

0:00 : Patrick Butcher : Running.

0:04 : Patrick Butcher : And AI is running as well. Oh.

0:10 : Patrick Butcher : Yeah.

0:13 : Patrick Butcher : Until we get started.

0:16 : Kristi Dawley : They are recording it because we plan to share it for people that can't attend.

4:28 : Kristi Dawley : Good morning, everybody. I know it's eleven, but I'm gonna give just a couple minutes before we get started so that others can filter in. It looks like we have quite a few people joining us right now, so it'll just be a couple of minutes.

7:14 : Kristi Dawley : Good morning, everybody. I'm we'll get started here today. For those of you that don't know me, I'm Christy Dolly, the executive director of Human Resources. You will be hearing from others today, Stephanie Dodge, our director of total Compensation, may maybe.

7:32 : Kristi Dawley : Jumping into add some information or answer some questions and then Casey Kilterman from Setsag, who is.

7:42 : Kristi Dawley : The third party medical advisor that we hired to run our RFP will be presenting. She also has Kyle here with her. You might hear from him today, and then Christine Kun from the Western Michigan Health insurance Pool will also be presenting as well.

8:04 : Kristi Dawley : Kyle, and Christina, if you guys want to introduce yourself, you can do so.

8:11 : Casey Kilcherman : Sure, I can do that. My name is Casey Kiltraman. I work with Setseg employee benefits. I've been with Setseg for about ten years and.

8:21 : Casey Kilcherman : As Christy mentioned, we were hired to do the RFP as an unbiased third party. I generally work with K twelve districts and community colleges all over the state of Michigan to help find the best insurances for the employees at their district.

8:41 : Kyle Koch - SET SEG : And I can go next Christine. My name is Kyle Coke. I'm a manager here at Setsec I've been with the organization for nine years, and I think Casey did an excellent job kind of explaining our role in this process. So thank you for joining us.

8:55 : Christine Coon : Great, and I'm Christine Kun. I work for the pool or Western Michigan health insurance pools, but we used to be called, I am a service consultant standing in for your typical service team. We had some overlap and so I am here for Leslie today. I have been on the pool team for about two years.

9:16 : Christine Coon : And prior to that, I held an executive director HR role at another community college in Michigan, so familiar with.

9:25 : Christine Coon : Your seat as an employee and Christy's seat as a HR leader. So happy to talk a little bit about insurance today and how we got to.

9:36 : Christine Coon : Plans and renewal that you have for twenty twenty seven.

9:42 : Kristi Dawley : Stephanie, do you want to introduce yourself?

9:45 : Stephanie Dodge : Yes, sorry. I just realized I was in the center of the page.

9:51 : Stephanie Dodge : Hi everyone, i'm Stephanie Dodge. I'm the director of total compensation. I'm here to help with any of your benefit questions and me and my wonderful team. Kelly and Nikki will be helping you through your open enrollment process this year.

10:10 : Kristi Dawley : Thank you everybody. So with those introductions, we will go ahead and get started and.

10:19 : Kristi Dawley : Patrick, I lost the ability to move Perfect, that works. So our agenda today is to go over, our health task force arrangement that we have here at the healthcare task force, sorry that we have here at LCC, explain a little bit about what that is.

10:39 : Kristi Dawley : Talk about Michigan's Public Act one fifty two, which is a major determinate determinant in how we.

10:49 : Kristi Dawley : In what we pay for our insurance. Then we'll talk about the medical and insurance RFP that took place this year.

10:58 : Kristi Dawley : Rate setting and renewal information.

11:01 : Kristi Dawley : An overview of insurance and how to choose a plan.

11:05 : Kristi Dawley : Go over lcc's plan offerings for two thousand and twenty seven.

11:11 : Kristi Dawley : Introduction in twenty six and an additional, plan in twenty seven we we have new priority health plans, so we're gonna talk about what those differences are between blue Cross blue Shield plans versus priority health plans, and then we'll also talk about the value added benefit.

11:33 : Kristi Dawley : Questions. So.

11:36 : Kristi Dawley : Started. With our health care task force.

11:40 : Kristi Dawley : The healthcare task force is a, like a coalition, I guess I would say, of.

11:49 : Kristi Dawley : Employees, employee representatives, and it was agreed upon through each collective bargaining agreement. So.

11:58 : Kristi Dawley : Each bargaining unit has representatives that sit on the health care task force in addition to their are.

12:07 : Kristi Dawley : Two non bargaining unit members as well that sit on it. The purpose of it is it's a body to review, provide feedback, and recommendations on plan enhancements or changes. And, as I mentioned, each employee group has representatives and they serve as kind of.

12:28 : Kristi Dawley : Your spokesperson for all the employees of what we would like to see in our health insurance options. We meet at least quarterly, but since January of twenty six, we've been meeting approximately every two weeks because we've had a lot of work to do.

12:49 : Kristi Dawley : Page, please. Patrick.

12:53 : Kristi Dawley : The, this is a list of your members, so AFT David Barker and Cheryl Garada are the representatives for ASP. It's Dave Wassinger in Aaron Clark Inman for FMA, Nate Slider and Dale Canroy for Mahi Elizabeth Clifford and Marnie Paris Bingle, and for Poem Jen Tilson.

13:15 : Kristi Dawley : For the non bargaining employees, it's Jessica Villarielle and Nikki Coxwell. Next slide, please.

13:29 : Kristi Dawley : We have done a lot of work, like I mentioned, in two thousand and twenty five Stephanie Dodge sent out a survey for all employees. The main takeaways from that survey were that one employees were pleased with our insurance options, but they wanted to see lower cost. The other.

13:48 : Kristi Dawley : Other takeaway was that employees did not want to make changes to their health plan options, which would include, you know, access, whether it's an HMO plan versus a PPO plan, level of coverage, which would include, you know.

14:08 : Kristi Dawley : Your deductibles are, how many times you can see a chiropractor or a physical therapist, et cetera. All of those go towards.

14:19 : Kristi Dawley : Our total cost for a plan. So employees were pleased with our offerings, they just wanted a lower cost.

14:28 : Kristi Dawley : To help with that in two thousand and twenty six, we brought on a new plan through priority health that was a high deductible plan.

14:40 : Kristi Dawley : Early this year, we went through a medical RFP, and we use set SAG as an independent third party medical advisor to assist with that. They helped run the RFP in conjunction with the purchasing department here and then they also helped.

15:00 : Kristi Dawley : With the healthcare task force in the evaluation of the responses that we received, and we'll share some more information about that in the later slides.

15:11 : Kristi Dawley : The survey feedback and the healthcare task force representatives feedback, we made the decision to add a new seventh plan option for two thousand and twenty seven. It's also a priority health plan. It's very similar to our current.

15:30 : Kristi Dawley : Blue Cross blue Shield plan that has a one thousand two thousand deductible with, but it's under priority health instead of blue Cross blue Shield.

15:42 : Kristi Dawley : Next slide please.

15:47 : Kristi Dawley : So we're gonna talk a little bit about public Act one fifty two, which is a Michigan law. And I mentioned that there are a lot of different things that go into.

15:58 : Kristi Dawley : We arrive at the number that employees pay. And one of those is or several of those, as I mentioned, is things like deductible coinsurance, co pays, level of access, and level of benefits. But the other for us in Michigan is public act one fifty two.

16:18 : Kristi Dawley : Next slide, please.

16:22 : Kristi Dawley : This is a law that was enacted in two thousand and eleven, which limits the amount of public employer can contribute towards employee medical benefit plans. It really specifies the total employer costs which include the monthly or annual premium reimbursements for copays deductibles, and or.

16:42 : Kristi Dawley : Payments into health savings accounts or flexible spending accounts. And what this law does is it puts.

16:50 : Kristi Dawley : A limit on the pay or on what an employer can pay as either a hard cap amount that is set and adjusts annually or.

17:02 : Kristi Dawley : The governing board, which is for us at LCC, the board of trustees, it lets them make a decision

to choose an eighty what what's referred to as eighty twenty. And under eighty twenty up to eighty percent is paid by the employer with a minimum of twenty percent.

17:22 : Kristi Dawley : Paid by the employee. As I mentioned, the hard cap annual limits are adjusted based on the previous twelve month medical CPI and those rates are announced in March of each year.

17:40 : Kristi Dawley : Be in effect for the following year.

17:46 : Kristi Dawley : To the next slide, please.

17:49 : Kristi Dawley : For two thousand and twenty seven, the majority of community colleges in Michigan have chose to the hard cap calculation including LCC. And the limits for two thousand and twenty seven per employee enrolled in a medical plan here at LCC is for single coverage.

18:10 : Kristi Dawley : And eighty dollars and thirty five cents annually, which amounts to six hundred and eighty one seventy monthly under two person coverage, it's seventeen thousand one hundred and seven dollars and sixty six annually or one thousand four hundred twenty five dollars and sixty four cents monthly, and then finally family.

18:31 : Kristi Dawley : Twenty two thousand three hundred and ten dollars and eleven cents annually or one thousand eight hundred and fifty nine dollars and eighteen cents monthly. So what does that mean? Well, what that means is that an expense or a premium above and beyond those limits is what you as an employee have to pay.

18:52 : Kristi Dawley : That insurance. So we take the hard, we take the annual premium or the monthly premium and then we.

19:02 : Kristi Dawley : And what's left over is what employees pay out of their paycheck for their health insurance.

19:11 : Kristi Dawley : Please.

19:13 : Kristi Dawley : So this is a little chart that we put together that lists all of our current plans along with the new plan, the last grayed out section.

19:25 : Kristi Dawley : This chart is the new plan. But what I wanna walk through what this shows. So from the top.

19:36 : Kristi Dawley : We'll just use the first one as an example. The wim hep blue Cross PPO select plan, that has a five hundred one thousand deductible.

