 Douglas Chalmers welcomed the attendees and introduced himself as the Executive Director of the Society of Senior Scholars and Vice President of EPIC. He voiced the hope that EPIC will become an ever more useful channel for information for Columbia retirees about opportunities for them both on campus and beyond.

He introduced three representatives from CU Human Resources:

Fiona McLennan, Assistant Vice President, Benefits
Luz Busigo, Manager, HR Benefits Service Center
Lynn Ball, Senior Benefit Specialist

[[Note from minute taker: It is my understanding that for retirees over age 65, the primary medical insurer is Medicare, which covers 80% of approved medical costs. The supplemental medical plans such as those offered by Columbia cover 80% of the remaining 20% (or 16% of the totals). These supplemental medical plans are what are being discussed at this meeting. Individuals are responsible for paying the remaining 4% of their medical costs, i.e., those expenses not covered by Medicare or a supplemental plan]].

McLennan gave out handouts* and noted the informational website for retirees: http://hr.columbia.edu/benefits/retirees. The benefits enrollment period began in mid-October as CU employees and retirees received their hard copy enrollment packets in the mail at their home addresses. The enrollment deadline is December 5, 2014 (note that the enrollment deadline for changes in Medicare benefits is December 7, 2014).

The biggest change for 2015 is that Columbia has selected UnitedHealthcare (UHC) as its single health care plan vendor for its supplemental medical benefits plans (for both employees and retirees), effective January 1, 2015. For retirees over age 65 who are currently enrolled in the Cigna Plan B, coverage will be automatically defaulted to the UHC Indemnity Plan, and no action is required. The UHC Indemnity plan for 2015 is identical to the Cigna B Indemnity plan, and there is no need for retirees to make a benefits election or re-enroll to be covered by the UHC Indemnity plan for 2015. Medicare will be automatically informed of the change to UHC.
The selection of UHC as the single Columbia health benefits vendor came about when a high level Benefits Task Force, created in 2010, made its recommendations in April 2011 after extensive research, consultation, surveys and input from various constituencies. One of the Task Force’s main recommendations was the consolidation of health plans. Following up on this recommendation, CU’s HR administrators reviewed available plans and decided that UHC offers the best options with competitive premium rates, performance guarantees, better contracts, and a premier customer service center. Also, the UHC network of medical providers matches most closely those physicians used by Columbia employees and retirees. (Although note that this is a non-issue for those who will be covered by the UHC Indemnity plan because it is the nature of indemnity plans that any medical provider can be used who accepts Medicare: there are no “out-of-network providers” in indemnity plans).

Other plans are offered for pre-65 retirees, including a new less expensive option, Choice Plus 80. See Page 3, Slide # 5.

The UHC Choice Plus 100 is another post-65 retiree supplemental plan and offers minor enhancements for 2015, although it is more applicable for active employees. In the case of the UHC Choice Plus 100 plan, prescription and drug expenses count toward the out-of-pocket maximum (but that is not true for the UHC Indemnity plan). See Page 3, Slide # 6. There are also Medicare Advantage Plans listed on Page 5, Slide # 10, and there are no changes in these plans for 2015.

Page 4, Slide # 8 summarizes the in-network benefits of the new Columbia supplemental plans: UHC Indemnity Plan and UHC Choice Plus 100.

Retirees covered in 2015 by the UHC Indemnity plan will receive new insurance cards in the mail in December. The new card should be shown to doctors and other health care providers so they can update their records and bill Medicare and UHC appropriately. Arrangements with EBPA, the Columbia employee benefit administrator, will carry over as they were for 2014 coverage under Cigna Plan B. Prescription benefits remain the same and will still be handled by Express Scripts with the same co-pays.

A question was raised as to whether the options offered by Columbia are really the best. The speakers could not absolutely guarantee this, and retirees can certainly research other options available. But by selecting the Columbia plans, retirees are likely benefitting from the expertise of the CU HR benefits administrators. One attendee noted that some commercial plans may have hidden fees or limits, so “Let the buyer beware!”

