

Newsletter

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2012 GSRA Annual Meeting . October 17 . Georgia Public Safety Training Center

SHBP Members to Experience Double Digits Premium Increase

The Board of Community Health approved member premium increases in double digits to become effective with coverage on January 1, 2013. The Department of Community Health presented several policy changes for the State Health Benefit Plan that result in **premium** increases from 0% to 41%, depending upon the coverage tier and option, although the announced increase was 9.5%. In addition, all active members and retirees under age 65 will experience an additional cost increase at the point of medical service because deductibles and out-of-pocket maximums in all options are increasing. The Medicare Advantage Options will have very little change—except for premium increases and the elimination of the Humana Medicare Advantage Premium option. DCH reported to the Board that these increases are required to maintain a positive "Cash Balance" during FY 2013 and FY 2014 although DCH stated that an increase of \$7.9 million in employer funds would be requested for FY 2014.

Premium Policy Changes and Increases

SHBP premiums will be increased from 0% for the CIGNA "Employee and Children" HMO Wellness option to 41% for the UHC "Family" HDHP Standard option for coverage on January 1, 2013. DCH reported to the Board that the general increase in premiums was at 7.5% plus a 2% increase for the 2013 "Affordable Care Act" requirements. However additional policy changes have made the stated increases irrelevant. In analyzing the increases, the following policy changes emerge:

• Separate member premiums by vendor (UHC and CIGNA) and use of the lower cost vendor to establish the stated maximum premium increase of \$90 per month. The "lower cost vendor" can be a result of several items—better (or fewer) provider contracts, better utilization management, or apathetic enrollment causing higher cost members to remain in the UHC options since UHC was the first of the two vendors to provide coverage to SHBP members.

- Subsidize the "wellness options premiums" at a higher level than the standard options even though the cost of the wellness options exceeds the standard options. As of July 2012, enrollment in the Wellness options (UHC and CIGNA) is 58% (159,200) of those eligible. Total premiums without employer contribution can found on the DCH website (Exhibit 1B)
 - o For example, the total premium for "employee only" CIGNA Standard HRA is \$459.79 and \$489.19 for the CIGNA Wellness HRA. However, the SHBP member with "employee only" coverage will pay \$97.92 for CIGNA Standard HRA option and \$87.92 for the CIGNA Wellness HRA option. Therefore, more employer contribution is being used to subsidize the CIGNA Wellness HRA option than the CIGNA Standard HRA option by a monthly amount of \$39.40.
 - Evidently, the policy of the State is to "encourage" all SHBP members to provide health metrics to the respective vendor and to seek improvement when the metrics are outside target levels. The metrics from CY 2012 indicates that approximately 55% of the wellness enrollees complied with the "wellness promise" requirements. SHBP staff provided the following metrics for the 55%:
 - 83% were within the Blood pressure target
 - 78% were within the Cholesterol target
 - 82% were within the blood sugar target
 - 59% were within the Body Mass Index (BMI) target.
- o <u>Discontinue</u> the \$50 Spousal Surcharge for approximately 21,500 enrollees.
- Rebalanced the member premium rates among the coverage tiers with "Employee and Children" having

the least increase and "Family" coverage having the greatest increase.

All premium rates prior to "rebalancing by coverage tier" reflect a general increase of 7.5% and an ACA requirements 2% increase. There are two ACA requirements—to provide women's health care services, such as birth control medications as preventive care without a copay, and to pay the federal Health and Human

Services Agency \$1 per covered life (to be increased to \$2 per life in future years) for "Clinical Effectiveness Research."

SHBP member premiums for each option and each coverage tier are compared for CY 2012 and CY 2013 in the following tables.

