



**LAKE HAVASU UNIFIED SCHOOL DISTRICT EMPLOYEE BENEFIT TRUST**

**NOTICE OF PUBLIC MEETING**

**Wednesday, September 12, 2018 6:00 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.**

**AGENDA**

**REGULAR MEETING SESSION:**

**6:00 p.m.**

**1. Routine Opening of Meeting - Call to Order**

**Chairperson**

1.1 Roll Call

1.2 Pledge of Allegiance/Moment of Silence

1.3 Call for an Executive Session

*(If the situation warrants, an Executive Session may be held during the meeting, pursuant to A.R.S. §38.431.03 (A)(2) for "Discussion or consideration of records exempt by law from public inspection, including the receipt and discussion of information or testimony that is specifically required to be maintained as confidential by state or federal law" or (A)(3) for "Discussion or consultation for legal advice with the attorney or attorneys of the public body.")*

**2. Call to the Public**

**Chairperson**

*(Form BEDH-E is required to address the Board during Call to the Public. Form must be turned in to the Secretary before the meeting starts. There will be a five (5) minute time limit. At this time, the Chairperson will call for comments from members of the public on items not on the agenda. Because of restrictions imposed by A.R.S. §38.431.01, discussion and action on items brought before the Board during this time will be limited to directing staff to study the matter or rescheduling the matter for further consideration and decision at a later date.)*

**3. Old Business (Action Items)**

3.1 Update on Void Contracts

**ECA**

**4. New Business (Action Items)**

4.1 Teladoc Presentation

**ECA/Teladoc**

4.2 Discussion and Possible Action re Alternative Benefit Plan Design for January – June 2019

**Chairperson/  
ECA**

**5. Adjournment**

**Chairperson**

**NEXT SCHEDULED REGULAR MEETING OF  
THE LHSEBT TRUST BOARD**

**October 18, 2018 @ 5:00 p.m.**



“We are **transforming**  
how people access  
**healthcare.**”

- Jason Gorevic, Teladoc CEO

To learn more, contact:

Courtney Heeley

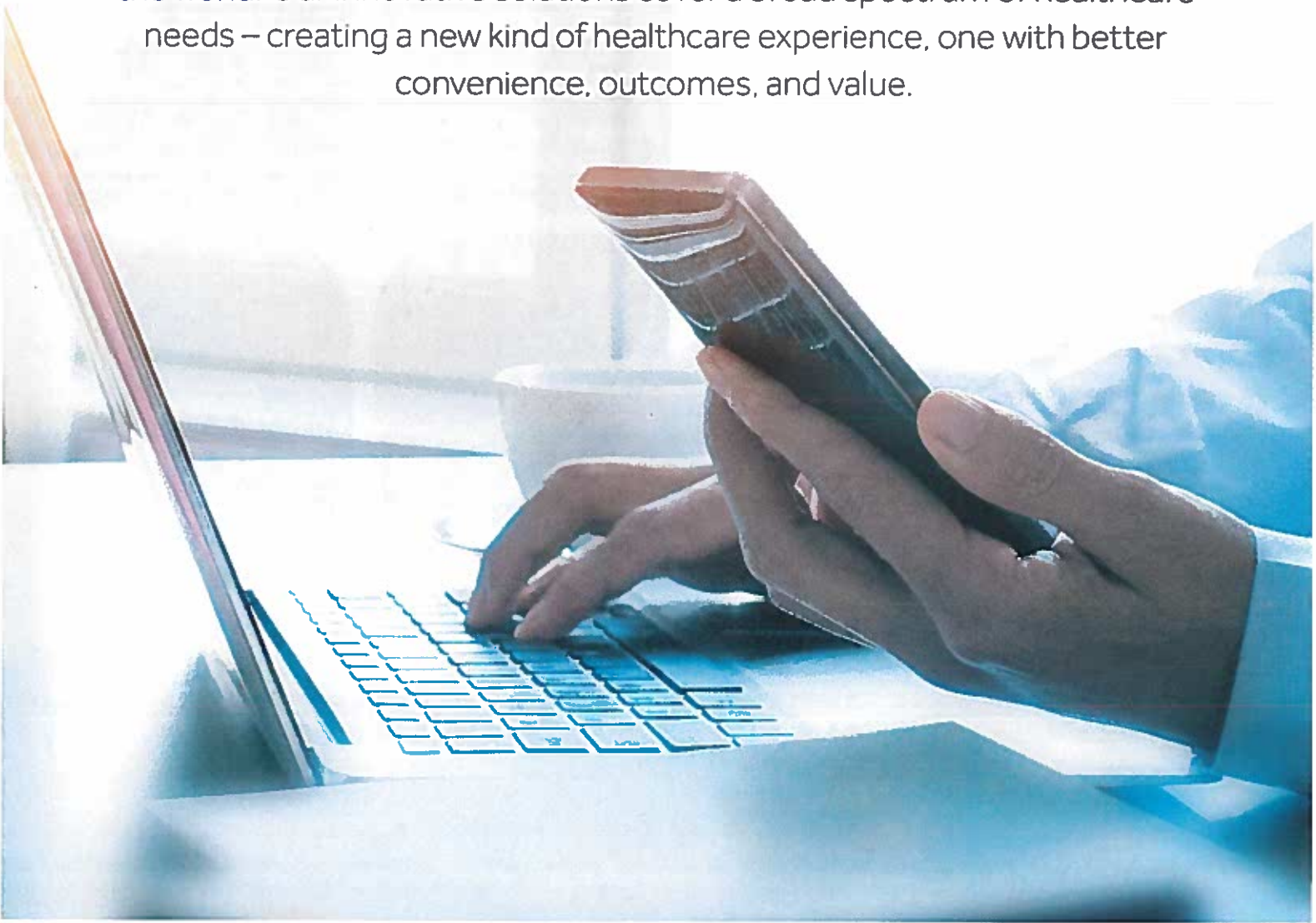
[cheeley@teladoc.com](mailto:cheeley@teladoc.com)

Teladoc, Inc.  
2 Manhattanville Rd., Purchase, NY 10577

Proposal valid for 90 days

This proposal and supporting materials contain confidential and proprietary business information of Teladoc, Inc. These materials may be printed or photocopied for use in evaluating the proposal, but are not to be shared with other parties.

Teladoc, Inc. is the largest, most trusted provider of virtual care delivery in the world. Our innovative solutions cover a broad spectrum of healthcare needs – creating a new kind of healthcare experience, one with better convenience, outcomes, and value.



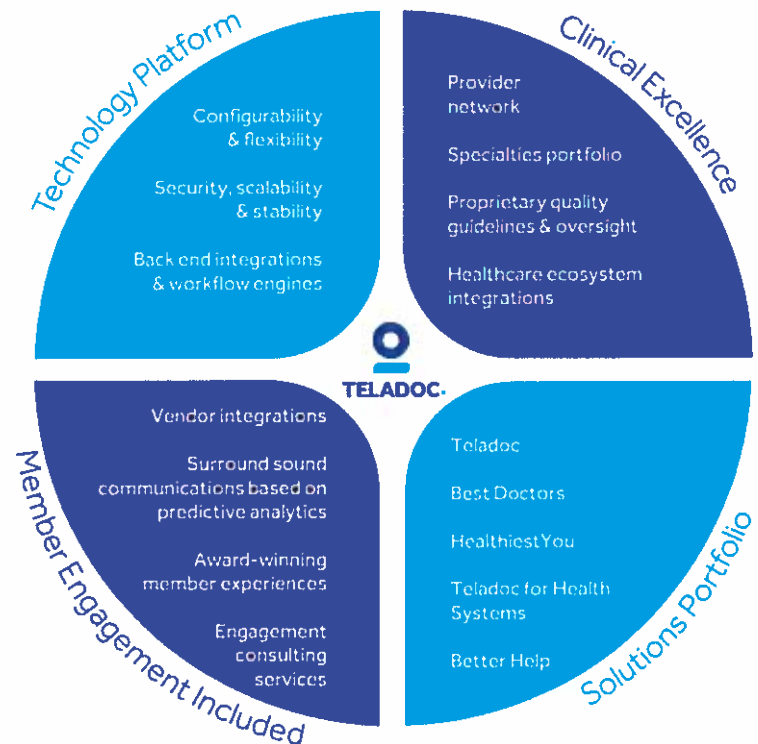
<b>03</b>	Teladoc: Leading the way in virtual care delivery	<b>07</b>	The care experience
<b>04</b>	Addressing a broad spectrum of healthcare needs	<b>08</b>	Modern technology designed with members in mind
<b>05</b>	Non-critical, episodic care: How it works for members	<b>09</b>	Engagement across the member lifecycle
<b>06</b>	Critical, complex care: How it works for members	<b>10</b>	Meaningful impact
		<b>11</b>	Easy implementation and onboarding
		<b>12</b>	Pricing model



