



LAKE HAVASU UNIFIED SCHOOL DISTRICT EMPLOYEE BENEFIT TRUST
BOARD OF TRUSTEES – NOTICE OF TRUST MEETING

Wednesday, February 21, 2018 3:00 p.m.
2200 Havasupai Blvd. – Governing Board Conference Room
Lake Havasu, AZ 86403

MEMBERS OF THE LAKE HAVASU UNIFIED SCHOOL DISTRICT EMPLOYEE BENEFIT TRUST BOARD OF TRUSTEES WILL ATTEND EITHER IN PERSON OR BY TELEPHONE CONFERENCE CALL.

The Board of Trustees (the "Board") of the Lake Havasu Unified School District Employee Benefit Trust (LHSEBT) may, by motion, recess into Executive Session for discussion and consultation with attorney(s) for the Board to receive legal advice on any item contained in this Agenda pursuant to ARS 38-431.03 (A)(3) or for discussion or consideration of records exempt by law from public inspection in accordance with ARS 38-431.03 (A)(2) on any item contained in this agenda.

AGENDA

- | | |
|---|-------------------------------|
| 1. Call to Order | Kari Thompson, Chairperson |
| 2. Roll Call | Naomi Morgan, Trust Secretary |
| 3. Pledge to the Flag | Kari Thompson, Chairperson |
| 4. Call to the Public | Kari Thompson, Chairperson |
| 5. Discussion and Possible Action re Vision RFP | Jaime Schulenberg, ECA |
| 6. Discussion and Possible Action re 2018-19 Benefits and Rates | Jaime Schulenberg, ECA |
| 7. Administrative Update | Jaime Schulenberg, ECA |
| 8. Future Agenda Items | Kari Thompson, Chairperson |
| 9. Set Next Meeting Date – April 25, 2018 | Kari Thompson, Chairperson |
| 10. Adjourn | Kari Thompson, Chairperson |

Note: Unless Otherwise Indicated, All Agenda Items Are Potential Action Items

Pursuant to the Americans with Disabilities Act (ADA), LHSEBT endeavors to ensure the accessibility of all its programs, facilities and services to all persons with disabilities. If you need an accommodation for this meeting, please contact Michael Murray at (928) 505-6937. Requests should be made as early as possible to arrange the accommodation.

PLEASE POST NO LATER THAN 3:00 P.M., TUESDAY, FEBRUARY 20, 2018

MEMORANDUM

TO: LHSEBT Trustees

FROM: ERIN P. COLLINS & ASSOCIATES, INC. (ECA)
Jaime Schulenberg, Sr. Account Manager

DATE: February 16, 2018

RE: Vision Request for Proposals

Based on some complaints regarding the number of providers in Lake Havasu City, ECA was asked to review alternative Vision providers / networks for the 2018-19 plan year.

We received quotes from Vision Care Direct (VCD), EyeMed through Ameritas and VSP. A summary of those quotes is as follows:

VCD

- Offered a fully self-insured option with a 12/12/12 benefit including:
 - \$10 Co-Pay for Exam and Materials (including Progressive Lenses);
 - \$130 Frame and Contact Allowance; and
 - 5 Providers (4 in LHC and 1 in Parker).

EyeMed

- Offered a fully self-insured option with a 12/12/12 benefit including:
 - \$10 Co-Pay for Exam and Materials;
 - \$100 Frame and \$105 Contact Lens Allowance (mirrors current plan); and
 - 10 Providers (6 in LHC, 2 in BHC, 1 in Needles and 1 in Parker).

VSP

- Offered a fully self-insured option with a 12/12/12 benefit including:
 - \$10 Co-Pay for Exam and Materials;
 - \$130 Frame and Contact Lens Allowance; and
 - 5 Providers (3 in LHC, 1 in Parker and 1 in Needles).

Premiums for the various options are as follows:

	EE	ES	EC	EC+	EF
CURRENT	\$5.18	\$10.35	\$9.41	\$9.41	\$16.94
VCD	\$6.58	\$11.86	\$10.22	\$14.96	\$20.25
EyeMed	\$6.67	\$11.95	\$10.31	\$15.05	\$20.34
VSP	\$6.80	\$12.08	\$10.44	\$15.18	\$20.47

Although EyeMed offers a larger network, because of the increase in premium, it is ECA's recommendation that no change be made at this time.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at james@ecollinsandassociates.com.