19:48 : Kristi Dawley : I'm going to the right, you'll see that there's coverage options. Single two person and family.

19:57 : Kristi Dawley : To the right of that, the two thousand and twenty seven monthly premium is listed. That's how much that plan costs on a monthly basis. So it's one thousand two hundred and thirty three dollars and twenty eight cents for single. Two thousand seven hundred and seventy four dollars and eighty three cents for two person and three thousand four hundred.

20:17 : Kristi Dawley : And fifty three dollars and sixteen cents for family.

20:22 : Kristi Dawley : The next column shows the number of employees that are currently enrolled in that plan, and then to the right to the very last column, the two thousand twenty seven hard cap employer percentage shows the percentage that the college pays towards that plant. So that first plan that's listed is one of our.

20:43 : Kristi Dawley : Our most expensive plan that we offer here at the college. So the percent paid by the college for that plan for single coverage is fifty five percent. If you go to the very bottom of that chart, we have our priority health, high deductible health plan with a.

21:04 : Kristi Dawley : Dollar deductible and an eighty twenty coinsurance. For that plan, if you go to the far right, you will see that under single and family, the college pays one hundred percent of that, planned costs and for a two percent.

21:22 : Kristi Dawley : Enrollment, the college pays ninety six percent.

21:29 : Kristi Dawley : Which is the new plan, the priority health PPO fifteen hundred three thousand deductible plan.

21:38 : Kristi Dawley : As I mentioned, that's our new plan and you'll see on there for single the college is paying seventy eight percent for two percent, seventy three percent and for family seventy six percent of the costs.

21:54 : Kristi Dawley : Next slide please.

21:56 : Patrick Butcher : Do you wanna, start sharing from your side? Just click share and then.

22:00 : Patrick Butcher : File, and it's already there.

22:03 : Kristi Dawley : Perfect. I will do that. Share.

22:06 : Patrick Butcher : You'll have to jump ahead to this slide though.

22:20 : Kristi Dawley : Thank you. Okay, I'm now gonna turn it over to Casey so that she can walk us through the medical insurance RFP.

22:34 : Casey Kilcherman : Alright, thank you Christy. And as Christy mentioned at the very beginning both Kyle and I work with Setsec and we were contracted by landsync Community College to sit as an unbiased third party in the medical insurance request for proposal. So you'll probably notice as we move through.

22:54 : Casey Kilcherman : A lot of these slides, there are a ton of acronyms that are kind of baked into the health insurance world. RFP being one of them, but that just means request for proposal. So when we began working with

lancing community College in the spring.

23:10 : Casey Kilcherman : Goal was to help identify and provide what LCC, as an entity and the employees would determine the best and most affordable health coverage for employees all employees at lancing community College with a diversified plan menu so that each employee, when they go to.

23:30 : Casey Kilcherman : Select a plan, they are able to find an avenue that meets their wellness and their financial needs. So it was important to get this process started earlier in the year.

23:42 : Casey Kilcherman : When you get into fourth quarter ahead of one one renewals or January one renewals things get very busy and decision timelines start to move very, very quickly. So we did work with Lancing starting in the spring to try and set the stage for this process. And so set as the third party consultant here.

24:03 : Casey Kilcherman : What we did is we solicited the quotes directly, and then we received questions and quotes from carriers who responded to the bid net public notice, so there was a public notice put out. We also went directly to the major players in the state of Michigan, and then as we answered questions received quote.

24:23 : Casey Kilcherman : What we did is we took all of that information, and then we're able to bring it back to the healthcare task force and present the results of what that request for proposal started out as.

24:36 : Casey Kilcherman : When we got together with the group, the whole goal was to kind of go through step by step and show which carriers responded, which carriers had.

24:46 : Casey Kilcherman : Rates that were competitive or uncompetitive, and then also evaluate the alternative options because.

24:54 : Casey Kilcherman : Carriers, no two plans are going to be the same. You'll see that exactly even with the pool you have blue Cross in priority health, even under that umbrella of the pool, they have different planned menus. So all plans are gonna function slightly differently from one another, so it was important to evaluate those alternative options that we received within the rf.

25:16 : Casey Kilcherman : As a whole.

25:19 : Casey Kilcherman : Christy and Stephanie and the LCC team facilitate any discussions, answer questions, do further quoting and research throughout the process to really get a well rounded idea of what was available to LCC coming into that one one renewal with the West Michigan health insurance school.

25:44 : Casey Kilcherman : Next slide. Thank you. So here is an abbreviated or a summary of where the RFP ended up. You'll see that.

25:54 : Casey Kilcherman : Himpip was the enforced carrier or currently is the enforced carrier through twenty twenty six. They obviously accepted quoted and received.

26:05 : Casey Kilcherman : Provided to LCC in that received section there and then added a seventh option upon renewal. The other carriers listed down the left hand side there Maysa blue Cross blue shield, Direct Priority health, Direct cap, and Aetna. We're all solicited and you'll see there that they all.

26:26 : Casey Kilcherman : Accepted the proposal, they quoted and then you'll see their responses there where Mesa actually provided the, the rate figures and those rates ended up being higher blue Cross blue Shield provided rates and those rates were even higher than the MASO ones that were higher than wim hips, and then the botto.

26:47 : Casey Kilcherman : They all accepted quoted, and then responded as uncompetitive. So a lot of times carriers will give you that kind of response just saying we are uncompetitive, but not provide the rates. So they're just saying there's no way we can get close to the rates that you have.

27:08 : Casey Kilcherman : Matching the plans that you currently have. So they might have similar plans, but if they were to give you those rates, those rates would be much, much higher. So they just say respond as uncompetitive. We cannot compete with your current benefits and your current rates. So, I guess the final summary.

27:27 : Casey Kilcherman : Mesa and blue Cross were the only other two carriers that actually provided rates and those rates for the closest plan matches were higher than what was enforced with Wimpip as well as higher than the renewal.

27:50 : Christine Coon : Alright, so I think I'm up, and again i'm stepping in for Leslie today. I added a few extra slides that where you really don't need to go over in this presentation, more maybe set for a task force group, so I'm gonna have Christy kind of skip along, but wanted to share a few things that kind of go into.

28:11 : Christine Coon : The renewal process and kind of what we were looking at with the increase in rates that happened kind of across the state of Michigan for this upcoming twenty twenty seven year. So the first thing here is just an overview of what the pool is for employees to kind of know how it works. So, the pool is a group of employers.

28:30 : Christine Coon : Public employers that come together to buy insurance in a self funded way across the state. So you can see here all the way I'm gonna start reading backwards I'm gonna start on the right hand side. We have over two hundred and eighty member entities that come together to buy insurance together. What that does is it gets a larger group of folks that are.

28:51 : Christine Coon : Pulling their risk together and it enables us to offer really great plans at competitive prices as well as lots of value added benefits based on our size. So, we have over twenty seven thousand employees in Michigan that we're covering under pool coverage, and you are all a part of that group. We have four.

29:12 : Christine Coon : There are four committees that really work to make sure that they're providing the best options to our employers across the state. So there's an executive committee that's the leadership group, a member experience committee that makes sure that across the state everybody is engaged and understands what's going on.

29:32 : Christine Coon : A value committee which is important for employees to know about. We have a group of people that work at public entities across the state who have full insurance that are working to make sure that we're finding the best solutions to our improve your member health, your employee health, across the state, and make sure that every dollar that's going into the plan is being used appropriately.

29:53 : Christine Coon : There are some good.

29:54 : Christine Coon : Programs to help with that. And then lastly is strategic initiatives committee to make sure that we are looking at what we need to do every year and they do a lot of project work. The pool is member focused. We want to provide value to all of our member entities and employees that are covered and make sure that we're providing trust.

30:15 : Christine Coon : Transparency.

30:18 : Christine Coon : Next slide Christy.

30:23 : Christine Coon : So kind of just talking about the overall price increases that you're kind of seeing since Covid, the healthcare costs are just outpacing inflation and we're seeing that kind of across the state. Christy came to the presentation showing you some of the strategies to reduce some of the costs that employees are gonna feel on the plan. Just.

30:44 : Christine Coon : That, you know, the medical and pharmacy benefits are our costs are increasing. So some of you may have seen that with the negotiations that were happening with Michigan Medicine and blue Cross this year, as they negotiate higher rates for hospital reimbursement, that definitely impacts the plan and overall rates for upcoming years.

31:05 : Christine Coon : Along with pharmacy and specialty medications that are becoming more popular and used more widely for different diagnosis.

31:16 : Christine Coon : Next. So.

31:23 : Christine Coon : The entire pool board this year that I thought was impactful as you're seeing healthcare prices increase and this is what we're kind of working against and trying to find solutions for. But you can see that inflation rate is right at ninety three percent over the last twenty five, twenty six years, and that hospital costs are going up dramatically above.

31:44 : Christine Coon : So that's really a huge part of the reason that you're seeing the changes in insurance costs and why we are looking at different plans and you went out to market to see what you could do to help lower some of those prices.

31:57 : Christine Coon : And with that Christy, you can skip the rest of the slides and we'll kick it back to Casey to talk about the.

32:03 : Christine Coon : The plan design.

32:07 : Kristi Dawley : Thank you Christine.

32:13 : Casey Kilcherman : Alright.

32:18 : Casey Kilcherman : What I'm going to go through now, there's a handful of slides, so I kind of want to set the stage almost a mini agenda. Obviously on the screen right now you see insurance terms no, so these are gonna be important as we go through the cost comparison and the plan differences, but there will be a handful of.

32:38 : Casey Kilcherman : Kind of talking you through the difference between a traditional plan and a high deductible plan both of which are offered in a few different varieties here under the pool plan menu option at LCC. So I think Christy has done a really good job of explaining where the employee cost share comes from.

32:59 : Casey Kilcherman : Premium amount is what's charged from whom Hip to the college, and then once you subtract out that PA one fifty two hard cap number, what, what is left becomes employee cost share and that's taken out via payroll deduction. And then those, those next three there are deductible copayment and co.

