

Annual Enrollment

“Not a Major Payne”

Presented by Carol McBride, PHR, SHRM-CP

Quote of the Day

- Ani DiFranco

"Some people
wear their heart
up on their
sleeve.

I wear mine
underneath my
right pant leg,
strapped to my
boot."

Agenda

- **Compliance – On Your Honor**
- **Partnerships and Carrier Coordination – Reporting for Duty**
- **Annual Enrollment Planning – Lace Up Your Boot Straps**
- **Renewal – Drop Down and Give Me a “Rate Pass”!**
- **Communication – “I Can’t Hear You!”**
- **Execution – Show me Your Orders**
- **The Delivery – Fall Into Formation**
- **The End...is a myth – Shall We Begin Again**

Compliance – On Your Honor



Compliance – On Your Honor

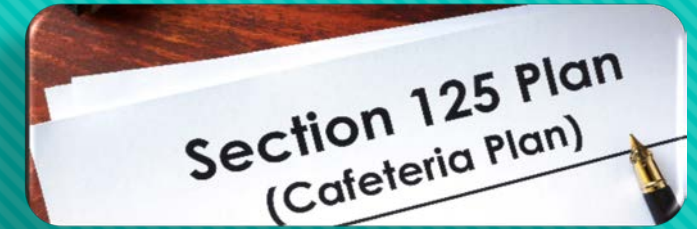
Fiduciary Responsibilities



Source: <https://www.dol.gov/general/topic/retirement/fiduciaryresp>

Compliance – On Your Honor

Section 125 – Cafeteria Plans



- A separate written plan maintained by an employer for employees that meets the specific requirements of and regulations of section 125 of the Internal Revenue Code.
 - Provides participants an opportunity to receive certain benefits on a pretax basis.
- Qualified Benefits include:
 - Accident and Health Plans
 - Dependent care assistance programs
 - Group-Term Life Insurance
 - Short-Term or Long-Term Disability
 - Health Savings Accounts
 - Flexible Spending Accounts

Compliance – On Your Honor

ERISA



- The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established retirement and health plans in private industry to provide protection for individuals in these plans.
- ERISA requires plans to provide participants with plan information including:
 - Plan features and funding
 - Sets participation minimum
 - Provides fiduciary responsibilities for those who manage and control plan assets
 - Participant grievance and appeals process
 - Right to sue for benefits and breaches of fiduciary duty

Compliance – On Your Honor

HIPAA

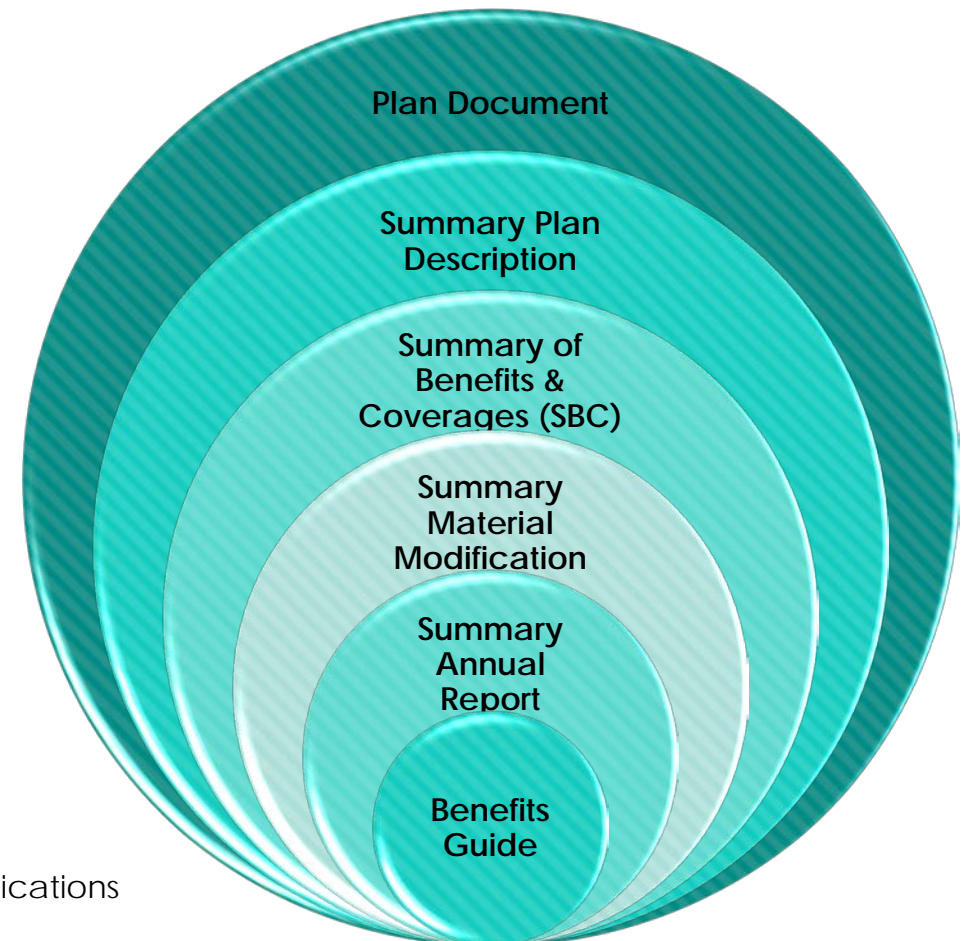
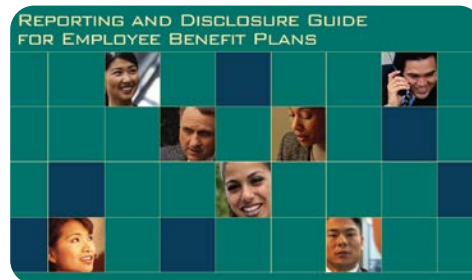


- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information
- HIPAA Privacy Rule
 - Standards for Privacy of Individually Identifiable Health Information, establishes national standards for the protection of certain health information.
- HIPAA Security Rule
 - Standards for the Protection of Electronic Protected Health Information (PHI) establish a national set of security standards for protecting certain health information that is held or transferred in electronic form.

Compliance – On Your Honor

Plan Documents

- Plan documents are written instrument under which a plan is established and operated. In an employee benefit insurance plan, a plan document is a formal, written, legal statement listing the provisions of the insurance plan.



Compliance – On Your Honor

Important Annual Notices

Notice of Special Enrollment Rights

Newborns' and Mothers' Health Protection Act Notice

Women's Health and Cancer Rights Act Notice

Notice of Availability of HIPAA Privacy Practices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Notice of Creditable Coverage (NOCC)



Partnerships & Carrier Coordination – Reporting for Duty

**Reporting
for duty!**

**Aye, Aye
Sir!**



Partnerships & Carrier Coordination – Reporting for Duty Benefits Broker

- Business Case for a Broker
 - Broader understanding of vendor offerings and key benefits
 - Advise on how to minimize total plan cost
 - Contract review and negotiation
 - Guide through changing benefit plan landscape
 - Plan design and benchmarking
 - Legislative and regulatory compliance
 - Provide communication strategy
- Key Attributes
 - Takes a consultative approach to understand an organization's needs well enough to find creative solutions to issues.
 - Can provide advice to support client decision-making as issues arise throughout the year and not just at renewal or open enrollment.

Benefit Broker: Licensed professional who assist companies in choosing and administering health insurance plans.



Partnerships & Carrier Coordination – Reporting for Duty No Broker

- Advantages
 - Direct Carrier Relationships – no middle man
 - Limited to no commission arrangement
 - Ease of doing business
 - Speed and efficiency
- Disadvantages
 - Limited flexibility and long-term strategy discussions
 - Captive and limited product offerings
 - Limited technology and electronic integration capabilities
 - Consider by some as “mom and pop”
 - Here today, gone tomorrow...



Annual Enrollment Planning – Lace up Your Boot Straps



Annual Enrollment Planning – Lace up Your Boot Straps

Pre-Annual Enrollment

Employee Benefits Benchmarking Survey



Benefit Coverage	Member Responsibility
Clinical Lab Services	\$0 copay
Outpatient X-ray Services	\$0 copay
Diagnostic Procedure/Tests	\$500 Deductible then 20% coinsurance
Diagnostic Radiology Services	\$500 Deductible then 20% coinsurance
Therapeutic Radiology Services	\$500 Deductible then 20% coinsurance
Influenza (Flu), Pneumococcal Pneumonia, Hepatitis B Vaccines	\$0 copay
Shingles Vaccine	Subject to applicable copay (\$25 PCP and/or \$70 pharmacy)

Monthly Benefits Premiums for July 1, 2016 - June 30, 2017
APF Faculty Employee Benefit Plans

Employees may select one of the three benefit options for one or more of the following plans. Medical plan, dental plan, vision plan, life insurance, and disability. The employee will select employee contribution to benefit (employee share) from the table below.