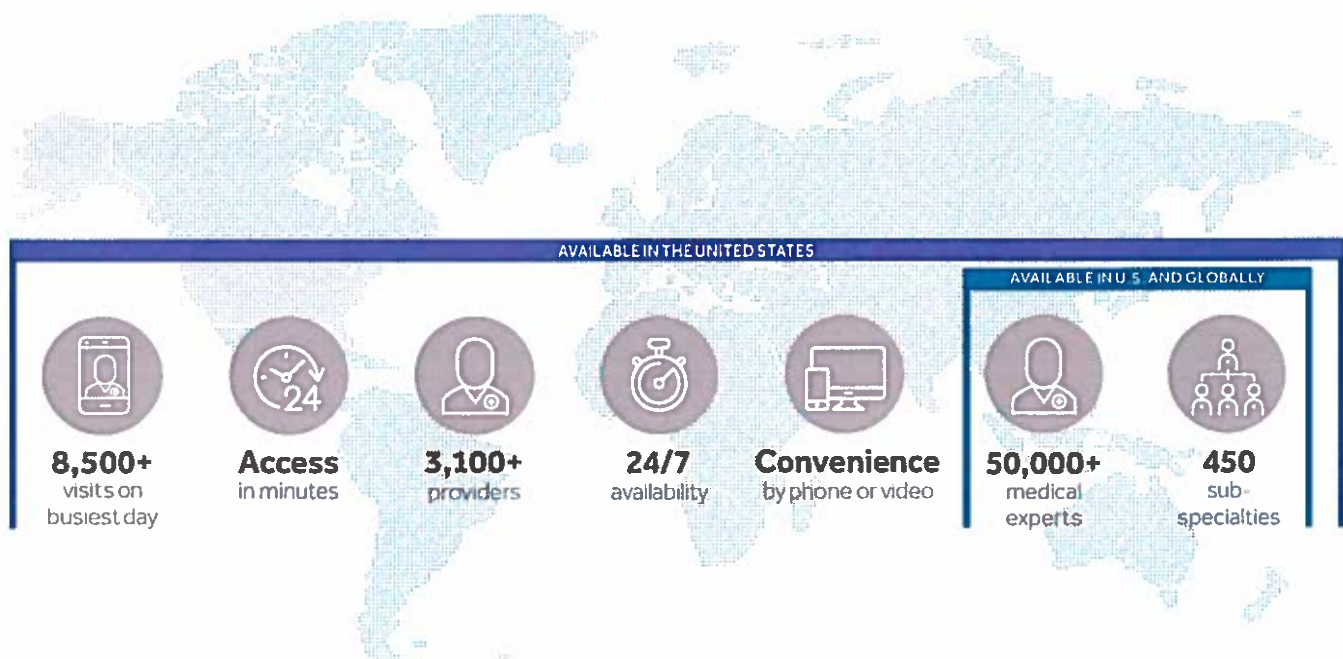
# Teladoc: Leading the way in virtual care delivery

In 2002, Teladoc set out to find a better way to connect doctors and patients. Today, we are successfully carrying out our mission to provide a new kind of healthcare experience – one with greater convenience, outcomes, and value.

With the addition of Best Doctors in 2017, our comprehensive virtual care delivery platform empowers both patients and treating physicians, overcoming barriers to care with the highest quality outcomes.



Teladoc serves more than 10,000 clients including more than 300 Fortune 1,000 employers. Our portfolio of market-defining solutions tackles the most relevant challenges across the healthcare ecosystem through the unique combination of cutting edge technology, big data and analytics, and access to the world's best minds in medicine, ultimately providing unparalleled value.

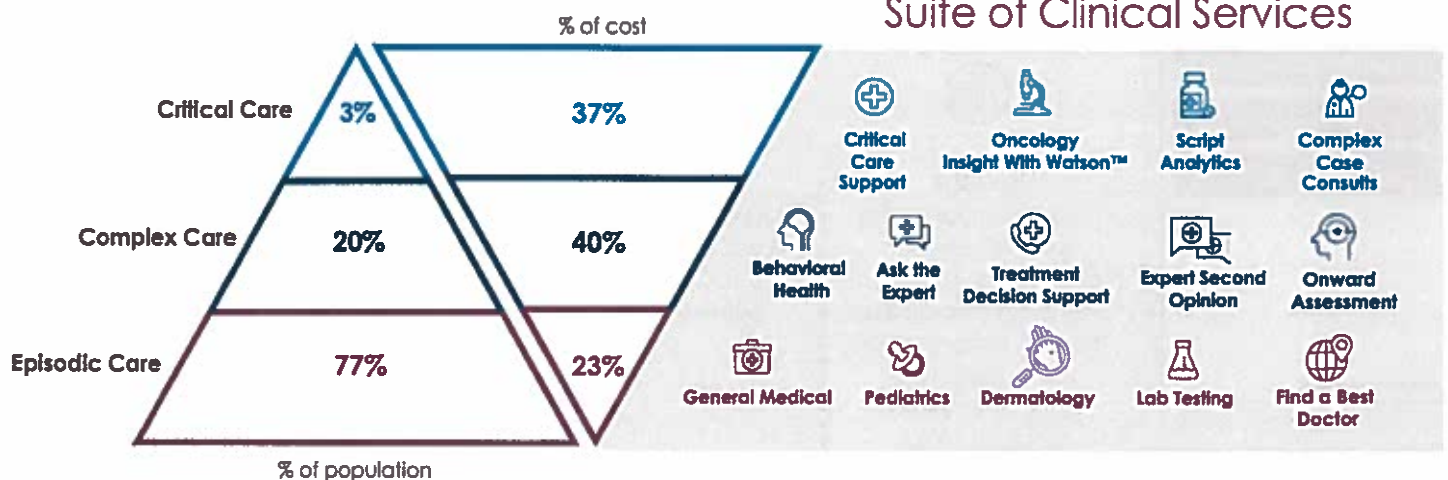


# Addressing a broad spectrum of healthcare needs

Teladoc is creating a new paradigm for how patients access care by delivering a powerful, virtual connected care platform.



We are the only solution able to address a broad spectrum of healthcare needs, regardless of where the patient is located or enters the system. Members can easily get resolution to a comprehensive set of clinical needs, from pink eye and skin rashes to mental health issues and cancer. Wherever, whenever. Managing the spectrum of conditions also means we have the capabilities to support their associated costs.



# Non-critical, episodic care: How it works for members

Teladoc services tackle **non-critical, episodic medical conditions, wherever, whenever they occur.** When members have no time for an office visit, are traveling for business, or need a short-term prescription, Teladoc makes accessing everyday care easy.

## Product portfolio & services



### Medical Treatment

General Medical      Tobacco Cessation  
Pediatrics              Sexual Health  
Dermatology            Caregiver



### Behavioral Health

Therapy  
Psychiatry  
Psychopharmacology  
Lab Testing



## Talk to a doctor in just four steps

Our platform enables members to connect to Teladoc's network of healthcare professionals within minutes, anytime, anywhere.



1

#### Initiate

The patient provides basic information through web, mobile, or phone. S/he completes medical history similar to the paperwork requirements at a doctor's office.

2

#### Request

The patient requests a visit on demand or schedules an appointment.

3

#### Visit

A physician reviews medical history and contacts the patient via their preferred method – phone, video, or visualized visits (uploading images by phone).

4

#### Resolve

A physician diagnoses the patient, and if necessary, provides ongoing treatment plans or prescribes medication electronically to their pharmacy of choice.



# Critical, complex care: How it works for members

Best Doctors services tackle the most **complex, critical, and costly cases**, wherever they may occur. Through our global network of experts, we provide members facing any type of medical uncertainty with a second opinion on their diagnosis or treatment plan. Our clinical team puts the member at the center of everything, offering personalized support and guidance through every step of the process.



## Product portfolio & services



### Expert Second Opinion Services

Expert Second Opinion

Ask the Expert

Find a Best Doctor

Critical Care Support

Treatment Decision  
Support



### Additional Services

Oncology Insight  
with Watson™

Analytics

Onward Behavioral Health



## Get an expert second opinion in just four steps

Best Doctors delivers expert evaluations to our members hassle-free, without the need for travel or additional doctor appointments.

1

#### Initiate

The member starts a case by web, app, or phone.

2

#### Intake

The member discusses concerns and medical history with our clinical staff.

3

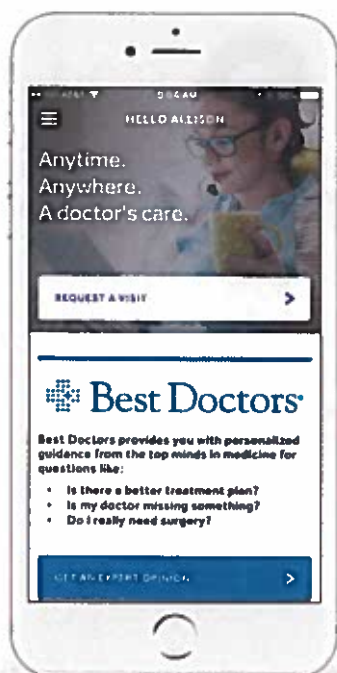
#### Release

Once the member signs a medical release form, Best Doctors will collect and consolidate all relevant medical records.