Member Monthly Premium Comparisons – UHC Wellness										
	UHC Wellness –CY 2012			UHC V	UHC Wellness – CY 2013			Percent Increase		
	HMO	HRA	HDHP	HMO	HRA	HDHP	HMO	HRA	HDHP	
Employee Only	\$ 122.56	\$ 76.46	\$ 66.54	\$ 139.38	\$ 94.92	\$ 83.54	13.7%	24.1%	25.5%	
Employee + Child	293.88	239.26	221.32	300.88	246.26	228.32	2.4%	2.9%	3.2%	
Employee + Spouse	289.30	233.64	215.90	322.34	261.66	242.34	11.4%	12.0%	12.2%	
Family	316.86	253.86	234.48	413.86	350.86	331.48	30.6%	38.2%	41.4%	
Retiree Unsubsidized	1,243.24	1,254.76	1,237.23	1,368.70	1,584.44	1,508.14	10.1%	26.3%	21.9%	

Member Monthly Premium Comparisons – UHC Standard										
	UHC Standard –CY 2012			UHC	UHC Standard – CY 2013			Percent Increase		
	HMO	HRA	HDHP	HMO	HRA	HDHP	HMO	HRA	HDHP	
Employee Only	\$ 129.18	\$ 80.58	\$ 70.14	\$ 149.38	\$ 104.92	\$ 93.54	15.6%	30.2%	33.4%	
Employee + Child	309.72	252.18	233.26	325.88	271.26	253.32	5.2%	7.6%	8.6%	
Employee + Spouse	304.90	246.24	227.54	347.34	286.66	267.34	13.9%	16.4%	17.5%	
Family	333.96	267.54	247.14	430.96	364.54	344.4	29.0%	36.3%	39.2%	
Retiree Unsubsidized	1,310.32	1,322.46	1,303.99	1,311.34	1,489.22	1,405.66	0.1%	12.6%	7.8%	

Member Monthly Premium Comparisons – CIGNA Wellness									
	CIGNA Wellness –CY 2012			CIGNA Wellness – CY 2013			Percent Increase		
	HMO	HRA	HDHP	HMO	HRA	HDHP	HMO	HRA	HDHP
Employee Only	\$ 122.56	\$ 76.46	\$ 66.54	\$ 132.38	\$ 87.92	\$ 76.54	8.0%	15.0%	15.0%
Employee + Child	293.88	239.26	221.32	293.88	239.26	221.32	0.0%	0.0%	0.0%
Employee + Spouse	289.30	233.64	215.90	315.34	254.66	235.34	9.0%	9.0%	9.0%
Family	316.86	253.86	234.48	406.86	343.86	324.48	28.4%	35.5%	38.4%
Retiree Unsubsidized	1,243.24	1,254.76	1,237.23	1,136.74	1,315.92	1,252.58	-8.6%	4.9%	1.2%

Member Monthly Premium Comparisons – CIGNA Standard										
	CIGNA Standard-CY 2012			CIGNA	CIGNA Standard – CY 2013			Percent Increase		
	HMO	HRA	HDHP	HMO	HRA	HDHP	HMO	HRA	HDHP	
Employee Only	\$ 129.18	\$ 80.59	\$ 70.14	\$ 142.38	\$ 97.92	\$ 86.54	10.2%	21.5%	23.4%	
Employee + Child	309.72	252.18	233.26	318.88	264.26	246.32	3.0%	4.8%	5.6%	
Employee + Spouse	304.90	246.24	227.54	340.35	279.66	260.34	11.6%	13.6%	14.4%	
Family	333.96	267.54	247.14	423.96	357.54	337.14	26.9%	33.6%	36.4%	
Retiree Unsubsidized	1,310.32	1,322.46	1,303.99	1,089.12	1,236.84	1,167.44	-16.9%	-6.5%	-10.5%	

Member Premium Comparisons – Medicare Advantage									
	Medicare Adv	Percent Increase							
	Standard Premium		Standard	Premium	Standard	Premium			
Retiree Only	\$ 23.61	\$ 83.61	\$ 25.38	\$ 85.14	7.5%	7.5%			
Retire + Spouse	47.22	167.22	50.76	170.28	7.5%	7.5%			
Note: UHC and Humana offer Medicare Advantage Standard; however, Only UHC offers the Premium Option									

The premium increases will impact members differently. The 22% of members who are enrolled in a "Family" tier will be heavily impacted with an increase of either \$90 or \$97 per month (\$1,000+ annually) during 2013. However, at the other end of the spectrum, 8% of members who are enrolled in "employee + child (ren)" will have little increase—if any—in their premiums. These premium increases will be burdensome at a time when employees and teachers have not received compensation increases and have suffered furloughs for several years.

