

Providing Enrollment Choices in a Multiemployer Plan



Pamela J. Kowalski

Director of Communications &
Member Education

Midwest Operating Engineers
Fringe Benefit Funds
Countryside, IL

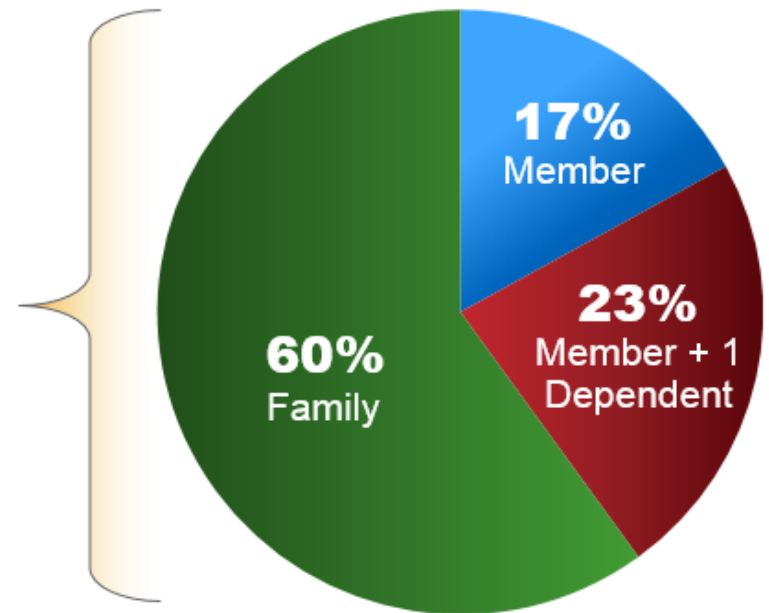
September 25, 2018

Agenda

- Where We Started
- Why Offer Plan Choices?
- Marketplace Concept/Details
- Enrollment Process
- Open Enrollment Statistics/Impact
- Communication Challenges
- My150 Member Community
- Key Takeaways
- Questions

Where We Started

- ERISA Plan established in 1955
- Covers 14,000 actives
 - 11,000 hourly
 - 3,000 monthly
- 8,000 retirees
- Over 55,000 covered lives



Where We Started *continued*

- Jurisdiction includes: Northern Illinois, Northern Indiana and seven counties in Southeastern Iowa
 - Several industries
 - Varying H&W contribution rates
- Eligibility based solely on hours worked (except monthly members)
- Same plan of benefits for **everyone**

Why Offer Plan Choices?

- Opportunity to introduce consumerism messaging
- No more “one-size fits all”
 - Member’s choose Plan that best fits their needs
 - Extend eligibility



Why Offer Plan Choices? *continued*

- Suppress Health Cost Trend
 - At that time, concerned with avoiding potential Cadillac Tax
- Attempt to slow rising H&W contribution rates



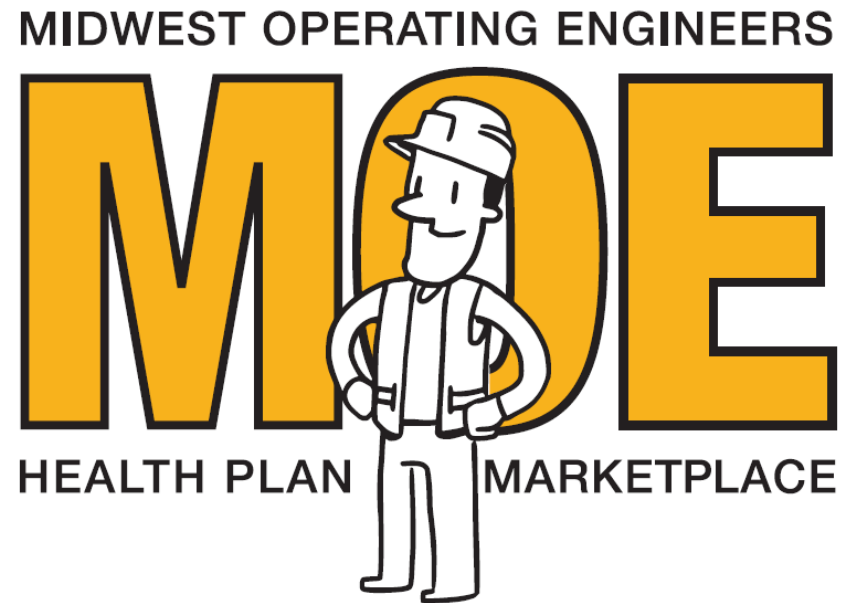
Introducing the Concept

- Union held 3 general membership meetings in early 2015
 - Concept/rationale explained



