

Benefits Committee Meeting
June 6, 2017
MSB Conference Room 130

Start time: 2:00 pm

Committee Members in Attendance: Matt McCombs, CWA; Mike Head, CWA; Roberta Gluski, CWA; Stephen Colbert, IAFF; Lisa Friday, SAMP; Sandra Clayton, SAMP; Gina Clayton, SAMP; Monica Mitchell, (for Jay Ravins), SAMP; Karen Dombrowski, Retirees

Committee Members Not In Attendance: Steve Finney, CWA; Phil Hughes, CWA; Jonathan Walser, FOP Officers; Christopher Precious, FOP Officers; Sergeant Joel Morley, FOP Officers; Matt Schad, IAFF; Jay Ravins, SAMP

Non-Committee Members In Attendance: Shawn Fleming, Gehring Group; Karen Walker, Gehring Group; Michelle Kutch, Human Resources; Joe Roseto, Human Resources; Donna Cacciato, Human Resources

Michelle Kutch, Human Resources Manager, opened the meeting and stated this meeting would be informational and there would be no voting.

Ms. Kutch stated the City is looking for a member of the benefits committee to serve on the Retiree Investment Committee. Ms. Kutch stated the committee meets quarterly with a retirement advisor who oversees the 457 plans and makes recommendations to the committee regarding the current investment options. Ms. Kutch asked if anyone is interested or if they know anyone else who may be interested to please let her know, and she would email the Benefits Committee with more information.

Ms. Kutch announced that since there is no longer a Cigna representative onsite, the Gehring Group has a team of claim specialists that employees can utilize if they have any questions about a Cigna bill that they have received. Flyers will be emailed out so they can be posted in the department. (attached)

Ms. Kutch stated the Telehealth option is not currently highly utilized by the employees, so the Gehring Group has developed some flyers to advertise this option and these would be shared with the committee. (attached)

Mr. Fleming stated because Open Enrollment will be one month earlier this year, the committee will most likely meet again in July to finalize the renewal of insurance for 2018. Mr. Fleming referred to the handouts (attached) and stated the first page is the history of last year. Mr. Fleming then referred the committee to page 2 of the handouts and stated we have updated claims experience through April. Mr. Fleming stated the first column "Total Plan Funding" is the amount of money the City puts into the plan to cover the costs of the plan. Administration and Network Fees are the fees paid to Cigna to administer the plan. Mr. Fleming stated total funding for the plan is about \$1.4 million each month, and out of that \$75,000 is paid to Cigna each month to administer the plan. Mr. Fleming stated the next column is the

Stop Loss Fees, which are reinsurance fees to protect us from large claims that exceed \$300,000. Mr. Fleming then said the next column is actual paid claims, which are all claims from members paid in that month. Mr. Fleming pointed out that January was a very low month, as deductibles and out of pocket maximums reset. Mr. Fleming further stated many claims paid in January were incurred in December, and December is generally a slower month. Mr. Fleming stated the total plan cost for January was about \$1 million. Mr. Fleming pointed out that in February, claims were a little over \$1 million, and in March they increased to \$1.4 million. Mr. Fleming stated things came down in April, and overall for the year, the plan is off to a very good start. Mr. Fleming reminded the committee that last year the City only had a 2% increase, and no changes to the schedule of benefits. Mr. Fleming stated every year we leave the schedule of benefits the same, the employee pays the same, but the plan pays more, and as a result the employee's share of the cost actually decreases.

Ms. Kutch stated she hopes the positive pattern continues and that we have a very slight, if any, increase as we did last year. Mr. Fleming agreed and stated right now it looks as if we will be at a 2% increase. Ms. Kutch further said we are maybe looking at other ideas, or maybe some incentives that could be added to the plan, since collectively we are all doing something to improve our health, lower the claims and keep the annual increases down.