Plan's Benefit Changes

In addition to premium increases, additional costs are being shifted to members through increased deductibles and out-of-pocket maximums in 2013. There are a few other option changes—primarily in the wellness options requirements. The deductibles and out-of-pocket maximums are established by option—regardless of the vendor (UHC or CIGNA). (Note: all amounts are reflected for in-network services.)

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2012-2013 Deductibles								
	W	ellness Option	ns	Standard Options				
	HMO	HRA	HDHP	HMO	HRA	HDHP		
Employee								
2012	1,000	1,300	1,500	1,000	1,300	1,750		
2013	1,300	1,600	1,800	1,300	1,600	2,000		
Employee + Child(ren)								
2012	1,500	2,250	3,000	1,500	2,250	3,500		
2013	1,950	2,800	3,600	1,950	2,800	4,000		
Employee + Spouse								
2012	1,500	2,250	3,000	1,500	2,250	3,500		
2013	1,950	2,800	3,600	1,950	2,800	4,000		
Family			_					
2012	2,000	3,250	3,000	2,000	3,250	3,500		
2013	2,600	4,000	3,600	2,600	4,000	4,000		

2012-2013 Out-of-Pocket Maximums								
	W	ellness Option	ıs	Standard Options				
	HMO*	HRA	HDHP	HMO*	HRA	HDHP		
Employee								
2012	3,000	3,000	2,400	3,000	3,000	2,650		
2013	4,000	4,000	4,000	4,500	4,500	4,500		
Employee + Child(ren)								
2012	4,500	5,000	4,100	4,500	5,000	4,600		
2013	6,500	6,500	8,000	7,000	7,000	9,000		
Employee + Spouse								
2012	4,500	5,000	4,100	4,500	5,000	4,600		
2013	6,500	6,500	8,000	7,000	7,000	9,000		
Family								
2012	6,000	7,000	4,100	6,000	7,000	4,600		
2013	9,000	9,000	8,000	9,500	9,500	9,000		

*Note: HMO Out-of-Pocket Maximums are in addition to ALL copays. HRA & HDHP OOP is in addition to prescription drug copays.

Other Plan Changes

• HRA credit dollars for the Standard options (UHC and CIGNA) are reduced by \$225 (from \$375 to \$150) for "employee only" coverage, reduced by \$350 (from \$650 to \$300) for "employee + children" and for "employee + spouse", and

reduced by \$500 (from \$1,000 to \$500) for "family" coverage.

• Members of the Standard HMO options will have an increase in office copays from \$45 to \$55 for primary and from \$55 to \$65 for specialty providers.

- All options will participate in the Governor's Childhood Obesity Initiative by covering up to 4 primary care doctor visits with diagnosis of obesity and up to 4 registered dietician visits as determined by the individual's physician.
- Wellness HRA options will move from a promise-based to a rewards-based system in future years by providing HRA incentives of \$240/\$480 in CY 2014; however, the wellness members must (a) take the health assessment, (b) complete biometric screening unless the screening was completed in 2012, and (c) complete online health coaching.
- STANDARD MEDICARE ADVANTAGE PPO benefits will not change and will continue to be offered by both UHC and Humana.
- PREMIUM MEDICARE ADVANTAGE PPO
 will not be offered by Humana after December
 31, 2012. Although UHC will continue to offer
 the Premium option, the coinsurance will be
 changed from 15% to 20% for inpatient hospital
 services.

