

**April 18, 2024**

*Virtual Zoom Meeting*

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| **PRESENT** | | | |
| **Committee Members:** | | | |
| **Don Clothier** | **Fernando Esteban Florez** | **Diana Fitzpatrick** | **Nancy Geiger** |
| **Susan Hahn** | **David Howard** | **Vince Lepak** | **Beth Sullins** |
| **Danielle Walker** | **Will Wayne** | **Celeste Wirsig-Wiechmann** |  |
| **Others:** |  |  |  |
| **Dorothy Anderson** | **Joey Bagnaro** | **Stewart Berkinshaw** | **Lee Camargo-Quinn** |
| **Amy Edwards** | **Jamil Haynes** | **Kyle Hays** | **David Kaine** |
| **Ashley Langley** | **Chris Li** | **Sondra McDonald** | **Suzanne Perry** |
| **Sara Risker** | **Lindsay (Mitchell) Risley** | **Kaylie Stogsdill** |  |

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| **ABSENT** | | | |
| **Committee Members:** | | | |
| **Crystal Ary** | **Rebecca Larson** |  |  |

**Call to Order:**  1:32P.M.

**Approval of February Minutes**

* (Clothier) moved to approve the February minutes.
* (Esteban Florez) seconded.
* February minutes unanimously approved.

**Benefits & Retirement Update**

(Hays, Aon Consulting)

* **Medical Plan Performance:**
  + Medical costs for 2023 were high and came in more than $16 million over the expected amount, or 14.8% above budget.
  + 2024 continues to run hot as we are already more than $2 million above budget for the first two months of 2024. 2024 actual costs are 11.4% above budget through February 2024.
  + We do not have March claims data yet, but we are continuing to monitor the costs every month.
  + There have been 20 large claimants with claims greater than $100,000. This is 10 claimants more verses this timeframe in 2023. These large claimants accounted for 13.9% of the total claims cost.
  + (Hahn) asked if (Aon) expected this trend to continue for the remainder of 2024.
    - (Hays) answered that, typically, there are higher claims costs toward the end of the year because members have hit their deductibles and out of pocket maximums. Trend in general is very high.
    - (Camargo-Quinn) added that last summer, OU did not see a dip in costs. This could be because families are having things done over the summer or individuals are getting doctor visits/procedures done before the next school year begins.
  + (Esteban Florez) asked who covers the excess expense when the actual amount exceeds the budgeted amount.
    - (Hays) answered that since this is a self-insured plan. The actual cost is something that the plan is required to pay. When we look at future costs, it could mean that employee (and employer) costs could increase if that trend does not decrease.

(Camargo-Quinn)

* **Dependent Audit:**
  + OUHR has sent out an email and a postcard regarding the dependent audit. The first communication from UnifyHR was mailed out the week of April 1st. Only employees covering dependents would have received the alert letter from UnifyHR. In the alert letter, it said employees can expect to receive a verification packet in the coming weeks.
  + Verification packets will be mailed out this week with an estimated delivery the week of April 22nd. Those packets contain dependent definitions and document requirements.
    - You can also find this list on the HR website at:

