



HEALTH TRUST REPORT CARD

The Rensselaer-Columbia-Greene Health Insurance Trust— Bringing the Power of 23 Districts Together

The Board of Trustees takes its responsibilities very seriously—providing economies of scale to our school Districts as we obtain health insurance and prescription drug services, assessing ways to improve the quality of the benefits offered while maintaining contribution rates at or below the national trends, and providing sound management of our health plans.

Our Mission: To benefit member Districts by providing access to comprehensive, high quality, cost-effective health care services.

While each district negotiates with its unions independently, it is critical that they do so with the best information available—the Board plays a key role in providing that information for the Districts and our members.

This 2014 issue of the **Health Trust Report Card** provides updates on:

- Your Wellness Benefits;
- Knowing Your Important Health Numbers; and
- Preferred Plans that Encourage Proper Usage and Generate Cost Savings

We hope you find this information useful.

Sincerely,

The Board of Trustees

Your Wellness Benefits at a Glance

Last year, we described the many wellness initiatives that are underway at the district level. In addition to the wellness initiatives your district has undertaken, each of our insurance carriers offers wellness benefits to members at no cost—to equip the Trust's members with tools and resources that help them achieve a healthier lifestyle. Here's a snapshot of what is available:

Blue Shield of Northeastern New York

The Community Wellness Program is one of the many valuable wellness benefits BSNENY offers to their members. All members are eligible to participate in the Program and enjoy the following benefits:

- two free fitness-related classes/seminars per year (such as yoga or spinning);
- one free non-fitness-related class/seminar per topic per year (such as nutrition or smoking cessation); and
- unlimited maternal and infant health classes.

Each class may consist of up to 10 individual sessions.

BSNENY also offers fitness club discounts through the International Fitness Club Network (IFCN)—the world's largest and most successful network of health and fitness facilities. IFCN is the leader in creating wellness programs that help members achieve their health goals, regardless of their starting fitness level. With an IFCN membership, you receive a free, one-week trial membership, as well as the lowest rates for the type of membership you request at participating fitness centers. You can search for a participating club location through My Health, a secure web tool from BSNENY that also offers customized programs, trackers, and education for members based on their individual risks and interests.

There are many other great wellness deals and discounts available through the BSNENY local discount program. You can find them all at www.bsneny.com.

Capital District Physicians' Health Plan, Inc.

CDPHP offers more than 250 free community wellness classes each year. Classes cover a variety of health topics, such as health education, wellness, fitness, nutrition, building healthy families, and senior health. You can find a schedule of the free wellness classes online at CDPHP's website www.cdphp.com or in your quarterly member newsletter, **SmartMoves**.

In addition, eligible members of CDPHP can earn up to \$365 in Life Points per year for completing a variety of healthy activities. Life Points can be redeemed for gift cards from hundreds of your favorite retailers. The first step is completing your Personal Health Assessment, which earns you \$50 worth of Life Points. Other healthy activities you can complete to earn even more Life Points include:

- attending a CDPHP community wellness class;
- having an annual physical exam;
- getting vaccinated;
- joining a health/fitness center;
- donating blood;
- visiting the dentist; or
- taking an on-site employer wellness class.

MVP

MVP helps employees achieve their health and wellness goals by offering financial incentives through the WellStyle Rewards Program. WellStyle Rewards recognize members for taking steps toward better health. Members can earn up to \$300 worth of WellStyle Rewards points per subscriber that can be redeemed online for reward checks or Visa gift cards. There are a number of different ways to earn WellStyle Rewards points. They include:

- completing or updating your Personal Health Assessment;
- completing online eCoaching courses;
- participating in Personal Lifestyle Coaching;
- submitting a validated health screening form;
- participating in one of MVP's condition management programs;
- meeting recommended guidelines for good health in the areas of BMI, blood pressure; cholesterol and fasting blood sugar;

- attesting to being tobacco free; or
- demonstrating improvement in health outcomes over time.

MVP also offers discounts of up to 25% on health and wellness products and resources from more than 20,000 accredited providers through its ChooseHealthy program. Members can also receive up to 40% off the manufacturer's suggested retail price for herbal, homeopathic, vitamin and fitness products from the ChooseHealthy online store—and shipping is free on most items. You can find out more by visiting www.mvphealthcare.com. Select **Wellness Tools** and **Activities** in the **Manage Your Account** option.

We encourage you to combine the wellness efforts done at the district level with all of the wellness benefits your health insurance carrier offers. That way, you will be taking advantage of the free rewards offered to you—and get healthier in the process!

Take Charge of Your Health: Know Your Numbers

In addition to the various wellness and disease management programs that the Trust offers to improve member health, the Trustees urge members to get better information on their current health status.

Knowing your numbers and assessing your health status enables you to have a better grasp of your current health situation and engage in productive conversations with your health care providers. The Board facilitates this by providing access to a tool called a Health Risk Assessment (HRA). The HRA combines key elements of basic medical tests with information on your health habits to create a personalized health status report for you to share and discuss with your doctor.

