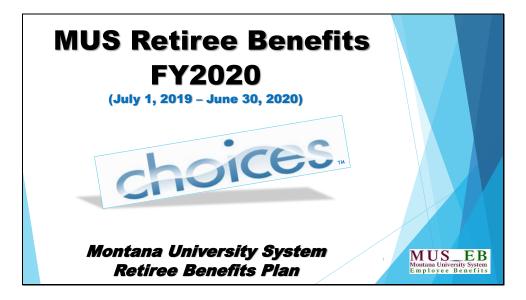
2019-2020 Benefits Spring Presentation – RETIREES

Slide 1 - Welcome



Good afternoon from the Office of the Commissioner of Higher Education. Thank you so much for joining us for our presentation of the Montana University system retiree benefits for fiscal year 2020. If you have questions during the presentation, please feel free to type them in. We do have staff available to answer the questions throughout the presentation, or we will also spend a little bit of time at the end answering your questions.



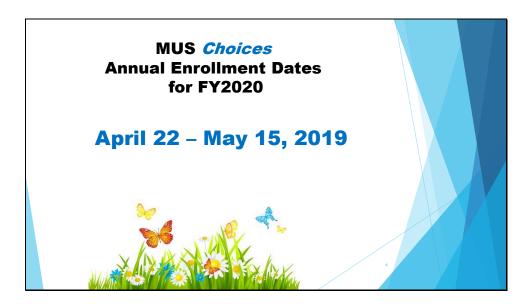
Today's agenda will include discussion of your important benefit information for the upcoming fiscal year, including medical, pharmacy, dental and vision benefits. The premiums are plan rates for your medical, dental, and vision, and then of course a few important enrollment reminders.

MUS is a Self-Funded Plan – What does this mean?

- All MUS benefit plans (medical, prescription drug, dental, and vision hardware) are self-insured (self-funded).
- Premium contributions go directly into a fund, which is used to pay the cost of benefits for Plan participants who experience illness or injury.



We always start off with a small discussion about what it means to be a self-funded plan. As you are all probably aware, the Montana University system is a self-funded health plan that includes medical, prescription drug, dental and vision hardware, and self-funding simply means that we all contribute our premiums into a fund which is used to pay the cost of benefits for plan participants who experience illness or injury. So anyone who has a claim, all of our premium contributions are pooled in order to pay those claims.



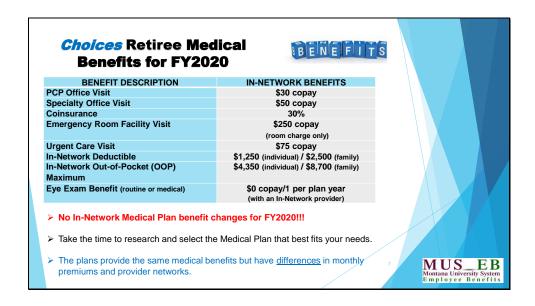
The annual enrollment dates for fiscal year 2020 began on April 22nd, and will end on May 15th of 2019.

Dependent children, up to age 26, may be enrolled in medical, dental, and/or vision hardware benefits during annual enrollment. (MUS has a closed enrollment for spouses) Proof of eligibility will be required for all new dependent children being added to the MUS Plan for a July 1, 2019 effective date. Mid-year enrollment or disenrollment may only occur with a "Qualifying Event" or during a "Special Enrollment Period".

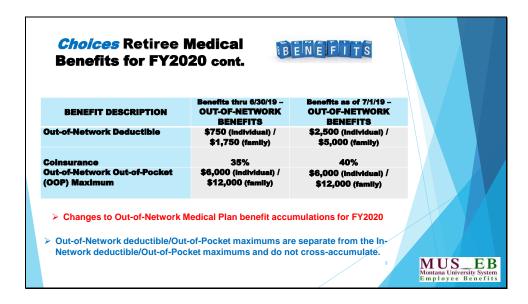
A few reminders about eligibility. During this annual enrollment period, you may add dependent children up to the age of 26 in medical, dental, or vision hardware benefits. Remember we do have closed enrollment for a spouse. Proof of eligibility will be required for all new dependent children who are added to the Montana University system plan with, the July 1, 2019 effective date. And then just a reminder that any mid-year enrollment or dis-enrollment may only occur with a qualifying event or during a special enrollment period.