4

#### Report

The member receives the easy-to-understand report that confirms the diagnosis and treatment or recommends a change.



# The care experience

Teladoc provides access to high-quality care from over 50,000 world-renowned medical experts

## Quality doctors

Teladoc's network is made up of 3,100+ experienced U.S. board-certified doctors and 50,000 experts covering more than 450 specialties and subspecialties.

- Doctors have an average tenure of 20 years
- Medical experts are peer-rated, independently certified and polled biennially<sup>1</sup>
- Clinical activity, licensure, and disciplinary actions are verified continually



Trained on 100 proprietary clinical guidelines for virtual care



Peer-selected as the top 5% of U.S. physicians

## Quality care

As with any in-person doctor's visit, Teladoc members have access to board-certified physicians, but we match supply with local demand.

- Members talk with a doctor in about 10 minutes
- Members have access to doctors 24/7/365
- Experts use analytics to back their expert second opinion recommendations



92% resolution rate for patients



95% member adherence to expert recommendations

## Quality control

Ensuring clinical quality, service, and patient safety is of the utmost importance. 100% of medical charts are reviewed. Our Quality and Patient Safety Committee meets regularly to review documentation, diagnoses, and treatments.

- Monitor medication frequency against industry benchmarks
- Review and score every single expert report for clinical quality



NCQA-certified peer physician review credentialing with three consecutive NCQA credentialing certificates



Best Doctors is the only medical review service certified by the ACCME

<sup>1</sup>Gallup® has audited and certified Best Doctors, Inc.'s database of physicians and its companion Best Doctors in America List® as using the highest industry standards, survey methodology and processes.



Teladoc provides state-of-the-art Service Centers to ensure a seamless care experience.



**End-to-end  
in-house  
solution**



**700+  
service  
employees  
at five sites**



**24/7 client  
and member  
issue  
resolution**



**Fully  
redundant**



**Multilingual  
services**



Our solution is backed by a flexible and scalable technology platform.



### Scalability

- Can handle 200 million members
- Each tier scales horizontally with load balancers
- Regular stress testing, performance monitoring, and tuning



### Security

- No breaches in Teladoc history
- Third-party testing and certifications

**HITRUST<sup>™</sup>**  
**CSF Certified**



### Reliability

- Uptime <99.99%
- Significant, ongoing investment
- Extensive monitoring



### Configurability

- System features can be turned on or off
- Instant, on-demand routing or scheduled visits

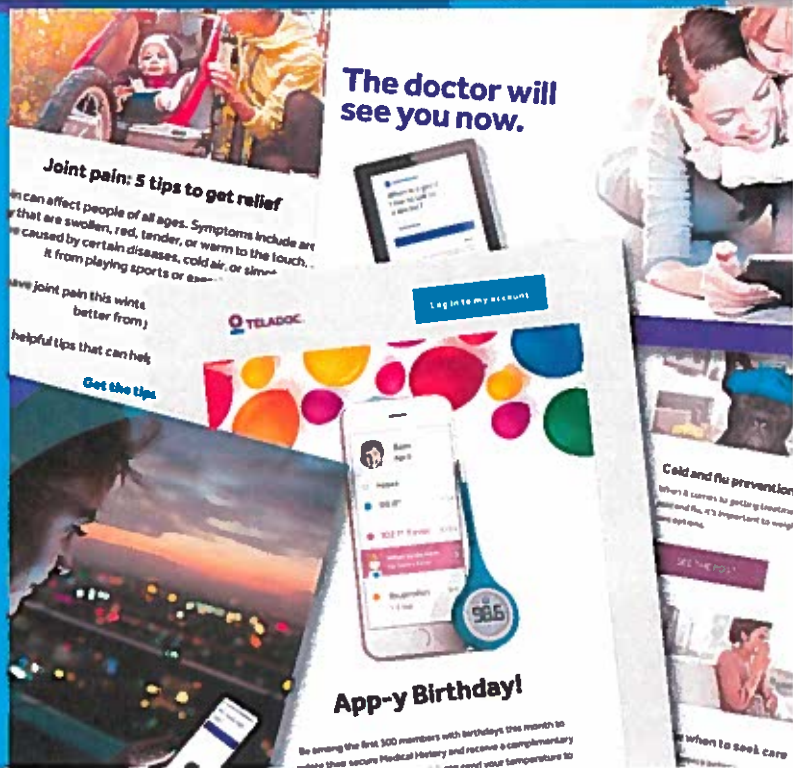
# Engagement across the member lifecycle

## Challenge

Clients across industries cite the same barrier to utilization – awareness. Many employees aren't aware they have the benefit, and if they are, they don't always remember to use it when the need arises.

## Solution

Teladoc delivers a complete engagement experience, reaching members with relevant messages when they need it most. Leveraging 15 years of proprietary data, we are able to drive behavior change with our members.



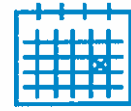
## Segmentation

To drive early benefit adoption, Teladoc sends onboarding materials comprised of welcome letters, emails, and collateral to members as they become eligible. This is a continuous process, not just during annual enrollment periods.



## Personas

We utilize demographics to segment and reach employees in their moments of need. For example, during flu and allergy season, geographical data help us to engage individuals when these conditions are peaking in their areas.



## Event Triggered

Whether employees are running errands, in school, on vacation, or traveling for business, Teladoc utilizes targeted, situational campaigns to keep the benefit top of mind. We provide smart geo-location to make sure members get the care they need when they are on the go.

**200+**  
communications  
available

## A turnkey marketing solution

From collateral creation to fulfillment, we make it easy for employers to reach their diverse employee population. With hundreds of communications available, our online platform is designed to make brand customization simple, and our in-house creative team and print center give us the ability to react quickly to client needs. Strategy guides, newsletters, and webinars provide tips on how to promote the various products available through Teladoc.

Teladoc and Best Doctors' methodology drives real results.



**\$36K**  
Average savings per expert review



**75%**  
Recommended change in treatment



**\$116K**  
Average savings per critical care case



**44%**  
Recommended change in diagnosis



**\$472**  
Average claims savings per visit\*



**14.9%**  
Average direct employer utilization

## A financial services client success story

A provider of financial advice, offering financial planning, products, and services to individual and institutional investors, uses Teladoc and Best Doctors' solutions for their nearly 10,000 financial advisors.



TELADOC

**\$573,000**  
total savings

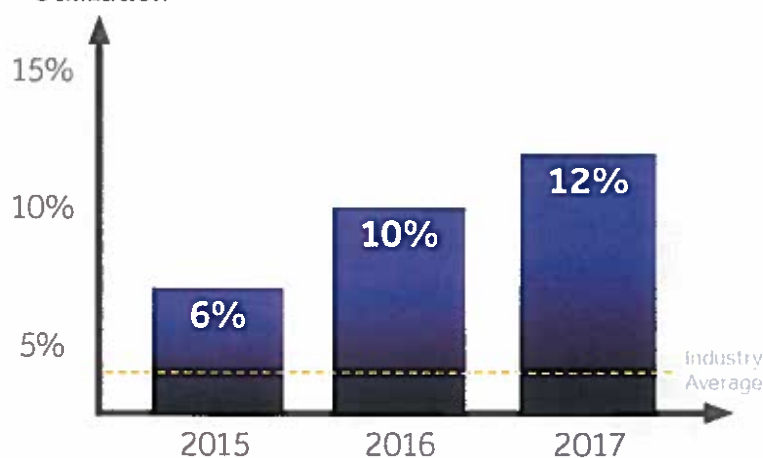
**3.8 : 1 ROI**

BEST DOCTORS

**\$726,505**  
total savings

**2.8 : 1 ROI**

Telehealth Utilization



Learn how Teladoc & Best Doctors have helped other companies achieve similar outcomes, spanning various industries and sizes at [www.teladoc.com/knowledgecenter](http://www.teladoc.com/knowledgecenter)

\*Visit: Includes initial encounter and any subsequent utilization of follow-up office visits, hospitalization, or ER utilization, resulting from initial encounter within a 30-day window for same and related diagnoses  
Average claims savings per visit based on an independent study by Veracity Analytics conducted over a period of 24 months



Available to  
members in  
**30-90**  
days

Our implementation  
process can begin at  
any time of year and be  
configured to meet clients'  
unique needs.

**1**

**Contracting:**

Service Agreement & Business Associate Agreement (BAA), if applicable.

**2**

**Engagement:**

Member communication strategy to drive utilization & ROI.

**3**

**Reporting:**

Configuration of benefit-specific and aggregate reports.

**4**

**Eligibility:**

Appropriate member eligibility and member responsibility solutions identified.