33:20 : Casey Kilcherman : Insurance, those are gonna be vitally important as we talk through how each plan is different.

33:27 : Casey Kilcherman : Most people are very familiar with the deductible in the sense that you probably have one on your auto policy, and if you are like me living in northern Michigan and you happen to hit a deer or two, you pay a five hundred dollar deductible and then the auto insurance kind of starts to kick in. Deductibles on the medical side are

similar in that.

33:48 : Casey Kilcherman : Where it's the amount that you have to.

33:50 : Casey Kilcherman : Pay before the insurance cost sharing arrangement starts to kick in, whether it's via co on a high deductible plan, whether it's via a co pay for prescription drugs, but the deductible are.

34:04 : Casey Kilcherman : Slightly different between traditional plans and high deductible plans and we'll get into that, but at the very most basic level, it's the amount you owe before healthcare services begin to pay or start paying for covered expenses. Now, co payments and co insurance can sometimes get.

34:23 : Casey Kilcherman : Or, kind of overlapped between one another in the way that you can differentiate between them is the fact that a co payment is a flat amount. It's a flat dollar amount that you pay at the time of a service or to fill a prescription. And coinsurance is a percentage amount and that is where.

34:43 : Casey Kilcherman : That cost sharing arrangement comes in. So you're paying ten percent or twenty percent and the plan on the back side is picking up that ninety percent or that eighty percent. So coinsurance is percentage co payment is a flat dollar amount. And when you take deductible plus any relevant co.

35:03 : Casey Kilcherman : Payments plus possible coinsurance that's on the plan, when you add all of those factors together.

35:11 : Casey Kilcherman : That's when you can get to your total out of pocket maximum. That is your true financial risk throughout the year, as long as you're going to your in network providers. So out of pocket maximum is your total budget number that you can kind of take a look at as we move through these seven different plans. And I promise not all seven are gonna be.

35:32 : Casey Kilcherman : On the same screen because there was just too much text. So I have it split out between traditional plans and high deductible plans.

35:43 : Casey Kilcherman : Okay, so here we have a sample of how a traditional plan works. So the traditional plan that I took an example of.

35:56 : Casey Kilcherman : Your enhanced one thousand dollar single deductible, two thousand dollar, two person or family deductible with twenty percent medical coinsurance. So other traditional plans are going to function the same way, but I'm taking the numbers from the benefit summaries from the one thousand two thousand, twenty percent plan.

36:16 : Casey Kilcherman : So in the very middle of the slide in kind of the background, you see a light blue bucket. That represents the out of pocket maximum. So everything that happens in a plan year, whether it's deductible, copay, coinsurance, every single thing that happens in the plan year when you are interacting with the healthcare.

36:38 : Casey Kilcherman : Is tracking into that bucket. So that bucket is starting to fill up with every copay with every deductible hit coinsurance, that bucket begins to fill.

36:51 : Casey Kilcherman : Foreground, you'll see a smaller gray bucket that is labeled deductible and coinsurance bucket. So the reason the coinsurance is in parentheses is because there is coinsurance on this plan, but there isn't necessarily coinsurance on every traditional plan. But the deductible in this sense, when.

37:11 : Casey Kilcherman : You're looking at traditional plans are going to be your big ticket items. So we're talking inpatient and outpatient medical costs such as hospitalizations, maybe an outpatient surgery, possibly some diagnostic lab work. So along the right hand side, you'll see a list of maybe ten different bullet points.

37:32 : Casey Kilcherman : Items there are the type of items when you're reading through your benefits summary that you will see labeled as.

37:41 : Casey Kilcherman : Eighty percent coverage after deductible. What that means is when you interact with those parts of the health care system, they first track towards deductible, then they track towards coinsurance. So that's, those are those big ticket items on your right hand side there. Some examples chemotherapy surgery.

38:02 : Casey Kilcherman : Delivery and nursery care. Now, if you move to the left hand side, you've got your copays and those copays start on day one of the plan. They do not track towards your deductible. They track towards the out of pocket maximum. So you have things coming in from both sides, big ticket items are d.

38:22 : Casey Kilcherman : And coinsurance and those nominal co pays whether it be office visits, chiropractic visits, physical therapy, all of those are tracking towards your out of pocket maximum bucket. And you'll see there office copays at twenty dollars specialists at twenty visit.

38:42 : Casey Kilcherman : A fifty dollar copay. So everything is kind of happening simultaneously, but it's important to know on the traditional plan, those big ticket items are going to deductible and coinsurance and those copays are tracking towards out of pocket maximum, and everything all together, if you were to fill your out of pocket maximum.

39:02 : Casey Kilcherman : Bucket with deductible coinsurance co pays, if you get to the out of pocket maximum, which would be forty five hundred dollars as an individual or nine thousand dollars as two person full family, that's when you are done paying and the pool would pick up the rest for the remainder of the calendar year.

39:23 : Casey Kilcherman : Next slide.

39:28 : Casey Kilcherman : Now on to the high deductible health plan, so the acronym HDHP stands for high Deductible health plan in order to have that tax advantage savings of another acronym, the HSA, which is the health savings account, you do have to active actively be enrolled in a high deductible health plan. So.

39:49 : Casey Kilcherman : Two high deductible health plans samples here.

39:54 : Casey Kilcherman : With zero percent medical coinsurance after deductible and one with twenty percent medical coinsurance after deductible. So we'll start on the left hand side with the blue Cross blue Shield flexible blue enhanced high deductible health plan paired with an HSA. So this is the minimum threshold that the IRS allows in order.

40:14 : Casey Kilcherman : Enrolled in a high deductible health plan, which is seventeen fifty for an individual and thirty five hundred for two person full family. So you, you see a similar bucket here that you did on the previous slide, and this bucket has two faucets above it. And both faucets, when you start the plan year on a high deductible health plan both fa.

40:35 : Casey Kilcherman : Are turned on and set at a wide open gush because outside of preventive services, you are paying the full cost every single dollar of any medical and any prescription drug costs. So if you maybe have an emergency room visit right away or you have a high cost prescription drug.

40:55 : Casey Kilcherman : That bucket can fill up very quickly because you're paying the full cost of everything outside of preventive services on a high deductible health plan. You don't have copays from day one like you did on the traditional plan. So the reason there are two faucets above that bucket, one represents medical services and the other.

41:15 : Casey Kilcherman : Represents prescription drugs. And again, you're in the full cost, so those are set at a wide open gush. So that bucket can fill up very quickly. So if you get to your deductible limit, if you fill that bucket up to the tune of seventeen hundred fifty dollars as an individual or thirty five hundred as two person full family, that bucket fills up.

41:37 : Casey Kilcherman : Pretend it falls over, and then we move on to the, the second bucket to the right of that. And you'll notice on this one, there's only one faucet. And that faucet represents prescription drugs and that faucet is set at kind of just a trickle instead of a full gush. And the reason there's only a.

41:58 : Casey Kilcherman : One faucet, which is prescription drugs is because there's zero percent medical coinsurance on this plant, which means once you've met your deductible, you don't pay for any more medical services. The only thing you have left to pay is prescription drug copays. So that's why that faucet is set at a trickle because.

42:18 : Casey Kilcherman : Now you're paying prescription drug copays at ten and forty dollars as opposed to during the deductible phase of the plan when you were paying the full cost of everything.

42:29 : Casey Kilcherman : Now, if you move over to the right hand side, you'll see the buckets are a little bit larger. That's because the deductible is larger, so on the priority health high deductible health plan paired with an HSA, the deductible for an individual is thirty five hundred dollars, and it is seven thousand for two person full family. So the bucket.

42:49 : Casey Kilcherman : Because the deductible is bigger. Still too faucets on this one, one for medical services, one for prescription drugs, both of which set wide open at a gush because you're paying the full cost of everything until you satisfy those deductibles. To the right hand side, you'll see there are still two faucets on.

43:09 : Casey Kilcherman : That second bucket. The reason there are still two faucets here is because there's twenty percent medical coinsurance on this plant, which means once you've satisfied your deductible of I'm gonna pick the thirty five hundred as an individual, so I've spent thirty five hundred dollars. Now I'm into the prescription drug copay and me.

43:30 : Casey Kilcherman : Oinsurance phase, which means now if I go to the emergency room and they are gonna charge me a thousand dollars, I'm paying twenty percent of that cost in the second phase of the plan, which is subject to medical coinsurance and prescription drug copay. So both faucets.

43:54 : Casey Kilcherman : On the right hand side above the bucket. But again set at a trickle because you're paying either twenty percent as opposed to the full amount and you're paying prescription drug copays as opposed to the full cost of a prescription drug.

44:09 : Casey Kilcherman : The piggy bank sitting in the middle there is your health savings account as a single you are allowed to contribute pre tax, so health savings account, they do have that triple tax advantage, you can put it in tax free, it can grow tax free, and when you pull it out for medical services, it is also tax free.

44:30 : Casey Kilcherman : As a individual, you can put forty five hundred dollars a year into that HSA for twenty twenty seven and two person full family is up to nine thousand dollars. And then you're using the money and your health savings account to help pay for things that are incurred during the deductible phase throughout any phas.

44:51 : Casey Kilcherman : You're welcome to use any of those.

44:53 : Casey Kilcherman : HSA dollars to pay for services during that time.

45:05 : Casey Kilcherman : Two slides ago we looked closely at the traditional plan and how that functions. Last slide was high deductible health plans. This slide is just meant to be a summary.

45:16 : Casey Kilcherman : To kind of let you know in big generalized terms when somebody might find a traditional plan more attractive and when somebody might find a high deductible health plan more attractive.

45:31 : Casey Kilcherman : Community college, with many many employees, it's important to understand that everyone has different healthcare needs, financial needs, so there should be a good fit for each person.