For fiscal year 2020 the Montana University system continues to partner with three third party administrators for processing of claims. They include Allegiance, Blue Cross Blue Shield, and Pacific Source.



The medical benefits for the upcoming fiscal year, there are no plan changes for the in-network benefit. However, we do have a change to the out-of-network benefit, and that is only because last year when the plan design change was made, it was not made to the out-of-network benefit. It's just being lined up so that we are in alignment with the in- and out-of-network benefits. Please be sure that you take the time to do your research, and make a selection of medical plan that best fits the needs of yourself and your family. All three of the third party administrators are administering the same medical benefits, but there are differences in the monthly premiums and in the provider networks. One other quick reminder is that your eye exam benefit, regardless of whether it has a routine or a medical diagnosis, is processed on the medical benefit. There is a \$0 copay for the first one each plan year with an in-network provider.



This is just a breakdown of what the out-of-network benefits will look like as of July 1 of 2019. You will see the changes in the out-of-network deductible for both the individual and the family, and the coinsurance changes from 35% to 40%. The out of pocket maximums will remain the same. And then a final reminder here is that the out-of-network deductible and out of pocket maximums are separate from the in network deductible, and out of pocket maximum. They do not cross accumulate so they are completely separate, and then of course if you do utilize services from an out of network provider you may be balance billed the difference between the allowance and the charge in addition to the separate and the higher out-of-network deductible and coinsurance amount.

Prescription Drug Plan for FY2020





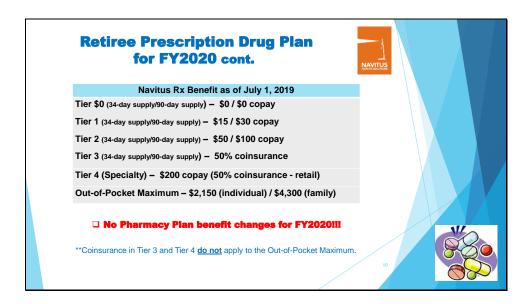
- Navitus Health Solutions will continue as the Pharmacy Benefit Manager for the MUS Plan.
- Lumicera Health Services will continue as the Specialty Pharmacy for the MUS Plan.
- CVS/Target and Western Drug pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.
 - ***This is not applicable to MedicareRx members.
- Prescriptions can be filled at a participating retail pharmacy for either a 34-day or 90-day supply.
- Mail Order prescriptions for a 90-day supply can be filled at Ridgeway, Costco, or miRx (only delivers to Montana, Idaho, Washington, Wyoming, S. Dakota, and N. Dakota).







The prescription drug plan for the new fiscal year is not changing. Navitus Health Solutions will continue as our pharmacy benefit manager, and Lumicera Health Services will continue as our specialty plan. There is a reminder that CVS, Target, and Western drug pharmacies are not participating in the pharmacy network and that is for those on the commercial plan only, which means pre-Medicare retirees. This is not applicable to Medicare retirees as Medicare does have an open network. You may fill your prescriptions at a participating retail pharmacy for either a 34 or a 90 day supply, and you can also fill your 90 day supplies via a mail order pharmacy, either Ridgeway, Costco or miRX, and of course miRX only delivers in Montana, Idaho, Washington, Wyoming, South Dakota, and North Dakota. If you're outside that limited delivery area and you'd like to utilize mail order, then you would want to contact Ridgeway or Costco.

