



LOMA LINDA UNIVERSITY

March 31, 2014

TO: LLU Employees
FROM: Administration
RE: 2014 HEALTH PLAN CHANGES

At Loma Linda University our mission is encompassed in the motto, “to make man whole”. Each person who is a part of this organization helps to fulfill this mission by contributing his or her God given talents in support of teaching, research and healthcare services. As individuals, we are best able to serve and support others when we have fostered our own well-being. When we are stewards of our own health and wellness, we also become ambassadors of good health in our homes and the communities in which we live and serve.

For many years, we have provided employees with exceptional medical and dental benefits through our self-insured employee health plan. We have managed our plan costs and intentionally avoided cost shifting to employees. For many years, we have had minimal rate increases and almost no increases in employee co-payments. Our health plan strategies have allowed us to provide excellent coverage for employees and their families with minimal out-of-pocket co-payments and affordable monthly costs.

Beginning with this new plan year, we are establishing new health plan options that are designed to provide employees with more information and resources that will empower each person to be actively involved in managing his or her health. Through this employee engagement, we hope to provide each person with the opportunity to maintain or improve his or her own well-being.

Our goals for the employee health plan are to:

- Create a healthier community of individuals covered by our plan who embrace the value of living vibrant lives and are empowered to actively manage their own whole person health.
- Maintain comprehensive and affordable medical and dental benefits that will provide both financial security and access to excellent services when an employee or family member needs care.
- Take steps to raise awareness and pro-actively create a healthier, more productive workforce.
- Be a resource to other organizations in our community by developing a road map to create or improve corporate wellness initiatives.

Effective July 1, 2014

1. Health Plan Options: With the new Plan year, you will be offered the option of participating in one of two plans.
 - a. You may continue to participate in an enhanced version of our current medical plan. We are now referring to this Plan as the “Wholeness” Plan.
 - b. Employees will also have the option of participating in a new plan called the “LLUH Base Plan”. This plan will also provide comprehensive coverage but will include higher co-payments, out-of-pocket costs and an increase in the amount of your monthly medical plan contribution.

At the end of this letter, you will find a summary that compares the benefits and costs under the Wholeness Plan and the Base Plan.

2. Medical and Dental Open Enrollment: **The benefits open enrollment period for this year will start April 15 and conclude on May 15.** In the past, the LLU health plan has required a combined medical and dental election. With the new Plan year, employees will be provided with the option of enrolling in medical coverage only, dental coverage only or both medical and dental coverage for each family member. This change will provide greater flexibility for an employee or spouse who may only need medical or dental coverage. **Because of this change and the addition of a new Base Plan option, all employees will be required to re-enroll in the health plan during the open enrollment period.** During this time, employees may choose to move to the Base Plan and/or add coverage for family members to either plan. For detailed enrollment information and to make changes to medical or dental elections, please look for the open enrollment pagelet on the PeoplePortal at: <https://peopleportal.llu.edu> . Note that any changes must be completed during the open enrollment period. For employees who do not have on-line access, paper forms will be available through the HRM department.

3. Eligibility Requirements: There are no requirements to participate in the Base Plan other than completing the enrollment process. To maintain your eligibility for coverage under the Wholeness Plan, you and your covered spouse must complete the following activities to better understand your own health status.

- a. an online health risk assessment (HRA)
- b. biometric screening
- c. as appropriate, accept an invitation to personalized health coaching or care management services.

The health risk assessment and biometric screening services will be available from April 15 to May 30, 2014. Following the completion of the HRA and biometric screening, each participant will have the opportunity to print a personalized wellness report. Your personal results will have no impact on your health plan coverage or eligibility.

4. Screening and HRA process: Enclosed with this letter is information describing the process for you to complete your HRA and schedule your biometric screening on-line. This document also provides more detailed information about how the HRA, bio-metric screening information will be used. These screenings will be available at a variety of times and locations across campus from April 15 to May 30. If you and/or your covered spouse do not complete the requirements listed above, you and your family will not be eligible to enroll in the Wholeness Plan effective July 1, 2014. Employees who choose not to complete the requirements may enroll in the new LLUH Base Plan but will be subject to higher monthly contributions and co-payments.

With the new health risk assessment and biometric screening process, individual privacy will always be maintained. **Information collected through the health risk assessment and biometric screening will not be included in the LLUH electronic medical record. Any personal information or medical screening results provided by an employee will never be disclosed to another individual, an employer or a healthcare provider without authorization. Individual screening information will only be used by the Plan Administrator to communicate directly with a health plan member regarding a personal health care issue.** Aggregate data will be analyzed and used to identify opportunities to improve the health of our entire workforce.