Medical Insurance			
Enroll in Blue Cross and Blue Shield (Four plan options)			
Plan	Total Monthly Premium	Employee Medical Benefit Contribution	Employee Cost
1. Individual Blue Cross and Blue Shield (PPO)	\$1,150.00	\$1,150.00	\$0.00
2. Individual Blue Cross and Blue Shield (HMO)	\$1,150.00	\$1,150.00	\$0.00
3. Individual Blue Cross and Blue Shield (PPO)	\$1,150.00	\$1,150.00	\$0.00
4. Individual Blue Cross and Blue Shield (HMO)	\$1,150.00	\$1,150.00	\$0.00
Enroll in UnitedHealthcare (Two plan options)			
Plan	Total Monthly Premium	Employee Medical Benefit Contribution	Employee Cost
5. Individual UnitedHealthcare (PPO)	\$1,150.00	\$1,150.00	\$0.00
6. Individual UnitedHealthcare (HMO)	\$1,150.00	\$1,150.00	\$0.00
Dental Insurance - Delta Dental (Two plan options)			
Plan	Total Monthly Premium	Employee Dental Benefit Contribution	Employee Cost
7. Individual Delta Dental (PPO)	\$1,150.00	\$1,150.00	\$0.00
8. Individual Delta Dental (HMO)	\$1,150.00	\$1,150.00	\$0.00

Annual Utilization & Experience Review

Employee Survey

Benefit Survey and Benchmarking

Timeline and Communications Planning

Strategy & Plan Design Considerations

Final Rates, Contribution and Budget Decisions

HRIS/HRMS Preparation



DARE 2 COMPARE?

With thousands of other marketers on the scene, there is one crucial way to see how you compare to the crowd: **meaningful benchmarking.**



IT'S AN APPLES TO APPLES SORTA THING

Benchmarking your data allows you to see where your company stands against the competition. It also helps to determine the gaps and leaky parts of your funnel.

STOP THE GUESSING GAME



Annual Enrollment Planning – Lace up Your Boot Straps

Annual Enrollment

Make sure employees have received all enrollment materials:

- Provide annual enrollment meeting schedule
- Provide a letter or electronic communication on plan-specific changes
- Frequently state deadline dates
- Provide Benefits Guide with plan summary information
- Distribute paper form or online links benefit enrollment website
- Share resources contact information and benefits comparison tools

Guide your employee through this period:

- Provide employees with materials and give them time to review them.
- Offer generous deadlines, with frequent reminders.
- Send a reminder the day before the enrollment deadline.
- Remain available through various mediums for employees to contact with questions and clarification.
- Make sure employees understand that you are available to answer any questions, and that no question is too simple or complex.

Annual Enrollment Planning – Lace up Your Boot Straps

Post-Annual Enrollment



○ Did you....

- Check enrollment data or forms for any missing information?
- Check enrollment data or forms for any information that was incorrectly filled out?
- Submit all enrollment data according to specification files or forms to the carrier?
- Ensure that you are in compliance with any health care reform provisions that affect your plan and employees?
- Follow up to ensure all employees received their ID cards?
- Follow up and make sure all employees are clear about their benefits and don't have any outstanding questions?

Renewal – Drop Down and Give Me a Rate Pass



Renewal – Drop Down and Give Me a Rate Pass

Best Practices

The Timeline

- Despite your plan funding methodology (self-funded or fully-insured), review your plan utilization on a regular basis with carrier(s)
 - Monthly, quarterly, semi-annually
- Plan for the future and understand the timeframe for return on investment (ROI) for care management programs
- Understand renewal cycle, regardless of funding
 - Know when renewals will be released for fully insured plans.
- Start discussing plan experience as early as carrier will allow

Collaboration

- Ensure discussions with broker and carrier begin at least a quarter in advance to level set expectations and timeline.
- Share business objectives, goals and constraints early and often so viable options can be explored
- Schedule regular conference call or meetings to ensure plan experience, utilization and trends are not mystery
- Share preliminary rate details with leadership early to avoid breakdown in communication and trust
- Communicate early and often with employees if changes expected – “Change Management 101”

Renewal – Drop Down and Give Me a Rate Pass

Best Practices

The Financials

- Meet with leadership early to understand budget directives and constraints
- Discuss viable plan design changes that could result in rate pass or decreases
- Review value add programs that will aid in cost management and mitigation
- Review broker commission rates and administrative costs regularly
- Consider if Request for Proposal (RFP) is necessary to validate competitiveness – Market check and due diligence

Final Decisions

- Consider care management programs to help manage and mitigate cost
 - Health care conditions
 - Prescription drug utilization
- Consider wellness strategies as a part of your overall health plan management
- Improve overall health of employees through wellness programs
 - participation-based, progress or outcome-based incentive programs
- Recognize that ancillary program can have an indirect or direct impact on health plan utilization that drives increased plan cost

Communication – I Can't Hear You!



