



UNIVERSITY OF ALASKA  
Staff Health Care Committee

**Special Meeting October 8th Meeting Notes  
Monday, October 8th**

**Attendees:**

Melodee Monson – Chair, Constance Dennis, Gary Newman, Cat Williams, Maria Russell (alt), Gwenna Richardson, Elizabeth Williams, Mae Delcastillo (alt), Linda Hall, Heather Arana (alt), Monique Musick (alt), Erika Van Flein (ex-officio).

**Absent:**

Maureen Hunt (alt), Ivan Leibbrandt

**Topics:**

- a. Health Care Task Force Report  
The Committee discussed each item suggested by the task force

**Integrated wellness program**

This recommendation was discussed at length as to how to encourage people to use IHP sessions. The SHCC showed fairly strong support for this recommendation. SHCC members like the education aspect being reevaluated but would like to also keep IHPs.

**Annual wellness check-up and screenings**

This recommendation was discussed favorably, and was tied to educating the plan users on how coding works (including prescriptions) and moving the wellness check up to a more mandatory item. The SHCC showed extremely strong support for this recommendation.

**Wellness training**

This recommendation suggests more training, as plan users are often not aware of options (including preventive benefits) available on our plan. The training would not have additional costs. The trainings would be scheduled and advertised. Scheduling for this option would need to be worked on. This could be reminders or just information on how to use the plan. There are questions on who would be doing these trainings. The SHCC showed extremely strong support for this recommendation.

**Bring WIN to department**

This recommendation would increase information to departments to include information on how to use the plan including preventative and prescription drug plan. WIN may not be the vendor in the future, this would be accomplished by whoever is the successful bidder on the

University's wellness RFP. The SHCC showed extremely strong support for this recommendation.

#### **Overall campus wellness plan**

This recommendation may be a gateway to move to a tobacco free campus. This option would probably be campus centered and driven by the Chancellors at each campus. The SHCC showed extremely strong support for this recommendation.

#### **Patient Centered Medical Home**

This recommendation would need provider involvement. At this time we do not have enough information to make a decision on this recommendation. There are questions about the logistics of this option at this time. The SHCC did not support this option due questions regarding the logistics, cost and not having enough information on the recommendation.

#### **Eliminate the 500 plan**

There are questions on if eliminating this option would provide cost savings or not. The cost savings would come from administration rather than contributions. The cost savings would not be very great. The plan has a very low enrollment, and does not offer a great benefit to the employee. The SHCC showed strong support for this recommendation. A dissenting view believes if an employee wants to take the option for this plan at the higher cost to themselves they should have that option.

#### **Opt-out options**

There are issues with the Military Tri-Care plan and concern on how the plan would work with it. There is staff resistance to this option. The state of Alaska plan does not allow opt-outs. Opt-outs do affect the size of the pool and contribute to plan under recovery. The SHCC was split on this recommendation. Reasons for the split revolve around the state of Alaska not allowing opt-outs and issues with other coverage such as the Tri-Care. The Committee feels it needs more information and to discuss this further.

#### **Salary determines cost Lockton and CC**

The Committee was enlightened by the number of employees who make over \$100,000 per year. Part time employees pay the same premium, but receive a smaller wage. This recommendation is considered a real "out of the box" option. This option would make a big difference to the lower wage earners. The SHCC broke this recommendation into two pieces. The first piece deals with charging a higher rate to part time employees. The SHCC showed extremely strong **non**-support for this recommendation. The second piece deals with a sliding scale of employee contributions to the plan. The SHCC showed extremely strong support for this piece of the recommendation.

#### **Medical travel**

This recommendation could save the plan quite a bit of money, and offer employees a provider with more experience performing the service. This also opens up to preferred providers in areas where there are no preferred providers. This option may have an impact on local provider and encourage them to work more closely with Premera. Satori World Medical is another option that would make all arrangements, but you would not be able to choose where you were going. This option is different from Best Doctors and Employee Advocacy. The SHCC showed extremely strong support for this recommendation.

#### **Rewards for healthy behavior: preferred pricing**

This recommendation can be phased in over a 2-3 year period. There are concerns regarding how this with work with HIPPA requirements. A third party could ensure compliance. The recommendation would not be based on outcomes until a 3<sup>rd</sup> year. A smoking cessation plan could be placed here. The recommendation could be based on a point system. This is a more positive way to encourage healthy behaviors. The SHCC showed extremely strong support for this recommendation.

**Cost recovery sharing**

Itemized bills must be requested. Sometimes it is difficult to get an itemized bill. Plan users would need to be educated on how to read bills. The SHCC showed extremely strong support for this recommendation, although we would like to have an easier availability of itemized bills.

**Employee advocacy group**

The SHCC has already passed a motion supporting the recommendation, and therefore shows extremely strong support.

**Spouse-associated options**

If spouses waive coverage to be on the UAA plan there would be a surcharge. If the plan is used as a secondary plan, or the spouse does not have other coverage there would be no surcharge. This recommendation was also divided into two pieces. The first piece deals with a spousal surcharge for the plan. The SHCC showed extremely strong **non**-support for this recommendation. It was felt spouses should be affected by the same incentives used in the preferred pricing recommendation. The second piece deals with spousal participation in the wellness plan. The SHCC showed extremely strong support for this recommendation.

**Preferred care sites**

There are questions regarding the logistics of this recommendation. Issues such as space, manning and cost need to be discussed. The SHCC felt this option could be viable in the right circumstances, but there is not enough information presented to take a stand. This may be something to look at in the future.

**b. Other recommendations**

The SHCC recommends that the plan look at increased employee costs for increased family size.