LOYOLA UNIVERSITY CHICAGO

BENEFITS ADVISORY COMMITTEE

Minutes

WORKING GROUP MEETING	
Group Name:	Benefits Advisory Committee
Date:	April 8, 2022
Time and Location:	9:30 AM – 11:00 AM CST | Zoom

ATTENDEES

ATTENDEES			
☒	Winifred Williams, Ex-Officio	☒	Jodi Goode, Staff Council
☒	Danielle Hanson, Ex-Officio	☒	Kevin Newman, University Senate
☐	Heather Chester, Staff Council	☒	D. Megan Helfgott, Univ. Representative
☐	Eniko Racz, Univ. Representative	☒	Juana Arauz, Univ. Representative
☒	Jenny O'Rourke, Faculty Council	☐	
☒	Graham Moran, Faculty Council	☐	
☒	Tisha Rajendra, University Senate		

MINUTES

Meeting started with Kevin Newman introducing himself. He's been at LUC many years (10?), has served on Staff Council, has worked many roles in Campus Security.

Graham asked if the meeting were recorded. Danielle said no. Jodi asked if we could record them, Danielle said yes, but she was unable to record today due to technical issues, but would look at that in the future.

Danielle said Graham asked if we could change meeting time because he teaches at this time on Fridays in fall. Graham said 10:30 worked. Megan, Jodi, and Juana said 10:30 worked for them. Tisha mentioned she thought her 2-year appointment ended in fall, so she didn't need to offer time. Jenny said the insurance subcommittee had recently discussed that everyone had one-year appointment, and subcommittee thought it would be better to have two-year appointment. Danielle referred to Winifred to look at charter. Charter indicates, members of advisory committee shall serve in staggered terms up to 3 years. Winifred mentioned the importance of continuity, Tisha said staggering important so a whole new group not starting at once. Winifred asked what group members thought, and Graham mentioned we'd talked about 2 years. Winifred suggested we give this some thought to make recommendations for staggering and continuity.

Danielle said next meeting is scheduled for April 25, but we might not need it because it was just a placeholder, Winifred mentioned she thought it was important for her to meet with subcommittee leads to prepare them for their presentations to leadership.

Tisha said her group prepared two reports: one for faculty and one for staff for parental leave policy. Recommending that current policy for faculty be replaced. We're in minority with peer and

aspirational schools with our differing policies between biological and adoptive parents

[recording of meeting started here]

Propose faculty: Primary parent will have one semester to be taken within one year of birth, foster placement, or adoption of child 5 or younger. Secondary parent: 3 weeks of leave to be taken within one year of birth, adoption or placement of a child 5 years or younger. Actually, proposing 3 weeks if child is 17 years or younger. Primary parent will have to attest to status with HR. Primary parent is parent with primary responsibilities to child during work hours. Parents will also need to certify that no other parent has a leave from work to qualify. If both parents employees of LUC, only one parent will be primary parent during 12-month period.

Tisha: This is not ideal policy to me, but this policy is what I think is what's most likely to be passed. It's in line with the most progressive policies at other institutions. We're in minority of peer and aspirational schools in that we continue to discriminate against non-birth parents. We have a gender exclusive and adoption-exclusive maternity leave policy.

Tisha: Juana is in charge of drafting new proposed staff policy. Again, this is not ideal policy, but what I think can get passed. If we as a committee decide we want to argue for most progressive policy, I'm open to changing my mind, and I think Juana and Heather would be too.

Current policy: Birth mothers get 6-8 weeks short term disability. 6 weeks for vaginal birth and 8 weeks for C-section + 3 weeks parental leave for total of 9-11 weeks.

Propose amending Staff Policy as follows: primary parent 12 wks of parental leave to be taken within one yr of birth, foster placement, or adoption of child 5 years or younger. Secondary parent will receive 3 weeks of leave within one year of birth, adoption, or placement of a child 5 years or younger. Similary, people who adopt kids older than 5 should receive 3 weeks of leave.

Tisha asked committee for help. Tell us stories of impact on members or employees we know so that their / our voices can be included in these reports, get in touch with Tisha or Juana. Tisha doing faculty parental leave report, and Juana doing staff parental leave report.

Winifred asked if proposals included the leave for short-term disability, and Tisha said it would run concurrently with short-term disability. Winifred said that this would then be just one additional week then.