45:44 : Casey Kilcherman : And some people that would want to stick with a traditional plan might have a lot of ongoing expensive medications that they're, they don't want to pay the full cost of on a high deductible health plan on January first. They might have been multi.

46:02 : Casey Kilcherman : Multiple chronic conditions. They have a lot of specialist visits and they want to know every time I go to the specialist, you know, it's gonna be twenty dollars. It's not gonna be subject to what that provider is charging and I'm on the hook for the whole fee. Generally people who are going to gravitate more towards a high deductible health plan again all of this is general.

46:23 : Casey Kilcherman : Every individual is going to be different, but most often it is an employee that considers themselves a generally healthy individual who doesn't need to access the health care system.

46:37 : Casey Kilcherman : A great deal throughout the year. They have fewer claims and they would prefer to have less payroll deductions. They would prefer to save more in their paycheck because they're not accessing that health care system as frequently, and they might also be interested in that triple tax advantage savings of the HSA.

47:06 : Casey Kilcherman : So I know we haven't gotten to the plans yet. I promise those are coming up quickly, but things that you are gonna wanna consider as we go through the similarities and differences between the plan.

47:18 : Casey Kilcherman : The biggest one I shouldn't say the biggest one, one of the biggest ones right now obviously is going to be costs. So how much are you going to be required to pay monthly or annually to be on that plan? In general, when you have a lower deductible, you have less coinsurance and higher visit allowances.

47:38 : Casey Kilcherman : And I would also throw in there.

47:41 : Casey Kilcherman : Copays from day one. So first dollar copays.

47:46 : Casey Kilcherman : That costs more money. So lower deductibles less coinsurance, higher visit allowances costs more money is charged more premium, which translates into a higher employee cost share. Another big question for some people who use the health care system quite a bit would be the flexibility.

48:05 : Casey Kilcherman : Piece of it. So which doctors hospitalists, specialists would be considered in network with either blue Cross blue Shield or Priority health? So, as Christy mentioned, you added that priority health plan at the beginning of twenty twenty six, there's a second priority health plan that's going to be offered in twenty twenty seven. And there.

48:27 : Casey Kilcherman : Differences I would say there is a great deal of overlap. Most providers are going to participate with both blue Cross blue Shield PPO and Priority health PPO. But some providers will participate with one and not the other. So it would be up to the individual to decide, you know, if I'm on blue Cross now.

48:48 : Casey Kilcherman : Provider's not going to take priority health, you have to make that personal decision, you know, do I want to stay with this provider or am I willing to move into, you know, to get a new provider that participates with the network.

49:02 : Casey Kilcherman : Of the plan that I would like to take.

49:04 : Casey Kilcherman : The last one being coverage, so deductible coinsurance co payment, as well as out of pocket maximum.

49:12 : Casey Kilcherman : What you have to do here, it's it's a little bit of homework on the individual. You have to think about how much you generally spend in prescription drugs as well as medical services throughout a year. You know, it might vary, it might be a bit of a roller coaster, but some people have very consistent costs because they know they see this doctor X times a year.

49:32 : Casey Kilcherman : Year or they see them once a week or, you know, bi monthly, however that works, you're gonna have to do a little bit of homework on the back end and possibly look through old eobs and, you know, see how much you spent last year. Do you know if you have a scheduled surgery coming up and have you had a predetermination to see about how much that would cost.

49:52 : Casey Kilcherman : So the it's going to vary a lot by individual. You want to consider known upcoming costs as well.

50:00 : Casey Kilcherman : If you're managing chronic conditions.

50:03 : Casey Kilcherman : Again, big generalization, if you are a low user of the health care system.

50:10 : Casey Kilcherman : You may not need super high coverage benefits. You might find a better spot in a high deductible health plan where you can save some money out of your paycheck if you don't access the health care system a lot.

50:25 : Casey Kilcherman : Ah.

50:29 : Casey Kilcherman : On to the plan offerings, drum roll. Okay, so you'll see four plans across your screen. These are the traditional plans, meaning they have first dollar copays for prescription drugs as well as office visits specialists urgent CARE. So.

50:49 : Casey Kilcherman : All of these plans function the same in the traditional sense co pays from day one.

50:56 : Casey Kilcherman : The differences that you'll notice as you go across from left to right are deductible amounts. So, that first plan has the lowest deductible, which is two hundred and fifty dollars for an individual and five hundred for two person full family. Now this plan also has ten percent medical coinsurance that you would be.

51:15 : Casey Kilcherman : Subject to after you've satisfied the deductible. And on these traditional plans, please remember deductible consider big ticket items hospitalization, surgery, lab work, diagnostic lab work, things of that sort, and so as those coverage indicators come down on the left hand side, the deductible.

51:36 : Casey Kilcherman : Coinsurance.

51:39 : Casey Kilcherman : The third box down stands for office visit specialist visit, urgent care, AND. Then you've got chiropractic underneath chiropractic is physical therapy occupational therapy, and speech therapy. Below that, prescription drugs and the final one OOPM.

51:59 : Casey Kilcherman : That is your out of pocket maximum.

52:04 : Casey Kilcherman : Of pocket maximum is your true risk.

52:09 : Casey Kilcherman : Throughout the year as long as you're utilizing in network providers. Below that, you'll have your single two person and fit and family, monthly cost share. So you'll see how those, the costs of those plans differ as you change deductible levels, as you change coinsurance levels. So you'll actually.

52:33 : Casey Kilcherman : Has a deductible of five hundred one thousand, which is double the deductible of the first plan, but it has zero percent medical coinsurance, meaning once you've satisfied that deductible, you don't have to pay for any more big ticket medical items. You're still paying for your co pays, you're still pa.

52:52 : Casey Kilcherman : For Kaiser, those types of things, but those big ticket medical items are off the table because they're zero percent medical coinsurance, and because of that zero percent medical coinsurance being on the plan, that actually makes that the most expensive plan, even though it has a higher deductible than the two fifty.

53:16 : Casey Kilcherman : All of those first three are on the blue Cross blue Shield enhanced network, meaning you have those.

53:24 : Casey Kilcherman : Kaiser visits, you have a bucket of sixty for your physical therapy occupational therapy and speech therapy to kind of divvy those up as you wish. And then on the right hand side there, that is the new priority health plan for twenty twenty seven. This is also a traditional plan, in the same sense that you have first dollar copay.

53:47 : Casey Kilcherman : What you will also notice is the priority health platform.

53:54 : Casey Kilcherman : Matching that Kaiser visit, so there's still twenty four Kaiser visits. There's still a bucket of sixty for PTOTST physical therapy occupational therapy speech therapy, where you will see difference this year. Obviously the deductible is slightly higher. Fifteen hundred and three thousand. There is twenty percent medical coin.

54:15 : Casey Kilcherman : And then those coinsurance maximum figures there.

54:19 : Casey Kilcherman : What that means is.

54:22 : Casey Kilcherman : You cannot surpass once you've paid two thousand dollars as an individual in the coinsurance phase, then you're done with the coinsurance. You don't have to pay twenty percent of, you know, anything medical that happens into perpetuity. You, you are capped at a specific number of two thousand for an individual and four thousand for two person.

54:42 : Casey Kilcherman : Full family. You'll see a slight difference in the office visits specialist, urgent care AND, most notably in the specialist visit that's bumped up to fifty urgent care is sixty and that one two fifty instead of just the fifty dollar copay.

55:02 : Casey Kilcherman : The prescription drugs are slightly different as well. You'll see there's a three tier system, ten dollars for the generic and then four the other two percentages.

55:15 : Casey Kilcherman : A maximum and a minimum allowance within those, but you'll notice that those are higher, so an eighty dollar maximum in the twenty percentage, twenty percent category as well as the hundred and sixty dollar maximum Both of those amounts obviously are higher than the ten forty of your blue Cross blue Shields enhanced plan.

55:36 : Casey Kilcherman : Those coverage differences allow for a lower premium, which allows for an a lower

employee cost share.

55:49 : Christine Coon : Christie.

55:49 : Casey Kilcherman : If you want to thank you. Next up is the high deductible health plans. There are three of these.

55:57 : Casey Kilcherman : Of these are renewal plans, so they are currently on the menu. Two of them sit on the blue Cross blue Shield PPO network. The one for this to the left is the enhanced HSA that's at the minimum IRS threshold, so that's the seventeen fifty, thirty five hundred.

56:16 : Casey Kilcherman : You'll notice you know about four or five rows down, the prescription drugs on this one, you'll notice the bold after deductible. So that means you're paying the full cost of all your prescription drugs until you meet the deductible numbers listed there. It is only after you've satisfied your deductible, are you able to access.

56:36 : Casey Kilcherman : Drugs copays? So you'll see that across all three of these plans. So the enhanced plan has the twenty four Kairo and the sixty, the bucket of sixty for PTOTST, and then the blue Cross blue Shield value plan that sits in the middle has a three thousand dollar individual deductible.

56:56 : Casey Kilcherman : And six thousand for two person full family, twenty percent medical coinsurance, the other big differences here on the value.

57:07 : Casey Kilcherman : The value plan, your Kairo as well as your PTOTST are reduced by half. So from twenty four visits down to twelve and from a bucket of sixty down to a bucket of thirty, you'll also see there's a third prescription drug tier as well as a higher out of pocket maximum. So.

57:27 : Casey Kilcherman : With those coverage indicators changing, so fewer visits, another tier for prescription drugs and a higher out of pocket maximum that ships premium lower, which reduces employee cost share.

57:42 : Casey Kilcherman : The priority health plan all the way on the right is the highest of the high deductible health plans still has the twenty percent medical coinsurance, but the priority health plan.

57:54 : Casey Kilcherman : Matches the twenty four Cairo and the sixty PTOT. It does have that slight difference with the prescription drugs so an eighty dollar and a hundred and sixty dollar max, which are, you know, double what that blue cross blue Shield value prescription drug copay is. But you'll see it has a slightly lower out of pocket maximum.