**5**

**Claims/invoicing:**

Claims submission via daily EDI 837 or monthly invoices for plan paid portion.

**GO  
LIVE**



**Training:** Resource for your service teams, including providing information on new products and features



**Utilization Strategies:** Benefit design suggestions and member communication best practices



**Reporting:** Utilization details, visit request and delivery methods, savings, top diagnoses and prescriptions, member satisfaction scores



**Regular Meetings:** Recurring account review, annual impact review, and strategy refinement meeting

**23**

average years  
of experience

Our dedicated Client  
Management team works in  
collaboration with clients to  
develop strategy and deliver  
ongoing support.

# Pricing model

The Teladoc pricing model features a **Per Employee Per Month (PEPM) administrative fee**.

Enrolled employees: 400

## Teladoc Core

Service	PEPM	Total Monthly Cost	Visit Fee/ Case Rate
	\$4.25	\$1,700	-
General Medical*	-	-	-
Dermatology*	-	-	-
Tobacco Cessation*	-	-	-
Sexual Health*	-	-	-
Caregiver*	-	-	-

## Best Doctors Core

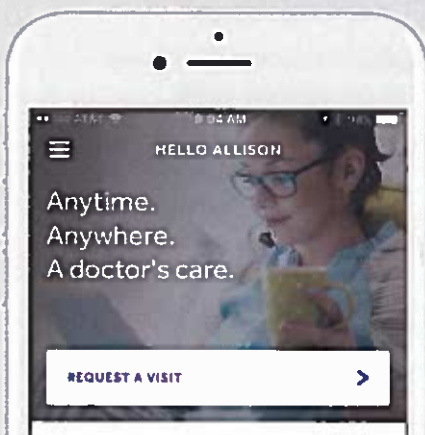
Expert Second Opinion	\$3.50	\$1,400	-
Ask the Expert	-	-	-
Find a Best Doctor	-	-	-
Critical Care Support*	-	-	-
Treatment Decision Support*	-	-	-

\*Employers can opt-out of this Core product but no discount will be applied. For General Medical, Dermatology, and Behavioral Health services, the Plan Sponsor can determine how much of the Visit Fee is paid by the member versus the plan. Generally, plan designs with low or no member contribution result in high utilization and therefore the greater ROI. The PEPM is based upon the estimated number of enrolled employees listed above and may be subject to change based upon actual enrollment.

## Teladoc: the right virtual care partner

Teladoc delivers unsurpassed care solutions to our clients and members.

Healthcare is too important to trust just any virtual care delivery company. Choose the industry leader with the experience, technology, and service you need.



**Best-in-class engagement model** used to drive utilization and long-term behavior change

**Breadth of care needs met** from pink eye and skin rashes to mental health issues and cancer

**Expansive integrations & partnerships** to engage in broader conversations about members' health

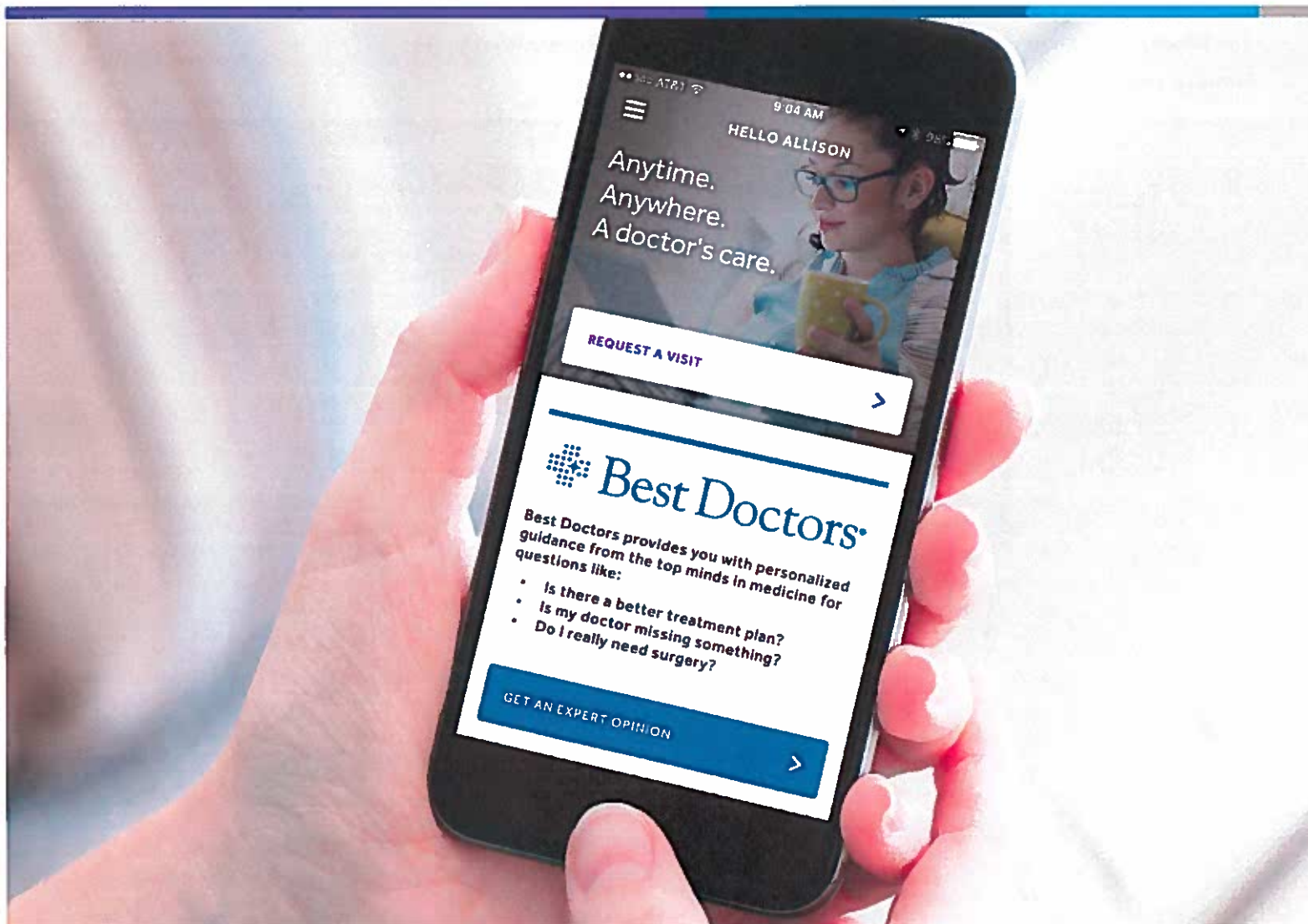
**Global expertise & operations** and world-renowned experts with regional expertise on a global scale

**One vendor meeting a wider array of needs** to ease solution point fatigue

**Unparalleled ROI across market segments** offers a highly differentiated suite of services spanning the spectrum

Please visit our website for more information:  
**[www.teladoc.com/employers](http://www.teladoc.com/employers)**

# Teladoc: the right virtual care partner



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Please visit our website for more information: [www.teladoc.com/employers](http://www.teladoc.com/employers)

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erinp@ecollinsandassociates.com

# **MEMORANDUM**

**TO: LHSEBT Trustees**

**FROM: ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**  
Erin P. Collins, President

**DATE: September 11, 2018**

**RE: Discussion and Possible Action re Alternative Benefit Plan Design for January-June 2019**

At the meeting of September 12<sup>th</sup>, Trustees will be asked to approve a modified benefit schedule within the current EPO benefit for the period January 01, 2019 – June 30, 2019. The purpose of the modification is twofold:

1. Change the co-pay structure to reflect movement of basic and primary care from the H&W Clinic to Blue Cross Blue Shield of Arizona (BCBSAZ) providers; and
2. Set the stage for the further modification of the benefit offerings effective with the new plan year starting on July 01, 2019, potentially including:
  - a. Lowering deductibles and out-of-pocket maximums on the existing plan; and
  - b. Introducing a qualified High Deductible Health Plan (HDHP) in concert with a Health Savings Account (HSA).

To accomplish this, ECA worked with Mike Schionning, the Trust's actuary, to price a range of benefit options for both the January-June 2019 period and for the new plan year starting on July 01, 2019. The full range of options reviewed, and the funding factors associated with each, are included here as Attachment "A." In completing this process, ECA was cognizant of the existing projected funding deficit of \$477,160 (adjusted slightly upward from the \$472,000 figure originally projected) and the need to close this funding gap using offsetting dollars associated with savings anticipated to be realized from the clinic closing, while simultaneously lowering out-of-pocket costs for district staff accustomed to receiving primary care through the clinic at no cost to them. ECA ran various combinations of benefit changes to come to the recommendations included here based on our judgement as to what would best accomplish this balance. The items we ultimately selected are highlighted in yellow throughout Exhibit "A." Please Note: The items included in our recommendations are simply ECA's suggested approach;

we will have the ability in the meeting to run other combinations until the Trustees find their preferred options.

