The Universitywide Employee Benefits Advisory Committee met on Thursday, September 23, 2010 at Varner Hall in Lincoln, Nebraska.

I. **Introductions**

*Members Present:* Diane Wasser, Beth Benson, Sharon Skipton, and Debra Hope (UNL); Robin Taylor and Joe Anderson (UNMC); Scott Dickey [Polycom] and David Corbin [Polycom] (UNO); Bryce Abbey [Polycom] (UNK); Turan Odabasi (UNCA).

*Ex Officio Members Present:* Greg Clayton (UNL); John Russell (UNMC); Esther Scarpello [Polycom] and Mollie Anderson [Polycom] (UNO); Cheryl Bressington [Polycom] and Linda Clark [Polycom] (UNK); Keith Dietze and Ed Wimes (UNCA).

*Guest:* Alison Dempsey (UNCA)

II. **Review of Meeting Minutes**

Universitywide Benefits Committee minutes from the April 22, 2010 meeting were approved.

III. **Health Care Reimbursement Account Follow-up**

Keith updated the Committee regarding UNL Faculty Senate’s decision to withdraw their request to extend the Health Care Reimbursement Account period to incur claims from 12 months to 14½ months. Extending the claims incurred period would have a significant impact on the amount of forfeitures available to cover the “Early Departure” deficit.

In lieu of the above, the UNL Faculty group requested a reimbursement account utilization report for review after the 2010 plan year.

IV. **Long Term Disability/Medical Insurance Premium Follow-up**

Discussion was held regarding a proposal to move a disabled employee’s medical insurance experience from the non-active group to the active group (this would allow retirees to pay insurance premiums at a lower rate). At the April 2010 meeting, Committee members voted to table any action until members had an opportunity to discuss the request with their respective groups. As a follow-up to the April meeting minutes, David Corbin submitted several additional questions which were discussed at the meeting.

Questions focused on 1) a request to obtain the GASB funding liability cost if disabled retirees were moved to the active medical group pool and 2) reasons why the new LTD option only provided a 60% Income Replacement benefit (instead of 66 2/3%) and a Healthcare Protect benefit of $500 (instead of $900 or $1,000).

In response to the GASB funding liability cost, Keith indicated the retiree premium structure would continue in the current format due to the reasons previously discussed so a new GASB report will not be requested.
Regarding the LTD option (60% Income Replacement benefit, 180 day Elimination Period, and $500 Healthcare Protect benefit for 30 months) question, Keith indicated there were several additional LTD options available including a 66 2/3% Income Replacement benefit and Healthcare Protect benefit of $1,000. These alternative options however, were not presented to the Committee since the employee premiums were significantly higher than the option discussed. Unum also required a minimum participation for the alternative options, resulting in options that were not viable for the university’s benefits plan.

Keith indicated that any change to the current LTD benefit plan structure would not be possible until 2012 (at the earliest) due to available IT resources. As a result, a motion was made to table any action until the next meeting. The motion was seconded, and passed.

V. Dependent Eligibility Audit
Keith informed the Committee the dependent eligibility audit scheduled for fall 2010 was postponed until early next year. This delay will allow administration additional opportunities to communicate the program to employees. Information regarding the dependent eligibility audit will be included in the 2011 annual NUFlex communication materials.

VI. Health Care Reform
Discussion was held regarding the changes to the university’s benefit plans as a result of the Health Care Reform legislation. The following changes will be effective January 1, 2011.

- Medical, dental, vision, dependent AD&D, dependent life, and Health Care Reimbursement account coverage will be extended to age 26 for dependent adult children.
- The medical plan’s lifetime maximum benefit limit will be increased from $3,000,000 to an unlimited amount.
- Preventive care services and colonoscopy benefits have been changed so that amounts exceeding the maximum dollar limit will be applied to the member’s deductible and stop-loss limit.
- Over-the-counter (OTC) drugs, except insulin, will no longer be eligible for reimbursement without a prescription under the Health Care Reimbursement Account.

VII. Health Plan Trend Update
The medical, dental, and prescription drug trend was reported. As of June 30, 2010, medical claims were trending -5.4%, dental -2%, and prescription drugs 21.2%.