58:17 : Casey Kilcherman : Far to the right, you'll see a single page, nothing out of their paycheck to be on that plan.

58:23 : Casey Kilcherman : The family also pays nothing out of their paycheck to be on that plan. And a two person about sixty dollars a month.

58:31 : Casey Kilcherman : I did see a question come through and I think it was a very good question that would help illustrate again the difference between a traditional plan and a high deductible plan. So the reason that there is no office visit specialist visit urgent CARE copay listed on the screen is because those do not.

58:52 : Casey Kilcherman : With high deductible health plans with a high deductible health plan, you are paying one hundred percent of the costs every single dollar for medical service and prescription drugs until you satisfy those deductible numbers. So how this is different than the traditional plan, if I'm on a traditional plan.

59:12 : Casey Kilcherman : And I go to see my doctor on January eighth, I pay my twenty dollar copay. If I'm on one of these high deductible health plans, on January eighth I go to my doctor and my doctor charges a hundred and eighty dollars, that's what I pay. I don't pay a twenty dollar copay, I pay a hundred and eighty dollars. And I keep paying.

59:33 : Casey Kilcherman : Medical service and every prescription drug until I satisfy those prescription drug numbers or those deductible numbers.

59:44 : Casey Kilcherman : Feels kind of like you don't really have insurance, it doesn't kick in until you hit those numbers. I will caveat that with the fact that preventive care is.

59:56 : Casey Kilcherman : As part of the affordable Care Act, whether you're on a traditional plan or a high deductible plan, if you're just going in for a physical, there should be no cost to that. If your doctor coz it incorrectly and does a bunch of diagnostic lab work while you're there, you'll have to pay for that. But just the physical piece.

1:00:14 : Casey Kilcherman : Depending on age and gender, mammogram colonoscopy, things of that nature, well child visits, those are all preventive, so those are all covered so you wouldn't be subject to those in a high deductible health plan. Similarly, you wouldn't be subject to them in a traditional plan either.

1:00:32 : Casey Kilcherman : I'm gonna pause because I feel like that was way too much information.

1:00:38 : Casey Kilcherman : N.

1:00:41 : Stephanie Dodge : The Casey, just a couple things. We're being asked to explain the difference between an embedded in aggregate and.

1:00:49 : Stephanie Dodge : So I'm typing it in the chat, but I didn't know if you verbally want to do it as well. And then the other thing I wanted to point out and make sure people understand the difference between the flex spending and a health savings. The flex spending if you want to do that or if you want me to just let me know.

1:01:10 : Casey Kilcherman : If you want to take FSA and HSA, I can quickly do the embedded and aggregate really quick. Embedded means you are kept at the individual level. So for all of those traditional plans, when it said two fifty five hundred.

1:01:27 : Casey Kilcherman : If I have a four person family and the deductible is five hundred, one person can't spend more than two fifty, and then the remaining three members of the family make up the rest of it. So embedded means you stop paying for your stuff at the individual level, with the high deductible heal.

1:01:47 : Casey Kilcherman : Health plans, those all being aggregate, that means one person could wipe out the whole family deductible. So if I was on blue Cross blue Shield enhanced HSA seventeen fifty, I have a family of four and I had to get a six thousand dollar surgery, I have just wiped out.

1:02:08 : Casey Kilcherman : The family deductible for the whole plan year for my whole family. On the traditional side, I would stop at my individual deductible of whether it be two fifty five hundred, one thousand.

1:02:22 : Casey Kilcherman : Embedded you stop at an individual aggregate, you can wipe out the whole family deductible.

1:02:33 : Stephanie Dodge : Thank you.

1:02:34 : Casey Kilcherman : You bet.

1:02:37 : Stephanie Dodge : Just to note a couple of differences between a flex spending and a health savings account, Both are pre tax dollars you are contributing into an account to help with medical expenses. A flex spending is for a PPO traditional.

1:02:56 : Stephanie Dodge : Or could be just a PPO plan. PPO plan, and that money as you elect it one time at the beginning of open enrollment continues to be withheld by weekly and equal installments for the remainder of the year. However, the funds are put up front for you to for you use.

1:03:17 : Stephanie Dodge : Immediately. So you could use those for any deductibles copays, coinsurances, immediately up front. The health savings account is a, again, tax, pre tax contribution into an account to help with medical expenses. However.

1:03:37 : Stephanie Dodge : A health savings account, the money is abate available for use after it is deposited. It is not put up front. If you've deposited into the health savings account, then it becomes available for use. So it is an even exchange savings, account.

1:03:58 : Stephanie Dodge : Expenses.

1:04:08 : Kristi Dawley : Sorry, there was another question about why the cost.

1:04:13 : Kristi Dawley : Health, high deductible plan is zero for family and.

1:04:19 : Kristi Dawley : Single but it for two person it has a cost in that just really is because of the way that Michigan Public Act one fifty two was originally set up when the law was written, it.

1:04:36 : Kristi Dawley : I don't know how to say this other than that, they didn't really know how two person coverage really worked.

1:04:48 : Kristi Dawley : Didn't set it up properly. And since that time, it just compounds upon itself that it's not a true depiction, and so that's why.

1:05:00 : Kristi Dawley : And single are at zero, but two person is, is more. Casey, you could probably say that a lot more eloquently than me.

1:05:09 : Casey Kilcherman : I don't know Chris, you did a pretty good job. I would, I would blame it on the statement.

1:05:14 : Casey Kilcherman : The Michigan Department of the treasury, when they said it, they obviously they don't.

1:05:20 : Casey Kilcherman : Necessarily take a look at how carriers rate a two person premium. So the way that the state rates it is.

1:05:28 : Casey Kilcherman : Much less than how a carrier, whether it be the pool Mesa Happ, heard, you know, any carrier, the two person is very frequently kind of left out of balance. And there was legislation to kind of get that updated, but that did not go through. So we are still left with an out of.

1:05:48 : Casey Kilcherman : Two person cap.

1:05:52 : Kristi Dawley : We have another, question, why is there a maximum out of pocket cost but I still have to pay for my prescriptions.

1:06:01 : Casey Kilcherman : So the out of pocket maximum one, two, three, four, five, the sixth throwdown, the out of pocket maximum OOPM, that is your hard stop for in network.

1:06:15 : Casey Kilcherman : You would not pay for prescription drugs once you've reached your out of pocket max. So the reason why the out of pocket max is on the bottom is because that's the end of the line. You are done paying for in network medical services and prescription drugs if you get to those numbers.

1:06:33 : Casey Kilcherman : On these high deductible health plans.

1:06:37 : Casey Kilcherman : Again paying the full cost of everything, prescription drug and medical services until deductible after deductible, that's when coinsurance comes in if it applies, as well as prescription drug co pays. So the way that you get from seventeen fifty to twenty seven hundred on this.

1:06:59 : Casey Kilcherman : Cross blue shield enhanced seventeen fifty zero, the way that you would go from seventeen fifty to twenty seven hundred would only be through prescription drug copays of ten and forty dollars.

1:07:13 : Casey Kilcherman : On the middle plan, the way you would go from three thousand individual deductible to a four thousand out of pocket max would be through twenty percent cost sharing and medical services in addition to prescription drugs, but once you get to these out of pocket maximum numbers, you are done paid.

1:07:43 : Kristi Dawley : Said that she's reached at several times and still gets charged for prescriptions so let's, we can talk about that CS after Lori and we'll look into that.

1:07:55 : Kristi Dawley : Physical therapy occupational therapy and speech therapy, once the sixty visits are used, if you've met your deductible, our visits beyond sixty, then fully covered.

1:08:07 : Casey Kilcherman : No, the limit is the limit, so if you use all sixty and you would like to go for sixty one or sixty two, you are essentially paying cash to do that. The visit limit is applies in this scenario.

1:08:26 : Kristi Dawley : Thank you.

1:08:27 : Christine Coon : And that's and the coverage, then it wouldn't apply either to those out of pocket maximums or are those.

1:08:34 : Christine Coon : Deductibles either, just for some clarity's sake because there it's not a covered benefit after those sixty visits.

1:08:45 : Kristi Dawley : Somebody asked if there are exceptions, if the PTOT or ST is due to an autism diagnosis I'm not sure about that at all.

1:08:59 : Christine Coon : I think I'd have to check on the plan. So if Michelle, if you want to reach out to me directly, I'd be happy to look into that for you.

1:09:12 : Kristi Dawley : Someone asked about health equity, will that be used for management of our HSAs regardless of whether it's blue Cross blue Shield or priority Health.

1:09:23 : Kristi Dawley : Stephanie.

1:09:26 : Kristi Dawley : I don't know.

1:09:28 : Kristi Dawley : A new HSA option.

1:09:32 : Stephanie Dodge : Just says are maintained by health equity that is true. Now HSA is through blue Cross are in one account hsa's for priority health are in another account. So, switching between the vendors does require a transfer or exchange of money within health equity. Flex spendings are covered by.

1:09:55 : Stephanie Dodge : Currently we have clarity, which we will be changing to isolated as our vendor is changing their provider in the upcoming enrollment.

1:10:08 : Stephanie Dodge : Did I answer the question, Christy? I was multitasking.

1:10:12 : Kristi Dawley : I think so.

1:10:14 : Kristi Dawley : Someone asked about data of how much of an increase the new premium is from current premiums for the same plans. Our rates went up sixteen point nine percent from last year. However, that looks very different under the hard cap because the hard cap only went up three percent. Yes.

1:10:31 : Kristi Dawley : Three percent. So, when you take a.

1:10:37 : Kristi Dawley : Larger number, it looks different than when you're taking a percentage of a smaller number, as for the actual like the percentages I I haven't done that math, but that math can be done.