Exhibit "B," titled "LHSEBT Entity Summary," includes our recommendations for both the January 01-June 30 period and a VERY PRELIMINARY outline approximating where we would expect that to take the Trust for the July 01, 2019-June 30, 2020 plan year. I emphasize "VERY PRELIMINARY" because the cost projections underlying these recommendations and associated costs are based on claims data that is very far removed from our normal parameters. As the year progresses and more current data becomes available, we expect these figures to change and note that they may change materially.

At the end of the day, our objectives included:

1. Closing the funding gap between the adopted rates and what the district is actually funding. Given that the District has infused the Trust with approximately \$2.7 million since 2016, in addition to regular monthly District and employee cost shares, the unsustainability of the current method has been demonstrated.
2. Developing a plan design that:
  - a. Is generally competitive in the local school district market in terms of benefits and employer/employee cost shares;
  - b. Recognizes the District's intent to wind-down its dependent subsidy obligations;
  - c. Provides employees with plan choices (EPO vs. HDHP) that will allow them to select an option more closely aligned with their needs, desires and ability to shoulder costs related to healthcare; and
  - d. Is more likely to be sustainable than the current benefit design over time.

Given the above, the benefit changes we are proposing are as follows:

January 01– June 30, 2019

1. Lowering the Office Visit Co-Pay from a flat \$55/Visit (PCP or Specialist) to:
  - a. \$25 for PCP and \$50 for Specialists
2. Break out Lab and X-Ray from 80% after Deductible to:
  - a. Free-Standing: \$50 Co-Pay, then 100%; and
  - b. Hospital-Based: Deductible and Co-Insurance
3. Add Teladoc at \$0 Cost to Members
4. Change Sterilization Benefit:
  - a. From:
    - i. Vasectomy - 80% after Deductible
    - ii. Tubal Ligation – Covered at 100%
  - b. To:
    - i. Vasectomy – Covered at 100%
    - ii. Tubal Ligation – Covered at 100%

5. Reduce Retail 90/Max Order Co-Pays from \$25/Generic, \$105/Preferred Brand and \$195/Non-Preferred Brand to:
  - a. \$20/Generic, \$70/Preferred Brand, \$130/Non-Preferred Brand

July 01, 2019 – June 30, 2020

1. Continue all of the changes above
2. Eliminate the Silver Plan
3. Eliminate the Case Management Penalty
4. Reduce the Deductible from \$2,500/\$5,000 to:
  - a. \$1,500/\$4,500
5. Reduce the Out-of-Pocket Maximum from \$6,500/\$13,000 to:
  - a. \$4,000/\$12,000
6. Add HDHP with HSA:
  - a. Deductible = Out-of-Pocket Maximum - \$4,000/\$8,000

Some notes and observations on these proposed changes:

1. Again, the figures used for July 01, 2019-June 30, 2020 should be viewed as VERY PRELIMINARY pending receipt of updated claims information.
2. Starting with a known projected shortfall of \$477,000 before figuring in benefits changes is an obvious challenge as any benefit design must use the dollars resulting from the clinic closure to first reduce or eliminate the deficit before moving on to plan design changes.
3. The Trust's underlying claims costs are comparatively high. This is likely due to a combination of factors including the overall small size of the group and associated small population to spread claims across, several continuing large cases and the higher costs associated with rural healthcare versus generally more competitive metropolitan areas.
4. Early on, we made the decision not to recommend mid-year changes to deductibles and out-of-pocket maximums because we did not believe they could be effectively administered by Gilsbar (or any other TPA). Claims lag, the delay in time between when a service is received and when the bills are actually paid would make this type of change impractical, particularly to the degree it would overlap the period of time where participants are attempting to compile their expenses in order to timely file both state and federal income taxes.

We will walk through our calculations, assumptions and observations at the meeting. In addition, Mike Schionning will participate by phone to provide his insights on the actuarial side. And, Courtney Heeley from Teladoc will be on-site to present information on Teladoc's services. If you have any questions between now and the date of the meeting, feel free to contact me at your convenience. I can be reached by phone at 928.753.4700 ext. 300 or by email at [erinp@ecollinsandassociates.com](mailto:erinp@ecollinsandassociates.com).



Gold - Proposed Funding - No Clinic

EO	ES	EC	EC+I	EF
511.28	920.30	818.04	1,073.69	1,380.45

Medical/Prescription Drug Plan	Percent Impact	Funding Impact-Gold-Current				
		EO	ES	EC	EC+I	EF
Change deductible to \$500/\$1,500	4.47%	\$22.88	\$41.18	\$36.60	\$48.04	\$61.77
Change deductible to \$750/\$2,250	3.62%	\$18.52	\$33.33	\$29.63	\$38.88	\$49.99
Change deductible to \$1,000/\$3,000	2.82%	\$14.44	\$25.98	\$23.10	\$30.31	\$38.98
Change deductible to \$1,500/\$4,500	1.55%	\$7.94	\$14.29	\$12.70	\$16.67	\$21.44
Change out-of-pocket to \$3,000/\$9,000	8.55%	\$43.74	\$78.73	\$69.98	\$91.85	\$118.09
Change out-of-pocket to \$4,000/\$12,000	4.63%	\$23.67	\$42.60	\$37.87	\$49.71	\$63.91
Change out-of-pocket to \$5,000/\$13,000	2.22%	\$11.33	\$20.39	\$18.12	\$23.78	\$30.58
Office visit copay to \$25 PCP/\$50 Specialist	0.69%	\$3.54	\$6.38	\$5.67	\$7.44	\$9.57
Office visit copay to \$30 PCP/\$60 Specialist	0.38%	\$1.93	\$3.47	\$3.08	\$4.05	\$5.20
Office visit copay to \$50 PCP/\$75 Specialist	-0.27%	(\$1.38)	(\$2.48)	(\$2.20)	(\$2.89)	(\$3.72)
Urgent care copay to \$75	-0.01%	(\$0.08)	(\$0.14)	(\$0.12)	(\$0.16)	(\$0.20)
Free standing lab/x-ray at \$50 copay then 100%	-0.44%	(\$2.24)	(\$4.03)	(\$3.58)	(\$4.70)	(\$6.04)
Free standing lab/x-ray at \$60 copay then 100%	-0.51%	(\$2.63)	(\$4.73)	(\$4.20)	(\$5.51)	(\$7.09)
Free standing lab/x-ray at \$75 copay then 100%	-0.59%	(\$3.02)	(\$5.43)	(\$4.83)	(\$6.33)	(\$8.14)
Hospital based lab and x-ray to deductible/coinsurance (current benefit)	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sterilization to 100%	0.05%	\$0.25	\$0.45	\$0.40	\$0.53	\$0.68
Add Teledoc at no cost to the member	0.19%	\$0.97	\$1.75	\$1.56	\$2.05	\$2.63
Add Teledoc at \$10 copay to the member	0.15%	\$0.76	\$1.36	\$1.21	\$1.59	\$2.05
Change retail 90/mail order copays to \$20 generic, \$70 preferred brand, \$130 non-preferred brand	0.05%	\$0.25	\$0.45	\$0.40	\$0.53	\$0.68
Eliminate Silver Plan	0.26%	\$1.34	\$2.41	\$2.14	\$2.81	\$3.61
Eliminate case management penalty	0.10%	\$0.50	\$0.90	\$0.80	\$1.05	\$1.35
Eliminate requiring mammograms through MOM	0.39%	\$2.00	\$3.61	\$3.21	\$4.21	\$5.41
Add new HDHP Plan						
\$2,600/\$5,200 then 100%	7.49%	\$38.28	\$68.91	\$61.26	\$80.40	\$103.37
\$3,000/\$6,000 then 100%	5.09%	\$26.04	\$46.87	\$41.66	\$54.68	\$70.30

LHSEBT

Jul 2019-Jun 2020

Exhibit A

Gold - Proposed Funding - No Clinic		EO	ES	EC	EC+1	EF
		\$49.17	988.49	878.66	1,153.25	1,482.74
Medical/Prescription Drug Plan		Funding Impact-Gold-Current				
		EO	ES	EC	EC+1	EF
Change deductible to \$500/\$1,500						
Change deductible to \$750/\$2,250						
Change deductible to \$1,000/\$3,000						
Change deductible to \$1,500/\$4,500						
Change out-of-pocket to \$3,000/\$9,000						
Change out-of-pocket to \$4,000/\$12,000						
Change out-of-pocket to \$5,000/\$13,000						
Office visit copay to \$25 PCP/\$50 Specialist						
Office visit copay to \$30 PCP/\$60 Specialist						
Office visit copay to \$50 PCP/\$75 Specialist						
Urgent care copay to \$75						
Free standing lab/x-ray at \$50 copay then 100%						
Free standing lab/x-ray at \$60 copay then 100%						
Free standing lab/x-ray at \$75 copay then 100%						
Hospital based lab and x-ray to deductible/coinsurance (current benefit)						
Sterilization to 100%						
Add TeleDoc at no cost to the member						
Add TeleDoc at \$10 copay to the member						
Change retail 90/mail order copays to \$20 generic, \$70 preferred brand, \$130 non-preferred brand						
Eliminate Silver Plan						
Eliminate case management penalty						
Eliminate requiring mammograms through MOM						
Add new HDHP Plan						
\$2,600/\$5,200 then 100%						
\$3,000/\$6,000 then 100%						
\$4,000/\$8,000 then 100%						