5. **For the 2014/15 plan year, full-time employee contributions under the Wholeness plan will again remain unchanged** but the monthly employer contribution for medical coverage will be increased by \$30. This means that LLU will be contributing \$10,560/year toward the cost of medical and dental coverage for each full-time employee. With the change in employer contribution, the part-time employee rates will increase by \$15/month.

6. During the open enrollment period, employees may enroll their adult children up to age 26 under the health plan medical coverage, dental coverage or both, even if the child is no longer a dependent and has access to coverage through another group plan. Coverage will become effective July 1, 2014.

7. Dental coverage under the Wholeness Plan will remain unchanged. The dental coverage under the LLUH Base Plan has a lower annual limit. The coverage differences are included in the attached Plan summary. As referenced above, you will need to re-enroll to maintain your dental coverage.

8. The health plan preferred provider model has not changed. You will continue to receive 100% coverage for authorized hospital services and outpatient diagnostic services provided within the LLUH system under both medical plans.

9. Effective July 1, 2014, the Wholeness Plan includes the following benefit enhancements:
- a. There will be no pre-existing condition exclusions for anyone who enrolls in the Plan
 - b. 100% coverage (no employee co-payment) for most preventive services such as annual physicals, vaccines and well-baby checkups
 - c. New limited coverage for infertility treatment, including in vitro fertilization and single embryo transfers for patients with a medical disorder causing infertility
 - d. New limited coverage for bariatric surgery for qualified patients

Infertility and bariatric surgery benefits are not available under the Base plan and are only provided on the Loma Linda campus.

10. Effective July 1, 2014, the employee co-payments for services such as durable medical equipment and medical supplies will accrue toward the annual out-of-pocket maximum. With this change, the out-of-pocket maximum under the Wholeness Plan is being increased to \$1,250 per person.

We are continuing to expand our *Living Whole* wellness programs across the campus. Over the past eight years, we have had thousands of employees who have participated in health screenings, walking competitions, weight management programs and other activities developed as a part of the *Living Whole* program. We have added *Living Whole* healthy meal options and established walking maps for the campus. During the next year, you will continue to see additional programs to help employees improve their health. This next year we will also be evaluating a new cafeteria pricing model to provide more affordable, healthy dining options at our cafeterias. Please look for opportunities to participate in these programs in support of your own well-being.

For over 100 years, the Loma Linda organizations have been focused on wellness and prevention. We believe in the value of a healthy lifestyle. Through our health plan and wellness initiatives, we would like to partner with you to build on this legacy and promote good health for our employees and our entire community. We want each person to be engaged in their personal health and to experience the benefits of improved well-being. When you need healthcare services, we also want you to obtain the right care at the right time to avoid preventable conditions and to empower you to effectively manage conditions that you may presently have. As a healthier team we all benefit from lower health Plan costs and the ability to be more productive when we are at work and at home. The Wholeness Plan and our *Living Whole* wellness programs provide you the opportunity for you to personally invest in your health.

If you have questions about these health plan changes, please plan to attend one of the informational meetings or the employee benefit fair scheduled for May 1, 2014. During the benefit fair there will be staff available to answer questions and personally assist you with enrollment changes. You may also direct health plan questions to customer service at the Department of Risk Management by calling (909) 651-4010. If it is more convenient, you may also send an e-mail message to: RiskManagementHealthPlans@llu.edu