Introducing the Concept *continued*

- Membership voted
 - Approximately 5,000 members attended
 - 1 “NO” vote
- MOE Health Plan Marketplace launched April 1, 2016!
- MOE was introduced



Moving to the Marketplace

- Active hourly members only (no monthly members)
- Initial Credit Banks to eligible members
- Additional Credits based on length of service

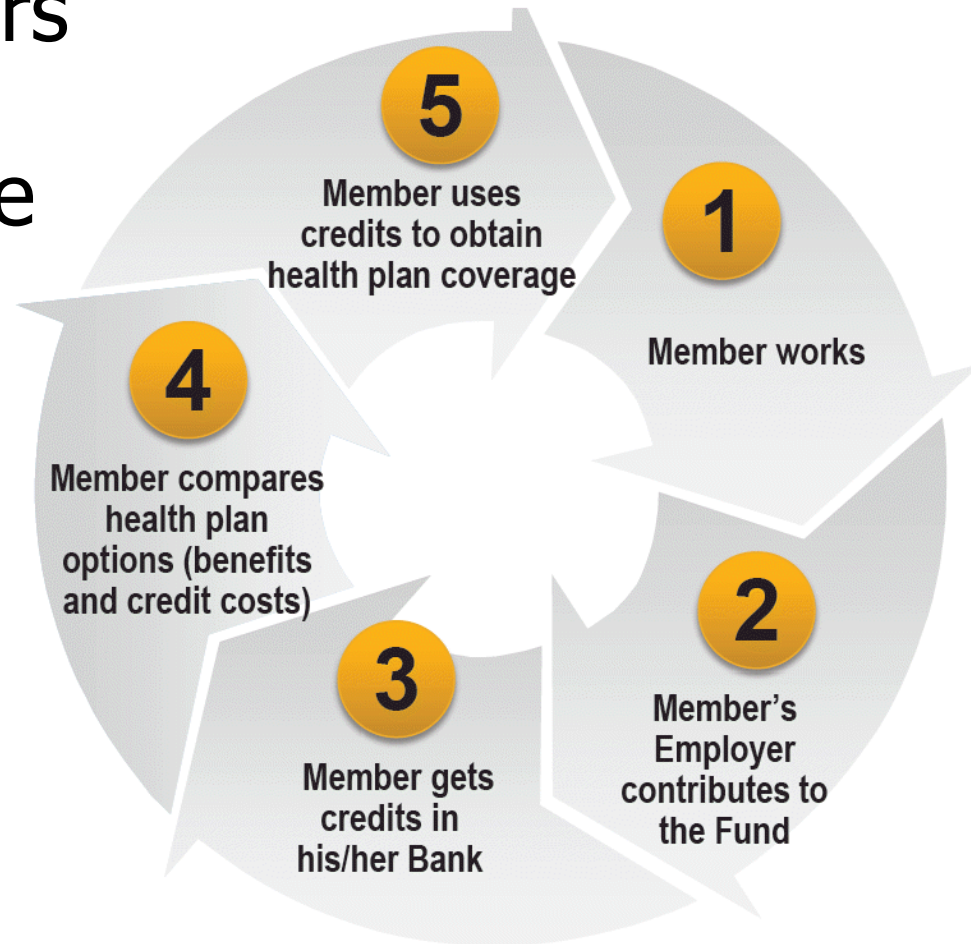
Years of Service	Baseline Months of Credit	Additional Months	
		Based on Years of Service	Total Months of Credit
Less than 5	15	0	15
5 to 9	15	2	17
10 to 14	15	4	19
15+	15	6	21

Moving to the Marketplace *continued*

- Full employment returning after recession
 - Road building projects in Illinois
- Welfare Fund well reserved
 - Pre-funding banks used 45% to 50% of current Plan reserves
 - Over 2 year continuation value

How It Works

- Our marketplace offers the same great benefits and coverage that members deserve—and that they've come to expect from MOE—**with more CHOICES!**



How It Works *continued*

- Initial Eligibility: work 300 hours in rolling consecutive 12-month period

Example

May Work Hours: 100

June Work Hours: 100

July Work Hours: 100

300 Hours Received: August

- Administration Period: September → Enroll
- Coverage Commences: October 1
- Regain Eligibility: work another 300 hours in rolling consecutive 12-month period

How It Works *continued*

- Credits deducted from bank monthly to purchase MOE active coverage
- Unused Credits accumulate and carry over from year to year
- Option to transfer Credits to Retiree Medical Savings Plan (HRA – prefunding vehicle)