# LHSEBT Entity Summary

**2018-19 Plan Premiums (Actuarial Accepted)**

	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$751.89	\$678.57	\$25.86	\$5.18
Employee+Spouse	\$1,292.81	\$1,160.87	\$50.13	\$10.35
Employee+1 Child	\$1,158.38	\$1,041.13	\$42.59	\$9.41
Employee+Children	\$1,468.81	\$1,314.83	\$64.36	\$9.41
Employee+Family	\$1,896.13	\$1,698.27	\$88.63	\$16.94

**2018-19 Plan Premiums (School District Funded)**

	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$667.70	\$599.55	\$29.70	\$5.70
Employee+Spouse	\$1,202.30	\$1,078.35	\$61.60	\$11.38
Employee+1 Child	\$1,068.10	\$958.65	\$51.70	\$10.36
Employee+Children	\$1,424.50	\$1,258.95	\$80.30	\$10.36
Employee+Family	\$1,804.00	\$1,618.05	\$112.20	\$18.84

6 Months      Annualized

**2018-19 Projected Reserve Draw Down**

(\$238,580)      (\$477,160)

**2018-19 Proposed with Plan Changes January-June**

Funding Factor Change	(\$1,519)
Office Visit Copay to \$25 PCP/\$50 Specialist	(\$13,530)
Freestanding Lab/X-ray at \$50 Copay then 100%	\$8,551
Hospital Based Lab and X-ray to Deductible/Coinsurance (current benefit)	\$0
Sterilization to 100%	(\$958)
Add Teledoc at no cost to the member	(\$3,713)
Change Retail 90/Mail Order Copays to \$20 Generic, \$70 Preferred Brand, \$130 Non-Preferred Br	(\$958)
Remove Clinic Lab	\$50,532
Remove Clinic Rx	\$35,504
Remove Clinic Management Fee	\$331,348
Adjust Clinic Operating Expenses	\$15,059
Add Teladoc Admin Fee	(\$12,648)

**Savings with Proposed Plan Changes**

\$407,669

**Adjusted 2018-19 Projected Funding Surplus (Deficit)**

(\$69,490)

**2019-20 Projected Plan Premiums (Actuarial Projected)**

	Gold Plan Medical/Rx	HDHP Medical/Rx	Dental	Vision
Employee Only	\$740.86	\$722.50	\$25.86	\$5.18
Employee+Spouse	\$1,273.78	\$1,228.79	\$50.13	\$10.35
Employee+1 Child	\$1,141.77	\$1,103.43	\$42.59	\$9.41
Employee+Children	\$1,435.80	\$1,380.80	\$64.36	\$9.41
Employee+Family	\$1,866.08	\$1,791.07	\$88.63	\$16.94

**2018-19 Plan Premiums (School District Funded)**

	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$667.70	\$599.55	\$29.70	\$5.70
Employee+Spouse	\$1,202.30	\$1,078.35	\$61.60	\$11.38
Employee+1 Child	\$1,068.10	\$958.65	\$51.70	\$10.36
Employee+Children	\$1,424.50	\$1,258.95	\$80.30	\$10.36
Employee+Family	\$1,804.00	\$1,618.05	\$112.20	\$18.84

Annualized

**2019-20 Projected Plan Changes**

Base Funding Factor	\$332,602
Change Deductible to \$1,500/\$4,500	\$65,149
Change Out-of-Pocket to \$4,000/\$12,000	\$194,199
Office Visit Copay to \$25 PCP/\$50 Specialist	\$29,084
Freestanding Lab/X-ray at \$50 Copay then 100%	(\$18,350)
Hospital Based Lab and X-ray to Deductible/Coinsurance (current benefit)	\$0
Sterilization to 100%	\$2,058
Add Teledoc at no cost to the member	\$8,008
Change Retail 90/Mail Order Copays to \$20 Generic, \$70 Preferred Brand, \$130 Non-Preferred Brand	\$2,058
Eliminate Silver Plan	\$10,983
Eliminate Case Management Penalty	\$4,116
Add High Deductible	\$0
Adjustments for 6 months of clinic operating and increased admin expense projections	(\$219,014)

**Projected Funding Increase**

\$410,892





# **L.H. Unified School District #1**

*Employee Benefit Trust*

Benefit Plan Re-Design Options  
01/01/19-06/30/19 and  
07/01/19 - 06/30/20

## **Background and Purpose for Tonight**

- ▶ Review benefit options and associated financial impacts of benefit changes for January 01 - June 30, 2019.
  - These changes result from the planned closure of the clinic on December 31, 2018; and
  - Restructuring of the plan to a more community-based care model.

## ECA's Objectives in Developing Proposed Options

- ▶ Close the funding gap between actuarial rates and District funding
  - Reduce or eliminate need for supplemental cash transfers as in past
- ▶ Develop a benefit design that:
  - Is generally competitive in the local school district market in terms of benefits and employer/employee cost shares;
  - Recognizes District's intent to wind down dependent subsidy;
  - Provides employees with plan choices; and
  - Is more likely to be sustainable over time.

3

## Where Does the Projected \$477,160 Deficit Come From?

2018-19 Plan Premiums (Actuarial Accepted)				
	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$751.84	\$678.52	\$25.88	\$5.14
Employee+Spouse	\$1,292.81	\$1,160.02	\$50.13	\$10.35
Employee+1 Child	\$1,159.37	\$1,041.13	\$42.58	\$9.41
Employee+Children	\$1,468.81	\$1,214.83	\$64.30	\$9.41
Employee+Family	\$1,896.13	\$1,698.22	\$88.63	\$16.94

2018-19 Plan Premiums (School District Budget)				
	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$667.70	\$599.55	\$29.70	\$5.70
Employee+Spouse	\$1,202.30	\$1,078.35	\$51.60	\$11.35
Employee+1 Child	\$1,066.10	\$958.65	\$51.70	\$10.30
Employee+Children	\$1,424.50	\$1,258.95	\$80.30	\$10.30
Employee+Family	\$1,804.00	\$1,618.05	\$112.20	\$18.65

4

## Process

- ▶ Reviewed approximately 25 benefit re-design possibilities
  - January 01–June 30, 2019
  - July 01, 2019 – June 30, 2020
- ▶ Ran different combinations that:
  - Lower out of pocket costs for participants using BCBSAZ and community providers
  - Reduce or eliminate the current projected deficit
  - Set the stage for plan changes in July

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## Specific Targets

- ▶ For January 01 – June 30, 2019
  - Primary focus on lowering co-pays
    - Office Visits
    - Mail Order Rx
  - Add Teladoc for core services
- ▶ For July 01, 2019 – June 30, 2020
  - Add lower deductibles and out of pocket maximums
  - Add High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
    - Cautionary note on these projections.....

6

## Proposed Changes and Associated Costs/Savings for January 2019\*

	6 Months	Annualized
2018-19 Projected Reserve Draw Down	(\$238,580)	(\$477,160)
2018-19 Proposed with Plan Changes (January-June)		
Funding Factor Change	(\$1,519)	
Office Visit Copay to \$25 PCT/\$50 Specialist	(\$13,530)	
Freestanding Lab/X-ray at \$50 Copay then 100%	\$8,551	
Hospital Based Lab and X-ray to Deductible/Coinsurance (current benefit)	\$0	
Sterilization to 100%	(\$958)	
Add Teledoc at no cost to the member	(\$3,713)	
Change Retail 90/Mall Order Copays to \$20 Generic, \$70 Preferred Brand, \$130 Non-Preferred Brand	(\$958)	
Remove Clinic Lab	\$50,532	
Remove Clinic Rx	\$35,504	
Remove Clinic Management Fee	\$331,348	
Adjust Clinic Operating Expenses	\$15,059	
Add Teledoc Admin Fee	(\$12,648)	
Savings with Proposed Plan Changes	\$487,669	
Adjusted 2018-19 Projected Funding Surplus (Deficit)		(\$69,490)

*\*These are recommendations only; additional options were priced and are loaded in the budget to assist in considering other alternatives.*