1:10:52 : Kristi Dawley : Someone asked, are the two thousand twenty seven rates posted somewhere? Those are not yet posted. They are coming. They will be and Stephanie sorry I hate to put this on you, but it's next week, right? They'll be FAQs issued along with the rates will all be sent out.

1:11:15 : Kristi Dawley : Explain how all plans cover the specialty medications in a limited way. And I'm not really sure what in a limited way.

1:11:27 : Kristi Dawley : If that's.

1:11:28 : Kristi Dawley : Related to.

1:11:30 : Kristi Dawley : Payer matrix.

1:11:33 : Stephanie Dodge : Yeah. Yeah.

1:11:36 : Stephanie Dodge : Can I respond to a little bit to that one and then Christine, if you wanna jump in, please feel free.

1:11:43 : Stephanie Dodge : The prescriptions are not covered in a limited way though we do have a, a benefit provider which is in addition to the coverage through the insurance company to help reduce costs. And so this company called

Payermatrix will reach out if you have a high.

1:12:04 : Stephanie Dodge : Costing prescription to help reduce the cost out of your pocket and the cost for through the insurance as well to help hopefully in the future save you money and save in premiums later on.

1:12:22 : Christine Coon : That's a good way to say it. Blue Cross brought to us the plan. It's a pair matrix paramatrix is the, the name of the, the group that we're using, so essentially for certain specialty medications, you have to go through this initial process. You go through that process, they see if you're eligible for, the program that they have, if you.

1:12:43 : Christine Coon : It saves the employee, the deductible or copay amounts for their prescription, if you're not, then you go back to the plan and use the pillar RX as you had probably previously. And that's going to apply to all blue Cross plans effective one one of twenty twenty seven.

1:13:06 : Kristi Dawley : There is another question.

1:13:14 : Kristi Dawley : How do you pay from health spending account for services? Is it difficult to manage? And I think I can answer this one. So you're issued what's a debit card through, health equity and then you would just pay that way. Now, if you had to pay something out of pocket cause you didn't have your debit card with you, then you could.

1:13:35 : Kristi Dawley : There's a reimbursement form that you can submit after the fact and then they would send to you the money for, for that. So.

1:13:44 : Kristi Dawley : Stephanie just answered the question if there was a fee, if you switched from blue Cross Blue Shield HSA to priority HSA and no, there's no fee there.

1:13:56 : Kristi Dawley : Question about the rates. Again, do we just half the monthly rates to get our rate? Yes, that's correct. We were gonna just do the math for you, but yes, that's exactly what you would do. And then did the out of pocket max change for twenty twenty seven for the priority health HSA thirty five hundred seven thousand.

1:14:17 : Kristi Dawley : Coverage information and the benefit site states out of pocket limit fifty five hundred per individual eleven thousand per family.

1:14:29 : Kristi Dawley : To exceed ten thousand six hundred per person. Am I understanding that the out of pocket max for the same plan this year is now seventy four hundred per family?

1:14:42 : Casey Kilcherman : I can do a double check on that. I may have pulled.

1:14:46 : Casey Kilcherman : The wrong number that does seem a little low on their thirty seven seventy four. So I will do a double check on that. Yeah.

1:14:54 : Kristi Dawley : Thank you for bringing that to our attention Rebecca.

1:14:58 : Christine Coon : Plan number, I might haven't in front of me PA.

1:15:02 : Casey Kilcherman : H S A thirty five hundred twenty percent.

1:15:07 : Christine Coon : So twenty eight percent. Oh.

1:15:11 : Christine Coon : Maybe I do not have it. We can definitely double check those for you.

1:15:19 : Christine Coon : Oh, the out of pocket max on that is.

1:15:24 : Christine Coon : Fifty five hundred for a single and eleven thousand for family.

1:15:28 : Casey Kilcherman : Fifty five eleven. Apologies on that.

1:15:32 : Kristi Dawley : We'll get that updated before this is sent out.

1:15:34 : Kristi Dawley : To everybody. We will send the presentation will be sent out to everybody, and of course, the recording is gonna be made available to everyone as well.

1:15:44 : Stephanie Dodge : Can I add something that.

1:15:47 : Stephanie Dodge : The summaries are located on the LCC website as well? So, what we refer to as the benefits at a glance and the summaries.

1:16:02 : Stephanie Dodge : Individual side by side comparison for all coverage on these medical plans.

1:16:11 : Stephanie Dodge : Great.

1:16:11 : Kristi Dawley : Thank you Stephanie. I think we're caught up on the questions.

1:16:20 : Kristi Dawley : There is one more.

1:16:24 : Kristi Dawley : Kicks in after all the deductible and.

1:16:29 : Christine Coon : Yeah, sorry, the coinsurance kicks in after your deductible is met and then you pay that up until the out of pocket maximum.

1:16:39 : Kristi Dawley : S Okay we're gonna go to the next slide. Oh messaging.

1:16:48 : Kristi Dawley : Oh, so somebody else asked I'm not sure if you can answer, but why is open enrollment done in November at LLCC instead of October at other colleges where I worked it was done in October, so actually to your advantage that we do it in November, if you have a spouse that has opened enrollment in October it allows you to get all the information from them, which is why.

1:17:10 : Kristi Dawley : Providing information early so that you can make an informed decision about which plan you

want. Typically, there's a lot of Not typically, there's a lot of work that goes into open enrollment. It is an it's an astronomical amount of work that happens in a very short period of time. Stephanie has done.

1:17:31 : Kristi Dawley : A fantastic job in making this.

1:17:36 : Kristi Dawley : Efficient and productive as possible, and so she is able to get all the information that she needs.

1:17:46 : Kristi Dawley : In a shorter period of time than a lot of, a lot of organizations required an in order to get it done. And so it's definitely, you know, a benefit for you that we wait until November. So I'm gonna move to the next screen and then or next.

1:18:06 : Kristi Dawley : And then we'll see if there are some additional questions that come from there.

1:18:13 : Kristi Dawley : Christine, you are up again for blue Cross blue Shield versus priority heads.

1:18:19 : Christine Coon : Great, thank you. So there are a few slides here that kind of go over some of the differences between blue Cross and priority. I gave Christy a few additional flyers to send out if you're considering moving from a blue Cross plan to a priority health plan that might help with some of the questions that you have about the differences in coverage. So those will definitely be share.

1:18:40 : Christine Coon : Shared with you. We have a pretty extensive flyer that goes through a comparison of each one side by side. So with that, what will change, you would have a new ID card that is a priority health ID card because you're going to a new network. You would also have a new drug formulary, so your prescriptions would be covered differently under this new formulary.

1:19:01 : Christine Coon : Covered under blue Cross blue blue Shield. So, each, each plan or vendor has their own formula and how that works, so it's super important if you are thinking of switching vendors from blue Cross to priority that you look up your particular prescription on the formulary list to see how that's covered for you for the upcoming year.

1:19:22 : Christine Coon : There's a new medical network, so again, you would be looking for in network providers with priority health. For those folks that travel maybe or have children that live out of state that are still covered by the plan, the out of state network coverage is the Cigna Open Access Network. So that means that there still is in network coverage.

1:19:43 : Christine Coon : The Cigna open access network. It does get paid and goes through priority health. So there is a bit of a different administrative process with that, but you do have coverage available outside of the state of Michigan through priority health.

1:19:58 : Christine Coon : The HSA available again through health equity, HEQ is short for health equity in pool terms, so apologies for, again, like Casey said another acronym that we're throwing at you, but you are able to use your health equity saving HSA savings account with, with either one of those carriers.

1:20:19 : Christine Coon : So what stays the same, in case you went over the deductible insurance, the plan, how those things work still works the same between the two carriers. You still have access to all of the value added benefits through the pool regardless of which carrier you're choosing, access to Michigan hospitals and doctors. Again, the network is really good with.

1:20:39 : Christine Coon : Health, particularly in your area. So it's just important to make sure ahead of making a change from a blue Cross plan to a priority plan that you would look at your individual doctors to make it informed decision moving forward. Administrative process also stays the same.

1:20:57 : Christine Coon : The pre existing condition limitations so again that's an affordable care act thing. If you have a pre existing condition, there shouldn't be considerations for you. That said if you're going through certain processes, you would have to go through a pre authorization process with priority health, if that's something you've already gone through with blue Cross, you would have to do that again through priority health.

1:21:18 : Christine Coon : Diagnosis or medications. So something to consider. And then the value add eligibility flows through blue cross. So sometimes it looks like you still have a blue Cross account, but it's just for those value added benefits not for coverage itself.

1:21:35 : Christine Coon : I'll stop and see if there are any questions in the chat. Don't see any. If you want to go ahead to the next slide.

1:21:43 : Christine Coon : So I kind of already talked a little bit about that out of state coverage. Again, blue Cross has.

1:21:50 : Christine Coon : Many different states that they have coverage in and that's pretty simple with priority health being a more great likes type of.

1:22:00 : Christine Coon : They do use that Signa network for a network access outside of the state. So again, you're still covered if you go outside of the state, you just will, it'll just maybe look a little different on the billing for you.

1:22:15 : Christine Coon : Your ID card would show the signal logo for anybody that has a primary location outside of

the state of Michigan. So again, if we have college aged children that are maybe not living in the state, they might, their ID card could look different. We could request an out of state ID card for them.

1:22:33 : Christine Coon : And again, what you should know, just really looking at the prior authorizations that you already have in place, making sure that you're really vetting all of the questions you might have before you move to a priority health, plan. It is important to say too that we do have a transition line that you'll have access to.

1:22:53 : Christine Coon : So you can call priority health, talk as long as you have your information ahead in front of you with your diagnosis codes, with some of your drugs, those types of things. If you have that in front of you, they'll help you go through what that might look like if you move to a priority plan. So they'll be really honest about what that coverage would be if you'd have to go through any additional processes, if you have.