First, you must see your doctor to get your cholesterol, blood pressure, blood sugar, body mass index (BMI), waist circumference, and triglycerides measured. Once you have those numbers, you need to fill out a brief, online questionnaire provided by your insurance carrier. This questionnaire generally takes about 15 minutes to finish and will ask about your smoking, nutrition, exercise and other lifestyle habits—and the basic medical measurements you got from your doctor. After you complete the questionnaire, a report on your current health status is generated. This report includes a score to help you understand your health and be aware of potential health risks. You can then review the report with your doctor and discuss a plan to improve or maintain your health.



The HRA is confidential—no one other than your care manager from your insurance provider will see your individual answers—and your health insurance carrier does not share your responses with your school district or the Trust.

Having healthy members keeps the Trust’s health care costs down, which enables the Trust to continue offering affordable and valuable health insurance coverage. Most importantly, doing all you can to learn about your health and potential health risks—and taking action on that knowledge—are important steps to a better life.

Although using the HRA tool is voluntary, the Trustees strongly encourage you to do so. By completing an HRA, you will get the information you need to make the positive changes that lead to better health and well-being.

Preferred Plans Encourage Proper Usage, Generate Cost Savings

One of the fundamental principles of the Rensselaer Columbia Greene Health Insurance Trust is to offer members a broad array of benefits choices to fit their needs. The Trust provides many alternate benefit levels because the Board of Trustees understands that different employees have different circumstances and different coverage needs.

However, over the years, the Trustees have allowed districts to modify plans to meet certain budgetary requirements. In addition, when the Board has made plan design changes to encourage appropriate benefit utilization, it has offered these new benefit terms as additional alternatives, rather than replacements of current plan designs. This has created numerous plan options—many of which are similar to each other and not reflective of contemporary health plan designs seen on the market today.

The Board recognizes that it must offer guidance on benefit levels and encourage districts to limit the number of alternative plan designs. Consolidating the number of plans will enhance the economy of scale principle of the plans by lowering administrative fees the Trust must pay to benefits providers. These fees are driven in part by the number of enrollees in each benefit plan. With fewer plans, there will be more enrollees in each plan, leading to lower administrative costs and therefore lower total premiums—that is advantageous for all districts and plan members.

By reviewing claims data, the Trustees have learned that better plan usage is likely to result if there are fewer plans. Because there are now many similar plan alternatives with similar premium rates, **the Board has encouraged districts to consider moving to one of three medical plan benefit levels and one of six prescription drug plan benefit levels.** The chart below summarizes these preferred medical and prescription drug benefit levels. Take a look at them to familiarize yourself with the preferred benefit levels:

Preferred Medical Plans

Medical Plan Design	PP0-812	PP0-815	PP0-829
In-Network			
Deductible	N/A	N/A	\$250/\$500
Coinsurance	N/A	N/A	10%
Out of Pocket Maximum	\$6,350/\$12,700	\$6,350/\$12,700	\$1,000/\$2,000
Office Visit Copay	\$10	\$25	\$25/\$40
Emergency Room Copay	\$50	\$100	\$150
Urgent Care Copay	\$10	\$25	\$40
Inpatient Copay	\$0	\$250 PA	Deductible & Coinsurance
Outpatient Copay	\$0	\$200	Deductible & Coinsurance
Out-of-Network			
Deductible	\$250/\$500	\$500/\$1,000	\$500/\$1,000
Coinsurance	20%	30%	30%
Out of Pocket Maximum	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000

Preferred Pharmacy Plans

Benefit Option Name	Enrollment	Type	Retail			Mail		
			Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Preferred Plan 1	700	Three-Tier	\$0	\$15	\$30	\$0	\$30	\$60
Preferred Plan 2	1,452	Three-Tier	\$5	\$25	\$40	\$10	\$50	\$80
Preferred Plan 3	822	Coinsurance	20%	20%	20%	20%	20%	20%
Preferred Plan 4	80	Three-Tier	\$10	\$30	\$50	\$20	\$60	\$100
Preferred Plan 5	0	Three-Tier	\$15	\$35	\$60	\$30	\$70	\$120
Preferred Plan 6	0	Coinsurance	30%	30%	30%	30%	30%	30%

Any changes made to your benefits in the future will reflect these preferred benefit levels and the overall strategy of consolidating redundant and outdated plan options.

MEET THE BOARD

The Board of Trustees are elected by the 23 member Districts to oversee the Trust. They perform these duties in addition to their regular responsibilities and meet monthly to approve the direction of the Trust.

The RCG Health Insurance Trustees are:

Tammy Sutherland, Chairperson
 Leslie Copleston, Vice Chairperson
 Harry Hadjoannou, Treasurer
 Lyn Derway
 Sally Shields
 Cynthia DeDominick
 Kate Farrell

Advisory Members to the Trust are:

Mark Notarnicola/NYSUT Representative
 John Wilary/NYSUT Representative

Let us know if you have any questions or suggestions.
 You can reach us by email at RCGHealthTrust@questar.org.

THE BOARD OF TRUSTEES' GOALS FOR 2014 TO 2015

1. Pay or Play provisions under the Affordable Care Act (ACA).
 - Implementation of Minimum Value Plan/Negotiations.
 - Budgetary Impact 2015-2016 and beyond.
2. Property Tax Freeze savings.
3. Wellness initiatives.