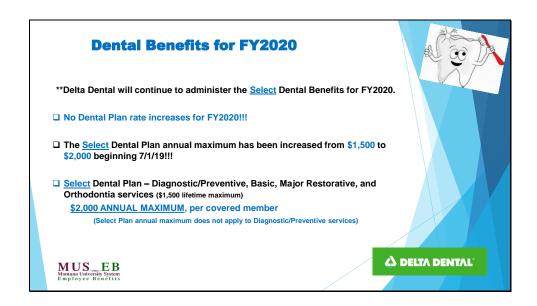


The prescription drug plan for fiscal year 2020 is not changing, but we wanted to show you a reminder of what the copays are for each benefit level, and I wanted to bring a specific note to tier three and tier four, and that is where you have the 50% coinsurance. Just a reminder that the 50% coinsurance does not apply to the out of pocket maximum. In particular where people sometimes have questions is with the specialty medication, a specialty medication purchase through Lumicera will have the \$200 copay, but at a retail pharmacy it will have a 50% coinsurance that will not apply to your out of pocket maximum.

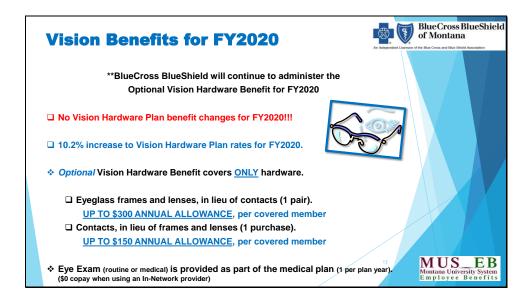
Retiree Prescription Drug Plan for FY2020 cont. Medicare Retirees will continue to be enrolled in the Navitus MedicareRx Part D prescription drug plan. Medicare Retirees must be enrolled in Medicare Parts A & B and CANNOT be enrolled in another Medicare Part D plan. If you are not enrolled in Medicare Parts A & B, you will be disenrolled from the MUS Plan. MUS Medicare primary Retiree Plan members CANNOT be covered on another MUS Medicare primary Retiree Plan as a spouse (dual enrollment). Navitus MedicareRx eligible members are enrolled as an individual, not as a family. Split family- Medicare eligible members are enrolled in the MedicareRx Plan and non-Medicare eligible members are enrolled in the Commercial Plan. Accumulations for MedicareRx members are on a calendar year basis (January 1-December 31). The Navitus opt-out period will be October 12-October 29, 2019. If you opt-out of Navitus, you will be disenrolled from the MUS Medical Plan.

Medicare retirees will continue to be enrolled in the Navitus Medicare RX Part D prescription drug plan. Remember that Medicare retirees must be enrolled in Medicare parts A and B, and cannot be enrolled in another Medicare part D plan. If you are not enrolled in Medicare parts A and B, you will be disenrolled from the Montana University system plan, so remember if you don't have Medicare parts A and B and you should be Medicare primary, then you would be dis-enrolled from medical and pharmacy. It's really important that if you age into Medicare that you contact your campus human resource office, and provide the Medicare information so that you can be correctly enrolled in the part D Navitus Medicare RX program, as well as the Montana University Systems EGWP, or employer group waiver plan. You'll recall that that is the safety net that the university system has put in place, that helps you out after Medicare has processed. Then our regular plan processes your claims. Remember that Montana University system Medicare primary retiree plan members cannot be covered on another Medicare primary retiree plan as a spouse through the university system. No dual enrollment is allowed. And Navitus Medicare RX eligible members are enrolled as an individual, not as a family, so remember that's how we came up with the split family situation where you might have one member of your family who's Medicare primary and one who is not. The Medicare primary family member would be enrolled in the Medicare RX plan, and the non-Medicare eligible members are enrolled in the commercial plan or the regular Medicare, or the regular Montana University system plan. And then of course, accumulations for Medicare RX are on a calendar year, so they run from January 1st through December 31st, and this is

that awkward little point of confusion because the medical benefits continue to accumulate on a fiscal year, but accumulators for the Medicare RX are on a calendar year. Every year we do have to provide an opt out period, and that's our requirements of Medicare, and since we do offer the Medicare RX plan, the Navitus opt out period will be October 12th through October 29th, and you will receive notification of this opt out period a little bit closer to that time. If you opt out of Navitus, remember you are disenrolled from the Montana University system medical plan, so if you choose to opt out during that special enrollment period, and go to another option, perhaps a Medicare supplement or Medicare advantage plan, you do want to be sure that you notify your human resources office of that decision.



