Meeting called to order by Joy Landis at 11:01 AM.

Attending: Joy Landis, Michael Everett, Paul Streng, Kristy Dumont, Donna Ullrich, Mike Rich, Sarah Handspike, Barbara Kolar, Quinn Moreno, Kristin Getter, Carmellia Davis-King, Elizabeth Webster, Francoise Bigelow, Lucy Maillette, Sue Halsey and Mary Beth Graebert
Ex Officio: Donna Zischke
Guests: Chris Hanna and Alice Smith
Absent: Sandra Eagan-Hill, Andrew McCullough, Robert Brown and Terry Curry

Motion to accept the agenda: Motion by Mike Rich and seconded by Donna Ullrich; carried unanimously.

Motion to approve March minutes: Correction to date for minutes approval (from January to February); Correction to statement about the incentives provided by university for waiving health care (this has been unavailable for a while). Motion by Paul Streng and seconded by Sarah Handspike; carried unanimously.

Update from Chair Joy Landis
- Thank you to exiting members of the committee: Barbara Kolar, Francoise Bigelow, Sue Halsey and Robert Brown. Welcome to new members: Michael Everett, Quinn Moreno, Elizabeth Webster, Carmellia Davis-King and Kristin Getter. Paul Streng has been reappointed to the committee.

Benefits Update from Renee Rivard’s Office (by Chris Hanna and Alice Smith)
- No cost increase for the coming year on the prescription drug program, which is remarkable given the increasing trend.
- Main changes to prescription drug program noted on the attached handout.
- Discount performance guarantee for Caremark – they are generally doing a good job of meeting expectations. They did not meet the discount guarantee this year, so we received about half a million dollars back (helping to keep costs down this year).
- Best Doctors Program is a second-opinion service that has been instituted in the past year (January 1, 2012). The program has been well-received thus far among the approximately one hundred people who have used it since January. Best Doctors projected that there would only be about 30 people to use it in the first few months. Cost is about $20/year per eligible user. The benefits accrue to the employee, but also to the university in terms of health care costs.
• Blue Care Network (BCN) also will have no cost increase; it is even more remarkable to have two plans that have remained flat. The amount of catastrophic claims (over $100,000) and hospital utilizations are down. Generally, the people moving to BCN are younger and tend to use less health care.
• Community Blue plan will go up 10.5% (a little less than last year). This increase is primarily due to the older population and more in-need individuals that remain on this plan.
• MSU is using an RFP process to identify a partner who can work with us to provide innovative features and designs (e.g. Centers of Excellence). Blue Cross does not perform as well as other providers in the Comprehensive Care and Case Management for chronic conditions. The goal is to end up with a better plan and continue to control costs. The RFP should be released around mid-summer. Competition between vendors also helps to keep costs down.
• The Benefits Office is exploring ways to expand patient advocacy services, including more intensive use of Best Doctors for particularly significant diagnoses or treatments (see attached).
• Health Advocate Benefits Gateway is like a “concierge” service for the various vendors available at MSU. This service could help individuals have one contact point (rather than calling many offices to get an answer to a question). Sarah: Does the savings justify the extra expense? One of the problems of health care is not so much people using it too much, but people who don’t use preventative care or delay office visits that can keep future health care costs down. This advocate can help encourage people to stay on top of wellness. Joy: Does this program include mental health? Chris indicated that he will need to check.
• MSU has not conducted a comprehensive audit in about twenty years and therefore intends to do so in the near future. Employees should look for some communication regarding their dependents.
• If specialty medications are distributed through the physician’s office, they often don't provide them at a discount and sometimes charge a large mark-up. By running them through the Caremark program, there could be a discount and some overall savings, without making it more difficult for people to get the medications that they need.
• MSU has negotiated improved pricing through CVS/Caremark; this is a good way to keep from shifting costs on to the employee.
• MSU is one of the few employers where the employer health care provides primary payment on auto accidents. They are investigating the potential savings and impacts on the individual (e.g. what they pay for auto insurance) of switching the primary to the auto insurer.
• Mike: Where does the university stand on making this a smoke-free campus? There has been discussion about this issue, but no decision at this point. Has HR investigated the cost differences between covering smokers and non-smokers? Yes, they recognize that smoking cessation and weight loss are two key behaviors for wellness, and therefore relate to health care costs; HR is also co-sponsoring a smoking cessation program with Health4U.
• There should be a ruling during June regarding the federal health care reform; MSU is monitoring this activity in terms of the impact on our health care plans.
• MSU will be providing supplemental benefit options through “Empower” (including vision, legal, auto & home, critical illness, pet, and long-term care). These benefits are not eligible for pre-tax deductions. More information will be provided during the summer about specifics associated with the programs. Empower will also have other types of discounts available to MSU employees listed on their websites. It is hoped that these options will be available in early October 2012.
• For hires prior to July 1, 2010, the university will cover some portion of health care after retirement.
• For more information, visit: www.benefitsinfo.hr.msu.edu

Old Business:
• A 3% merit raise and 1% market raise has been recommended to the Board of Trustees; the Board will make a decision in June.
• Professional development: communication should be coming out in April about reinstatement in the fall.
• Salary structure data being collected by Dave Byelich’s office has not been provided yet.
• LinkedIn session was a success.
• People seem to like the format or learning sessions this year (separate from ASAC meetings).

New Business:
• Sarah nominated Joy Landis for a second year as chair; seconded by Paul Streng; carried unanimously.
• Francoise nominated Sarah as Vice Chair; seconded by Kristy Dumont; Sarah may not be able to make a commitment for a second year; carried unanimously.
• Do we need to meet in May? We are still waiting for information about the salary structure and the professional development fund; for those who are able to meet, a meeting will be held. Next year is a Conclave year, and we can begin to prepare for that.
• Donna Ullrich would be happy to continue to work on organizing learning sessions.

Motion to adjourn by Paul Streng, seconded by Francoise Bigelow. Motion carried unanimously.

Meeting adjourned: at 12:14pm.

Next scheduled meeting: May 17, 11 AM

Attachment: Discussion on Health Strategies from Chris Hanna and Alice Smith