

Here are some highlights from the last SHCC meeting.

language of the affidavit being developed by HR and General Counsel.

#### HRAs and HSAs

- a. A lot of discussion on HRAs and HSAs, in the end the JHCC decided there wasn't enough information at this time, postpone for one more year.
- b. Lisa recommended looking at plan selections for FY12, let that inform how we steer the plan one way or the other. Consider how many people took the deluxe plan and whether we use it in the future. Already promised no major changes to next year's plan, so we can't remove the deluxe plan. Consider having two HDHP plans, one with the HSA, one without. This would allow us to deal with the people who can't use HSAs.
- c. Address stumbling blocks: pharmacy costs in HSA would have to be rolled back into medical and subject to 80/20 rule. ~~Ris~~tribution for people who primarily use the pharmacy benefit. On the other hand, an HSA is fully portable so you can take it with you if you leave the university. With an HRA, the employee can't put money in it, but they could also set up an FSA in addition.
- d. Recommendation: Revisit HRA/HSAs for possible implementation in FY14, with the potential of offering two HDHP plans, one with an HSA included and one without. These discussions could begin in FY12, to allow time to work out the details before they would have to be implemented.

# ***Draft Tobacco Surcharge Documents***

## ***Frequently Asked Questions – Tobacco Surcharge***

**Q. What is the UA tobacco surcharge?**

**A.** This surcharge, going into effect July 1, 2012, adds \$600 a year to the employee charge for health care if the employee or a dependent enrolled in UA's health plan uses a tobacco product or has used tobacco products within the past six months and has not demonstrated eligibility for a waiver from the surcharge.

**Q. What is considered a tobacco product?**

**A.** Tobacco use subject to the surcharge includes tobacco that is smoked such as cigarettes, pipes or cigars, as well as smokeless tobacco, such as snuff or chewing tobacco. Tobacco use, by either an employee or his/her dependent enrolled in the health plan, subjects an employee to the surcharge, when use has occurred within the past six months.

Use of nicotine patches, nicotine inhalers or electronic (green) cigarettes, will not require an employee to pay the tobacco surcharge.

**Q. How do I avoid the surcharge?**

**A.** The surcharge will be added automatically to your health plan charge, unless you complete one of the following certification forms:

“Non-Tobacco Use Certification,” [{LINK}](#) or

“Certification of Tobacco Cessation Pac

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Q. I don't smoke or use tobacco, but my spouse, who is on my plan as a dependent, does use tobacco. Do I have to pay the surcharge?

A. Yes. If you or any covered family members use tobacco products or have used tobacco products within the past six months, the \$600 annual surcharge applies unless you are eligible for a waiver because of current enrollment/participation in a tobacco cessation program.

Q. Both my covered dependent and I use tobacco. Do I have to pay more than \$600?

A. No. If your dependent is covered on the UA health plan only through your employment (i.e. the dependent is not employed by the University and covered directly), the tobacco surcharge will be \$600 annually even if both of you use tobacco.

Q. What if my spouse and I are both employed by the university and we don't cover each other as dependents. If both of us use tobacco, what is the amount of the tobacco surcharge we would pay?

If both you and your spouse/partner are employed by UA and are covered by the UA health care plan as employees, you will both be charged the surcharge. However, as you are enrolled in UA's health care plan as individual employees rather than being listed as a dependent on the other person's plan, each of you can receive a waiver of the surcharge for attending a tobacco cessation program.

Q. If I'm still using tobacco, what can I do to avoid the surcharge?

A. UA cares about your health, and would like everyone to be eligible to avoid the charge. Once you and enrolled dependents are able to certify that you have been tobacco free for six months, or if you certify that tobacco users have enrolled and are participating in a tobacco cessation program, you can submit a certification during open enrollment or during the month of November in any year. You can be approved for a waiver of the surcharge effective July 1 or January 1, depending when you submit the certification.