A question was posed about coverage while travelling abroad. Medicare does not cover medical expenses incurred abroad. The UHC Indemnity plan will reimburse, at the Medicare level, expenses incurred during travel of 60 days or less in cases of accidents or unexpected illnesses. UHC would not pay for you to go abroad for your
annual physical. Medical bills abroad need to be paid up front and submitted to UHC for reimbursement. In reply to another question, it was stated that there is no need to inform UHC of travel abroad although it would not hurt. The purchase of additional travel health insurance policies is up to the individual. Also, if one is going to be abroad for an extended period of time, one would need to find local health insurance coverage in the country where they have relocated. The speakers noted that they are not experts on non-Columbia insurance options and so cannot advise specifically about this.

In response to another question, it was stated that health charges accumulated in these last weeks of 2014 will continue to be covered by Cigna Plan B. There is a 12-month window for submitting these claims to Cigna. The coverage by UHC begins effective January 1, 2015.

Questions arose about doctors who do not accept Medicare, a growing number according to some attendees. If a doctor does not take Medicare, then the patient will be responsible for paying the 80% of those fees that would have been covered by Medicare and should obtain an “opt-out” letter from the doctor to submit with Claim Form 1500 to UHC. This is why it is important, when selecting a physician or other medical care provider, to ask if the doctor accepts Medicare. If not, one can ask if the doctor “accepts Medicare assignment” and would submit the bill to UHC for consideration for partial reimbursement. In any case, the non-Medicare doctor would likely demand up-front payment.

A question was raised about dropping out of Columbia health coverage. A retiree may do so and has a five-year window during which time he/she can return. After five years one loses the option of returning.

A question came up about Columbia being “self-insuring,” and the speakers said that this is not changing. Columbia will continue to pay the claims with UHC as the new vendor that will administer the claims process and provide the customer support center (RNs).

One attendee wondered why the UHC premiums for 2015 had not increased over the 2014 Cigna rates. The response was that premium rates are driven by the claims experience, which can fluctuate from year to year, and the changing costs of technology. Also health care inflation has slowed somewhat in the past few years. Columbia contributes a fixed dollar amount toward the premiums. While UHC now has a larger insuree base at Columbia, which one might logically expect to lead to economies of scale yielding lower premiums, that is not in fact the case for retirees: the premium rates for retirees at Columbia are figured only on the size of the retiree pool and that is a small number, about 1200, if I heard correctly. Some savings on premiums will be realized under the new UHC plans for active employees but not for retirees.
Regarding prescription coverage as outlined on Page 5, Slide # 9, it was asked what is the difference between a “single source brand” and a “multi source brand.” A “single source brand” is a drug offered with one brand name, such as Advair or Symbicort. Multisource refers to a combination of generic and multiple sources of brands. The prescription coverage retail prices and copays are designed to encourage the use of generic drugs wherever possible. Columbia’s prescription coverage avoids the “donut hole” issue that arises in some Medicare Part D plans.

Page 7, Slide # 13 summarizes monthly premiums for those who retired after December 31, 2011. Slide # 14 shows the monthly contributions for those who retired before December 31, 2011 (and their spouses), as well as the dollar changes from 2014. An attendee asked about the dollar change for dependent children from 2014; Ball promised to look it up and get back to him.

A question was posed about what happens if a Columbia retiree dies. The answer is that the surviving spouse becomes the “lead person” on the policy at the spouse rate. If the spouse is under 65, it will be at the under-65-rate, unless the spouse is disabled. Once a spouse turns 65, they need to enroll in Medicare.

Page 8, Slide # 16 gives information on where to go for more information.

Questions came up about precertification and the fact that Medicare will not cover certain tests, such as colonoscopies more often the every ten years. Doctors often learn how to code tests to meet Medicare requirements.

It was noted that UHC does have a “preferred list” of doctors but for retirees on UHC Indemnity plan, any doctor in any insurance network may be seen, as long as he or she accepts Medicare.

In response to the observation by one attendee that many doctors are dropping out of Medicare, McLennan promised to bring this to the attention of senior people at CU HR. Chalmers suggested that we might want to hold a retiree demonstration...

McLennan concluded by thanking the attendees and urging us to contact the HR Benefits Service Center with specific questions: 1-212-851-7000; hrbenefits@columbia.edu.

11/13/2014
Notes by Lalla R. Grimes
All errors and misinterpretations are mine alone. Specific questions should be directed to the HR Benefits Service Center.