How It Works *continued*

- Example: Converting Employer Contributions to Credits

(Hourly Contribution Rate – Retiree Subsidy)
x Number of Hours/Month

	\$15.65	Your Hourly Contribution Rate
–	<u>\$ 3.54</u>	Retiree Subsidy (22.6% x \$15.65)
	12.11	Credits per Hour
X	<u>145</u>	Number of Hours/Month You Work
	1,755	Your Monthly Credits

Marketplace Choices

- Active Hourly Membership
 - 7 Health Plan Options
 - 5 PPO Plans (including current Plan)
 - 1 EPO Plan
 - 1 OHC Plan (modified network)
 - Coverage Tiers (Member, Member+1, Family)
- Ancillary benefits (Life, Rx, Dental, etc.) remain; tied to medical plan choice



Marketplace Choices *continued*

Health Plan Option	Member	Member + 1	Family
Operators' Health Center (OHC) Plan	1,033	1,198	1,363
Plan A PPO	1,215	1,409	1,604
Platinum PPO	1,158	1,344	1,530
EPO (Modified HMO)	1,142	1,325	1,508
Gold PPO	1,064	1,233	1,404
Silver PPO	1,001	1,160	1,321
Bronze PPO *	584	959	1,091

* Effective 4/1/2018, newly eligible or re-establishing members will enroll into the Bronze PPO and can elect coverage tier. Next open enrollment, member can select a health plan option and/or coverage tier.

Marketplace Choices *continued*

	Annual Deductible In-Network/ Out-of-Network	Coinsurance In-Network/ Out-of-Network	Out-of-Pocket Maximum In-Network/ Out-of-Network
OHC Plan Person/Family	None \$4,000/\$10,000	100%/50%	\$2,500/\$6,000 \$8,000/\$16,000
Current Plan A	\$300 person \$700 family	90%/80%	\$2,500 person \$6,000 family
Platinum PPO Person/Family	\$500/\$1,000 \$1,250/\$2,500	90%/80%	\$3,500/\$7,000 \$7,000/\$14,000
EPO (In-Network Only)	None	\$20/\$250	\$4,000 person \$10,000 family
Gold PPO Person/Family	\$1,000/\$2,000 \$2,500/\$5,000	80%/60%	\$4,000/\$8,000 \$8,000/\$16,000
Silver PPO Person/Family	\$2,000/\$4,000 \$5,000/\$10,000	70%/50%	\$4,000/\$8,000 \$8,000/\$16,000
Bronze PPO Person/Family	\$5,000/\$10,000 \$10,000/\$20,000	100%	\$5,000/\$10,000 \$10,000/\$20,000

Marketplace Enhancements

- Removed Silver PPO II Plan and introduce Operators' Health Center Plan
 - Claims prove that members who use the OHC are healthier than members that do not
- New Members placed into Bronze PPO Plan but are able to choose their coverage tier
- Partnered with MinuteClinic™ where most services are FREE
- Partnered with EyeMed for deeper discounts to extend Family Supplemental Benefit (similar to Flexible Spending Account)
- Partnered with ATI Physical Therapy where services are FREE if covered under your selected health plan option
- Moving to OptumRx January 2019

How the OHC Plan Works

➤ Routine medical care/urgent care

- AAAHC-accredited → highest standards in the industry for care quality and outcomes