Lake Havasu

Mohave Eye Center 928.753.2106

2005 Injo Dr Suite 102, Lake Havasu AZ 86403

Bergeson, Jeffrey P., O.D.

Mullane, Scott D., O.D.

Ochiltree, Andrew, O.D.

Widdison, Ryan, O.D.

Widdison, Ryan, O.D.

Lake Havasu City

VCDPLUS† Havasu Eye Center 928.680.1144

383 South Lake Havasu Blvd, Lake Havasu City AZ 86403

Adams, Stuart B., O.D.

Woo, Stephanie, O.D.

VCDPLUS† Lake Havasu Family Eyecare 928.855.5026

2277 Swanson Avenue Suite 100, Lake Havasu City AZ 86403

Ruesch, Breanna, O.D.

Sobchuk, Tania, O.D.

Vetter, Brooke, O.D.

VCDPLUS† Riverview Vision Center 928.854.3555

1923 McCulloch Blvd. Unit 102, Lake Havasu City AZ 86403

Burgener, Rhett, O.D.

Parker

VCDPLUS† Parker Vision Care 928.669.2497

115 West Riverside Drive, Parker AZ 85344

Adams, Stuart B., O.D.

Woo, Stephanie, O.D.



Provider Search Results

The provider list does not include options for utilizing your benefits online or laser vision correction surgeons:

To use your in-network benefits to purchase contact lenses online, visit www.contactsdirect.com.

To use your in-network benefits to purchase glasses online, visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

SOUTHWESTERN EYE CENTER

2005 Injo
Ste 102
Lake Havasu City, AZ
86404
(928) 505-3696

0.3 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

RIVER VIEW VISION CENTER

14 Scott Dr
Lake Havasu City, AZ
86403
(928) 854-3555

0.6 Miles

Accessibility for Disability
Handicap Accessible

Hours
Mon 9:00am - 5:00pm
Tue 9:00am - 5:00pm
Wed 9:00am - 5:00pm
Thur 9:00am - 5:00pm
Fri 9:00am - 5:00pm
Sat 8:00am - 12:00pm
Sun Closed

[More info +](#)

BARNET DULANEY PERKINS EYE CTR

40 Capri Blvd,
Ste 102
Lake Havasu City, AZ
86403
(928) 855-9477

0.6 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

LAKE HAVASU FAMILY EYECARE

2277 Swanson Ave
Ste 100
Lake Havasu City, AZ
86403
(928) 855-5026

1.0 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

HAVASU EYE CENTER

383 S Lake Havasu Ave
Lake Havasu City, AZ
86403
(928) 680-1144

1.3 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

NATIONWIDE INSIDE OF JCPENNEY

5651 Hwy 95 North
Lake Havasu City, AZ
86404
(928) 764-2385
6.2 Miles

Hours	
Mon	10:00am - 6:00pm
Tue	10:00am - 6:00pm
Wed	10:00am - 6:00pm
Thur	10:00am - 6:00pm
Fri	10:00am - 6:00pm
Sat	10:00am - 5:00pm
Sun	Closed

Accessibility for Disability
Handicap Accessible

[More info +](#)

PARKER VISION CARE

115 W Riverside Dr
Parker, AZ 85344
(928) 669-2497

23.0 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

BRUCE V GRAFF OD

1406 Bailey Ave
Needles, CA 92363
(760) 326-2149
29.0 Miles

Hours	
Mon	8:00am - 4:00pm
Tue	8:00am - 4:00pm
Wed	8:00am - 4:00pm
Thur	8:00am - 4:00pm
Fri	8:00am - 4:00pm
Sat	Closed
Sun	Closed

Accessibility for Disability
Handicap Accessible

[More info +](#)

RIVERVIEW VISION CENTER

3640 Hwy 95
Ste 100
Bullhead City, AZ
86442
(928) 704-0010
41.9 Miles

Hours	
Mon	9:00am - 5:00pm
Tue	9:00am - 5:00pm
Wed	9:00am - 5:00pm
Thur	9:00am - 5:00pm
Fri	9:00am - 5:00pm
Sat	8:00am - 1:00pm
Sun	Closed

Accessibility for Disability
Handicap Accessible

[More info +](#)

MOHAVE EYE CENTER

3003 Highway 95
Ste 11
Bullhead City, AZ
86442
(928) 763-1000

43.5 Miles

Accessibility for Disability
Handicap Accessible

[More info +](#)

Updates received from our network providers are typically added to the EyeMed Provider Locator once per day, including weekends and holidays. Exclusions include interruptions due to system maintenance, upgrades or unplanned outages. This information is subject to change at any time.