Active and retired members under age 65 enrolled in the Standard options are eligible in the upcoming "change period" to change to one of the "wellness" options by (a) taking the health assessment, (b) completing biometric screening, and (c) completing online health coaching. Members who are already enrolled in a "wellness" option must (a) take the health assessment and (b) complete online health coaching. There is no requirement for another biometric screening for "year 2" wellness enrolled members.

SHBP Financial Status

DCH projects that the premium increases, increased deductibles, increased out-of-pocket maximums, and decreased HRA credits, are required to maintain a positive "Cash Balance" during FY 2013 and FY 2014. DCH further reported that even with the increased members' costs, the SHBP revenue is still less than the FY 2014 projected expense by \$7.9 million. DCH reported that \$7.9 million will be requested in FY 2014 as an increase in employer contributions. The DCH reported FY 2013 and FY 2014 SHBP Revenue and Expense WITHOUT premium and plan changes is compared to the after ALL CHANGES FY 2013 and FY 2014 Revenue and Expense, including the \$7.9 million budget request. assumptions have been made by GSRA based on the breakdown of revenue between the member and the employer; therefore, these assumptive amounts may be incorrect in small percentages.

S	Table A		
Revenue	Before Changes	GSRA Assumed Plan Change Value	After All Changes
Employer Contribution	\$ 2,283,126,969		\$ 2,283,126,969
Member Revenue	743,420,650	\$ 54,662,361	798,083,011
Total Revenue	3,026,547,619	54,662,361	\$ 3,081,209,980
Cash from FY 2012	16,139,559		16,139,559
Total Assets	\$ 3,042,687,178	\$54,662,361	\$ 3,097,349,539
Liability			
Expense	3,115,772,879	(47,763,250)	3,068,009,629
Revenue Less Expense	\$ (73,085,701)	\$ 102,425,611	29,339,910
IBNR Liability	(199,205,000)		(199,205,000)
Surplus/(Deficit) w/IBNR Liability	\$ (272,290,701)	\$ 102,425,611	\$(169,865,090)

NOTE: The columns reflecting "Before Changes" and "After Changes" were reported by DCH. The Column reflecting "GSRA Assumed Plan Change Value" for the most part is simply subtraction.

SHI	Table B		
Revenue	FY 2014 Before Changes (Effective 1/1/13)	GSRA Assumed Plan Change Value-2014	FY 2014 After All Changes (FY 2013 & FY 2014)
Employer Contribution Member Revenue	\$2,190,334,758 706,256,466	130,354,000 ¹ 141,012,801	\$ 2,320,688,758 847,269,267
Total Revenue	2,896,591,224	271,366,801	3,167,958,025
Cash from FY 2013 Total Assets	(73,085,701) \$ 2,823,505,524	271,366,801	29,339,910 \$ 3,197,297,935
Liability Expense	3,314,893,672	(117,595,737)	3,197,297,935
Revenue Less Expense	(\$491,388,148)	\$(388,962,538)	\$ 0
IBNR Liability	(199,205,000)		\$(199,205,000)
Surplus/(Deficit) w/IBNR Liability Add Value of Plan Change FY 13	\$(690,593,148)	\$(388,962,538) \$ 102,425,611	\$(199,205,000)

GSRA asked DCH for the actual (unaudited) employer dollars paid to the SHBP in FY 2012, which is \$2,274,984,517 and the projections of employer dollars for FY 2014, which is \$2,190,334,758—a reduction of 3.7% over the 2-year period. The decrease in employer contributions can be assumed to be a result of fewer "active" members (a reduction in the active workforce); thereby, decreasing the total compensation on which the employer payments are based or reducing the number of active members on which the employer contributions are paid into the SHBP.

Although the total decrease in active members since July 2009 is at 26,000 (7%)—state departments have shed over 8,000 (12.5%) and local school systems have shed almost 18,000 (9.4%). During this same period (since 2009), the retired members have increased by 12,600 (from 91,500 to 104,100).