Tisha: we're requesting 100% paid leave including benefits benefit for both policies.

Megan asked for copy of proposal, and Tisha said yes; she and Juana have a deadline of 4/13 for both drafts. Megan needs to give presentation, so she needs something in writing.

Graham: how does this policy differ from most generous policy at other institutions?
Tisha: This is the most generous policy. Most of our peer / aspirational institutions provide 6-8 weeks for staff. In New York and Mass, policies more generous due to state legislation mandating paid family leave. Tisha said for faculty and staff, this would be the most generous she's seen.

Graham asked that there be parity between faculty and staff because neither group is more important to University.
Tisha said we've found that most of these leaves are budget neutral. Other people do more work when an employee is on parental leave. She said if she could make things perfect, every person would receive 6-month maternity leave, but at the least, there should be parity between faculty and staff. In the near term, make it 12-week-gender-neutral leave that everyone gets. Long term – 16 week parental leave for faculty & staff.

Kevin: When would this be effective? Immediately upon hire?
Tisha: Many institutions require a minimum period of time at work, but she doesn't agree with this as many women in her department hired while pregnant. Open to hearing what you think. I didn't specify.
Graham: agrees that there shouldn't be wait period.
Tisha: why wouldn't staff feel more loyalty to institution if generous policy.
Megan: Winifred, do you think dealing with parity issue later, would proposal be more palatable to leadership?
Winifred: Yes. I liked hearing that proposal is in incremental steps. You've taken employee and interest of University into consideration. This is a financial planning group (to whom leads will be presenting) so they'll be very focused on expense to University. They're looking to make things cost-neutral. Prime the culture by saying this proposal will be a first step.

Tisha: As far as expense to University on faculty parental leave, this isn't a lot of money because we might have 30-50 people per year this would affect? Not a lot of money.

Winifred: I think you're well on your way with this one. Just some refinements, tweaks here and there.

Jenny's presentation: before I start, our presentation will be a little different. We feel we can't make a recommendation at this point because we're still waiting for a lot of information. Knowing we're presenting to people who want to know the financial risk, we don't have a lot of numbers because we don't have that data.

Graham: Is CBIZ doing a complete review at this juncture to allow University clarity for next cycle.
Winifred: Complete review, and if there are any areas that LUC wants them to delve deeper, they will. As a matter of course, CBIZ will go back and provide current information on leading trends, what are other carriers doing, what are employers doing, what are projections for types of coverage. Example: High deductible plan. CBIZ told us several years ago we were in minority for not having this plan. Great majority of SFPT well versed in medical insurance and wants CBIZ to

come back with this information. I saw email traffic with this group regarding HMO. If we pitched HMO, if SFPT wanted to consider it, they would ask CBIZ to get us information about HMOs. CBIZ doesn't make recommendations – they give us information. They give us pros, cons, and costing after we tell them what we want to do.

Graham: We have little snapshots of information. CBIZ presentation gave us good context on how decisions made, but we don't have the data, so we're restricted in terms of what we can recommend.

Winifred: SFPT aware that we won't walk in with all of the analytical data. They will want to know that we understand how medical insurance works. They'd want us to come back in May once data is available. That provides enough leeway for opportunity to make change. Danielle will be starting with vendors to get open enrollment info to send out in August.

Graham: In light of surveys conducted, in any given year, most interested parties will lie in the gap between what one carrier provides versus another. So we won't have a sound view of what net opinion is on institution.

Winifred: You hit the nail on the head. What do you do with neutral responses? There were a lot of them. Is one or two percentage points enough to say this is how majority of people feel. How do you push people to say we really need you to say

Graham: There will always be a population adversely affected by specific carrier. If you get anything around 40% participation in survey, there will be skewed numbers. What's the acceptable level of adverse effect? Can we shoot for a better number than 30% of people unhappy?

Winifred: one of CBIZ's closing comments that if you switch carrier, you'll still have same problems – just a different group of people, and it could be a larger group of people.

Megan suggested Jenny show presentation.