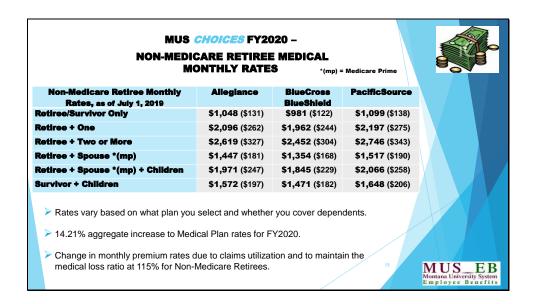
The dental benefits for fiscal year 2020. The select plan does not have any increase in your premium, so you will pay the same premium that you're paying today. If you have dental, that will continue for fiscal year 2020. However, there is an increase in the annual maximum from \$1,500 to \$2,000 beginning July 1st of 2019, and you'll recall that the select dental plan covers diagnostic and preventative, basic, major restorative, and then there's also a separate benefit for orthodontia services which has a \$1,500 lifetime maximum, and your diagnostic and preventative services do not apply to your \$2,000 annual maximum. That means if you have \$2,000, maybe you have some major restorative services, and the plan has paid out \$2,000 you still can get your diagnostic and preventive services too. Don't skip your cleanings just because you've had perhaps some major dental work during the plan year.



The vision benefits for the upcoming fiscal year will continue to be administered by Blue Cross Blue Shield. There are no changes to the benefit plan design for vision hardware for fiscal year 2020. There is a 10.2% premium increase to the vision hardware plan rates, and that is based solely on the claims experience that we have had with our vision hardware plan. Keep in mind that the optional vision hardware benefit only covers hardware, so that's your eyeglasses, frames, lenses. In lieu of contacts there's a \$300 annual allowance per member, or you can select contacts in lieu of frames and lenses for \$150 annual allowance per covered member. And then again, as we've already discussed, your eye exam is covered under the medical plan, not under the vision hardware benefit.

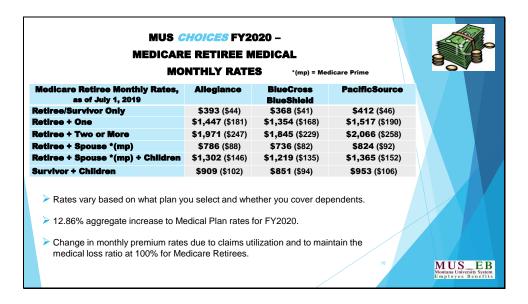


We will continue to offer the Take Control lifestyle management program for non-Medicare retirees. You'll recall that Take Control is a comprehensive confidential education and support program. It utilizes telephonic delivery to allow plan members to participate from wherever you might be. It's a 12 month program that includes one-on-one monthly phone sessions with licensed dieticians, exercise and sport science trainers, and certified diabetes educators, and the program offers support for those with high blood pressure, high cholesterol, weight loss, diabetes and prediabetes, tobacco cessation, and we do have a maternity program that you can access via Well Baby, but of course this is not highly utilized for retirees, but we do want you to know that it is available. Enrollment in Take Control is like any of the university's system benefit programs. It is confidential, and because it is a wellness program, it is also voluntary.