1:23:15 : Christine Coon : Unique, so they certainly will help you through that decision making process as well.

1:23:22 : Christine Coon : I think that's all there. Any questions about.

1:23:28 : Christine Coon : I don't see anything in the chat. All right, so then the value added benefits I talked a little bit about this right in the beginning, but the pool offers various value added benefits to all of its membership. And so this is a lot of logos and a lot of information to kind of think about, but kind of going across the top, we have.

1:23:53 : Christine Coon : Quantifies the first one there that is a really great option for people that are having infusion treatments and don't want to have those done in the hospital.

1:24:04 : Christine Coon : We've heard some examples of cancer patients being able to receive those at home instead of having to go to the hospital, which is a nice option for them. Verda is a diabetes prevention support and reversal option for pool members that is free of charge, so something to look into there. Bed logic is an exciting new addition to our value.

1:24:24 : Christine Coon : Added lineup this year. We're really excited. They help members navigate any sort of federal benefits that they might be eligible for. So this could look like, someone that is turning sixty five soon, they would help you go through what that Medicare paperwork looks like, what the options are, and what that your situation.

1:24:45 : Christine Coon : Individually, and this is available to the whole household, so it could be a spouse that maybe is eligible for Medicare. They would help them through that as well.

1:24:55 : Christine Coon : Clinic complex care. So there are some additional support.

1:25:01 : Christine Coon : Options through Mayo Clinic.

1:25:04 : Christine Coon : With the complex care support Teledac is a diabetes management program that is free of charge, Hinge health is probably our most popular value added benefit that we see a lot of utilization in the pool. It's a virtual backjockey and muscle real pain relief program.

1:25:22 : Christine Coon : Kind of helps alongside maybe a physical therapy program if you have those needs. Second ND is.

1:25:31 : Christine Coon : Opinion support tool. If you have something significant happening, second MDU will look through, connect you with another provider to, to look at what has been.

1:25:43 : Christine Coon : Been recommended for you and come up with maybe another option. Maven is for maturity and postpartum support, Bexa breast cancer screenings on site, and then Lantern is a surgical concierge program that decreases the out of pocket costs.

1:25:59 : Christine Coon : For members for certain surgical procedures. So then this is a lot to know. We know that this is a lot to know and how do you know to go to the right place at the right time to make sure that you're getting all of the benefits available to you? So Christy if you go to the next slide, the poll has put into place a new care navigation tool. So.

1:26:20 : Christine Coon : All of these things that I just talked about, you don't need to know which one you would need to go to. You could say, I think that Christine said a little something about this benefit and I don't really remember what that was. You can just call Stella help navigation and they will help direct you to whatever programs are available to you based on your situation. So.

1:26:40 : Christine Coon : So it's gonna be a really great tool for folks. We just are kind of saying if it's gonna be a complex confusing or costly medical situation that you're in, you can call Stella, they will help navigate you through that entire process. Our nurses are located within the state of Michigan, which is really nice. They are all nurses.

1:27:00 : Christine Coon : So they are certified nurses that you'd be working with and they can just help you kind of go through whatever it is that your facing from a health standpoint and help you get in the right spot.

1:27:13 : Christine Coon : I think that's it for my.

1:27:19 : Kristi Dawley : Yeah, so now.

1:27:21 : Kristi Dawley : You know, appreciate everybody who's been putting the questions in the chat, but we are opening it up for questions here, as well if you didn't put something in the chat and for people that have questions that

perhaps may not want to publicly ask, please send.

1:27:42 : Kristi Dawley : To Stephanie or myself and we will connect you with either Casey or Christine as appropriate for follow up and to get you the additional information that you need. So, feel free to.

1:27:58 : Kristi Dawley : I can't see everybody's hands, so I would raise not raise your hand if you have questions.

1:28:09 : Kristi Dawley : And Stephanie's email is in the chat and.

1:28:15 : Kristi Dawley : Is going to be there in just a second. Oh, mine's there now too. So.

1:28:20 : Jennifer Hilker : I have a question. Are you able to hear me?

1:28:24 : Kristi Dawley : Yes.

1:28:25 : Jennifer Hilker : Okay fantastic. This is Jen Hillker. Would you mind explaining again, and I'm just gonna pick a plan as an example.

1:28:35 : Jennifer Hilker : I believe it's the.

1:28:38 : Jennifer Hilker : The C B S.

1:28:41 : Jennifer Hilker : Enhanced HSA plan for a family is listed at one thousand seventy dollars, forty five cents. I believe the current.

1:28:55 : Jennifer Hilker : Monthly rate for that is about that, that the employee would pay for that same plan as of right now is about.

1:29:04 : Jennifer Hilker : Let me think here, would that be seven hundred dollars? Can you explain again why that's definitely more than a sixteen point nine percent increase? Would you mind explaining how that works? Thank you.

1:29:19 : Christine Coon : Yeah. Do you want me to jump in Chrissy?

1:29:21 : Kristi Dawley : Yeah, that'd be great, thanks. Yeah.

1:29:26 : Christine Coon : The renewal rate so that sixteen percentage point that what Christie was talking about, so that's the total amount of the, the increase for the whole premium. So that means the employer and the employee portion together is that total amount for that plan. So what happens is.

1:29:46 : Christine Coon : The plan goes up at sixteen point nine percent and then.

1:29:52 : Christine Coon : The cap only went up three percent and so the difference is a lot greater than what feels like sixteen point nine percent because of how those percentages work out. So it's, it's looking at a total sixteen point nine percent increase and then that cap really didn't come up very much, so that's where you're seeing that your cost share.

1:30:11 : Christine Coon : Went up more substantially for that particular plan.

1:30:18 : Christine Coon : Does that make sense? Yeah.

1:30:19 : Jennifer Hilker : That helps a lot. Okay.

1:30:22 : Jennifer Hilker : So the total premium goes up a certain amount, but LCC will only cover three or there I'm sorry, the cap was only.

1:30:32 : Kristi Dawley : Increased, increased.

1:30:34 : Jennifer Hilker : So LCC, the portion they cover, I got it. Okay.

1:30:39 : Christine Coon : We're limited to cover only that cap amount, and so because that didn't go up, that left the employee with a lion's share of.

1:30:46 : Christine Coon : That increase for that.

1:30:48 : Jennifer Hilker : Thank you. Thank you.

1:30:50 : Christine Coon : Yeah. Yep.

1:30:54 : Kristi Dawley : Jennifer Davis, I see that you have your hand up. I don't know if anybody else does, but I just saw that that so feel free.

1:31:01 : Jennifer Davis : Thank you. These rates that are being negotiated, are they still just for twenty twenty.

1:31:07 : Jennifer Davis : Seven or you still have to go through a whole RFP process again every year? Help, how long are these rates gonna hold?

1:31:16 : Kristi Dawley : These rates are just for twenty twenty seven.

1:31:21 : Kristi Dawley : Is the.

1:31:24 : Kristi Dawley : The medical component of the.

1:31:31 : Kristi Dawley : Will be adjusted again, and we'll find out in like March of this year, what that is for two thousand and twenty eight, but what the insurance, what the pool does throughout our year is they're gonna look at how how we utilize our insurance. So they are looking.

1:31:52 : Kristi Dawley : The claims that come in and what is paid.

1:31:57 : Kristi Dawley : In contrast to how much we pay into the plan. And so if our experience, meaning how much we use the plan.

1:32:09 : Kristi Dawley : Matches exactly what we paid in.

1:32:14 : Kristi Dawley : We would be looking, the pool would be looking at what is considered medical trend or medical inflation and we wouldn't have like a, an increase on top of that. So what happened this past year, the reason that our sixth, we have a sixteen point nine percent increase is that.

1:32:34 : Kristi Dawley : Had a lot of claims this year and having claims is not bad and many organizations go through.

1:32:44 : Kristi Dawley : More expensive claims, and then there are years where there's less expensive claims. Well, this year we had over, I believe we had nine claims that exceeded a hundred and fifty thousand dollars, and.

1:33:03 : Kristi Dawley : Claims that didn't exceed that, the end result is that the amount of money that LCC employees in the college paid in didn't cover all of the claims that were paid for all of our employees, their families, that are enrolled in our insurance. So we had.

1:33:27 : Kristi Dawley : That sixteen point nine because.

1:33:31 : Kristi Dawley : Last year or this current year.

1:33:34 : Kristi Dawley : We didn't, we had a lot of claims. I guess I will say at that way and I'm gonna stop there because Christine probably can say that a lot better than I did or in less words so that it makes better sense.

1:33:49 : Christine Coon : Yeah. No, I think you did a good job. It was just the pool had an overall.

1:33:55 : Christine Coon : Larger increase than we've seen in the past and then your experience plays into that renewal as well. And so for the reason of the large claimants and, the way that rates are, are.

1:34:10 : Christine Coon : Are developed, you guys came in a little bit above that average, both because of your experience. And so again, year over year.

1:34:21 : Christine Coon : And that's how rates are developed. And that doesn't happen until July or August of each year, and so then that's when we, the pool, work with the HR teams and the benefits task force to, to share what that renewal is and that's when we are looking at alternative plan options to help.

1:34:42 : Christine Coon : Come to the table with some additional options for employees based on the renewal.

1:34:51 : Kristi Dawley : That came in. So, they're asking if the rates would continue to rise for two thousand and eighteen because their less people utilizing our insurance if people, if people can't afford this year, or is it an anomaly because of the large claims? So I will say that health insurance.

1:35:10 : Kristi Dawley : Costs rise every year medical trend. There's just a medical trend which is, you know, you saw that one slide that Christine shared that showed hospital services up two hundred and eighty one percent over the last twenty five years.

1:35:25 : Kristi Dawley : That's just one part of, what goes into medical trend because prescription costs increase and provider costs outside of the hospital increase. So all of that, those are unfortunately always going to continue to increase.