Communication – I Can't Hear You!

Pre- Annual Enrollment



- Small Focus Group Meetings
- Communication Timeline Early
- Demographic and Beneficiary Update Reminders
- Employee Newsletter & Intranet Announcements
- Identify eligible participants and beneficiaries
 - Active
 - COBRA
 - Retirees
 - Leave of Absence

Communication – I Can't Hear You!



Annual Enrollment

Employee Meeting



YOUR COSTS FOR COVERAGE

Health Plans – Bi-Weekly

Coverage Tier	PPO	HDP	Dental	Vision
Employee only	\$38.31	\$9.69	\$2.31	\$3.06
Employee and spouse	\$206.31	\$158.77	\$9.69	\$5.70
Employee and children	\$196.15	\$150.46	\$8.77	\$6.00
Employee and family	\$241.85	\$186.46	\$11.08	\$8.34

Optional Life Insurance – Monthly

Employee Age	Rate per \$1,000	Spouse Age	Rate per \$1,000	Child
<25	\$0.051	<19	\$0.046	\$0.55 for \$5,000
25-29	\$0.062	20-24	\$0.060	\$1.09 for \$10,000
30-34	\$0.071			
35-39	\$0.081			
40-44	\$0.11			
45-49	\$0.14			
50-54	\$0.23			
55-59	\$0.44			
60-64	\$0.61			
65-69	\$1.36			
70-74	\$2.11			
75-79	\$2.11			
80-84	\$2.11			
>85	\$2.11			

Additional Accidental D

Coverage Amount
\$100,000
\$150,000
\$200,000

Date: October 12, 2018
To: Germania Pre-65 Retirees on Health and Dental Plan
From: Human Resources Department
Subject: 2019 Health and Dental Plan
Please find the following important information regarding Germania's health and dental plans effective January 1, 2019.

- The Germania Executive Leadership Team is finalizing the 2019 medical and dental rates. We will notify you by mail of the new rates and what your portion of these rates will be by November 15, 2018.
- There have been no plan design changes to the 2019 PPO Plan or the HDHP Plan.
- Telehealth services covered by MD Live will continue to be available to you. You can visit with a board-certified doctor by phone 24/7/365. The cost for MD Live is \$44 per virtual visit. You can speak with a MD Live doctor when you are unable to schedule a face-to-face appointment with your primary care doctor. MD Live doctors can also write prescriptions for medication, if needed. A MD Live Virtual Visit brochure will be included in your November packet.
- The Health Spending Account (HSA) employer contribution will remain \$500 for HDHP employees only coverage and \$1,000 for HDHP family coverage.
- You can contact our no cost medical concierge provider, Zest Health, to answer your medical/dental explanation of benefits and medical bill questions. Zest can also help you schedule appointments and find a doctor in your area. You can reach Zest at 866-233-4725 between 7 AM to 11 PM CST Monday through Friday, 7 AM to 7 PM CST on Saturday and 24 hours a day via the Zest App.

If you have any questions during the 2019 enrollment period, please contact Human Resources at (979) 838-5124 as we would be happy to assist you.



You are invited to attend an Annual Enrollment Employee Meeting on Thursday, November 1st to review benefits for 2019

Employee Meetings:

November 1st

First Group at 8:30 a.m. – 9:30 a.m.

Second group will be called after first session

Go-to-Meeting for Remote Employees and Dallas Office

Online Enrollment Assistance
November 2nd
Education Center – Room 2020
9:30 a.m. – 3:30 p.m.

Remote Employee and Dallas Office
Online Enrollment Assistance
November 6th
HR will remote into your computer
9:30 a.m. – 3:30 p.m.

Keith Loeffler from MASA and Pamela Sanders from Allstate will be onsite Monday, November 5th. Please respond to this email if you are interested in meeting with either of these representatives. Please also state in your email if morning or afternoon works best for you. If you are remote, please also respond if you would like to speak with these representatives.