Jenny: This is a draft, and we'd really appreciate input as we go through this. She first presented slide with group members. Slide with background: We made this change in 2019 because CBIZ told us prices rising 6-8% per year. How do we sustain our lower costs while annual costs keep rising. Survey highlights slide: One of the questions with major discrepancy between faculty and staff: How satisfied with you with your current insurance provider? Is this difference potentially related to our age differences? We don't have raw data to see where each age group falls with this survey, but over 50% of staff who responded under age 45, which wasn't the case with faculty. This is one thing that could affect this data. Another thing that really stood out with qualitative data was the how satisfied are you with behavioral health. Will the limited behavioral services provided as of April 1 affect satisfaction. We're not convinced that this will solve the problem, but we'd probably want a survey to know whether this has an impact on people's mental

health coverage satisfication. More faculty are dissatisfied with mental health. How satisfied are you with specialty providers? This came up in qualitative as well, more than what this slide speaks to. Certain services such as physical therapy, chiropractic care, homeopathic, fertility services. This dissatisfaction much lower than behavioral health. Not as well covered as respondents had hoped. Dissatisfaction rate noted to be higher among employees making more than $80,000, so again, more faculty make this amount than staff.
With change from BCBS to Aetna, did you gain/lose providers? Quite a number of people reported losing at least one provider. Could CBIZ do estimate now to see if this data held true with 98% overlap of providers.
Question about employee willingness to pay more in deductible or premium. Vast majority employees don't want to pay more. Again, difference between faculty and staff.
Faculty more likely to say provider network important vs staff concern about premium cost. Is there a way to increase network providers and have us pay a higher monthly premium for those people.
Summary: mixed satisfaction with current health coverage; majority don't want to see increase in costs. We have questions about alternative options. We'd like to look at BCBS again to see if there'd be increased or decreased costs. We anticipate loss of providers if switch back to BCBS. Other options for Aetna to increase access to Behavioral Health.
We need more information to make recommendation.
Next steps: 1) More transparency needed. Some of the dissatisfaction because employees didn't have all of the information. If they'd know at the time change was made, there might have been more understanding. Make clear how rates have stayed approx. same over three years.Tiered payment system seems to have satisfied employees, so we should remind them. We made the switch without comprehensive conversation, so we should have listening sessions. 2) Yearly survey what we need to follow trends – not after three years. Our rates haven't gone up in 3 years which is important to tell people. Listening sessions. 3) Insurance provides good primary care, but is there a way to boost specialty care coverage 4) Way to provide employees while on campuses outside U.S. (e.g., Rome) Not covered now, but BSBS covered it. 5) Need clear method for employees to confirm they're being charged correctly. For example, if coding problem, employees need to know. Many of these issues wouldn't be issues if we had information.

Are these the next steps? April Survey to providers to gauge options, pricing, discounts, etc. Date TBD CBIZ review of prior LUC claims to do side-by-side comparison. TBD: Insurance provider presentation, negotiation of coverage.

Questions to Danielle: Clarify process? Do we have a genuine role in the process? If we make proposal, will it be considered? Why is length of appointment on this Committee only one year? We covered this earlier – thank you. HR should explain how people who are charged for a service can find out if charged correctly.

Graham: Getting back to transparency issue, whenever some change happens and reasons aren't communicated, employees assume motives nefarious and created distortion of process. Clearly CBIZ qualified to make this judgment. Maybe if CBIZ rational disseminated at time of change,

maybe employees would've understood that there are real reasons why this has to be this way.

Tisha: Wanted to echo what Graham said. I was hired in 2010. Could feel that faculty very mistrustful of administration that predated Tisha's starting at LUC. I don't think people being irrational or paranoid, but it colors every interaction. Reasons for culture of mistrust aren't irrational. Emotions real and legitimate. University saved 1.6 milliion, but employees also saved a huge chunk of money.

Winifred: You took survey data and turned it into a digestible, comprehensive overview. You exceeded expectations with presentation. Hits the mark. There's no expectation for you to have all of the numbers because they're not available yet. The bullet point re true impact. This is your sales opportunity. You're making the case. I would caution you that United Healthcare is a player in the market, so you should consider that. Help leadership understand that we're not just saying let's go back to BCBS. Do your due diligence.

Winifred: re transparency, millions of decisions university makes on a daily basis. Who knew this would be a pain point? Benefits team available to work with employees who raise issues. People don't realize that it could be coding. BCBS could have same issue. Benefits team coaches employees to look at way coded. Learning experience for all of us.

Jenny: What we heard was that United was one of the three, but not big enough, so not likely to be considered, but CBIZ needed to compare three.
Winifred: Cigna not included because it is smaller, boutique player
Jodi: I think CBIZ said United was a player, but Cigna and Humana weren't
Danielle: Your questions about HMOs and reducing deductible for higher deductible plan. Are you ready to propose that? Jenny: not ready yet. Need more data.