The dollars reveal that the member increases (premiums and cost-shifting) are substantially greater than increases in the employer monies. The only planned increase² in employer monies in FY 2013 & FY 2014 is to increase the monthly payment per active "non-certificate" member and a budget request to the Governor of \$7.9 million in FY 2014.

Regardless of the reasons that the employer increases have not kept pace with the increased member cost, a substantial percentage of members will suffer large cost increases during CY 2013 and FY 2014. The premium increases alone will cost the members \$195,675,162 (\$54,662,361 + \$141,012,801) over the 18 months beginning January 1, 2013. When the costs associated with plan changes (increased deductibles, etc.) are picked-up primarily by the members, most of the \$165,358,987 expense reduction (\$47,763,250 + \$117,595,737) will also be borne by the members. Although the numbers supplied by DCH show the employee premium contribution at around 26.5% of total expense for FY 2014, the total cost to the members is almost double the premium increases. Simply averaging the increased costs by the number of members with an average annual salary of \$31,000, the increased medical coverage cost is a substantial reduction in salary.

GSRA is requesting additional information from the SHBP regarding the cost and utilization of the MA options. Retirees over age 65 who are enrolled in a Medicare Advantage Plan have only a 7.5% premium increase and do not have plan changes except for the increased co-insurance for the MAP Premium. GSRA assumes that if there is no change in the benefits, the two vendors—UHC and Humana—have been overly successful in their endeavor to provide the MA plans under budget.

¹ GSRA calculated the employer contribution increase at \$122,454,000 by local school systems for non-certificate school employees and \$7,900,000 as stated for the FY 2014 budget request.

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² The employer contribution for "non-certificate" members has not been sufficient since FY 2009. The state reduced contributions on behalf of this group in FY 2010 and FY 2011and totally discontinued any contribution in FY 2012. The result has been that funds from other groups subsidized the non-certificate member group.

SHBP Announces Appeal Process for the HRA Wellness Option

SHBP reported that approximately 55% of the members in the various Wellness Options (HRA, HMO, and HDHP) completed in 2012 the laboratory test requirements for continuing in a "wellness" option during calendar 2013. Recognizing that 2012 was the first year in the new program, SHBP has established an appeal process for providing information that you did not have to complete the process WHEN YOU ARE INFORMED THAT YOU HAVE NOT COMPLETED THE REQUIREMENTS. The appeal process is explained and the form requirement for the appeal is available on the Department of Community Health website.

SHBP Open Enrollment for Calendar Year 2013

The Department of Community Health announces that the State Health Benefit Plan open enrollment is scheduled for **October 9, 2012 through November 9, 2012.** United Healthcare and CIGNA/Humana are planning retiree meetings for under age 65 and those enrolled in the Medicare Advantage plans. You have probably received an announcement of the dates and times of the meetings. If not, you can view the scheduled meetings at the DCH website.

Remember – Stable Value Investment Participants (401k or 457)

If you want to change your investment in your Stable Value Account, you should review the material from Peach State Reserves, decide your action, and implement your change on September 28, 2012. See the GSRA August newsletter for more detail.

Local Chapter News

Northeast Metro

The Northeast Metro Chapter held a social at the Golden Corral in Lawrenceville August 14th, with approximately 40 people in attendance. For members who brought someone who joined, both parties received recognition and a free GSRA coffee mug. Ernie Melton explained the new advocacy software system and gave statistics as to how it was used by the members during the recent legislative session. Membership and the need to increase membership were discussed. There was also discussion about the new wellness healthcare option, with several members expressing concern about the lack of privacy and a feeling of intrusiveness on the part of the insurance companies.