Execution – Show Me Your Orders

Enrollment Method

Paper – Paper Enrollment Forms

- Must work closely with communication team or designated staff to outline benefits details and capture in enrollment materials
- Set timelines to incorporate legibility issues with forms so deadline dates are not missed
- Ensure that carrier member portals are setup to accept updates
- Enrollment form updates to reflect new rates
- Setup audit protocol to review forms for accuracy and QA eligibility data
- Understanding record management requirement and retention guidelines

Paperless – Online Enrollment

- Work closely with your HRMS specialist to setup benefit eligibility, plans and rate tables
- Work with your IT team to ensure hyperlinks and push notification are working
- Test your annual enrollment environment
- Work with your carrier to ensure enrollment deadline dates understood
- Run report to track enrollment activity
- Setup audit protocol to review online data and enrollment elections

Execution – Show Me Your Orders

Enrollment Method

Paperless – Online Enrollment

○ Pros

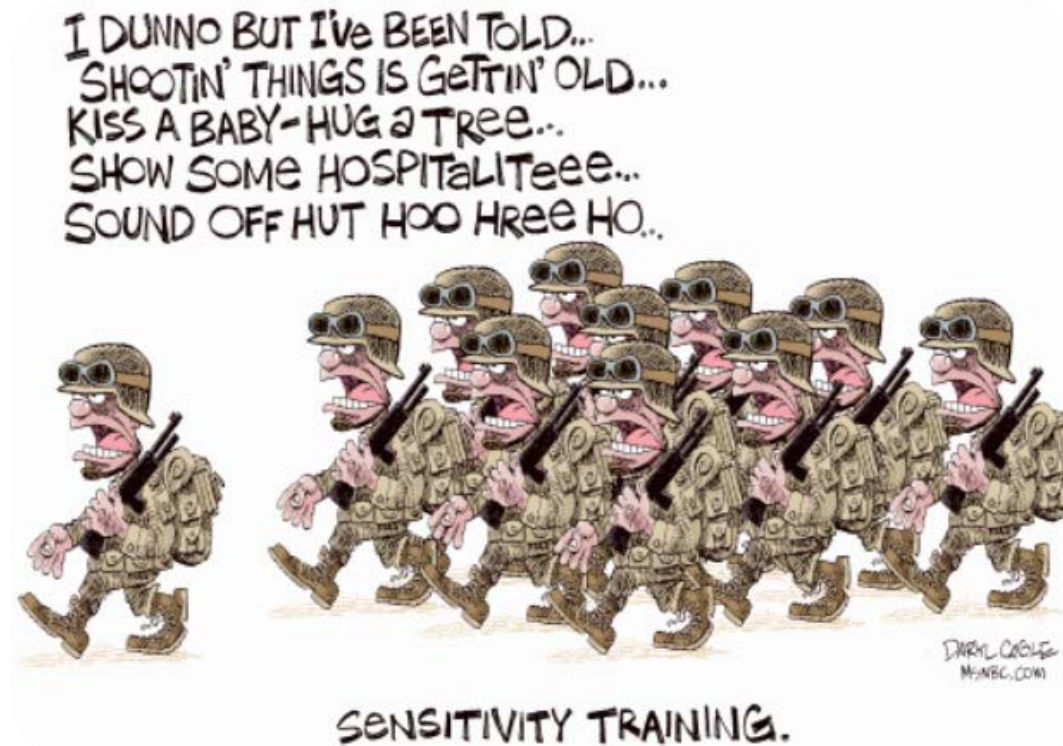
- Streamlines the enrollment process
- Sharing of eligibility date is electronic to carrier on regular basis
- Fewer errors occurs
- Easier to make changes and track activity of employees during annual enrollment
- Reduces paperwork and record retention complexity
- Employees appreciate the comfort and convenience as it appears on screen and can be accessed 24/7
- Employer enjoys big savings on printing, postage, paper and more

○ Cons

- Employees must have internet access
- Resistance to change by employees



The Delivery – Fall Into Formation



SENSITIVITY TRAINING.

The Delivery – Fall Into Formation

Employee Meetings – Master Class

- BE TRANSPARENT!
- Ensure you communicate the “WIIFM” – “What’s in it for me?” to employees
- Communicate changes early in presentation and share the BIG WHY
- Engage employees during meeting discussion to promote a two-way dialog
- Educate employees on health and welfare value proposition and cost drivers
- Build a high-impact, mini open enrollment marketing campaign
- Adopt a multi-channel mindset that makes the most of your communication efforts
- Incorporate humor in your open enrollment messages to get employees to pay attention and act
- Take advantage of out-of-the-box communication ideas you can use in the midst of open enrollment if you’re not hitting your goal



**The End...is a myth -
Shall We Begin Again**

QUESTIONS?