➤ Urgent care when OHC is closed or not available

- CVS or Target



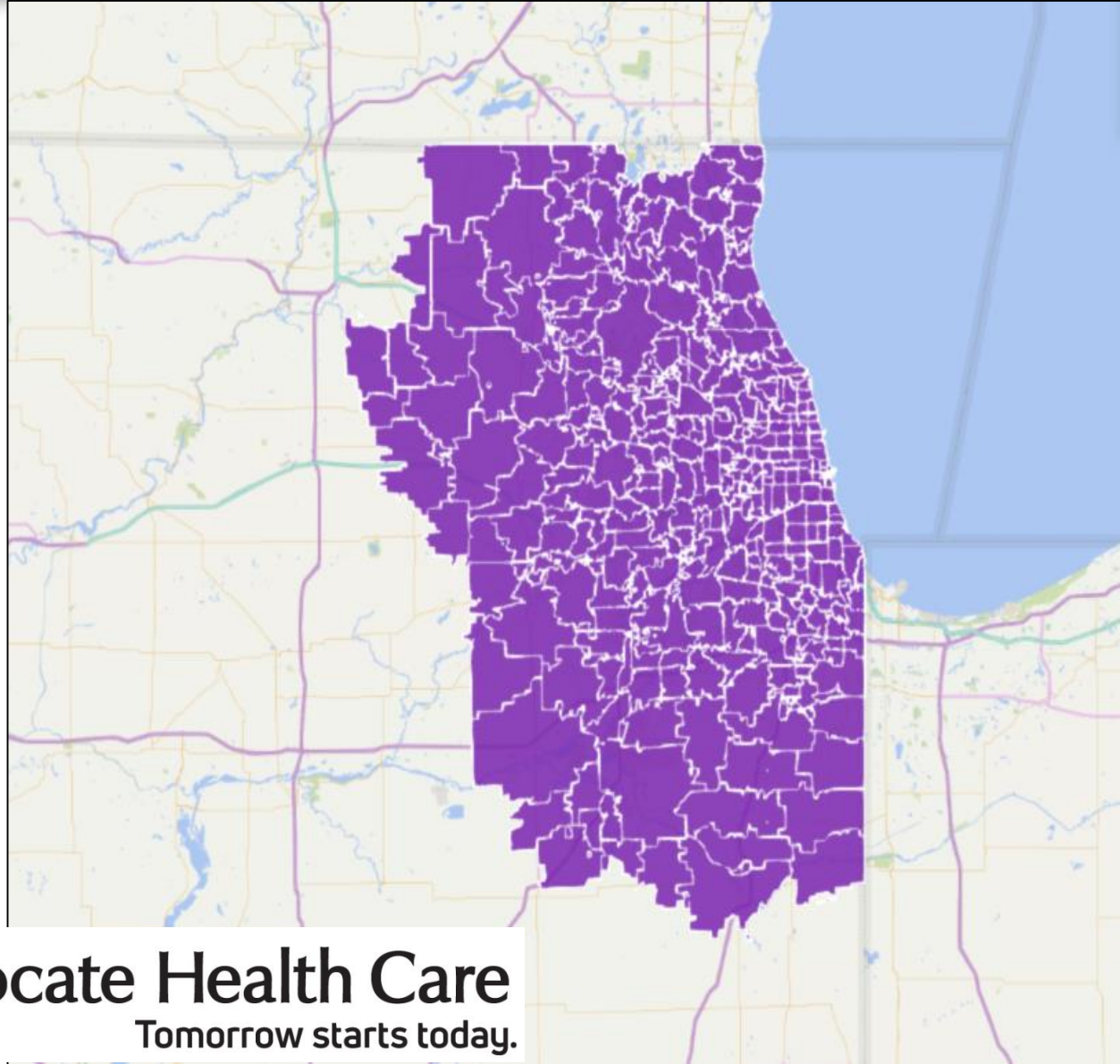
➤ Medical services not provided or available by above facilities

- If you have the OHC as your primary medical home, you will be referred to an Advocate Health Care provider/facility, if necessary
- Use the Advocate Network to locate a provider/facility near you



Advocate Health Care – Greater Chicagoland Area

- You must live within one of the highlighted areas to be able to select the OHC Plan option
- Areas are within 30 miles from an Advocate Hospital location



Advocate Health Care

Tomorrow starts today.

How the OHC Plan Works *continued*

- Must stay in-network (OHC, MinuteClinic, and Advocate Network)
 - No copay, no coinsurance, no deductible
 - If Advocate does not have providers for certain Specialties, covered at 100% (i.e. acupuncture and chiropractic services)
- If you go out-of-network or are balanced billed, Patient Advocate Center will negotiate the best price on the services
 - Will pay deductible and 50% co-insurance
 - Utilizes referenced based pricing (a.k.a. value-based payments) for procedures/facilities
 - Typically 160% of Medicare

How Value-Based Payments Compare

Your costs will be different for each procedure and each hospital. Example of an in-network hospital procedure:

Sample Procedure	Traditional PPO	Our VBP Plan
Starting Price: (What the hospital wants to bill)	\$75,000	\$75,000
Plan Price:	\$45,000 (Hospital agrees to 60% of the bill)	\$15,000 (What Medicare would allow for the same procedure)
		\$24,000 (Hospital agrees to 160% of the standard Medicare price)
Deductible/Coinsurance:	\$1,000 plus 20%	\$0
Your Bill:	\$9,800	\$0
Plan Pays:	\$35,200	\$24,000 (Plan pays 100%)

