

Benefits Advisory Committee (BAC)
September 8, 2022
Minutes of the Meeting

[In these minutes: Employee Benefits Update; Proposed Wellbeing Program Changes; Retiree Program Changes and Costs for 2023]

PRESENT: Dale Swanson (chair), Amy Monahan (vice chair), Lynn Blewett, Shannon Farrell, Kim Little, Carmen Sims, Nancy Fulton, Kenneth Horstman, Greg Thurston, Mary Rohman Kuhl, Deb Pavlica, Mary Blissenbach, Steff Yorek

REGRETS: Cynthia Murdoch

ABSENT: Nikos Papanikolopoulos, Jean Otto, Jennifer Schultz, Susan Kratz, Jakub Tolar, Christine O'Connor

GUESTS: Laura Manydeeds, wellbeing consultant, OHR; Ryan Reisdorfer, health programs manager, OHR; Katie Kolodge, health and wellbeing consultant, OHR

OTHERS: Karen Chapin, Linda Blake, Lauren Daughenbaugh, Nora Hayes, Libby Stille, Rikita Davis, Shane Lueck, Ryan Hanson

Chair Dale Swanson welcomed the committee and members introduced themselves.

1. Employee Benefits Update - Ryan Reisdorfer, health programs manager, Office of Human Resources (OHR), provided an update from Employee Benefits, and highlights were as follows:

- OHR is working with Medica to implement a new diabetes management program through a vendor named Omada. The intent is to have no cost to members and more communication should be forthcoming.
- The University's medical plan RFP is going to be coming up for renewal and the committee is looking for Civil Service employees to join as members of the review committee. The RFP is planned to be released in November for a new vendor to start by January 2024.
- The University's wellbeing plan is also going into its RFP planning process and needs representatives from Civil Service, P&A, and Faculty employees. This RFP will follow a similar timeline to the RFP for the medical plan.
- OHR recently completed its RFP process for the University's enhanced employee assistance program (EAP) to provide employees with expanded access to mental health providers. The new vendor would start in January 2023 if approved by the Board of Regents.
- One final RFP will begin soon on flexible savings accounts (FSA) and health savings accounts (HSA).

2. Proposed Wellbeing Program Changes - Laura Manydeeds, wellbeing consultant, OHR, provided an overview of the University's wellbeing program and some proposed changes. Manydeeds presented a [slide deck](#) and highlights were as follows:

- The wellbeing program started in 2006 and has been expanding ever since.
- OHR has received a plethora of feedback on the program with many criticisms that it is busy work, transactional, inaccessible, and susceptible to breaches in personal health data.
- The University is proposing a new design for the program with a shift in its financial incentives while also levying University-based partners. It will also be available to all employees, not just those on the medical plan.
- The wellbeing content will be expanded to include new links to external vendors such as Omada for diabetes prevention and management and the new EAP provider.
- The current incentive program of \$500 or \$750 in medical rates, which only about 25% of employees earn, will be removed and all employees would instead be eligible for \$200 in wellbeing credits. There would also be no more earning or tracking of points.
- The intent of the changed program is to make it more inclusive and create a culture of wellbeing at the University.
- The current timeline is for the September 2022 - August 2023 wellbeing calendar to be the final year tracking participation for the current wellbeing incentive. The contract with Virgin Pulse ends on September 30, 2023, and the new vendor with this new design would launch in January 2024. The first year that wellbeing cash would be available is in January 2025.

Greg Thurston commented that he is one of the people who currently take advantage of the incentive program and thought that the current way was actually a simple way to earn it, but does acknowledge that it doesn't work for a vast majority of employees. Swanson asked about those ineligible to participate in the program and if those individuals perhaps had medical coverage through a different plan, such as a spouse's plan. Mary Rohman Kuhl responded that about 30% of the University's employees are part-time and thus don't work enough hours to be eligible for the medical plan or the wellbeing program. She commented that the new shift will hopefully allow for better wellbeing for all employees.

Kim Little asked if any wellbeing classes would be mandatory and Manydeeds replied that there would be no mandatory participation in the new program. Little had some concerns with the current worker shortage and the fact that current employees can't take advantage of wellbeing opportunities because they are so busy.

Amy Monahan commented that the redesign makes sense and applauded the research that OHR has done on it. However, she raised concerns about those individuals who are currently earning the incentive and relying on it for more affordable medical plan coverage, that this could have an inequitable impact on employees. Kuhl and Manydeeds commented that those who actively engage with the program span a wide variety of salary wages, yet many still struggle with following through on completing their points as they find it stressful. Steff Yorek added that taking away the incentive is like getting a pay decrease, even if it is only about 1.25%.

Manydeeds acknowledged that it is going to take a lot of work to match the program to something that is most effective for as many employees as possible.

Lynn Blewett encouraged OHR to lean on vendor analysis when evaluating the effectiveness of the program. Kuhl agreed that they will look at several metrics including the “net thriving score”. Blewett appreciated that approach as this is a complex situation and changing behaviors and culture is complex.

Deb Pavlica emphasized that many employees don’t have the same access to computers as other employees in order to engage with the current program. This makes it hard for them to participate, earn points, and actually think about their wellness. She also questioned whether or not the new program would actually increase engagement in wellbeing activities. She also relayed that many people are afraid to speak about their concerns when OHR is the group gathering feedback.

3. Retiree Program Changes and Costs for 2023 - Katie Kolodge, health and wellbeing consultant, OHR, provided the committee with an overview of the retiree program and changes and costs for 2023. Kolodge presented a [handout](#) and highlights were as follows:

- These are fully insured plans available to retired employees over the age of 65 and on Medicare. The cost of these plans are not supplemented by the University.
- There are four carriers that retirees may choose from and each has two different plans, one with a higher premium and one with a higher deductible.
- Premiums for 2023 remained relatively flat compared to 2022, the highest being Medica’s higher premium plan which increased by 2.87%
- There were few plan design changes from year to year, but Kolodge highlighted that the Blue Cross Blue Shield pharmacy benefit manager changed which may impact members’ prescriptions. Other slight changes from HealthPartners and UCare for Seniors are outlined in the [handout](#).

Hearing no further business, the meeting was adjourned.

Chris Kwapick
University Senate Office