LLU Employee Health Plans						
Plan Benefits	Current Plan 2013/14		Wholeness Plan - 2014/15		LLUH Base Plan - 2014	
	Coverage for Services at LLUMC & BMC	Coverage at Non-preferred providers	Coverage for Services at LLUMC & BMC	Coverage at Non-preferred providers	Coverage for Services at LLUMC & BMC	Coverage at Non-preferred providers
Out-of-pocket Maximum Co-payment	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Co-payments for out-of-network services, prescriptions, glasses, contacts, chiropractic care, orthotics/prosthetics, bariatric surgery, infertility treatment, wheelchairs, hearing aids and dental services are not included in the out-of-pocket maximum.	\$1,000 per individual	No limit	\$1,250 per individual	No Limit	\$3,000 per individual/\$6,000 family	No Limit
Outpatient Services						
Preventive Care:	\$20 Co-payment	\$20 Co-payment	100% - No Co-pay*	25%	100% - No Co-pay*	25%
In Network Office Visit Co-payment:	\$20		\$20		\$40	
Out of Network Office Visit:		50%		50%		25%
Lab Services, X-ray & Diagnostic Testing:	100%	50%	100%	50%	100%	25%
Maternity Care - Outpatient Visits	\$200	50%	\$200	50%	\$400	25%
**Infertility treatment - In Vitro Fertilization:	No Coverage	No Coverage	\$2,500 co-pay	No Coverage	No Coverage	No Coverage
Outpatient Emergency Room Visit	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment	\$200 Co-payment	\$200 Co-payment
Urgent Care Visit	\$20	50%	\$20	50%	\$40	25%
Home Care Services - 30 visit limit	100%	50%	100%	50%	100%	25%
Hospice Services	100%	50%	100%	50%	100%	25%
Professional Counseling	\$20	50%	\$20	50%	\$40	25%
Physical/Occupational/Speech Therapy	\$20	50%	\$20	50%	\$40	25%
Acupuncture - \$500 limit	N/A	\$20	N/A	\$20	N/A	\$40
Orthotics/Prosthetics - \$10,000 limit	80%	50%	80%	50%	80%	25%
Rental or Purchase of Medical Equipment & Supplies	80%	50%	80%	50%	80%	25%
Chiropractic Services - \$500 limit	N/A	50%	N/A	50%	N/A	50%
Glasses and Contact lenses - \$200 benefit	N/A	80%	N/A	80%	N/A	80%
Inpatient Services/Surgery						
Hospital Services:	100%	25%	100%	25%	100%	25%
Outpatient Surgery Facility Charges:	100%	25%	100%	25%	100%	25%
Maternity Care - Inpatient Services	100%	25%	100%	25%	100%	25%
Professional Fees - Inpatient and OP Surgery:	100%	25%	100%	25%	100%	25%
Ambulance - Emergency Transport	100%	100%	100%	100%	100%	100%
**Bariatric Surgery - Facility and Professional Fees:	No Coverage	No Coverage	\$2,500 co-pay	No Coverage	No Coverage	No Coverage
Prescription Drugs	LLUH Pharmacies	Other Pharmacies	LLUH Pharmacies	Other Pharmacies	LLUH Pharmacies	Other Pharmacies
Generic	\$5	\$15	\$5	\$15	\$10	\$30
Brand	\$30	\$40	\$30	\$40	\$60	\$80
Mail Order (90-day supply)						
Generic	\$10	N/A	\$10	N/A	\$20	N/A
Brand	\$60	N/A	\$60	N/A	\$120	N/A
Dental Services						
Annual Limit subject to a \$50 annual deductible for basic and major services	\$2,000	\$2,000	\$2,000	\$2,000	\$1,500	\$1,500
Preventive Care	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	80%	80%
Major Services	90%	50%	90%	50%	50%	50%
Orthodontia - \$1,000 lifetime benefit	50%	50%	50%	50%	50%	50%
Monthly Employee Plan Contributions	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Medical						
Single	\$40	\$445	\$35	\$435	\$60	\$460
Two-party	\$160	\$565	\$135	\$535	\$185	\$585
Family	\$260	\$665	\$210	\$610	\$285	\$685
Dental						
Single	Included	Included	\$5	\$45	\$5	\$45
Two-party	Included	Included	\$25	\$65	\$25	\$65
Family	Included	Included	\$50	\$90	\$50	\$90
*Limited to specific preventive services						
**Subject to coverage criteria, authorization and a 3 year waiting period						
					Represents a change from the current plan	

FREQUENTLY ASKED QUESTIONS

1. Do I need to re-enroll in the LLU health plan? Yes, for 2014, employees are being provided with two health plan choices, the Wholeness Plan and the Base plan. In addition, employees may elect medical coverage only, dental coverage only or both medical and dental coverage for each family member. In order to participate in the LLU Wholeness Plan for 2014/15, the employee and a covered spouse will be required to complete a health risk assessment and biometric screening. If an employee does not want to participate in the HRA, biometric screening or care management services, he/she may enroll in the Base Plan.

2. When can I enroll or make benefit election changes? From April 15 to May 15, with changes to become effective July 1, 2014.

3. What happens if I do not re-enroll in the health plan during the open enrollment process? Your current medical and dental coverage will end as of July 1, 2014.

4. Will my monthly payment for the medical coverage increase in 2014?

- If you are a full-time employee and you remain on the Wholeness plan, your monthly rates will not change. There will be an increase of \$15/month for part-time employees.
- If you enroll in the new Base plan, your monthly contributions will increase an additional \$25 for single coverage, \$50 for two-party coverage and \$75 for family coverage.