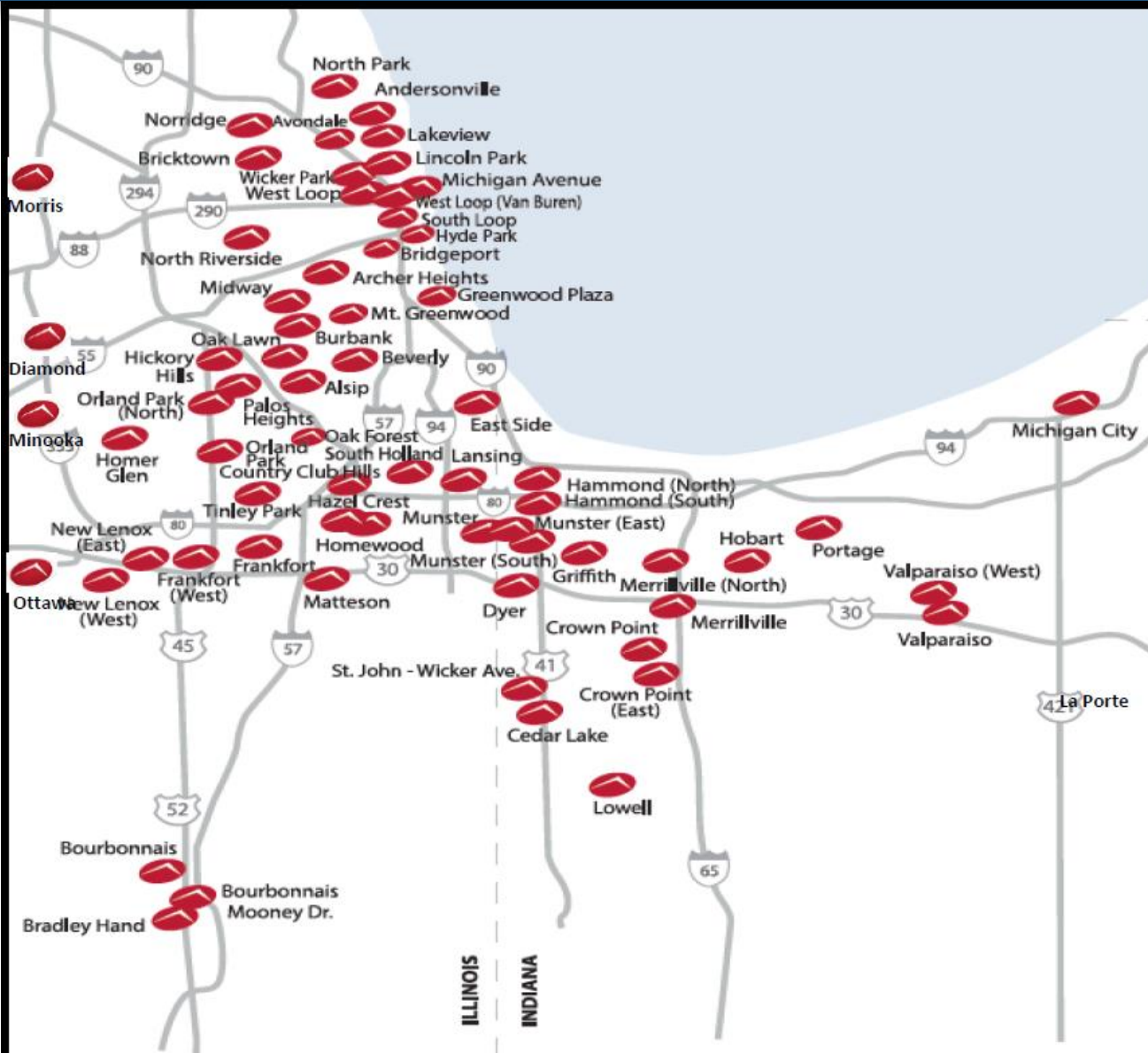
Additional Direct Contract

ATI Physical Therapy Partnership:

- Services are FREE
- Coordinate with Case Manager for medical necessity
- No referrals needed from MD or DO
- Ample coverage in Greater Chicagoland area
- Cost avoidance
 - Surgery/injections
 - Opioids
 - Imaging
 - MD office visits
 - ER visits



ATI Service Area for Members



Enrollment Process

During each Open Enrollment:

- Members choose the plan that's best for their situation
- All family members must enroll in same plan
- If member does not enroll, default into highest credit-cost plan based on appropriate coverage tier
- Easy to select same plan for each subsequent Open Enrollment



Enrollment Process *continued*

- Outside of open enrollment, members can change health plan:
 - To lower credit cost option once per Plan Year for any reason
 - To any option whenever they have a life event
- Amounts paid toward deductibles, OOP maximums, etc. transferred to new plan
- Members can change who is covered whenever they have a life event