Directory last updated: 1/4/2018

Always call ahead to confirm a provider's participation in your plan, and identify yourself as an EyeMed member to ensure you can access the services and products that you'd like to obtain and that you receive your maximum benefits. Not all providers offer all services and discounts on non-covered services may not be available through all providers, or in all states. Certain information, such as hours of operation, types of frames/products carried, is provided directly by providers and is not independently confirmed by EyeMed.

Eye exams are available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctor in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical or Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store.

The provider list does not include laser vision corrections surgeons. For laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com

You are entitled to full and equal access to covered services, including enrollees with disabilities as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

If you, or someone you are helping, has questions about your benefit, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-866-670-4780. 

[Report directory inaccuracies](#) in the provider locator or [submit a complaint](#) about directory information.

To obtain the provider directory in an alternate format, please call 1-866-9-EYEMED.

If you have difficulty finding a provider near you or securing an appointment, you may be eligible to submit an out-of-network claim to receive the in-network level of benefit. Please click [here](#) to obtain the Out-of-Network claim form, which includes additional information and requirements.



Lake Havasu Family Eyecare LLC

Contact:
2277 Swanson Ave Suite 100
Lake Havasu City, AZ 86403
(928) 855-5026



Special Offers
+ Bonus Offers
Available at this Location

Hours
Mon - Tue, Thu 8:00 - 6:00
Wed 9:00 - 5:00
Fri 8:00 - 5:00

Distance
13.04 miles
[View Map](#)



Featured Frame Brands

Use your **Extra \$20** to shop our wide selection of featured frame brands, including:

[bebe](#) - [Calvin Klein Collection](#) - [Flexon](#) - [MCM](#)

Havasu Eye Center

Contact:
383 Lake Havasu Ave S
Lake Havasu City, AZ 86403
(928) 680-1144

Special Offers
[Available at this Location](#)

Hours
Mon - Fri 8:00 - 5:00

Distance
13.78 miles
[View Map](#)



Featured Frame Brands

[Altair](#) - [bebe](#) - [Cole Haan](#) - [Flexon](#) - [Genesis](#) - [Otis & Piper](#)



Riverview Vision Center

Contact:
1923 McCulloch Blvd Ste 102
Lake Havasu City, AZ 86403
(928) 854-3555



Special Offers
+ Bonus Offers
Available at this Location

Hours
Mon - Fri 9:00 - 5:00

Distance
13.86 miles
[View Map](#)



Featured Frame Brands

Use your **Extra \$20** to shop our wide selection of featured frame brands, including:

[bebe](#) - [Columbia](#) - [Flexon](#) - [Nine West](#)

Parker Vision Care

Contact:
115 W Riverside Dr
Parker, AZ 85344
(928) 669-2497

Special Offers
[Available at this Location](#)

Hours
Mon - Thu 8:00 - 5:00
Fri 8:00 - 4:00

Distance
22.18 miles
[View Map](#)



Featured Frame Brands

[Altair](#) - [bebe](#) - [Cole Haan](#) - [Genesis](#) - [Revlon](#)

Bruce V Graff OD

Contact:
1406 Bailey Ave
Needles, CA 92363
(760) 326-2149

Special Offers
[Available at this Location](#)

Hours
Mon - Fri 8:00 - 4:00

Distance
40.37 miles
[View Map](#)

5 Results

Select your state and doctor network above. If you're not sure which network your plan provides, or want more detailed information about your plan, please contact your Plan Administrator. Searching for a VSP provider doesn't guarantee your eligibility or coverage. [Log in](#) to view more information and tools to help you manage your benefits.

VSP continually assesses the doctor network to ensure adequate access for members. VSP's access standard is one doctor in a 10 mile radius urban/suburban and one doctor in a 25 mile radius for rural. VSP utilizes reports to analyze and determine the percentage of members that will have access to a doctor within a specified distance. VSP runs specific reports to determine if standards are being met and whether or not to apply appropriate interventions when gaps are identified.

To report a directory inaccuracy, contact VSP at 800-877-7195 or email directory@vsp.com to submit a report.

The VSP Global Premier Program is intended to help VSP members maximize their vision care benefits. The Premier indicator is not meant as a designation of care quality as all of our doctors already meet VSP's high quality standards for professional services. The doctor's information and Premier status is subject to change. Premier Program elements may be modified and substituted by VSP from time to time.

