Staff Alliance Staff Health Care Committee December 17, 2014 2:00 p.m. 3:30 p.m. Audio Meeting Minutes

Committee Members Roll Call:

UAA

Melodee Monson Maureen Hunt

SAA

Monique Musick Linda Hall

UAF

Lesli Walls Kim Eames

Alternates: David Bantz and Susan Sanborn

Alliance Representative

Monique Musick

Ex-Officio

Erika Van Flein

Agenda approved as presented.

Review and discussion on the JHCC recommended plan changes as per the following notes from the Joint Health Care Committee meeting held on December 10, 2014.

JHCC December 10, 2014

FY16 and approved 7 of them. The last is still under consideration, but needing more information.

1) CDHP Deductibles and Out-of-Pocket (OOP) maximums

The U.S. Treasury Department released new minimum deductibles for plans with an

(CDHP). The 2015 minimum deductibles are now \$1,300 individual, \$2,600 family. OOP limits were also raised up to possible Maximum out of pocket limits of \$6,450 individual, \$12,900 family. JHCC discussed whether to raise the

deductibles incrementally as the Feds raise the limits or to make a larger jump and not change it for a few years. That would also differentiate the CHDP more from the UA High Deductible Health Plan (HDHP). The group decided to just increase (incrementally) the deductibles to the new federal minimums and to IET VETTHE DOP the Office (16)-3(re)-3(re)-3(re)-3(ns) 6to

MOTION: TBOOLOGNIMO (n(HH) (3(HD)HB)(DHO 2764 1625 nh (1-3(HB) - 3 C3(E) - 3

proton pump inhibitors

MOTION: The Joint Health Care Committee recommends to switch to outof-network providers being paid at the 125% of Medicare rates for the State of Alaska per the Premera proposal.

ACTION: Passed 7 to 4.

b) Payment to Member: Change how OON providers are paid. Currently payment goes to provider.

Change to be:

- 1) a joint payment (member and provider on check; member must sign to endorse), OR
 - 2) payment directly to member and member must pay the provider.

MOTION: The Joint Health Care Committee recommends that the mode of payment for out-of-network providers be continued according to current practice, i.e., process of paying the provider directly.