Open Enrollment Statistics

Health Plan Option	Enrollment 4/1/2016	Enrollment 4/1/2018
	10,917	11,118
Operators' Health Center (OHC)	N/A	283 (3%)
Plan A PPO	9,252 (85%)	8,452 (76%)
Platinum PPO	551 (5%)	670 (6%)
EPO (Modified HMO)	603 (6%)	741 (7%)
Gold PPO	332 (3%)	503 (4%)
Silver PPO	117 (1%)	233 (2%)
Bronze PPO *	39 (<1%)	229 (2%)



How Did Members Enroll?

	2016	2017	2018
Using My150	8,188 (75%)	6,272 (56%)	5,769 (52%)
Enrolled by BCBS or a MOE Staff Member	N/A	1,675 (15%)	1,529 (14%)
Did Not Enroll and Defaulted	2,729 (25%)	3,303 (29%)	3,820 (34%)
Total Enrollees	10,917	11,250	11,118



Updated Statistics

Updated Statistics	April 1, 2016	April 1, 2017	April 1, 2018
Enrollments	10,917	11,250	11,118
Choose a Plan?	75%	71%	66%
Remained in Plan A	84.8%	82.3%	76.08%
Coverage Tiers			
▪ Member	26%	25%	25%
▪ Member + 1	22%	23%	23%
▪ Family	52%	52%	52%
Downgrades During Year	35	189	29 YTD
Life Changing Events	444	497	160 YTD
▪ Upgraded	8	8	5
▪ Downgraded	8	7	0
Average Credit Bank Balance	22,293	23,973	25,042
Average Months of Credits	21.33	22.93	23.84

Objective of the Marketplace is working!!

Impact

- 15% to 24% - chose a different plan other than Plan A
- 1.8% to a 2.4% overall reduction in expected claim costs → Approximately \$4.1M
- Savings on subsidized coverage (self-payments)
- Allowed charges for marketplace members (removing risk)
 - 17% lower than non-marketplace as of 3/31/2017
 - 20% lower than non-marketplace as of 3/31/2018
- Marketplace members improving health
 - Risk Score for marketplace improved by 1.2% as of 3/31/2018
 - Risk Score for non-marketplace worsened by 4.0% as of 3/31/2018
- More choices for members
- Less pressure on bargaining parties

Communication Challenges

- A lot to do in a short amount of time!
- Train staff
- Extensive Publicity
- Enrollment Kit
- Original Health Fair Meetings
 - 22 total meetings
 - November 2015 through mid-January 2016
- Original Open Enrollment Meetings
 - 22 total meetings
 - Mid-January 2016 through February 2016

Communication Challenges *continued*

- BCBS Call Center
 - Licensed navigators assisting with navigating members to a plan

	2016	2017	2018
In-Bound Calls	4,204	2,079	2,173
Out-Bound Calls	14,626*	12,600	11,308

- 2016 during final week BCBS made outbound calls ➔ 5,638 member enrollments
- My150 Platform (www.my150.com)

My150 Member Community



? HELP

CONTACT US

Building America for Over 100 Years.
Welcome to My150 Your interactive community.
Meeting all Your needs in one place.



Already Registered?

[Log in »](#)



Register Today

- » [View Your Profile](#)
- » [Access Your Healthcare Info](#)
- » [Pay Your Union Dues](#)

[START REGISTRATION »](#)

My150 Member Community *continued*

Through September 2018:

- Registration
 - 15,219 Total Accounts (13,288 Active)
 - 568 Dependent Accounts (511 Active)
- Online dues payments
 - 2015: 10% of dues collected
 - 2016: 21% of dues collected
 - 2017: 27% of dues collected
 - 2018: 32% of dues collected

Marketplace Enrollment



Welcome, RICHARD!

? HELP

CONTACT US

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HOME

My PROFILE

PAY My DUES

My MARKETPLACE

My LIBRARY

FAQ

 ENROLLMENT STARTS IN 84 DAYS, ON 1/18/2016!

My HOURS

My PROFILE

My DUES

My PLAN HISTORY

My FAMILY

My CASES

My LIBRARY

FAQ



Welcome to the MOE Health Plan Marketplace!

Your one-stop shop for you and your family's health care needs.
Assess, compare, and select...easy as 1, 2, 3!