VIII. Health Risk Assessment (HRA)
Keith updated the Committee with information regarding the 2011 annual Health Risk Assessment (HRA) program. The HRA survey completion period begins Monday, November 8 and ends Friday, December 3, 2010. The program will be offered to active and ancillary employees who possess an FTE of .5 or greater and retired employees. HRA surveys will only be offered online as paper surveys will not be available. Employees must possess a valid email address in order to access the HRA survey. Employee email addresses must be recorded in SAP by September 20 in order to be included on the eligibility file that is submitted to Wellstream on October 1st.
Enhanced wellness and preventive services for 2011 include the following:

- Annual adult preventive care allowance of $300
- Dependent child (under age 2) preventive care allowance of $600
- 100% coverage, up to a $2,500 maximum for routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a Blue Cross Blue Shield PPO Provider)
- $0 copay for generic prescription drugs through CVS Caremark’s mail service

The 2011 survey will include a confirmation page at the end of the Personal Health Summary which provides the employee with documentation the HRA was successfully completed. In addition, the Personal Health Summary must be printed and/or saved in order for the employee to receive credit as a completer.

IX. NUFlex 2011

NUFlex Schedule
The 2011 annual NUFlex schedule was distributed. The NUFlex enrollment period will begin on Monday, November 15 and end on Friday, December 3, 2010.

Online Enrollment
The 2011 NUFlex enrollment will again utilize Employee Self-serve (ESS). A new and improved online benefits enrollment process will be developed in 2011 for a 2012 rollout. This new online enrollment process (effective with the 2012 NUFlex enrollment) will require employees to elect benefits each year vs. the current process of only selecting those benefits in which changes are desired.

NUCredits
The NUCredit calculation for those employees who possess an FTE of .95 or less will change in 2011. The current NUCredit calculation for part-time employees includes $2.50 which represents the university’s contribution for group life insurance. The group life insurance benefit was changed in 2010 to provide employees a life insurance benefits equal to 1 times their annual budgeted salary (up to a $120,000 maximum). When the change to the increased life insurance benefit was made, the calculation neglected to remove the $2.50 employer life contribution. As a result, the NUCredit calculation will change in 2011 to provide a prorated portion of NUCredits to part-time benefit eligible employees.

Medical Insurance
The university’s medical insurance plan will include the following changes in 2011.

- Medical, dental, vision, dependent AD&D, dependent life, and Health Care Reimbursement account coverage will be extended to age 26 for dependent adult children.
- The medical plan’s lifetime maximum benefit limit will be increased from $3,000,000 to an unlimited amount.
Preventive care services and colonoscopy benefits have been changed so that amounts exceeding the maximum dollar limit will be applied to the member’s deductible and stop-loss limit.

Blue Cross Blue Shield will introduce a new claims processing platform which will result in new ID cards for all employees, redesigned Explanation of Benefits (EOB) summary, and PPO network name change from BluePreferred to Network Blue.

Administration is currently reviewing an increase in the annual deductible and stop-loss limits for 2011. Deductible and stop-loss limits were last increased in 2004.

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**Dental Insurance**

The Blue Cross Blue Shield dental PPO network will also change its name from BluePreferred to Network Blue. Some dental providers who were participating in the BluePreferred PPO network have elected to opt out of the Network Blue PPO network. Employees should contact their dental provider to verify participation in the new Network Blue PPO network before obtaining services.

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**Prescription Drug Plan**

A new CVS Caremark program known as Pharmacy Advisor Program will be available to employees in 2011. The Pharmacy Advisor Program is a proactive outreach program which enhances the gaps in care for chronic condition such as diabetes. The program attempts to engage the member during a mail and retail prescription purchase. This program supplements the university’s BluePartners disease management program.

Administration is currently reviewing an increase in the annual deductible and copay amounts for 2011. Deductible and copays were last increased in 2003 and 2005 respectively.

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**Health Care Reimbursement Account**

Over-the-counter (OTC) drugs, except insulin, will no longer be eligible for reimbursement without a prescription under the Health Care Reimbursement Account. In addition, the annual Health Care Reimbursement Account maximum contribution will decrease from $5,000 to $2,500 in 2013 due to Health Care Reform legislation.

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**X. Roth 403(b) Retirement Plan Option**

The Roth 403(b) Retirement Plan option will be offered to employees sometime in 2011. This option is different from the traditional 403(b) plan in that contributions are made on a post-tax vs. a pre-tax basis. If you participate in both the traditional 403(b) and the Roth 403(b), the total of the two combined plans cannot exceed the annual IRS limits (currently $16,500 for employees under age 50 and $22,000 for employees ages 50 and over).

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**XI. iBenefit Report**

In early October, CVS Caremark, the university’s prescription drug administrator, will be mailing the annual iBenefit Report to qualifying insureds enrolled in the university’s medical insurance plan. The iBenefit report is an innovative consumer report that generates a personalized summary of the employee’s and dependent's (if applicable) prescription history and associated recommendations for future purchases.

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**XII. Campus Representative Input**

None
XIII. Next Meeting
   April 2011

XIV. Adjournment
   There being no further business, the meeting was adjourned.