5. Can an employee, spouse or children be enrolled in different medical plans? No, a spouse or child can only be enrolled in the same medical plan that covers the employee.

6. Will the dental benefits change in 2014? The dental coverage will remain unchanged for the Wholeness Plan. The LLUH Base Plan has a lower annual limit. To maintain your dental coverage, you will be required to re-enroll in the dental plan during the April 15 to May 15 open enrollment period.

7. What are the participation requirements for the Wholeness medical plan? You and your enrolled spouse must:

- a. complete the online health risk assessment
- b. complete a biometric screening process
- c. if asked, accept an invitation to personalized health coaching or care management services

These requirements do not apply to children or any individual who only has dental coverage.

8. What are examples of care management services that may be required for participation in the Wholeness Plan?

- A health plan participant may receive a request to see his/her primary care physician to address a health concern identified during biometric screening.
- A health plan participant with multiple, serious health conditions may be assigned to a care coordinator who will help facilitate medical appointments.

9. What happens if an employee enrolls in the Wholeness Plan but does not complete the health screening or health risk assessment requirements? The employee and any covered family members will be moved to the Base Plan medical and dental coverage effective July 1, 2014 with higher employee monthly contributions and higher employee out-of-pocket costs.

10. What are the differences between the Wholeness Plan and the Base Plan? The Base Plan has no participation requirements but includes a higher monthly employee contribution as well as higher co-payments for office visits and prescriptions and a reduced dental benefit. For detailed information, please refer to the Plan schedule of benefits.

11. What is biometric screening? Biometric screening is designed to raise awareness of your health factors. It is a combination of measurements that may help to identify potential risk factors for chronic disease. This screening will be provided by an outside vendor and will include blood pressure, resting heart rate, height, weight, body composition measurement and finger-stick blood test to provide total cholesterol, HDL, LDL, triglycerides and glucose levels.

12. What is a health risk assessment and what is involved? The HRA is an on-line health questionnaire for each person to complete for themselves. Each participant will create a confidential personal sign-on. The HRA should take approximately 15 minutes to complete.

13. What happens when I complete the on-line HRA and biometric screening? You will be provided with on-line access to a personalized wellness report that will include your biometric screening results. This report will provide you with valuable information about your health status and identify opportunities for you to improve your health. This confidential report will only be provided to you.

14. What are the criteria for bariatric surgery coverage under the Wholeness Plan? Services are only covered at LLUMC. Coverage will only apply if the patient:

- is age 21 or older, and
- has had a BMI of >35 kg/m² for the 3 years prior to the procedure, and
- has been continuously covered under the medical Plan for the 3 years prior to the procedure, and
- is enrolled in the medical Plan at the time services are rendered, and
- has successfully completed two Say Now Living Whole weight management programs with weight loss of >5%, and
- has a BMI of >35 kg/m² with a diagnosis of type II diabetes mellitus, or
- has a BMI of >40 with any of the following physician diagnosed, clinically significant co-morbidities; medically refractory hypertension, obstructive sleep apnea, coronary artery disease, cardiovascular disease, pulmonary hypertension, obesity related cardiomyopathy, severe osteoarthritis with a physician recommendation for joint replacement, or
- has a BMI of >50 with or without co-morbidities, and
- receives medical clearance and surgery recommendation from a bariatric surgeon, dietician & psychologist at the LLUMC Heart and Surgical Hospital.
- has not used tobacco products for at least 4 weeks prior to surgery

Bariatric Surgery coverage is subject to a \$2,500 deductible. Please refer to the Plan document for more complete coverage information and additional limitations and exclusions.

15. What are the coverage criteria for infertility services under the Wholeness Plan? Services are only covered at the LL Center for Fertility. Coverage for the diagnosis of infertility will not be covered until an individual has been covered under the Plan for one (1) year. Coverage for infertility treatment will only apply if the patient;

- is between the age of 21 and 42 and has been continuously covered under the plan for the 3 years prior to the procedure, and
- is diagnosed with infertility resulting from a disease, illness, injury or congenital disorder, and
- receives medical clearance and a procedure recommendation from the Loma Linda Center for Fertility & In Vitro Fertilization and authorization from the Department of Risk Management

Coverage will only be provided for single embryo transfers. The Plan will provide no coverage for multiple embryo transfers.

Coverage for the treatment of infertility is subject to a \$2,500 deductible. Please refer to the Plan document for more complete coverage information and additional limitations and exclusions.