7

## Proposed Changes and Associated Costs/Savings for 2019-20

	Annualized
2019-20 Projected Plan Changes	
Base Funding Factor	\$332,602
Change Deductible to \$1,500/\$4,500	\$65,149
Change Out-of-Pocket to \$4,000/\$12,000	\$194,199
Office Visit Copay to \$25 PCT/\$50 Specialist	\$29,084
Freestanding Lab/X-ray at \$50 Copay then 100%	(\$18,350)
Hospital Based Lab and X-ray to Deductible/Coinsurance (current benefit)	\$0
Sterilization to 100%	\$2,058
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Eliminate Silver Plan	\$10,983
Eliminate Case Management Penalty	\$4,116
Add High Deductible	\$0
Adjustments for 6 months of clinic operating and increased admin expense projections	(\$219,014)
Projected Funding Increase	\$410,892

8



## How Do Projected Premiums for 2019-20 Compare to Current?

2018-19 Plan Premiums (Actuarial Accepted)				
	Gold Plan Medical/Rx	Silver Plan Medical/Rx	Dental	Vision
Employee Only	\$751.89	\$678.57	\$25.86	\$5.18
Employee+Spouse	\$1,292.81	\$1,160.87	\$50.13	\$10.35
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2019-20 Projected Plan Premiums (Actuarial Projected)				
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Employee+Children	\$1,435.80	\$1,380.80	\$64.36	\$9.41
Employee+Family	\$1,866.08	\$1,791.07	\$88.63	\$16.94

9

## Observations Made

- ▶ All 2019-2020 projections should be considered VERY PRELIMINARY
- ▶ Working through the projected deficit makes funding improvements a challenge
- ▶ Re-establishing the connection between adopted rates and funded rates is critically important

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## Observations Made

- ▶ The Trust's underlying claims costs are somewhat high
  - Size
  - Class of business
  - Claims
- ▶ Addition of the HDHP was a challenge due to current plan's high deductible and out-of-pocket maximums

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## Next Steps

- ▶ Trustees will need to decide on benefit changes for January – June 2019.
- ▶ Once changes have been approved:
  - ECA will work with affected vendors (Gilsbar and CVS) to timely update systems and create any necessary plan document updates;
  - Create informational materials for employees and be available to provide on-site meetings;
  - Work with District staff to set a timeline for a mid-year Open Enrollment; and
  - Begin preparations for the 2019–20 renewal process.

12

Questions?

13





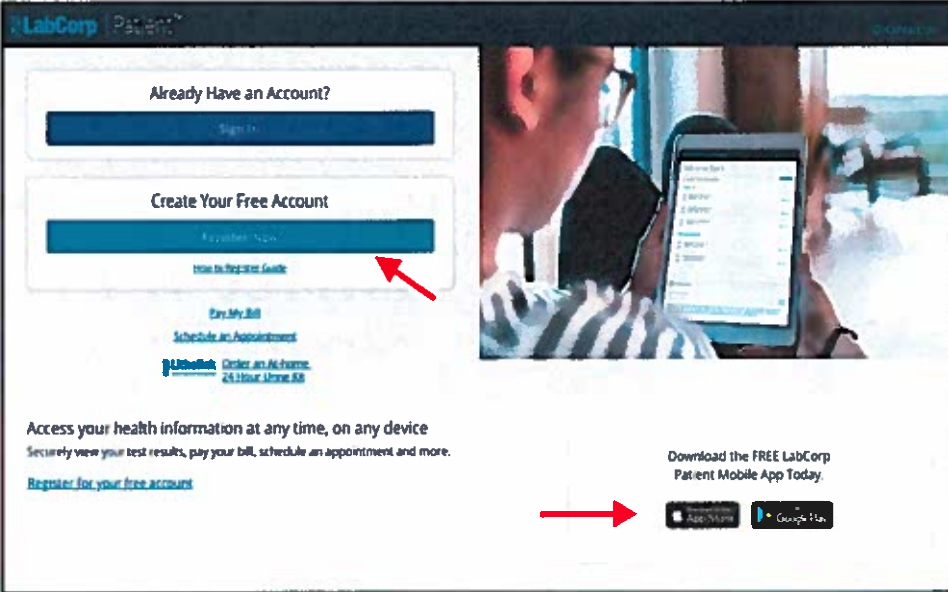


# **L.H. Unified School District #1**

*Employee Benefit Trust*

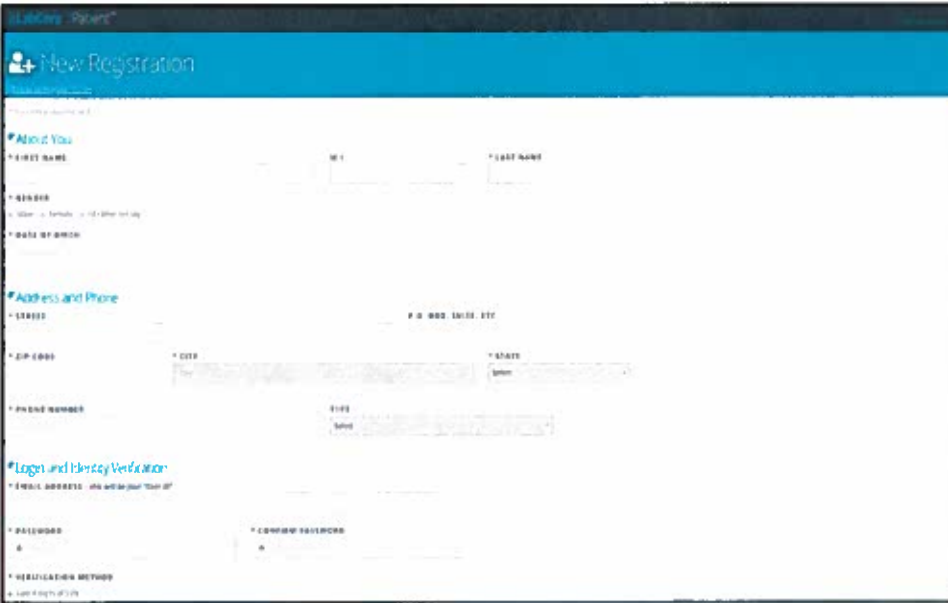
Scheduling Labs Online With LabCorp or Sonora Quest and Establishing as a New Patient

The screenshot displays the LabCorp website interface. At the top, the LabCorp logo is on the left, and 'Account Login' and 'Search' are on the right. Below the header is a navigation bar with links: 'BILL PAY', 'LABS & APPOINTMENTS', 'RESULTS', 'TEST MENU', 'PROVIDER SERVICES', and 'HELP'. The main content area has a blue background with the text 'The World's Leading Health Care Diagnostics Company'. Below this is a 'Labs & Appointments' section featuring a 'Locate Me' button, a text input field for 'Enter address or zip code', and a 'Select Service' dropdown menu. At the bottom of the page, a green banner contains the text 'Go to [www.LabCorp.com](http://www.LabCorp.com) and click Account Login'. A small number '2' is visible in the bottom right corner of the screenshot.



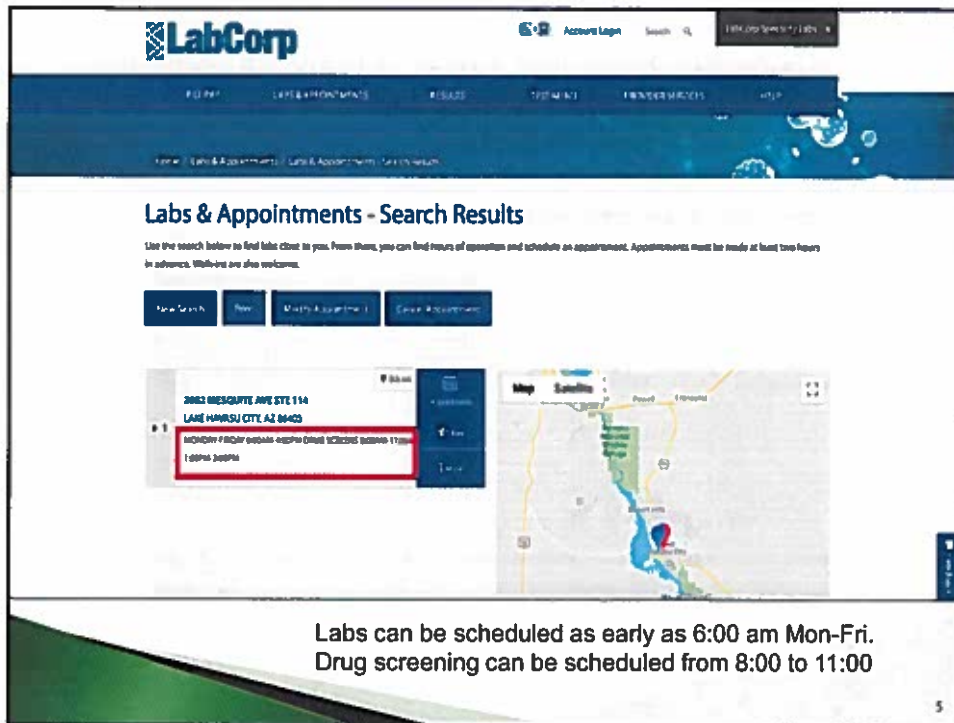
The image shows the LabCorp Patient portal homepage. On the left, there are two main sections: "Already Have an Account?" with a "Sign In" button, and "Create Your Free Account" with a "Register Now" button. Below these are links for "How to Register Guide", "Pay My Bill", "Schedule an Appointment", and "LabDirect Order an At-Home 24 Hour Urine AB". On the right, there is a photo of a person using a tablet. Below the photo, text says "Access your health information at any time, on any device. Securely view your test results, pay your bill, schedule an appointment and more." followed by a link "Register for your free account". To the right of this text is a red arrow pointing to the "Download the FREE LabCorp Patient Mobile App Today." section, which includes "App Store" and "Google Play" buttons.

