

College Benefits Council Meeting Minutes

January 28, 2015, 3:00 pm - 5:00 pm

Human Resources Training Room

Members present: Rich Howarth (Chair), Patti Bacon, Tricia Cornelius, Harold Frost, Ethan Lewis, Carrie Colla, Katrina Davis, Richard Sansing, Maura Clarke, Melissa Durkee, Dylan Griffin, Leigh Remy, Barbara Seagraves, Ginny Hazen and Bob Hawley

Members absent: Allan Gulledge, Kate Soule, Gwen Williams and Peggy Kennedy

Also present: Rick Mills, Mike Wagner, Lynn Baker, Melissa Miner and Cheryl Josler

Minutes: Krystal Knowlton

1. Introduction of Newly Appointed Council Members

All council members introduced themselves. There was a quick overview of the mission of the council for new members.

2. Review and Approval of Meeting Minutes from November, 2014

There was a motion to approve the November, 2014 minutes. The motion was approved.

3. Working Groups Updates

Pharmacy Benefit Management (PBM) RFP

- Dartmouth College is in the final year of a three year contract with CVS Caremark as PBM. Since much has changed in the pharmacy landscape over the three year period, Dartmouth will go through the RFP process with up to five bidders. The advantage of having a relationship with a PBM includes the level of expertise and pricing options they can provide.
- AON Hewitt is working on Dartmouth's behalf to find the best PBM. They will also complete disruption analysis for each bidder to show the impact this move would have on our population.
- A coalition is a new concept in which the purchasing power of multiple employers come together and can create better pricing, while allowing Dartmouth to keep control of the plan design.
- Implementing a new PBM can take a full year, so this working group will need to follow the timeline closely.

2016 Health Plan Design

- There was a brief review of the 2015 plan changes and overview of the movement between plans from 2014 to 2015, with a specific focus on the High Deductible Health Plan (HDHP).
 - Migration to the HDHP was projected at 15% but actual enrollment for 2015 is 9%. This migration represents a 3% increase over the total enrolled in the HDHP in 2014 (6%) but still falls short of the 15% projection for 2015.
 - There should be a focus on the HDHP design and how to best structure this plan in 2016 and beyond
- The group will need to look ahead multiple years and strategize plan design based on many factors, including: ACA requirements for employees working 30 hours or greater, the New Hampshire Healthcare Exchange, other ways to replace lost health care benefit value (total compensation), the right number of plans to offer, wellness initiatives, working with peers to discuss if their strategies have been effective, overall spend and the Cadillac tax.
 - AON Hewitt has predicted that Dartmouth will pay 5 million dollars in Cadillac tax by 2025 based on claims analysis in 2014. There is no value in paying this tax – the group will need to focus on how to mitigate chances of paying the tax

Disability Programs

- Experience has changed but this plan has not been reviewed in many years.
- Since LTD is designed as a total disability plan, it does not allow employees to return to work part time if they are capable. Specifically related to cancer diagnosis and treatment, employees are often able to work but need to stay out due to the current plan design. The group will look into a 12 month partial part term benefit.
- There are additional gaps in the plan which can be challenging to administer. The plan has a retirement age of 65, but social security has increased the retirement age to 67.
- Employees that are on LTD for 24 months are Medicare eligible, but do not currently have access to their retirement accounts because of the 'retiree' criteria laid out by the plan.
- Many opportunities to design the plan to better meet the needs of Dartmouth employees.

Life Insurance Program

- The plan design is currently complicated and involves IRS codes and imputed income.
 - Different benefit options are offered to different employee groups, which was industry standard years ago, but has since become obsolete
- There is an opportunity to increase the basic life insurance benefit while decreasing the tax implications and administrative burden, all for the same cost to Dartmouth.
 - MetLife will educate the working group on industry standard today and how the benefit can provide better coverage for the employee while costing the same amount

4. Wellness Update

- Dartmouth Health Connect currently has 1550 patients with a capacity of 1600.
 - Working with Iora Health and an advisory group comprised of TDI Faculty to study how well this primary care design is performing compared to traditional primary care models. Patient satisfaction is way above the national average based on a consistently used metric across many industries called a Net Promoter Score or NPS.
- Wellness benefit modified for 2015 – the log card was removed and is no longer required to collect reimbursement. An attestation form replaced the log card.
 - 60% of reimbursements received in 2013 and 2014 were for gym memberships
- Fit Friendly recognition from American Heart Association was awarded to Dartmouth for 2014.
- The field health coaching program will end as of 7/31/15. These coaches would rotate across campus and meet with employees. Low engagement has led to the program ceasing. The coaches are currently working with employees they were seeing on transition plans.
- UPLIFT IT launching on 2/2/15, this will be a 5 week program with a focus on being active and feeling refreshed.
- MOVE IT 2 is planned for the spring.
- The wellness team is evaluating the necessity for a 2015 wellness vendor, currently using Cigna's services but need to ensure the best relationships are established as part of ongoing strategy.
- Behavioral health and issues surrounding the availability of care in the Upper Valley continues to be of concern. Analysis is underway to determine what improvements could be made to the mental health exception benefit and what kind of an impact changes could have on the community. The wellness team will work through June to make a recommendation about possible program improvements.

5. Plans for Spring Healthcare Forums

Continuation of the conversations with Rick from the fall to help employees and their families better understand and utilize available benefits.

- A key goal of the healthcare forums is to maintain an open dialog about Dartmouth College benefits with faculty, staff, administrators, third-party carriers and other key stakeholders.
- Themes for 2015 include: Getting the Most from Your Medical Benefits, Tools and Resources, and Getting and Staying Healthy.
- Leadership is drafting a communication to the Dartmouth community to introduce the upcoming sessions.

6. Retirement Plan Governance Committee Update

- This committee is similar to the CBC and will have a focus on the administration of the qualified retirement plans and investments available. Created to make sure Dartmouth is meeting fiduciary responsibilities in administrating these plans.
- Working through a one year RFP review for a financial advisor for the retirement plans.
- Goal of the committee is not to change the benefit itself, but how the benefit is offered.
 - Example: it is recommended that 12 – 15 different allocation approaches should be offered, the current plans have a total of 260 investment vehicles. The committee will look into which funds have the highest performance with lowest fees so Dartmouth is only offering the best approaches.

Next steps: the schedule for the subgroups will be sent within the next week, members can plan to attend the groups that interest them when they are available.

The meeting was adjourned at 4:30.