Megan: we've learned that plan does work well overall for basic and acute care, but there seems to be this middle specialty area – is there any way to solve this? There just aren't providers in mental health area. We talked about stipends for people who want to go out of network – Danielle said that wouldn't be equitable. Megan: I'm asking HR if there's a solution in the HR world that fits within what fair and equitable?

Winifred: There was a slide you had about differential payment plans for folks. Some sort of allocation of dollars for folks to do that? ERISA: provider for one is provider for all. We actually proposed this question to CBIZ around November. Dr. Rooney asked CBIZ what other employers were doing for behavioral health. CBIZ said other employers struggling with this as well. Other options to supplement it are things like First Stop. LUC asked for profile of different players. LUC decided to go with First Stop as a stopgap piece. This is the elephant in the room. It's bothering everyone.

Megan: Where does it stand? Danielle's last statement said it really wasn't appropriate.
Danielle: 1st stop. Maybe this group can look at First Stop Heath to see if it helps.

Megan: I don't' think so. It's a talking point, but it requires people to switch providers.
Danielle: Part II of your question was can we just give money to people who need specialty care? We have to be careful with that. That's why we have PPO 3 is the creative solution we've used with the $600 LUC puts in the HSA. We have to be careful with compliance and using nondiscriminatory practices in our health benefits plan.

Jenny: Maybe Danielle and Winifred can help with dates on last slide? When do we expect providers will return surveys to CBIZ? Winifred: I don't know.
Jenny: Would we anticipate that we'll receive this information in late April/May and that CBIZ would then run our information?
Winifred: Yes.
Jenny: What I'm hearing is we can return to leadership to pitch to them once we have all info.
Winifred: Yes.

Graham: We should write a rationale document that this is why decision made and distribute to faculty council, etc. Happy to be involved with that.
Jenny: I agree. We can go back to Faculty Council
Graham: Classic example of lack of information and what it does. It will be more acceptable to people with more information.

Winifred: There was a bullet that said folks in Rome didn't have insurance coverage. They do have coverage. If you want to make a point it needs to be enhanced, that's something else. Clear up wording.
Jenny: Qualitative comments we received said that.
Danielle: less than 10 people in Rome with our insurance coverage. I agree there are parity issues, but global health insurance much different than U.S.
Winifred: to further clarify, there's probably two people who needed to access coverage above basic services
Jodi: Winifred and Danielle, as soon as CBIZ provides University with more information, can you provide it to us?
Winifred: Yes. We'll get it straight out to you.

Jenny: Update on Tuition Exchange. It's done. Eniko wrote a comprehensive report. Recommendation is we joing the exchange. It's a win for Loyola to join it.
Danielle: it's definitely in good shape. Did we clarify anywhere that it's just for dependents and not employees?
Jenny: From Tobyn's presentation, my understanding is it can be for anyone. Usually institution itself determines who would benefit from this. Tuition exchange can be used for transfer students, graduate programs. It's up to institution. Currently for FECHEX, it's just freshmen and not transfer students. Would it bring more students to LUC to be included in tuition exchange.
Danielle: Do we need to clarify?
Jenny: I'll mention that.

Megan: Is there any sort of guideline if we wanted to put money aside for everyone for specialty care. Is there something that's already there that we can tweak?
Danielle: Other than employer contribution to HSA or Flex Spending Account would be my initial thoughts.
Megan: Could we consider adding HSA for PPO 1 and 2?
Winifred: Identify one, two or three recommendations for this, run it by Danielle, and she'll know from a compliance perspective how it could be presented. We need to think through how to help you get there.

Danielle: you might want to think of a dollar amount into a FSA or HAS account?
Megan: Offer HSA to PPO 1 and 2 as well as three with LUC providing money or not. Could we give everyone $200? What are general options that might be possible?
Winifred: All of those within the realm, give us two or three ideas, and we can refine them.
Danielle: A few years ago, LUC changed the rules on the FSA for PPO 1 and 2. You can carry over $550. So it's not all use it or lose it. HSA different because it's a bank account and travels with you.

Danielle: Next meeting is two weeks from today at 9:30. It sounds like it will just be the leads joining to go over their presentations.

Winifred: Everyone did a great job.