Mr. Colbert asked if pharmacy costs are down, and Mr. Fleming stated they are, as the initial hit of cost from Hepatitis-C drugs is no longer there. Mr. Fleming stated these drugs cost the City close to \$2 million over an eighteen month period. Mr. Fleming stated if we ignore the Hepatitis-C drugs, then the cost of pharmacy is actually going up. Mr. Fleming stated we are seeing many more brand name drugs, especially to treat diabetes. Mr. Fleming stated there were prescriptions a person could get for free at Publix, but prescriptions are now switching to a drug that costs \$1,000 per month. The drug allows them to not have to test their blood, and thus has some great benefits, but at a rather expensive price.

Ms. Kutch asked if anyone had feedback to share from the employees concerning the insurance. Mr. Colbert said he is hearing complaints about health care costs going up; he stated he explains to the employees in his department that yes the premiums went up, but they went up significantly less than they had in the past as they only went up 2%. Mr. Colbert said another complaint he hears is how high the co-pays are on our plan versus the insurance plans of other local municipalities. Mr. Roseto stated Mr. Colbert raised a good point, but if co-pays were lowered, that would benefit only certain employees, as there are many employees who do not use the insurance at all. Mr. Roseto further stated if there was, for example, a health savings account that could benefit all employees. Mr. Fleming and Mr. Colbert discussed that lowering the cost of the premium would benefit those with plus one or family coverage, but would provide no benefit to those with employee only coverage, as they do not pay any premiums. Mr. Fleming stated we are looking at options that could benefit all employees.

Mr. Head stated another concern he is hearing is with the loss of the Cigna representative, and when employees call the 1-800 number for Cigna, they are put on hold forever. Ms. Kutch stated the Gehring Group option that she mentioned at the beginning of the meeting is another option for employees if they cannot get through to someone at Cigna, or if they just wish to speak with someone else. Ms.

Kutch stated employees can reach the Gehring Group concerning a Cigna bill either by phone or email. Mr. Head stated many employees liked the one on one contact with the Cigna representative, and asked if the position could ever come back. Ms. Kutch explained that financially the full time on site position was not beneficial to the City, since the volume of employees was not there. She explained that she would explore another alternative, like having an onsite person quarterly, while utilizing the Gehring Group resources in between visits. Mr. Roseto stated the employees can reach out to the Gehring Group, and the City's Human Resources benefits team, and with those two options hopefully the employees will feel they are getting the service they need. Ms. Kutch stated a representative from Cigna could come out possibly once a quarter to meet one on one with employees.

Ms. Caciattore asked Mr. Head how long ago the complaint came in about the Cigna 1-800 number. Mr. Head stated he received the complaint over two months ago. Ms. Caciattore stated she had a similar complaint about a month ago, and she called the number herself and found the call was dropped. She stated she reported the issue to Cigna and can test it again when she returns to her desk.

Mr. Colbert stated that when employees call the Cigna 1-800 number it is not a good experience. Ms. Kutch stated the benefits team from Human Resources is available, as well as the team from the Gehring Group.

Mr. Head stated another concern he is hearing from employees is bills they are receiving from anesthesiologists. Mr. Fleming stated that no anesthesiologists contract with an insurance network, so they are all out of network. Mr. Fleming said Cigna protects the City of Clearwater employees and treats all anesthesiologists as in network, and pay them as if they are in network and not held the member liable. Mr. Fleming went on to say that because anesthesiologists are not in network, Cigna cannot control if anesthesiologists try to bill a member or send them to collections. Mr. Fleming stated if a member finds himself in this situation, the most important thing to do is send it to the Human Resources benefits team or the Gehring Group through the phone number or email address on the flyer. Mr. Fleming said the worst thing a member can do if they receive a bill is to do nothing; Mr. Fleming repeated if a member receives a claim from an anesthesiologist to reach out to the HR benefits team or the Gehring Group.

Mr. Colbert stated this can also occur with pathologists and emergency room doctors. He further stated Sunstar ambulance is out of network, but they are the only ambulance provider in the county. Mr. Colbert said there roundabout way to be covered by Cigna, Stacy Lambert knew what to do.