Not all provider locations offer all services. Eye exams may be performed by Independent Doctors of Optometry at a location adjacent to retail locations, as required by law. Please check with your VSP network doctor to find out if he or she provides the services you need.

VSP contracted providers cannot discriminate against the hearing impaired, developmentally challenged and/or physically challenged. They must also allow full and equal access to covered services, including insureds with disabilities as required under the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

The information provided is supplied by the individual providers, subject to regular audits, and based on our records as of the date of the search and/or printing of the directory.

If there's a conflict between this information and your organization's contract with VSP, the terms of the contract prevail. This information is owned by VSP, and may only be used in connection with the provision of eye care services under a VSP eye care plan. Any other use is not allowed. Improper use of this information may subject the user to liability.

As a VSP member you can access language interpreter services at no cost. Call Member Services at 800-877-7195.

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: February 16, 2018

RE: 2018-19 Budget

Following the renewal meeting held last week, ECA requested that the actuary price some additional benefit options (attached for your reference) for Trustee's consideration in determining the premiums for 2018-19. Mike Schionning from Cheiron, the Trust's actuary, has provided pricing on each of those options which is also attached for your information and reference.

We will update the 2018-19 Draft Budget with these additional benefit options and will be able to walk Trustees through their impact on the overall rate structure as we did at last week's meeting.

As Trustees know, there is a gap between the rates based on the actuary's recommended funding and the amount of money the District has available. Trustees will be charged with deciding what, if any, benefit changes will be made to help reduce the gap and adopt actuarially adequate rates for purposes of COBRA. The actual funding of the Trust is at the discretion of the District, however, as fiduciaries, Trustees will need to work with the District and ECA over the next year to develop a plan to ensure that the EBT is fiscally sound.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at james@ecollinsandassociates.com.

LHSEBT

Additional Benefit Options to Price 2018-19

Medical – Gold Plan

- Increase deductible from \$2,000/\$4,000 to:
 - \$2,500 / \$5,000
 - \$3,000 / \$6,000
- Increase max out-of-pocket from \$6,000 / \$12,000 to:
 - \$6,500 / \$13,000
 - \$7,000 / \$14,000
- Increase Urgent Care co-pay from \$55 to \$75
- Increase ER Co-Pay from \$200 + Ded/CoInsurance to:
 - \$250 + Ded/CoInsurance
 - \$300 + Ded/CoInsurance
- Add limit to “Minor Surgery” performed in the physician’s office to \$500 or less (allowed)
- Add exclusion for at-home studies to coverage for sleep studies

Rx – Gold Plan

- Increase Generic and Retail 90 co-pay from \$5 to \$10 and Generic Mail Order to \$25
- Reduce Mail Order Co-Pays as follows:
 - Generic from \$15 to \$12.50
 - Preferred from \$105 to \$87.50
 - Non-Preferred from \$195 to \$162.50
- Eliminate coverage for medications available in an OTC format (including PPIs, Nasal Corticosteroids, etc.)
- FORMULARY – We are still waiting to hear back from National Cooperative to determine what formulary options exist outside of the one they recommended which did not address any (but 1) of the drugs on the Top 25 list.

Medical – Silver Plan

- Increase deductible from \$3,000 / \$6,000 to:
 - \$3,500 / \$7,000
 - \$4,000 / \$8,000

- Increase maximum out-of-pocket from \$6,850 / \$13,700 to:
 - \$7,150 / \$14,300
- Decrease co-insurance from 80% to:
 - 70%
 - 60%
- Increase Urgent Care co-pay from \$100 to:
 - \$150
 - \$200
- Add limit to “Minor Surgery” performed in the physician’s office to \$500 or less (allowed)
- Add exclusion for at-home studies to coverage for sleep studies

Rx – Silver Plan

- Increase Generic and Retail 90 co-pay from \$25 to \$30
- Reduce Mail Order co-pays:
 - Preferred from \$240 to \$200
 - Non-Preferred from \$480 to \$400
- Eliminate coverage for medications available in an OTC format (including PPIs, Nasal Corticosteroids, etc.)
- FORMULARY – We are still waiting to hear back from National Cooperative to determine what formulary options exist outside of the one they recommended which did not address any (but 1) of the drugs on the Top 25 list.