Northeast Metro members enjoy lunch and fellowship

West Georgia/Columbus Area

The West Georgia/Columbus Area Chapter of the Georgia State Retirees Association held their quarterly meeting August 14, 2012 at the Epworth United Methodist Church in Columbus featuring a sandwich and dessert lunch provided by members. Candidates for House Districts 135, Danny Arencibia (R) and Calvin Smyre (D), and 136, Carolyn Hugley (D) and Randy Kitchens (R), spoke and answered questions. Afterwards, a new slate of Chapter Officers was elected and installed. They are: Connie Smith - President, Dean Crist - First Vice President, Margaret Gosden - Second Vice President, Avanell Carr - Secretary, Elizabeth Eustice - Treasurer, Gail Warren - Membership Chair, and L.J. Warren - Public Relations. The group also discussed and made plans for the GSRA Annual Meeting in October, 2012 and GSRA Day at the Capitol in January, 2013.

The chapter's Second Annual Barbecue luncheon, catered by Country's Barbecue is planned for the November, 2012 meeting.

Employees Retirement System Trustees Meeting

On August 16, 2012, the Board of Trustees for the Employees Retirement System voted to eliminate the 3% Tax Offset adjustment in retirement benefits for employees who retire on and after July 1, 2013. GSRA was instrumental in delaying the implementation date from January to July to allow employees additional planning.



Member Spotlight

This month's Member Spotlight is Cecil Wilkerson. Cecil, a member of the Savannah local chapter, started work for Georgia Department of Labor in August, 1972 as an Employment Aide.

Over the course of his career with GDOL, he was promoted to Employment Interviewer, Employment Counselor, Unit Supervisor, Assistant Manager and ultimately Manager of the Savannah Career Center, where he retired May 1, 2004. An alumnus of Tompkins High School in Savannah, Cecil is a graduate of Columbia Bible College in Columbia South Carolina, and Armstrong Atlantic State University in Savannah. Cecil's family includes his wife, Sharon and his children, April and Bradley. We asked Cecil to answer some questions about his public service career and retirement.

- Q What was your first job in state government? Why did you want to work in public service/state government?
- $\mathbf{A} \mathbf{I}$ was an "Employment Aide" with the Ga. Dept. of Labor. It was a good job opportunity.
- Q Did you have a role model or mentor in your public service career? If so, who was it and how did they help?
- A -My first mentor was Mr. Leslie Gogdell, who taught me how to be a good public servant. My last mentor was Mr. Gene Rogers, who taught me how to be a good supervisor and administrator.
- Q What's the biggest challenge you faced in your public service career?

- A –The complexity of doing business in Savannah with headquarters in Atlanta.
- Q What was the best thing about your public service career?
- A Being able to make a positive difference in the lives of so many people.
- <u>Q What was the worst thing about your public service career?</u>
- A –The limits and restraints brought on by uncertain budgets and some questionable rules and regulations.
- Q What do you think is the biggest change in state government we will see in the next 10 years?
- A Limited resources will limit state government services.
- <u>Q</u> What have been your favorite hobbies or activities in retirement?
- A I have been more involved with the Savannah Salvation Army, helping to provide needed social services to the local community.
- Q What makes retirement rewarding for you?
- ${\bf A}$ The opportunity to be more involved in activities that interest me and my family.
- Q What is the biggest challenge you see for state retirees in 2012 and beyond?
- A Rising health care costs and income that does not keep up with those costs.
- <u>Q</u> <u>How do you think retirees could address that</u> challenge?
- A Try to remain healthy by practicing good preventive care and a lot of prayer.

DOAS 40th Anniversary Celebration!

DOAS is celebrating 40 years of service – and we want all of our colleagues, past and present, to join us for this special occasion! Come reconnect with your colleagues and special guests from our agency's past and present, as we celebrate accomplishments and look ahead to a bright future.

October 25, 2012, 2:30-4:30 p.m. at the Georgia Railroad Freight Depot in Downtown Atlanta Followed by an informal gathering at Front Page News in Little Five Points RSVP by October 8 to rsvp40thanniversary@doas.ga.gov

If you have questions or want to share photos or other memorabilia, please send an email to rsvp40thanniversary@doas.ga.gov.