Q. I want to quit using tobacco, but need help to do it. What should I do?

A. The following programs are available; the list is also available on the UA benefits website [\[link\]](#)

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- The University of Alaska's employee assistance program: [www.alaska.edu/benefits/employee-assistance-progr/](http://www.alaska.edu/benefits/employee-assistance-progr/)
- Alaska's Tobacco Quit Line: [www.alaskaquitline.com/](http://www.alaskaquitline.com/)
- The American Cancer Society: [www.cancer.org/Healthy/StayAwayfromTobacco/index](http://www.cancer.org/Healthy/StayAwayfromTobacco/index)
- American Lung Association: [www.lungusa.org](http://www.lungusa.org)
- Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)
- National Alliance for Tobacco Cessation: [www.thenatc.org](http://www.thenatc.org)
- Nicotine Anonymous: [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)
- Quit Now Program: [www.smokefree.gov](http://www.smokefree.gov) Free and Clear Quit for Life Program [www.quitnow.net/rockwellcollins/](http://www.quitnow.net/rockwellcollins/)
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## Certification of Tobacco Cessation Program Participation

\_\_\_\_\_ I am currently a tobacco user, but I am actively enrolled in one of the tobacco cessation programs listed below.

\_\_\_\_\_ One or more of my dependents uses tobacco, but all of those dependents are actively enrolled in one of the tobacco cessation programs listed below.

Please check boxes below to indicate all of the programs in which you and/or your dependent(s) are enrolled. Date of enrollment: \_\_\_\_\_.

ComPsych tobacco cessation program

1-866-465-8934

State of Alaska Tobacco Quit Line

1- 800-QUIT-NOW

A Tobacco Cessation class or support group sponsored by a local hospital

Use of a Nicotine Replacement Therapy monitored by your physician

Use of an Alternative Therapy (i.e. Hypnosis, Acupuncture) monitored by a Licensed Practitioner

Alere Wellbeing (Quit for Life) and includes Nicotine Replacement Therapy

Please print the following information:

Employee Name

Employee ID#

Work Phone

Email Address

Please keep a copy of this certificate for your records and send the original to Name, Title by May 15,

2012 to be precluded from the tobacco use premium surcharge July 1, 2012. Documentation or program completion (i.e. certificate or letter) must be submitted by May 15, 2012.

If you have any questions, please contact Name, Title, Phone Number

I certify that my statements on this form are true and accurate. I understand that any misrepresentation

of information on this certificate will subject me to the requirement to pay the tobacco surcharge, through payroll deductions or otherwise, for the current plan year. I further understand that dishonesty

or misrepresentation of information on this certificate may subject me to disciplinary action up to and

including termination.

\_\_\_\_\_  
Employee Today's Date

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## Other Items Under Consideration for FY13

I. Institute a Spousal Surcharge This would deduct a certain dollar amount, e.g. \$50 monthly, from the pay of any benefits-eligible employee who has enrolled his/her spouse in UA's health care plan. The surcharge would only apply if the spouse is eligible and has access health care benefits through their own employer.

Explanation: The university wants to be an employer of choice without being an insurer of choice. U A should not have a plan that is so reasonably priced for dependent coverage that spouses decline the coverage offered by their own employer and choose to be covered by the UA plan. The university's charging structure to date has not provided a disincentive for members to enroll their spouses under UA's plan rather than their own.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both JHCC and the SHCC were opposed to this change at this time. SHCC wanted to UA to see if the plan changes in FY12 will reduce the number of spouses enrolled on the plan and if not, a spousal surcharge could be added in FY13.

CHRO's Recommendation and Rationale: A spousal surcharge was not recommended



Input by the Joint Health Care Committee and Staff Health Care Committee:

Both the JHCC and SHCC recommended more research into the claims costs for parttime employees. If the research supports a change, it could be implemented in FY13.