<https://hr.ou.edu/Employees/Insurance/Dependent-Audit-Information>

* + The UnifyHR portal can be found at [depverify.ou.edu](https://sso.ou.edu/idp/startSSO.ping?PartnerSpId=https%3A%2F%2FApp.unifyhr.com). We have a single sign-on with UnifyHR which means you can use your credentials to login. You will be able to upload your documents via the UnifyHR portal.
    - You may also contact UnifyHR directly by calling 1-469-208-0929.
  + From the first letter that was sent by UnifyHR, we had about 250 employees who have verified their dependents.
  + (Esteban Florez) asked if there would be a problem with documents that are in another language and from another country.
    - (Camargo-Quinn) answered that there should be no problem. UnifyHR will accept documents in any language and will translate them as part of the verification process.
  + (Wirsig-Weichmann) asked if employees who are covering disabled dependents will be required to verify that their dependent is disabled.
    - (Camargo-Quinn) answered that the file we sent over to UnifyHR indicated whether dependents are disabled so that should not be an issue.
* **RFP’s:**
  + The dental and vision RFP are with Procurement. We anticipate those to be released on the Purchasing website next week. We allow 30 days for responses.
  + The RFP committee is formed. We will not have any representatives specifically from EBC because we already have three members of EBC serving on the committee, representing other groups (Faculty/Staff Senates).
  + The Life and Disability RFP is still being finalized, but we anticipate that RFP will be released at the same time as the dental and vision, or shortly after.
* **Norman Monthly to Biweekly Transition:**
  + This is specific to Norman Staff. The first biweekly pay period for employees who are transitioning to biweekly pay will begin on April 20th.
    - The last monthly paycheck will be paid out on April 30th. The April paycheck will be shorter as it will only be for April 1-19. Full monthly benefit premiums will come out of the April paycheck.
    - The leave conversion payout (“bridge payment”) will pay on May 3rd. There will be no benefit premiums or retirement contributions on that paycheck.
    - The very first biweekly paycheck will be paid out on May 17th for the pay period April 20-May 3. Benefit premiums and retirement contributions will begin deducting as normal on this paycheck but will be half the amount normally paid (half a monthly premium).
    - The second biweekly paycheck will pay out on May 31st for the pay period May 4-May 17. Benefit premiums and retirement contributions will be deducted on this paycheck. This would normally be a “no benefits check” as it is the third biweekly paycheck in the month but due to the transition, benefits and retirement will be taken out of this check.
    - More information about the transition can be found at <https://www.ou.edu/payroll/monthly-to-biweekly-pay-transition>.
* **2024 Benefit Changes:**
  + The University has been closely monitoring the rising cost of the health plan and with rising costs has made the difficult decision to discontinue coverage for the GLP1 drugs Wegovy, Saxenda, and Zepbound effective July 1, 2024. This decision will not impact members on Ozempic, Mounjaro, Trulicity, and Victoza which are used for Type 2 diabetes management.
    - The decision to discontinue coverage for these drugs underwent a thorough and comprehensive review.
    - This difficult determination was made because the cost of these drugs over the last 12 months which have surged to nearly 20% of our total pharmacy spend. The cost of these drugs is raising the total spend of the plan significantly, and if these costs were to continue, the OU plans would require even higher increases in employee premiums. Of our top 10 drug spend Wegovy and Zepbound are number two and four, but together they are the plan’s number one drug spend.
    - The university is on pace to spend over $6 million dollars on these drugs in 2024 which is almost twice what was spent in 2023. Additionally, OU explored numerous outside vendor solutions to provide coaching to utilizers of these drugs. However, cost implications of these programs eliminated these as options for OU.
    - OU will continue to cover weight loss and appetite suppressant medications in our benefit plans to support the health of our employees and their family members, along with offering a robust wellness program [(LiveWell OU)](mailto:https://hr.ou.edu/Wellness/LiveWellOU) which includes programs like Weight Watchers, health coaching and fitness support.
    - Employees and dependent currently on Wegovy, Saxenda, and Zepbound will be notified by Cigna regarding the change.
  + (Clothier) asked if this would affect retirees on the Humana Medicare plan.
    - (Camargo-Quinn) answered that this change would not affect individuals on the OU group Medicare plans.
  + (Geiger) asked when individuals currently taking these drugs would be notified.
    - (Camargo-Quinn) answered we expect these individuals will be notified by the end of the month to provide 60-day notice.
  + (Camargo-Quinn) added that she will be attending the May senate meetings and executive committee meetings to announce this change.
  + (Geiger) asked if it was common for us to do a mid-year plan change.
    - (Camargo-Quinn) answered that a mid-year plan change is unexpected. The cost of these drugs is unprecedented. Because we want to make sure the medical plan is sustainable for everyone, we need to make the change.
  + (Esteban Florez) noted that the OU community appears to be using these medications quite a bit for weight loss. Recent studies have shown that these medications have a positive effect on the cardiovascular system which may lead to better outcomes in the long term. If we are spending more on the front-end now, would it possibly result in less spend in the future because of the better health outcomes as a result of the medications?
    - (Camargo-Quinn) the only drug that is approved for cardiovascular is Wegovy. The trend shows that individuals are moving from Wegovy to Zepbound because the weight loss percentage is slightly higher.
    - (Esteban Florez) asked if the university could look into covering compounded drugs at FDA approved compounding pharmacies as an alternative.
      * (Camargo-Quinn) answered that compounding is not necessarily FDA approved so it can be difficult in covering those drugs. It can be difficult to know what they are putting in those compounded drugs.
      * (Anderson) added that we do not want to do a mid-year change, but it is necessary for our financial position. If we do not make these changes and make no other change regarding the tiered services and networks that we are looking at, we are trending at about a 14% increase to the medical plan. That is a lot of money for our employees and for the university. We are trying to implement salary programs, and all of this draws away from that. We did research with some of the SEC schools to find out who was covering these drugs. Many of them have stopped covering them as it is just too expensive. We can evaluate other options but the decisions we make are to bring the cost down for all of the employees and also for the university. I know it is not just about cost and this is not a decision that we make lightly. It is a decision that we make because we are at a point where our health plan is truly in trouble, and we need to make sure we are being thoughtful moving forward so we can continue to offer benefits to our employees. We have about 500 individuals using these drugs out of about 15,000. It is terrible to make the change mid-year, but it is a small portion of our population. There are other mechanisms and weight-loss drugs that will continue to be offered. But what we are doing is consistent with what we are seeing with the Texas system, the Mississippi system, and the University of Alabama. These systems/institutions have either never covered it or have stopped covering it.
* **2025 Benefit Plan Design:**
  + We will have more details for you in the May EBC meeting, but I wanted to talk about what we are thinking about for plan design for 2025.
    - We are thinking about adding a custom network that will include an additional Tier 1. This Tier 1 would include OU Health and Norman Regional and would encompass lower deductibles, copays, and out of pocket maximums.
    - We would then have a Tier 2 network, which would be the broader network (in-network). This network would have higher deductibles, copays, and out of pocket maximums but would also come with the opportunity for an HRA, a Health Reimbursement Account. With this Tier 2, we are looking at bolting on a tool to help with steerage which would help get employees to the highest quality doctors. If employees use the steerage tool, they would be reimbursed the amount of the visit. This tool is steering employees to the highest quality and best outcomes, with the lowest cost.
    - A Tier 3 would be out of network.
    - We are still trying to formulate this design, but we hope to discuss this in greater detail with the EBC in May.
    - We’ve been running higher in our plans and are looking to do everything we can to minimize the impact to our employees and to the university as far as premiums are concerned. So, we are trying to get creative and look at other opportunities.
    - (Geiger) expressed concern that OU Health does not have the access to care to for this type of design to work. In order for this design to work, there must be greater access to care in that Tier 1. (Geiger) added that it feels like employees are being penalized for not going to a Tier 1 doctor/facility and would have to switch from their normal doctor to take advantage of the plan design.
      * (Camargo-Quinn) appreciated the concern with access to care and mentioned that conversations surrounding this is ongoing with OU Health. (Camargo-Quinn) also answered employees would not necessarily have to change doctors because that Tier 2 network is still a part of Cigna’s network. Their doctors could still be included in that steerage tool.
      * (Hays) added that the plan is being designed in a way that if employees use the steerage tool to find a doctor within that Tier 2, it would be paired with an HRA that would offset any additional cost in Tier 2.
    - (Walker) asked if this steerage tool was primarily used for primary care or specialists.
      * (Camargo-Quinn) answered that it could be used for everything: Primary care, specialists, hospitals, etc.
      * (Walker) asked if the steerage tool was a one-time thing or if it could be used throughout the year. For example, you see a primary care physician and that physician refers you to a specialist. You then use the steerage tool to find a specialist that is included in the steerage tool or decide to use one that is included.
        + (Camargo-Quinn) confirmed that if your primary care physician refers you to a specialist, you can utilize the steerage tool to find a specialist. If you go to that specialist and they prescribe a medication, you are able to get reimbursed for the cost of that visit and the cost of the prescription via the HRA.
    - (Esteban Florez) asked if the HRA reimbursement would have any tax implications.
      * (Camargo-Quinn) answered that the HRA would not have any tax implications because the IRS would not consider it income as it is being used for qualified medical expenses.