Ms. Kutch stated the committee will probably meet again in mid to late July.



Do you have a question about your insurance benefits?

Are you receiving bills from your provider and not understanding why?

Send an Email to: cityofclearwater@gehringgroup.com
or Call Toll Free: [800-244-3696](tel:800-244-3696)

The City of Clearwater is working with the Gehring Group Team to provide you with a solution to your questions!

We are excited to announce that the Gehring Group has a team of claim specialists to assist you with your questions. We encourage you to email the Gehring Group at:

Email: cityofclearwater@gehringgroup.com
Toll Free: [800-244-3696](tel:800-244-3696)

► Please include the following information with your email:

- First & Last Name
- Brief Description of your question
- Your contact information

► For your privacy please do not include in your initial email:

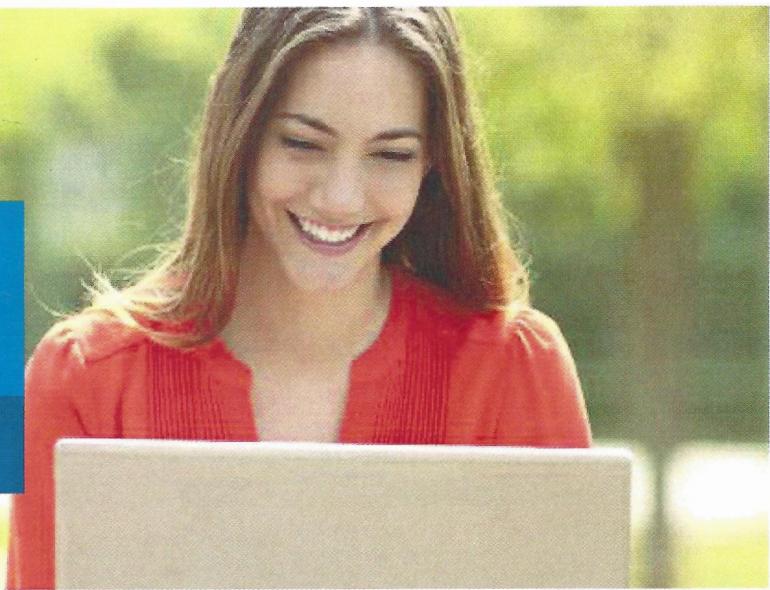
- Social Security Number
- Date of Birth
- Member ID

A Gehring Group claim specialist will contact you via a secure email or telephone call to gather additional information that may be necessary to further assist you.

Our goal is to ensure that these items are resolved as quickly as possible.

THE CARE YOU NEED - WHEN, WHERE AND HOW YOU NEED IT.

Introducing Cigna Telehealth Connection.



Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan - **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- | | | |
|---------------|----------------|-----------------|
| ➤ sore throat | ➤ fever | ➤ rash |
| ➤ headache | ➤ cold and flu | ➤ acne |
| ➤ stomachache | ➤ allergies | ➤ UTIs and more |

The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, you telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.



AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- Go to Cignabehavioral.com to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

899962 08/16

Choose with confidence.

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

[AmWellforCigna.com*](http://AmWellforCigna.com)

855-667-9722

[MDLIVEforCigna.com*](http://MDLIVEforCigna.com)

888-726-3171

Signing up is easy!



Set up and create an account with one or both AmWell and MDLIVE



Complete a medical history using their "virtual clipboard"



Download vendor apps to your smartphone/mobile device**



*Availability may vary by location and plan type and is subject to change. See vendor sites for details.

