

WORKING GROUP MEETING

Group Name:	Benefits Advisory Committee
Date:	November 18, 2022
Time and Location:	10:30 AM – 12:00 PM CT Zoom

ATTENDEES

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<input checked="" type="checkbox"/>	Danielle Hanson, Ex-Officio	<input checked="" type="checkbox"/>	Jodi Goode, Staff Council
<input type="checkbox"/>	Heather Chester, Staff Council	<input type="checkbox"/>	Kevin Newman, University Senate
<input checked="" type="checkbox"/>	Eniko Racz, Univ. Representative	<input checked="" type="checkbox"/>	D. Megan Helfgott, Univ. Representative
<input checked="" type="checkbox"/>	Jenny O'Rourke, Faculty Council	<input type="checkbox"/>	Juana Arauz, Univ. Representative
<input type="checkbox"/>	Graham Moran, Faculty Council	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Tisha Rajendra, University Senate	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Thomas Kelly, Ex -Officio		

MINUTES

Danielle: Juana just informed me today that she'll no longer be able to serve on BAC. Kevin, Graham, and Heather weren't able to make it today.

Peter Curtis and Jim Pajauskas from CBIZ joined meeting to discuss possible ways to combat increased healthcare costs. Three ways include Plan Design, Employee Behavior, and Networks.

Plan Design – can take a look at deductibles and out of pocket costs. Average deductible for LUC is a little less than nationally. LUC has 3 plans. We're in majority of other employer groups that offers High Deductible plan and PPO. There was a shift a few years ago where some employers got rid of PPO plans altogether and switch to High Deductible Health Plans. This has slipped a bit. HSAs getting more and more traction due to retirement savings, pretax benefit.

Employee Behavior – Tisha asked if there's any data to support HPA and Biometric Screenings are helpful. Peter and Tom said this is really just anecdotal and hard to measure if a heart attack is prevented. Tisha asked how much biometric screenings are, and Danielle said they're about \$65 per person. Tisha said she didn't know if this was cost effective with largely educated population. LUC's population different than majority of population.

Claims – per Peter, claim #s can quickly flip if huge catastrophic claim in any one plan. 2020 – 2022 significant portion of claims paid in PPO1. On a per year, per employee basis, PPO2 is ahead of PPO3. Peter said data can swing depending on enrollment.

Tom – I asked for this data because we were looking at where it was costing LUC the most.

Tisha – when people deciding which plan, we can just expect that people anticipating high health care expenses would be in PPO1, correct?

Danielle and Peter: No, not necessarily. Peter said in Fall 2018, an employee who was battling a condition of some kind decided wanted the least amount taken out of paycheck because he knew he was going to pay the maximum out of pocket anyway.

Tisha – Not all people make decisions based on tables, etc. Tisha said she's risk averse, so she chose PPO1.

Danielle – thinks majority of people in PPO1 because of inertia. PPO3 might be a good plan for people who are relatively healthy or people who know they're going to hit deductible out of pocket.

Peter – Also thinks inertia is a big factor in people staying in PPO1.

Examples: minimum spend, medium spend, and catastrophic. Wanted people to spend more time on making these decisions.

Jim – if you're someone who knows you're going to max out deductible and out-of-pocket, PPO 3 is what to do.

Eniko – I'm a finance person and incorporates the tax savings. Emergency room visits \$150 copay for PPO1 and PPO2 and for PPO3, you have to meet the deductible. Savings didn't justify taking this risk.

Danielle – about 400-500 people every year who never do Open Enrollment.

Meghan- what's the association between salary and people who choose PPO1 and association between age and people who choose PPO1? Is one of the proposals to increase the deductible for PPO1 to mitigate the number of people who choose it?

Tom – we're in a high inflation environment, and we're not in a catastrophic situation yet, but we want to know our options if we have a bad experience.

Peter: PPO 1 has \$500 deductible, and PPO2 has \$1250 deductible. Do we increase deductible for PPO1 and leave PPO2 alone or are they too similar now so do we increase the deductibles for PPO 2 and 3? We're trying to space plans out to give people a choice between how much people want out of their paycheck to the risk they can afford.

Meghan: if you're going from \$500 to \$2000 in one year the community will be pretty upset. Is there an age difference or salary difference between people who choose PPO1 or PPO2? If so, maybe we can ask employees to pay a little more in deductible.

Jim – It's not that people in \$500 would go to \$2000, they'd go to \$1250.

Danielle – whether we have 2 plans or 3 is up for discussion.

Peter: LUC pays 85%, 81%, and 80-83% of our claims for PPO1, PPO2, and PPO3 respectively. We worked with actuaries to get separation between plans. Working through this with an eye towards 2024.

Jenny: Should we keep 3 plans?

Peter: The more plans you offer, it becomes more of a communication challenge. 3 plans is a great option. Options are valuable whether it's 2 or 3.

Jim: 3 plans is the norm when you have a few thousand employees.

Eniko: Might it make sense to have higher premium in PPO 1?

Tom: That's what we did this year. We made the premium higher in PPO1.

Eniko: Do we have the data for people that switched from PPO 1 to 2 or 3?

Danielle: Still need to look at data.