1:35:44 : Kristi Dawley : Experience might not be as.

1:35:47 : Kristi Dawley : I don't want to say bad. It's not bad. We might not have as many claims, they might not be as high but that's just a piece that's taken into consideration related to, how the rates are set. If anybody wants to share more about that.

1:36:10 : Kristi Dawley : I guess.

1:36:11 : Samantha Bite : I would like to.

1:36:13 : Samantha Bite : To further clarify that. So like my specific plan is like going up sixty, I think sixty one percent. Is that something that then I would have anticipate every year of that because that's very much larger than what it's been year over year in the eight years I've been here. So it's, is this just an anomaly of a.

1:36:34 : Samantha Bite : Really bad year or should I expect a sixty percent increase every year? Because what I'm trying to figure out. Yeah.

1:36:43 : Christine Coon : I mean ideally we wouldn't want to see these types of increases year over year. We really, we don't have that information because we don't know what it's gonna look like, like how the plan is gonna be utilized, what the costs are gonna be, what that medical trend is, so to Christine's point earlier, we continue to watch that and and look at alternative options so that we do have.

1:37:04 : Christine Coon : A menu of plans that are available to you that are affordable.

1:37:12 : Kristi Dawley : And the other, yeah, and that's the thing is that there are certain levers that we can, we can adjust to make our plans less expensive.

1:37:24 : Kristi Dawley : You will have seen on a lot of the slides that were shared is that we have enhanced plans. So we can remove enhancements from our plans. We can modify the number of prior practice visits or the number of PTOT and ST visits. We can adjust the deductibles, we can adjust copays.

1:37:47 : Kristi Dawley : From blue Cross blue Shield plans, which are a little more expensive than priority plans and offer only priority health plans, but we have to be willing to make those changes to help lower the costs. And what we

heard in our survey was that.

1:38:03 : Kristi Dawley : And then the feedback that the health care task force discussed was that, you know, people really didn't want to make those changes. They weren't ready for those changes yet. And so we.

1:38:16 : Kristi Dawley : We we made a decision that we were going to offer our six current plans, but add that seventh plan that does make some of those changes that can reduce the cost.

1:38:29 : Kristi Dawley : Not, not reduce it below what other plans were costing this year, but it's most similar to if I go back one page, the new plan here on the far right is most similar to the one right next to it, this enhanced one thousand twenty percent, and, it makes some of those.

1:38:51 : Kristi Dawley : The cost for twenty seven is only five dollars more of pay than the cost of that current plan that we have.

1:39:01 : Kristi Dawley : And twenty six. So we took a slow stat towards making some changes to understand.

1:39:12 : Kristi Dawley : And feel about that.

1:39:19 : Kristi Dawley : Okay, so there is a lot of questions again, I have to scroll back up.

1:39:25 : Stephanie Dodge : Let me to read one.

1:39:27 : Stephanie Dodge : Christy.

1:39:28 : Kristi Dawley : Yes. Yeah, so it'll be good.

1:39:31 : Stephanie Dodge : One question is, can someone explain why hospital rates have gone up so much? I'm sure it's complicated, but is there, something that they can research to understand.

1:39:44 : Stephanie Dodge : Well.

1:39:44 : Christine Coon : Yeah.

1:39:46 : Christine Coon : And Casey can jump in. So we've had many people come and talk to us about what's going on with the hospital rates. So generally speaking hospitalization costs about.

1:39:59 : Christine Coon : About forty seven cents on every dollar that you're paying in to the plan. And so that means about half of what you're paying goes to hospital hospital costs and what we're seeing is that as hospitals are consolidating across the state of Michigan, they're negotiating power is stronger with the different carriers and because they're negotiating strong power is stronger.

1:40:19 : Christine Coon : They're negotiating higher reimbursement rates, which is driving up the prices that they are charging for their services, and then when that happens, the insurance plans are paying more for the services than they were in the previous and that's all kind of what goes into that medical trend. So I'm probably oversimplifying but **.

1:40:39 : Christine Coon : Hope you can kind of get the idea of how that process is all kind of tied together and how it impacts you kind of on the back end. Casey, I don't know if you want to.

1:40:48 : Stephanie Dodge : Take that too oops.

1:40:51 : Casey Kilcherman : Yeah, I think that was spot on. And I think part of.

1:40:57 : Casey Kilcherman : The consolidation and then.

1:40:59 : Casey Kilcherman : Negotiating for higher reimbursements, I do think part of the reason that hospitals are trying to negotiate for higher reimbursements is a lot of those.

1:41:09 : Casey Kilcherman : Maybe unseen costs have also gone up. So, you know, pre Covid they might have been paying somebody in the building thirteen dollars an hour and now that same person was doing the same exact work is now being paid twenty three dollars an hour instead of thirteen dollars an hour and the medicine, you know, the supplies that they were getting five years ago may have.

1:41:30 : Casey Kilcherman : And now it's two, three times that amount. So I think it's all of those hidden pieces that certainly don't feel hidden to any of us because we see it, you know, in grocery stores and gas stations and all of those things. All of those pieces of the puzzle including what you pay the human beings to be in the building, all of.

1:41:50 : Casey Kilcherman : Those costs are going up so they're trying to get higher reimbursement rates to cover those costs. So I think it is a big picture but trickles all the way down as well.

1:42:01 : Stephanie Dodge : Thank you both. The next question is, what happened to HMO plans? Are they not popular.

1:42:09 : Christine Coon : Yeah so the pool uses PPO plans and.

1:42:14 : Christine Coon : I would say generally speaking, the HMO plans are a little less popular because they limit access to certain providers and so we have generally seen that the PPO plans are the plans that are.

1:42:31 : Christine Coon : Most desired by our groups and we aren't currently set up to offer BCN, which would be the.

1:42:39 : Christine Coon : The HMO equivalent of blue Cross blue Shield, at least with the pool.

1:42:45 : Stephanie Dodge : Thank you. The next question is, is there any consideration for the college to move to an eight front two eighty twenty from the hard camp? So.

1:42:57 : Kristi Dawley : There's several conversation or sorry, not several conversations several questions there

regarding eighty twenty and the hard cap.

1:43:09 : Kristi Dawley : The board of trustees makes and not administration.

1:43:16 : Kristi Dawley : Understanding, looked at it in the past, and had made the decision for the hard cap. Will it always be the hard cap? I can't say that. I don't know, if they would be open to looking at something different in the future, but.

1:43:40 : Kristi Dawley : We're moving forward is for two thousand twenty seven, it is the hard cap.

1:43:47 : Kristi Dawley : Be lower for employees if we had selected the eighty twenty, no, that priority health, high deductible plan, it would go from employees paying some employees paying zero to having to pay an amount.

1:44:07 : Kristi Dawley : The other plans, it could be lower, but I think it's important to understand that as the plans are presented.

1:44:17 : Kristi Dawley : The college went with a hard or with an eighty twenty.

1:44:25 : Kristi Dawley : It doesn't mean that we would have the same plans available to us. We have some plans that are considered kind of Cadillac plans in terms of the.

1:44:36 : Kristi Dawley : For for for that most expensive one, the two hundred and fifty five hundred dollar plan with a zero percent coinsurance and or sorry, not zero percent coinsurance ten percent coinsurance, but zero deductible. It's a very expensive plan that.

1:44:53 : Kristi Dawley : Very rare to find on the market. We probably wouldn't be offering a plan like that if the college was picking up up to eighty percent of the cost of that plan.

1:45:03 : Kristi Dawley : It, it does cost the college more. I do not know the additional financial dollars on finance wasn't available for today's meeting, but they, and they have all of those figures.

1:45:20 : Kristi Dawley : Did I answer all of those.

1:45:23 : Kristi Dawley : Did I miss anything? You're on mute Stephanie.

1:45:27 : Stephanie Dodge : Sorry, I was I'm muted because I started coughing. My apologies for coughing earlier.

1:45:35 : Stephanie Dodge : You did touch on all of the questions related to that. The next question is, can you please email the slides? Yes, they will be shared next week. So please know that we will get them out to you, and then the last one is, can you flip to the high deductible plan again, so they can see that.

1:45:57 : Kristi Dawley : Posted so we should be good there.

1:46:11 : David Wasinger : Chrissy, I just had a question real quick. This is being recorded. Where will the recording be, available after this meeting?

1:46:23 : Stephanie Dodge : I can I put them all on the open enrollment webpage we have so that way you can have it all together with the new rates, the new health savings account dollars. If Christy will, I think that's a great place one location to find everything that's occurring in twenty twenty seven.

1:46:43 : David Wasinger : Yep. Yeah perfect. I was just curious, and that'll be with the release of the rest of the information next week then. Next week.

1:46:51 : David Wasinger : Okay, thank you. Thank you.

1:46:56 : Kristi Dawley : Okay, if there are no other questions I want to thank everybody for coming for especially our vendors for coming and.

1:47:07 : Kristi Dawley : Education on this very important topic as well as.

1:47:18 : Kristi Dawley : There we go. Did somebody just asked a question and it was responded to. So I think we're good there. We will be having another session on Monday. It will be in person in Washington Court Place room one ten. And so if you did.

1:47:37 : Kristi Dawley : Want to hear the information again for some reason, please, feel free to join us and if you could let people know in your area that they should join, that would be great because the more information that we can provide and the more education we can provide, I think the better it is for everyone. We want to make sure people are.

1:48:00 : Kristi Dawley : And, that they get their questions answered. So thank you very much. Have a great rest of your day and a great weekend and I'll hopefully we'll talk soon. Thank you. How.

1:48:12 : Patrick Butcher : Does that meeting on Monday.

1:48:14 : Kristi Dawley : Two thirty to four thirty.

1:48:16 : Patrick Butcher : Gotcha. N.

1:48:20 : Kristi Dawley : Thank you everybody.

1:48:25 : Kristi Dawley : Ah.