CHRO's Recommendation and Rationale: CHRO recommends reviewing this issue further. Currently, the university employs about 300 part-time, benefits eligible employees, but it is not known how many of these employees are part time due to the university's needs and how many have requested to be part time. The university contributes the same amount for health care for part time, so the benefits costs are higher relative to the salary costs than is the case for a full-time employee. However, it is not known whether part-time employees cost more in terms of health care plan utilization. Rather than a part-time surcharge for benefits, the university may want to limit health care coverage to those employees working 30 or more hours per week. Effective January 1, 2014, Federal law will require employers to provide health care coverage to employees on a full-time basis if they work a minimum of 30 hours per week. Increasing the hours needed for health care eligibility would require a modification to University Regulation 04.06.149, "Benefits for Extended Full Time and Part-Time Temporary Employees," as well as changes to health care plan documents.

#### 4. Exclude high risk activities from coverage under UA's health care plan.

Explanation: Activities such as sky diving, bungee jumping, operating a motorcycle or plane, scuba diving, hang gliding, rock climbing, parachuting and parasailing could be excluded from coverage.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC questioned how this could be administered and what activities should be included as "high risk."

CHRO's Recommendation and Rationale: Review this issue later, after additional information is gathered. Eliminating high risk activities would mean that employees would bear the entire costs of medical care if accidents occurred while engaging in such activities. Such exclusion would be highly controversial and unwelcome to employees who are active and adventurous.

#### 5. Tie employee charges to completion of wellness activities and outcomes.

Explanation: This approach would base employee deductions on documented statistics and measures of involvement in activities that promote health and wellness and therefore are predicted to reduce the individual's risk to UA's health care plan. Through lower employee charges, an incentive would exist to encourage employees to obtain an annual physical, complete an annual health risk assessment, obtain and monitor biometrics and BMI, as well as to participate in defined activities to improve fitness, good nutrition, a healthy weight and positive lifestyle choices.

Input by the Joint Health Care Committee and Staff Health Care Committee: JHCC and SHCC need to be involved in the development of wellness activities that would lead to the lower employee charge.

CHRO's Recommendation and Rationale: There is widespread support for tying employee charges to documented wellness activities, so that employees who are trying to avert their own health complications and chronic conditions are charged less than those

who are not making such an investment of their time and effort

provides the individual with feedback on their state of health as well as making recommendations for steps that can be taken to improve their health risk levels, addressing issues such as the level of physical fitness, mental health, diet, alcohol consumption and stress. However, the biometrics reported in the health risk assessments are all self reported and there is no linkage between the PWP contents with any referral to medical providers, disease management services or the employee assistance program. Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC were both in favor of eliminating the \$100 award for the simple task of

completing the PWP, believing that such an incentive could more beneficially be used toward activities that have a greater impact on employee behavior.

CHRO's Recommendation and Rationale: CHRO agrees with this assessment and is in favor of biometrics being measured and entered into a data base that can be forwarded for review by UA's disease management program to assure appropriate follow up and attempted intervention. However, the provision for the \$100 award to employees and spouses is currently referenced in collective bargaining agreements, and hence must be changed through negotiations or via a memorandum of understanding with the unions.

9. Require employee participants to complete 5 out of 6 sessions when they enroll in the university's Individual Health Plan (IHP) coaching program, or pay a penalty.

Explanation: Currently, about 20% of participants drop out of the IHP program after enrolling. They take up space that others could utilize, which results in an inefficient use of WIN for Alaska's staff and increased costs to U A.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and SHCC recommended that rather than a penalty for non-completion, we consider a reward or incentive for successful completion of all 6 IHP sessions.

CHRO's Recommendation and Rationale: CHRO agrees with the committees' recommendation and will continue to review this issue, recognizing that the value of the IHP offering itself is very valuable to each individual who is able to participate in the sessions.

10. Require employees to participate in obtaining and logging biometric information upon enrollment into IHP sessions, as well as at the end.

Explanation: Currently, IHP enrollees may choose to have biometric screening, but it is voluntary. Further, even if the biometric numbers are logged into the employee's own wellness page, the information is not entered into a database so that aggregate statistics can be reviewed or personal information forwarded to UA's disease management program for follow up. The recommendation would change this, making it mandatory to have biometric information gathered and shared in a confidential manner with UA's disease management providers.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the ( )10(J)-7(H)3(CCa)7(I)