**Wellness Update**

(Risley)

* Registered Users: 6,536
* Q1 for 2024 ended March 31st. We had our largest number of individuals who logged points this quarter. There were 936 employees who logged greater than 1,500 points. There were 159 employees who logged between 750-1,499 points and 380 employees who logged between 1-749 points.
* There are a variety of wellness challenges currently ongoing. The Transformation Challenge is one that was developed by FitThumb after seeing a few years of OU doing the FitStart Challenge, which is an internal challenge.
* Our wellness opportunities are mostly virtual with a few offered in-person. We had Mental Health First Aid training on April 11. We will have a couple of in-person Mental Health First Aid training courses that are scheduled this year.
* There are several Magellan EAP webinars available in April and May.
  + As a reminder, we have unlimited training hours with Magellan so if you have a department need or would like to request [training](https://hr.ou.edu/Portals/0/Files/21972/Magellan_EAP_Training_Catalog/EAP_Training_Guide_(Fall_2022).pdf) for an upcoming staff meeting, etc., please submit the [request form](https://hr.ou.edu/Document-Search/ctl/GetDocuments/mid/8755/q/4E316E4E7A66253246584F3172583671376C3045734474513D3D) to [lindsay-risley@ouhsc.edu](mailto:lindsay-risley@ouhsc.edu).

**Wrap Up / Adjournment**

* Meeting Adjourned at 2:30 P.M.