Recommended	Percent Impact	Funding Impact-Gold-Actuarially Adj.				
		EO	ES	EC	EC+	EF
Medical/Prescription Drug Plan						
Change medical benefits as follows:						
Increase Deductible to \$2,500/\$5,000	-0.95%	(\$6.12)	(\$11.01)	(\$9.79)	(\$12.85)	(\$16.52)
Increase Deductible to \$3,000/\$6,000	-1.72%	(\$11.15)	(\$20.07)	(\$17.84)	(\$23.41)	(\$30.10)
Increase OOP to \$6,500/\$13,000	-0.63%	(\$4.10)	(\$7.38)	(\$6.56)	(\$8.61)	(\$11.07)
Increase OOP to \$7,000/\$14,000	-1.19%	(\$7.70)	(\$13.85)	(\$12.32)	(\$16.16)	(\$20.78)
Increase Urgent Care Copay to \$75	-0.01%	(\$0.09)	(\$0.17)	(\$0.15)	(\$0.20)	(\$0.25)
Increase ER Copay to \$250	-0.12%	(\$0.76)	(\$1.37)	(\$1.22)	(\$1.60)	(\$2.06)
Increase ER Copay to \$300	-0.23%	(\$1.52)	(\$2.73)	(\$2.43)	(\$3.18)	(\$4.09)
Limit office surgeries to those under \$500	-0.09%	(\$0.61)	(\$1.09)	(\$0.97)	(\$1.27)	(\$1.64)
Exclude coverage for at home sleep studies	-0.05%	(\$0.30)	(\$0.55)	(\$0.48)	(\$0.64)	(\$0.82)
Change pharmacy benefits as follows:						
Increase generic copay to \$10 retail/\$25 mail	-0.45%	(\$2.93)	(\$5.27)	(\$4.69)	(\$6.15)	(\$7.91)
Reduce mail copays to \$12.50, \$87.50, \$162.50	0.06%	\$0.36	\$0.65	\$0.58	\$0.76	\$0.98
Remove coverage for drugs available OTC	-0.06%	(\$0.41)	(\$0.74)	(\$0.66)	(\$0.86)	(\$1.11)
Add oral specialty partial fill benefit	-0.05%	(\$0.33)	(\$0.59)	(\$0.53)	(\$0.69)	(\$0.89)

	Percent Impact	Funding Impact-Silver				
		EO	ES	EC	EC+	EF
Medical/Prescription Drug Plan						
Change medical benefits as follows:						
Increase Deductible to \$3,500/\$7,000	-0.75%	(\$4.25)	(\$7.64)	(\$6.79)	(\$8.92)	(\$11.46)
Increase Deductible to \$4,000/\$8,000	-1.38%	(\$7.84)	(\$14.11)	(\$12.55)	(\$16.47)	(\$21.17)
Increase OOP to \$7,150/\$14,300	-0.45%	(\$2.54)	(\$4.57)	(\$4.06)	(\$5.33)	(\$6.85)
Decrease coinsurance to 70%	-0.72%	(\$4.11)	(\$7.39)	(\$6.57)	(\$8.63)	(\$11.09)
Decrease coinsurance to 60%	-1.24%	(\$7.04)	(\$12.67)	(\$11.27)	(\$14.79)	(\$19.01)
Increase Urgent Care Copay to \$100	-0.0002%	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Increase Urgent Care Copay to \$150	-0.0003%	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Limit office surgeries to those under \$500	-0.09%	(\$0.53)	(\$0.96)	(\$0.85)	(\$1.12)	(\$1.43)
Exclude coverage for at home sleep studies	-0.05%	(\$0.27)	(\$0.48)	(\$0.43)	(\$0.56)	(\$0.72)
Increase pharmacy Co-pays:						
Increase generic copay to \$30 retail	-0.09%	(\$0.51)	(\$0.91)	(\$0.81)	(\$1.07)	(\$1.37)
Reduce mail copays to \$200 preferred, \$400 non preferred	0.07%	\$0.40	\$0.72	\$0.64	\$0.84	\$1.08
Remove coverage for drugs available OTC	-0.06%	(\$0.36)	(\$0.65)	(\$0.58)	(\$0.76)	(\$0.97)
Add oral specialty partial fill benefit	-0.05%	(\$0.29)	(\$0.52)	(\$0.46)	(\$0.61)	(\$0.78)