**The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

AmWell and MDLIVE are independent companies/entities and are not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by AmWell and MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. AmWell/MDLIVE services are separate from your health plan's provider network. Telehealth services may not be available to all plan types. A Primary Care Provider referral is not required for AmWell/MDLIVE services.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

**City of Clearwater
Cigna - ASO Only**

Plan Year: January 1, 2016 - December 31, 2016



Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees (\$250,000/\$350,000)	Actual Paid Claims	Total Plan Cost	Reserve Account	Total EEs	Claims / EE / Month
January-16	\$ 1,462,748	\$ 73,134	\$ 79,333	\$ 793,181	\$ 945,648	\$ 517,100	1,627	\$ 487.51
February-16	\$ 1,464,625	\$ 73,313	\$ 79,528	\$ 1,153,668	\$ 1,306,509	\$ 158,116	1,631	\$ 707.34
March-16	\$ 1,477,130	\$ 73,628	\$ 79,869	\$ 1,694,831	\$ 1,848,328	\$ (371,198)	1,638	\$ 1,034.70
April-16	\$ 1,470,450	\$ 73,269	\$ 79,479	\$ 800,374	\$ 953,121	\$ 517,329	1,630	\$ 491.03
May-16	\$ 1,466,097	\$ 73,313	\$ 79,528	\$ 1,605,666	\$ 1,758,507	\$ (292,410)	1,631	\$ 984.47
June-16	\$ 1,471,323	\$ 73,538	\$ 79,771	\$ 1,507,467	\$ 1,660,777	\$ (189,454)	1,636	\$ 921.43
July-16	\$ 1,468,859	\$ 73,583	\$ 79,820	\$ 1,131,943	\$ 1,285,347	\$ 183,512	1,637	\$ 691.47
August-16	\$ 1,469,611	\$ 73,763	\$ 80,015	\$ 1,058,292	\$ 1,212,070	\$ 257,541	1,641	\$ 644.91
September-16	\$ 1,470,338	\$ 73,763	\$ 80,015	\$ 1,165,940	\$ 1,319,719	\$ 150,619	1,641	\$ 710.51
October-16	\$ 1,501,927	\$ 74,168	\$ 80,454	\$ 1,395,081	\$ 1,549,702	\$ (47,775)	1,650	\$ 845.50
November-16	\$ 1,481,159	\$ -	\$ -	\$ 1,270,278	\$ 1,270,278	\$ 210,881	1,652	\$ 768.93
December-16	\$ 1,478,101	\$ 4,021	\$ 80,503	\$ 1,093,834	\$ 1,178,358	\$ 299,743	1,651	\$ 662.53
Annual Total	\$ 17,682,368	\$ 739,493	\$ 878,314	\$ 14,670,556	\$ 16,288,363	\$ 1,394,004	19,665	\$ 746.02

* Received a \$225,000 credit for the Administration and Stop Loss Fees for Nov/Dec 2016

**City of Clearwater
Cigna - ASO Only**

Plan Year: January 1, 2017 - December 31, 2017



Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees (\$250,000/\$350,000)	Actual Paid Claims	Total Plan Cost	Reserve Account	Total EEs	Claims / EE / Month
January-17	\$ 1,554,802	\$ 75,336	\$ 85,794	\$ 866,358	\$ 1,027,488	\$ 527,314	1,676	\$ 516.92
February-17	\$ 1,551,200	\$ 75,291	\$ 85,743	\$ 1,080,681	\$ 1,241,715	\$ 309,485	1,675	\$ 645.18
March-17	\$ 1,554,000	\$ 75,201	\$ 85,641	\$ 1,438,668	\$ 1,599,511	\$ (45,511)	1,673	\$ 859.93
April-17	\$ 1,547,891	\$ 75,022	\$ 85,436	\$ 1,229,477	\$ 1,389,935	\$ 157,956	1,669	\$ 736.66
May-17								
July-17								
July-17								
August-17								
September-17								
October-17								
November-17								
December-17								
Annual Total	\$ 6,207,892	\$ 300,850	\$ 342,615	\$ 4,615,184	\$ 5,258,649	\$ 949,243	6,693	\$ 689.55

City of Clearwater
Claims Per Employee Per Month
(Net of ISL Reimbursements)

GEHRING GROUP
 INSURANCE BROKERS & CONSULTANTS