Use Health
Plan Wizard



Compare Plan
Options



Select A
Health Plan

Health Plan Wizard

[« Back to Health Plan Marketplace](#)

Provide Basic Information

☒ GET STARTED

☒ PROVIDE INFORMATION

☐ VIEW PLAN OPTIONS

☐ COMPARE PLANS

☐ REVIEW PLAN

☐ CONFIRMATION

By answering a few simple questions, the Health Plan Wizard will assist you in assessing which health plan options best meets you and your family's needs.

1. ARE YOU LOOKING TO SELECT MEMBER, MEMBER + 1 OR FAMILY HEALTHCARE COVERAGE TODAY?

☒ Member

☐ Member + 1

☐ Family

2. WILL YOU BE GAINING ANY DEPENDENTS DURING THE UPCOMING YEAR? SUCH AS, GETTING MARRIED OR HAVING A CHILD.

☒ Yes

☐ No

Compare Plan Selections

SELECT OR COMPARE PLANS

Using the table below you have the option to select 1 plan, or compare up

COMPARE

AVAILABLE PLANS

Annual
Deductible

Medical out
of Pocket
Maximum



PLAN A
1,468 MONTHLY CREDITS
SELECT

\$700 /
\$700

\$6,000 /
\$6,000



PLATINUM
1,400 MONTHLY CREDITS
SELECT

\$1,250 /
\$2,500

\$7,000 /
\$14,000



EPO ⓘ
1,380 MONTHLY CREDITS
SELECT

None /
None

\$10,000 /
\$10,000

COMPARE PLANS »

Compare Plan Selections *continued*

SELECT YOUR PLAN

	Plan A SELECT PLAN		Platinum SELECT PLAN		Gold SELECT PLAN	
	Annual Deductible					
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Per Person	\$300		\$500	\$1,000	\$1,000	\$2,000
Per Family	\$700		\$1,250	\$2,500	\$2,500	\$5,000
	Medical Out-of-Pocket Maximum					
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Per Person	\$2,500		\$3,500	\$7,000	\$4,000	\$8,000
Per Family	\$6,000		\$7,000	\$14,000	\$8,000	\$16,000
Hospital Services	90%	80%	90%	80%	80%	60%
Emergency Room	90%		\$100 COPAY PER VISIT PLUS 90%		\$100 COPAY PER VISIT PLUS 80%	
Preventive Care	100%	NO BENEFITS	100%	NO BENEFITS	100%	NO BENEFITS
Physicians Visits	90%	80%	90%	80%	80%	60%
Outpatient Therapy	90%	80%	90%	80%	80%	60%
Lab & X-Ray	90%	80%	90%	80%	80%	60%

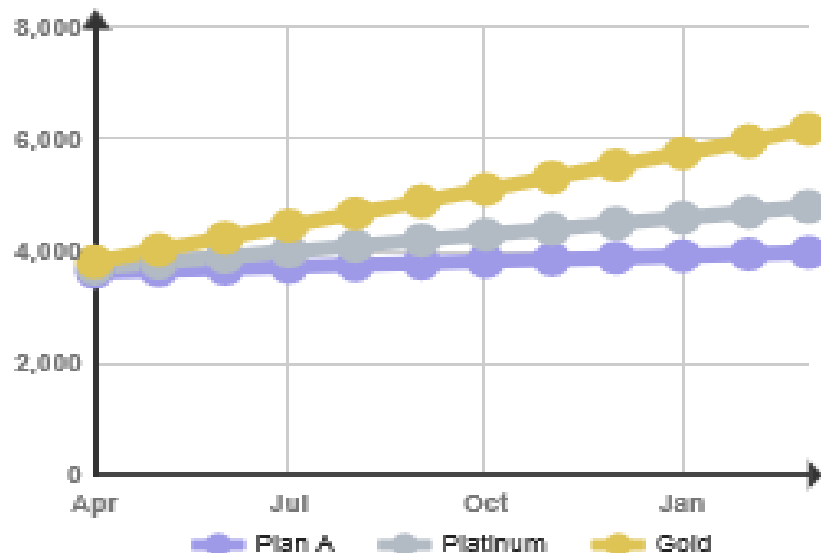
Compare Plan Selections *continued*

	Monthly Credit Costs		
	CREDITS	CREDITS	CREDITS
Member	1,112	1,060	974
Member + 1	1,290	1,230	1,129
Family	1,468	1,400	1,285
	Plan A SELECT PLAN	Platinum SELECT PLAN	Gold SELECT PLAN

Affordability Calculator

AFFORDABILITY CALCULATOR

This calculator can be used to project the effects your health plan selection and estimated hours worked will have on your eligibility credit bank balance. Use the bar or text box to adjust your projected hours worked per month to estimate how long you will be able to afford selected plan(s).



