College Benefits Council Meeting Minutes  
May 04, 2016, 2:00 – 4:00pm  
Parkhurst, Room 303

**Members Present:** Erzo Luttmer (Chair), Patti Bacon, Stephen Brooks, Tricia Cornelius, Daniel Cullen, Melissa Durkee, Harold Frost, Carole Meyers, Russell Muirhead, Leigh Remy, Richard Rogalski,

**Members Absent:** Maura Clarke, Carrie Colla, Faith Goodness, Dylan Griffin, Allan Gulledge, Rich Howarth, Barbara Sagraves, Kate Soule, Gwen Williams

**Also Present:** Scot Bemis, Brian Hall (SBA) Chris Kardos (SBA), Rick Mills, Melissa Miner, Michelle Scichilone, Tricia Spellman, Mike Wagner

**Minutes:** Kate Blake

**Call to order:** 2:03 pm

**Meeting Minutes:** There was a motion to approve the March 31, 2016 minutes after one minor edit. The motion was approved.

1) **Medical Plan Design Considerations**

   a. Melissa Miner discussed the goal for considering plan design alternatives and reviewed the previously considered alternatives.

   b. Chris Kardos and Brian Hall from SBA went over the actuarial value for each of the current plans with OAP1 at $0.91 per dollar spent, OAP2 at $0.86 and the HDHP coming in at $0.82. If no plan changes are made for 2017, there would be a projected rate increase in premiums averaging 3.9% across the board.

   c. Chris and Brian then reviewed the three new proposed plan designs which would bring the actuarial values in at $0.90 for the new option 1, $0.86 for the new option 2 and $0.82 for the new option 3. This would be in line with where we are today, but with a projected decrease in premiums averaging -0.8% across the board.

   d. Chris explained that the intent of the new plan designs was to create more differentiation, more meaningful choice without too many differences, and to minimize complexity.

   e. Discussion took place about the three new plan options, and extensive Q&A the group voted unanimously to approve the three new plans designs options for 2017

2) **Retiree Medical**

   a. Tricia Spellman provided an update on the Retiree Medical Subgroup.

   b. Dartmouth has a ~$400M liability for the FY16 retiree medical program. Dartmouth has been tasked with reducing the liability of the plan by $160M to $170M.

   c. Tricia clarified eligibility and plan design of both Medicare and the Dartmouth Supplemental plans. She also showed that our Ivy peers are similar with the exception of the out-of-pocket maximum, showing that the Dartmouth Plan is more generous.

   d. The subgroup recommended further evaluating the liability reduction of four different options. The options ranged in a reduction in liability from $63M to $176M.

   e. Mike Wagner gave an update on why a $400M liability impacts the income statement and the ability to borrow money for other initiatives, such as academic residential life.
f. The group discussed the four options, but was not ready to vote feeling that the topic would require more discussion.

3) Communications
   a. The Benefits team and the communications Subgroup have looked at both transparency tools and decision support tools that would provide employees with resources around making more informed health care plan decisions.
   b. The communications sub-group viewed a demo of a decision support tool in April and supported the recommendation to move forward with requesting a proposal for services.
   c. The remainder of the CBC was also given the opportunity to review the support tool and after some discussion around some possible software adjustments, Erzo submitted a recommendation to adopt the support tool as long as the overall “tone” of the narrator could be addressed. The group voted and unanimously voted to proceed with the tool.

4) Other Business Updates
   a. Wellness Program Updates - 1,028 members have enrolled in the new Pulse at Dartmouth Program and the launch events are going great. The subgroup will reconvene to discuss the Wellness Benefit for 2017 and beyond.
   b. Disability Program Updates – Disability went out with a request for proposal and ten vendors responded. SBA is currently going through proposals and going back to vendors for updated financials. There will be meetings with the bidders later this month.
   c. Pharmacy – The benefits team completed the annual Utilization meeting with CVS to review 2015 data, with a follow up strategic meeting planned. The pharmacy subgroup has another meeting scheduled for early June.
   d. Dartmouth Health Connect – The subgroup met with the team at IORA health to review outcomes data; they are still in discussions and no decisions have been made. Will discuss more in June.

5) Next Steps
   a. The Retiree sub-group will meet in mid-May to review and revise the proposed alternatives.
   b. The Pharmacy subgroup will meet in the coming weeks.
   c. The decision support tool proposal is forthcoming and will be reviewed by the benefits team.
   d. CBC Meeting proposals for late May/early June
      i. Finalize retiree medical program changes and any remaining active medical changes.
      ii. Discuss communication strategies
      iii. Update on disability evaluation
      iv. Updated, as needed, regarding Pharmacy management opportunities
   e. Final recommendations to leadership by mid-June

Meeting Adjourned at 3:56 pm