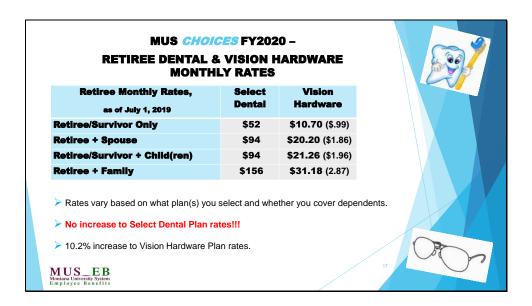


Onto what is probably the topic of the day, which is the new premium rates for retirees for fiscal year 2020. I know that it's not easy to see your rates increase, and I will tell you it's not easy for the inner unit benefits, benefits committee, the commissioner, or any of us here on the benefits staff to have to give you a news that the premiums are increasing. I will tell you there was a long, thoughtful, considerate discussion about what we should do with these premiums this year, and the bottom line was that in order to keep the loss ratios where they have been set, and for those of you who have been to our presentations in the past, you may recall that for non-Medicare retirees, that loss ratio is set at 115%, and what that means is that for every dollar we collect in premiums, we expect to spend a \$1.15 on claims. The active employees, actually we collect a little bit more in premium than we pay out in claims, and that's where we get that extra 15% that we're able to pay out on the non-Medicare retiree claims. Unfortunately the claims utilization continued to trend upwards this year, and so you will see that there is an increase to the premiums that will begin on July 1 of 2019. In aggregate, it's a 14.21% increase, and on the slides we are showing you not only what the new rates are, but what the increase is in dollars, because I know when you're trying to do a household budget, those hard dollars really are what you have to be able to account for. You will see that they range anywhere from \$122 up to a little bit over \$300 depending on who you're covering, and which third party administrator you've selected. I don't like to be the deliverer of this news, but the alternative, if we took another route, and tried to increase the subsidy, so that we were paying out, say if we had increased it to 125%, and paid out a \$1.25 for

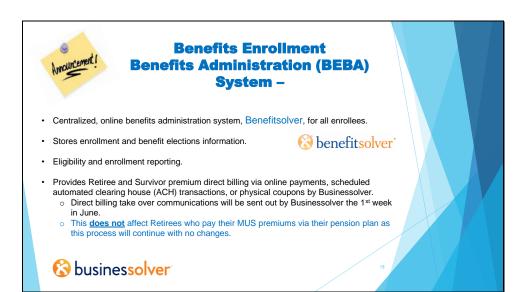
every dollar we took in, then the reason that we didn't make that kind of a decision is because the inner unit benefits committee looked a little bit further down the line, and what would happen next year or two years down the road, and what we really didn't want to have happen was end up next year needing a 30 or 40% premium increase, because we didn't do what was necessary this year. That is why you're seeing the premium increases as they show.



For Medicare retirees, the premium increases in aggregate are 12.86%, and we did leave the loss ratio for Medicare retirees at 100%. That means that for every dollar we collect in premium, we expect to pay out a dollar in claims. We do get a number of questions throughout the year about why Medicare retirees would have the claims experience that we have on our plan. I really would tell you that probably the biggest contributor to that is the pharmacy benefit, and it's because we do offer not only that Medicare RX plan, the part D, but the EGWP, the employer group waiver plan, that provides a safety net. The worst case scenario for a Medicare retiree on the prescription drug program is the same prescription benefit that active employees and pre-Medicare retirees have. It truly is a safety net that's built in, and where that really becomes important to plan members is if you have perhaps a specialty medication that's quite expensive, because you may be aware that Medicare actually has a point where they're talking about catastrophic coverage, and the plan member then pays a percentage of the cost of the drug for the rest of the plan year, and those costs can be pretty enormous if you have very high costs drugs. That is probably the biggest contributor to the trend on the Medicare retiree side.



For fiscal year 2020, retiree dental and vision hardware rates, you will see those rates increasing 10.2%, and that is across the board. That's active employees. Everybody is seeing those vision hardware rates increase 10.2%. The good news here is though the percentage sounds quite large, the dollar amounts are small. They range from \$0.99 to \$2.87, depending on who you're covering on the plan. That again is based solely on the claims experience that the plan has had over the last year.