COVERAGE TIER

Family

MONTHLY HOURS



125

RESET

UPDATE

« RESET SELECTED PLANS

REVIEW PLAN »

Confirm Plan Selection

[« Back to Health Plan Marketplace](#)



Review Health Plan Selection

- ✓ GET STARTED
- ✓ VIEW PLAN OPTIONS
- ✓ COMPARE PLANS
- ➔ REVIEW PLAN
- CONFIRMATION

Please take the time to ensure that this is the health plan option you would like to enroll in today.

NEXT YEAR'S HEALTH PLAN

Plan A - Member

PLAN DATES	MONTHLY CREDITS
4/1/2016 - 3/31/2017	1,045

[VIEW PLAN DETAILS](#)

Summary

Annual Deductible (per person):

\$300 In-Network
\$300 Out-Of-Network

Medical out of Pocket Max (per person):

\$2,500 In-Network
\$2,500 Out-Of-Network

Family Supplemental Benefit:

\$1,900 per family/15 month period 1/1/16
through 3/31/17

Not Sure Yet?

If you would like to compare
other health plan options
click the button below.

[CHANGE PLAN SELECTION](#)

SIGN AGREEMENT DOCUMENT:



Click to capture electronic signature

Successful Enrollment!

[HOME](#) [My PROFILE](#) [\\$ PAY My DUES](#) [My MARKETPLACE](#) [My LIBRARY](#) [? FAQ](#)

[« Back to Health Plan Marketplace](#)

Confirmation

✓ GET STARTED


✓ VIEW PLAN OPTIONS

✓ COMPARE PLANS

✓ REVIEW PLAN

➤ CONFIRMATION

The Health Plan Wizard is a useful tool to assist you with choosing a Health Plan that best meets the needs of you and your family. The Wizard will ask you several simple questions and based on your responses, the Wizard will recommend a health plan that will provide you with the desired coverage you may need.



Congratulations!
You've selected a plan.

[BACK HOME](#)

NEXT YEAR'S HEALTH PLAN
Plan A - Member

PLAN DATES	MONTHLY CREDITS
4/1/2016 - 3/31/2017	1,045

[CHANGE PLAN](#) [VIEW PLAN DETAILS](#)

Summary

Annual Deductible (per person):
\$300 In-Network
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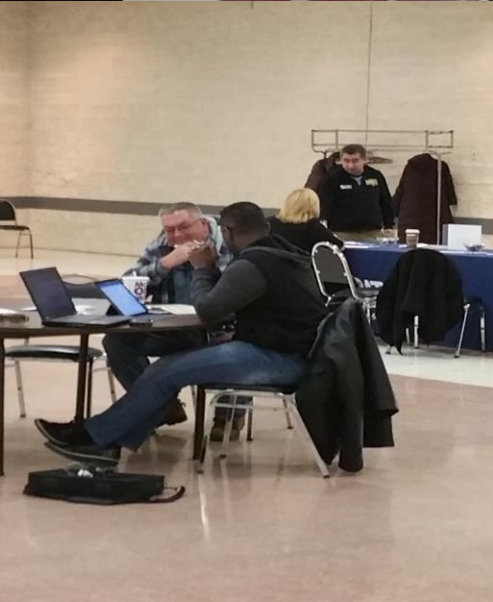
Member Resources

- www.moefunds.com
- www.My150.com
 - Third party vendor for technical support
- BCBS Call Center
- Fund Office Marketplace Call Center
- Kiosks in member rooms and District Offices
 - Register on My150
 - Enroll in Marketplace

Member Feedback

- Members appreciated time and effort to plan and coordinate events/information
- Initially members intimidated by process
 - Learned how easy it was
 - Word of mouth

Member Feedback *continued*



Time to Celebrate!!



We did it!

Thank You to the Fund Office Staff, numerous volunteers, and the Board of Trustees for their support and confidence!



What It Takes...

- Board of Trustee/Member Buy In
- Excellent Project Management
- Superior Consultant/Vendor Partnership
- Constant Communication
 - Focus Groups with Business Agents
 - Members
 - Internal Staff (Training!!)
- Plenty of Resources
- Opportunity for Face-to-Face Interaction

Key Takeaways

What It Takes For Direct Contracting...

- Start the discussions early & often
- Ensure ample communication regarding OHC in-network providers
 - Created separate folder of information
 - Created unique website provider finder
 - Extensive testing
 - Created unique claims portal
 - Extensive claims testing
- Weekly conference calls with vendors
- Patience of all stake-holders

Questions?