Tisha: Our raises this past year didn't catch inflation. If we're talking about something like this with increases in deductibles, there's going to be a ton of bitterness if people get raises between 3 and 4% this year.

Tom: We're not going to beat inflation in next few years. Tension point is the right point because in the end it's about money for salaries or money for benefits because it's the same pile of money. This year we increased employer and employee costs. Something to talk about is shifting costs to those who utilize plan more. Maybe we need to review the buckets of benefits: healthcare, retirement, and social security. We're trying to socialize what the options are.

Jenny: Is the prediction that over the next 3-5 years that healthcare costs will continue to rise?
Answer: Yes.

Meghan: We've always been a tuition-driven budget school – we don't rely on endowments.

First Stop Health Utilization

Danielle: 1st quarter 136, about 500 visits in A1. Employees, dependents, males and females, all age groups for short term solution-focused counseling. Has received good feedback. First Stop wouldn't take on employees who were already under the care of a doctor. Will be interesting to review data after a year.

Reminder we have Aetna, Teledoc, First Stop, and Perspectives.

Jenny: I'll share data with Faculty Council. Might be beneficial if there's way to gather data for satisfaction.

Jenny: HSD opening clinic for each campus. Can't faculty go there for immunizations?

Tom: No. We blended rules during Covid, but for now primary focus on students.

Danielle: Asked First Stop if they do evaluation for satisfaction and waiting for response.

Environmental Sustainability Ideas from Aaron Durnbaugh in Office of Sustainability, presented by Jodi

1. Fossil-free or ESG focused option in the 403b investment offerings. There is a TIAA Social Choice offering as well as a "custom" approach but these don't really capture the full aspect especially with Loyola's own Sustainable Investment Policy announced last year. Asking the Investment Policy Committee of the Board to identify a new default option reflecting the SIP to be offered by Transamerica could be a specific ask.
-Tom Kelly said Aaron should speak with the Retirement Investment Committee, the fiduciary group charged with monitoring offerings. Tom said he and Danielle sit on the Committee, and Aaron can email Danielle. There's also a faculty member from Quinlan and a staff member on the committee. Tom did say that years ago, retirement investment committees focused more on providing choices, but these days, most people just invest based on target date. Tom also said we have the custom Schwab offering as well.
2. Professional development around sustainability efforts. While the Office of Sustainability does our best to create programs and workshops for all at Loyola, many other campuses have HR led professional development tracks on sustainability. This can be focused on professional roles, personal or community efforts, or for specific cohorts with the Office of Sustainability serving as a content expert or helping find partners to deliver the program.
-Danielle said she knew Aaron had been speaking to some people in HR about this, including Ariana, but he should circle back to Joan Stasiak, who's in charge of Emerge trainings.
3. More transportation-related benefits. This applies differently to different campuses but many large employers offer a lot more than the modest pretax transit benefits and employer assisted housing that we provide. This can be wrapped into a Wellness program or be additional rewards that take pressure off our parking assets. For example, employees at University of San Francisco get a subsidy for their transit passes if they forgo a parking permit or are within .5 mile of campus.

-Eniko said that currently, parking on campus is cheaper than a monthly CTA pass, and parking garage full by mid-morning.

-Other members agreed that LUC employees love their parking.

Jodi: What about the option about getting a subsidy for transit passes if employees give up their parking?

Danielle: we could discuss it more in the future. We'd need to research whether the University of San Francisco subsidy is tied to California laws, and would there be tax implications for Loyola if they provided this subsidy. Danielle suggested Jodi let her know when she wanted this back on the agenda for discussion.

Danielle: For the 2023 Meeting Schedule, is 10:30 on Friday good? Members indicated yes.

Danielle: Agenda for January meeting?

Tom: Benefits budget for future agendas

Meghan: Can we just talk through three plans if we're talking about changing deductibles and such. Wondering if anyone else in groups would find it helpful. I can do the homework if no one else would find it helpful.

Eniko: It would be helpful to look behind the numbers and behavior

Jenny: I agree. We as a group need to be fully understanding so we can be transparent. I've heard zero complaints about costs going up at Faculty Council.

Jenny: We came up with 5 areas we came up last year, and then we came up with three. One was the 403B bump, but we got the extra money from the President. Does anyone remember the other one?

Meghan: I'd have to look at my notes

Jenny: Tisha, I know you wanted to discuss issues with the Power Assessment.

Tom: The Empower Health Power Assessment is really about engaging with your health.

Tisha: I think it's fine to say if you want discount on health insurance every year, get blood checked. My understanding is that diet notoriously difficult to study, people lie to themselves all the time. Would be surprised if the amount of alcohol and drugs reported on the power assessment is true.

Jenny: You know what you want your goal benchmark to be, so if it doesn't turn out well, you can change it.

Tisha: Health Care Assessment comes at worst time of year, I know my cholesterol, and I waste HR's time with my questions. We have a highly educated, older population who don't need to be coerced into getting blood work / biometric screening.

Danielle: it's part of our Wellness Program. It's an offering. We can continue this conversation and see if we want to make any changes for 2024.

Danielle: For January meeting, we'll go over some open enrollment numbers and take a deeper dive into the different health plans.