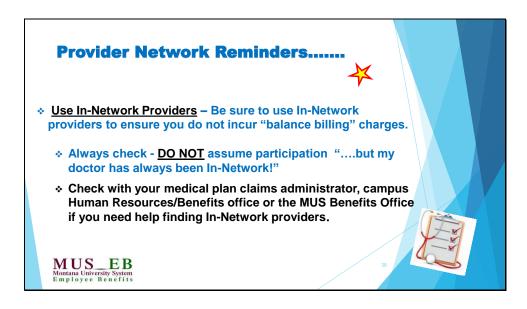
We do have a new benefits enrollment benefits administration system. You may have heard a little bit about this, and we were hoping to be able to open this up electronically for our retirees this year, but unfortunately we were not able to open it up for annual enrollment, but we do anticipate as we move forward that that would be an option for retirees in the next fiscal year for annual enrollment. You would have both the paper form or the option to get into the and do your elections. This system is really exciting for us. It has been a great deal of work by campus staff across the state as well as staff here at the Commissioner's office, but this is a centralized online benefits administration system that will store enrollment and benefit election information. It allows for eligibility and enrollment reporting and it also is going to give a bonus that we have had a number of retirees ask us for, and that is the ability for retirees and survivors who pay via direct billing to pay online with an ACH transaction. As you know, if you've asked for this, we have not been able to offer it just through the university system, so this will be an option that Benefit Solver can provide, and Benefit Solver will be taking over the direct billing as of July 1. So your campuses, we'll collect direct bill payments through June and then as of July 1, Benefit Solver will take over. This change does not affect retirees who paid their premiums via their pension plan. This will continue to process the way it does today with no changes, so that means your campus HR staff go into the retirement plan systems and make any updates, and then it continues to come from your retirement check. I apologize. I think that our communication that we sent out earlier in the month

maybe was not as clear as it should have been, because we did have some people ask questions about whether or not they would continue to pay via their retirement check.

CHOICES Retiree Enrollment Reminders......

- ➤ MUS Retiree annual enrollments dates are April 22 May 15, 2019.
- All enrollment forms with any changes <u>must</u> be submitted by <u>May 15, 2019</u> to your campus Human Resources/Benefits office.
- If you do not submit any changes, then you will be automatically re-enrolled in the prior plan year benefit elections.
- Closed enrollment for spouses for FY2020 (qualifying event required). Children up to age 26 may be added at annual enrollment for a July 1, 2019 effective date.
- Retiree communications letter was mailed on April 1st.
- Choices Retiree benefit books and enrollment forms were mailed the week of April 8th and were posted online on the Choices website on April 15th.
- Recorded live WebEx benefits presentation and benefits slide presentation will be available online on the *Choices* website at www.choices.mus.edu after April 25th.

Just a few final enrollment reminders for retirees. Again, our annual enrollment dates for the system: April 22nd to May 15th. Any changes must be to your human resources office by May 15th in order for you to have the changes for July 1. If you do not submit any changes, you will automatically be reenrolled in the same things that you have today. So your benefit elections will not change. If you want no changes, you do not have to do anything. Again, a reminder, we have closed enrollment for a spouse for fiscal year 2020, so a spouse may not be added to the plan without a qualifying event, but you may add children up to age 26. All of our retiree communications letters were mailed out on April 1st, and the benefit books and enrollment forms were mailed the week of April 8, so if for some reason you did not receive your enrollment book or form, or the letter, you may want to contact us so that we can get those resent to you. We have received a great deal of return mail, so we may actually have them back here, but we do want to make sure that you have the information you need. The retiree information has also been posted on the choices website. That was done on April 15th, so you can access the forms and the enrollment workbooks on our website as well. Today's recorded live benefits presentation and the slides will be available on our website after April 25th, so you'll be able to get that at www.choices.mus.edu, so we will be putting all of today's information up there in case you need to take a second look, or you may have a family member who wants to just look at the information as well.



Then some final provider network reminders. Whenever you can, you want to use in-network providers. The big thing with out-of-network providers is that they can balance bill you any difference between the charge and the allowable amount, and you have higher deductibles and higher coinsurance and out of pocket amounts that do not contribute to the in-network. Whenever you can, you want to use in-network providers. And don't make assumptions about providers participation. Provider networks can change, and we've had people say, "Well, my doctor's always been in-network. I didn't even think to look because they've always been in," so those do change. Just take a look, make sure that the doctors that you use regularly do show up as in-network providers. If you have questions, I would direct you first year medical plan claims administrator, so that would be Allegiance, Blue Cross Blue Shield, or Pacific Source. Your campus Human Resources Office can help you. Or we can help you here at the Montana University system benefits office.



Then just a little bit of information in case you need to contact Allegiance, Blue Cross Blue Shield, Pacific Source, or Delta Dental. We have contact information listed for you here, websites as well as phone numbers, and that final reminder to stay in-network with your health plan.



With that, we'd like to open it up for any questions that you may have...