50%; after deductible
Limited to 20 visits per calendar year.	
Autism Behavioral Therapy	Refer to MBH Outpatient Mental Health
Combined with outpatient mental health visits	
Autism Applied Behavior Analysis	Not Covered
Autism Physical Therapy	Covered 100%; deductible waived
Visits combined with Short Term Rehabilitation.	
Autism Occupational Therapy	Covered 100%; deductible waived
Visits combined with Short Term Rehabilitation.	
Autism Speech Therapy	Covered 100%; deductible waived
Visits combined with Short Term Rehabilitation.	
Durable Medical Equipment	Covered 100%; after deductible
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; after deductible
Transplants	Covered 100%; after deductible Preferred coverage is provided at an IOE contracted facility only.



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Bariatric Surgery	Covered 100%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
FAMILY PLANNING	IN-NETWORK
Infertility Treatment	Applicable cost sharing based on the type of service performed and place of service where rendered
Diagnosis and treatment of the underlying medical condition only.	
Comprehensive Infertility Services	Not Covered
Artificial insemination and ovulation induction	
Advanced Reproductive Technology (ART)	Not Covered
In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	
Vasectomy	Covered 100%; after deductible
Tubal Ligation	Covered 100%; deductible waived
PHARMACY	IN-NETWORK
Pharmacy Plan Type	Aetna Premier Plus Open Formulary
Generic Drugs	
Retail	\$ 7 copay
Mail Order	\$14 copay
Preferred Brand-Name Drugs	
Retail	\$25 copay
Mail Order	\$50 copay
Non-Preferred Brand-Name Drugs	
Retail	\$50 copay
Mail Order	\$100 copay
Retail Out-of-Network Coverage	20% of submitted cost after applicable pharmacy copay, up to a 30 day supply at out-of-network retail pharmacies.
Premier Plus Specialty Drugs	
Preferred Specialty	\$150 copay
Non-Preferred Specialty	\$200 copay
Pharmacy Day Supply and Requirements	
Retail	Up to a 30 day supply
Mail Order	Up to a 31-90 day supply from Aetna Rx Home Delivery®.
Premier Plus Specialty	Up to a 30 day supply from Aetna Specialty Pharmacy Network. First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred Aetna Specialty Pharmacy network.
Choose Generics - If the member or the physician requests brand-name when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand-name price.	
Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy.	
Oral fertility drugs included.	
Premier Plus Pre-certification for Specialty Drugs	
Formulary generic FDA - approved Women's Contraceptives covered 100% in network.	
GENERAL PROVISIONS	
Dependents Eligibility - Spouse, children from birth to age 26 regardless of student status.	

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.



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When you choose out-of-network care, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

Plans are provided by: Aetna Health Inc. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.



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Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery and Aetna Specialty Pharmacy refer to Aetna Rx Home Delivery, LLC and Aetna Specialty Pharmacy, LLC, respectively. Aetna Rx Home Delivery and Aetna Specialty Pharmacy are licensed pharmacy subsidiaries of Aetna Inc. that operate through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery and Aetna Specialty Pharmacy may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacies' cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

Translation of the material into another language may be available. Please call Member Services at 1-888-982-3862.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al 1-888-982-3862.

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to www.aetna.com.

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