Minimum	Percent Impact	Funding Impact-Gold-Actuarially Adj.				
		EO	ES	EC	EC+	EF
Medical/Prescription Drug Plan						
Change medical benefits as follows:						
Increase Deductible to \$2,500/\$5,000	-0.95%	(\$5.90)	(\$10.62)	(\$9.44)	(\$12.39)	(\$15.93)
Increase Deductible to \$3,000/\$6,000	-1.72%	(\$10.75)	(\$19.36)	(\$17.21)	(\$22.59)	(\$29.04)
Increase OOP to \$6,500/\$13,000	-0.63%	(\$3.96)	(\$7.12)	(\$6.33)	(\$8.31)	(\$10.68)
Increase OOP to \$7,000/\$14,000	-1.19%	(\$7.42)	(\$13.36)	(\$11.88)	(\$15.59)	(\$20.05)
Increase Urgent Care Copay to \$75	-0.01%	(\$0.09)	(\$0.16)	(\$0.14)	(\$0.19)	(\$0.24)
Increase ER Copay to \$250	-0.12%	(\$0.74)	(\$1.32)	(\$1.18)	(\$1.55)	(\$1.99)
Increase ER Copay to \$300	-0.23%	(\$1.46)	(\$2.63)	(\$2.34)	(\$3.07)	(\$3.95)
Limit office surgeries to those under \$500	-0.09%	(\$0.58)	(\$1.05)	(\$0.94)	(\$1.23)	(\$1.58)
Exclude coverage for at home sleep studies	-0.05%	(\$0.29)	(\$0.53)	(\$0.47)	(\$0.61)	(\$0.79)
Change pharmacy benefits as follows:						
Increase generic copay to \$10 retail/\$25 mail	-0.45%	(\$2.82)	(\$5.08)	(\$4.52)	(\$5.93)	(\$7.63)
Reduce mail copays to \$12.50, \$87.50, \$162.50	0.06%	\$0.35	\$0.63	\$0.56	\$0.74	\$0.95
Remove coverage for drugs available OTC	-0.06%	(\$0.40)	(\$0.71)	(\$0.63)	(\$0.83)	(\$1.07)
Add oral specialty partial fill benefit	-0.05%	(\$0.32)	(\$0.57)	(\$0.51)	(\$0.67)	(\$0.86)

	Percent Impact	Funding Impact-Silver				
		EO	ES	EC	EC+	EF
Medical/Prescription Drug Plan						
Change medical benefits as follows:						
Increase Deductible to \$3,500/\$7,000	-0.75%	(\$4.10)	(\$7.37)	(\$6.55)	(\$8.60)	(\$11.06)
Increase Deductible to \$4,000/\$8,000	-1.38%	(\$7.56)	(\$13.61)	(\$12.10)	(\$15.88)	(\$20.42)
Increase OOP to \$7,150/\$14,300	-0.45%	(\$2.45)	(\$4.41)	(\$3.92)	(\$5.14)	(\$6.61)
Decrease coinsurance to 70%	-0.72%	(\$3.96)	(\$7.13)	(\$6.34)	(\$8.32)	(\$10.70)
Decrease coinsurance to 60%	-1.24%	(\$6.79)	(\$12.22)	(\$10.87)	(\$14.26)	(\$18.34)
Increase Urgent Care Copay to \$100	-0.0002%	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Increase Urgent Care Copay to \$150	-0.0003%	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Limit office surgeries to those under \$500	-0.09%	(\$0.51)	(\$0.92)	(\$0.82)	(\$1.08)	(\$1.38)
Exclude coverage for at home sleep studies	-0.05%	(\$0.26)	(\$0.46)	(\$0.41)	(\$0.54)	(\$0.69)
Increase pharmacy Co-pays:						
Increase generic copay to \$30 retail	-0.09%	(\$0.49)	(\$0.88)	(\$0.78)	(\$1.03)	(\$1.32)
Reduce mail copays to \$200 preferred, \$400 non preferred	0.07%	\$0.38	\$0.69	\$0.62	\$0.81	\$1.04
Remove coverage for drugs available OTC	-0.06%	(\$0.35)	(\$0.63)	(\$0.56)	(\$0.73)	(\$0.94)
Add oral specialty partial fill benefit	-0.05%	(\$0.28)	(\$0.50)	(\$0.44)	(\$0.58)	(\$0.75)

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: February 16, 2018

RE: Administrative Update

This agenda item will serve as a placeholder to discuss any administrative items that may be of interest to Trustees.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at james@ecollinsandassociates.com.