**Register as a new Account**



The image shows the "New Registration" form in the LabCorp Patient portal. The form is divided into several sections: "About You" (First Name, Last Name, Gender, Date of Birth), "Address and Phone" (Street, P.O. Box, Suite, etc., ZIP Code, City, State, Phone Number, Email), and "Login and Identity Verification" (Email Address, Password, Confirm Password, Verification Method). The form is titled "New Registration" and includes a "How to Register Guide" link.

**Complete New Registration Information**



**LabCorp** Account Login Search LabCorp Sign In / Log Out

Home Labs & Appointments Labs & Appointments Search Results

### Labs & Appointments - Search Results

Use the search below to find labs close to you. From there, you can find hours of operation and schedule an appointment. Appointments must be made at least two hours in advance. Walk-ins are also welcome.

[New Search](#)
[View](#)
[Modify Appointment](#)
[Cancel Appointment](#)

**2082 MESQUITE AVE STE 114**  
**LAKE HAVASU CITY, AZ 86403**

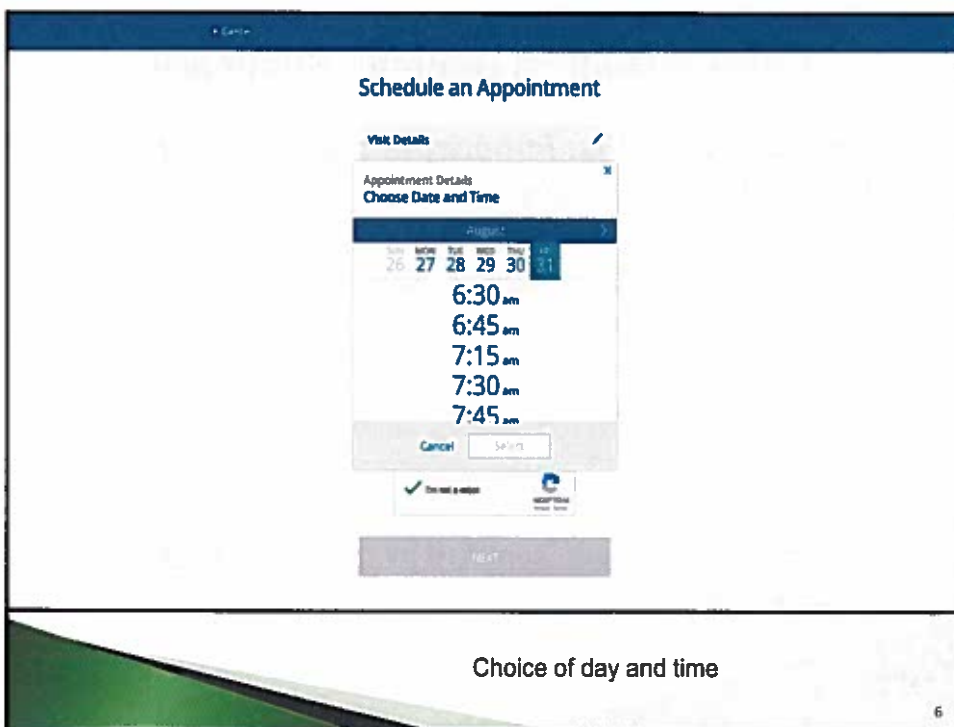
**Schedule a lab or appointment**

**1 phone number**

Map Satellite Street View

Labs can be scheduled as early as 6:00 am Mon-Fri.  
 Drug screening can be scheduled from 8:00 to 11:00

5



**Schedule an Appointment**

Visit Details

Appointment Details

Choose Date and Time

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	

6:30 am  
 6:45 am  
 7:15 am  
 7:30 am  
 7:45 am

☒ You need a referral
 ☐ No referral needed

Choice of day and time

6

## Consider Establishing as a New Patient Now

Today there are 39 Family Practice, Internal Medicine, Pediatric and OB/GYN providers accepting new patients

[illegible]

## Current Medical Benefits Summary

▶ **Wellness Benefits: In-network only and at the LHSEBT Wellness Center**

- Plan pays 100% of eligible BCBS contracted providers expenses for:
  - Physical exam
  - X-ray & Lab
  - GYN exam
  - Pap smear
  - **These benefits are identified by the Affordable Care Act (ACA)**



**If you decide to establish as a new patient now,  
call the provider of your choice and say:**

1. I'm calling to establish as a new patient with Dr. XXXX and I'd like to schedule a routine physical; or
2. I'm calling to establish my child as a new patient with Dr. XXX and I'd like to schedule a routine physical.

9

## CPT Preventive Codes





























**CPT® Code Set**

### Evaluation and Management Services [Show Guidelines](#)

Preventive Medicine Services [Show Guidelines](#)


### New Patient Preventive Medicine Services

**Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient**

Code(s)	Description	Icons
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	   
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	   
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	   
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	   
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	   
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	   
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&	   


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# General Medical Services


Presented to Lake Havasu Schools  
Employee Benefit Trust  
September, 13th, 2018



Talk to a  anytime



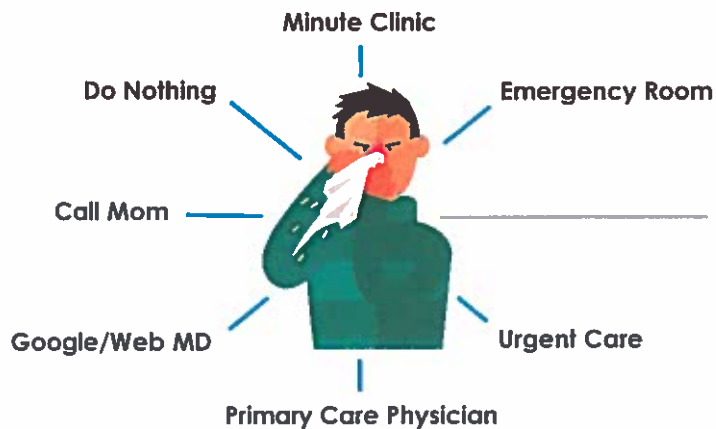
Teladoc General Medical Services provides convenient access to U.S. board-certified doctors available on-demand 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many of your medical issues.



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2

## Modernizing the way people access care!



### Call Teladoc First!

\$0 Consult Fee (FREE!)

NO Germs!

NO Travel Time!

NO Claim!

Available 24/7 from anywhere

10 min average call response



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3

## Effective resolution to a wide range of conditions



**Top Diagnosis:** Sinus Problems, UTI, Pink Eye, Bronchitis, Nasal Congestion, Allergies, Flu, Cough, Ear Infection



**Prescriptions as needed:** No controlled substances, psychiatric or lifestyle drugs. 98% generic prescribing rate.



**When to use Teladoc:** When your physician is unavailable, schedule **doesn't** permit going to the doctor, on vacation, geographical barriers, pediatric care, to avoid Urgent Care



Higher utilization results in fewer dollars spent and **decreased \$\$\$ absenteeism.**



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4



## Convenient 24/7 access



### Initiate

We are user friendly! The patient provides basic information through web, mobile, or phone. S/he completes medical history similar to the paperwork requirements at a doctor's office.



### Request

The patient requests a visit on demand or schedules an appointment.



### Visit

A physician reviews medical history and contacts the patient via their preferred method—phone, video or visualized visits (uploading images by phone).



### Resolve

A physician diagnoses the patient, and if necessary, provides ongoing treatment plans or prescribes medication electronically to their pharmacy of choice.



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3

## Additional Services\* (If Able to Be Administered by TPA)



### Dermatology

- Access licensed dermatologists via web or mobile app
- Treat acute or ongoing skin conditions like psoriasis, skin infections, rosacea and more
- Share high-quality images and receive a diagnosis within 48 hours



### Sexual Health

- Members can request a test for common STIs, find a local lab, get tested without an appointment
- Expect confidential results within three business days



### Behavioral Health

- Care from board-certified psychiatrists, psychologists or licensed therapists that the member chooses
- Support for anxiety, eating disorders, depression, grief, family difficulties and more
- Offered 7 days a week via phone or video
- Can receive ongoing support with the same doctor or therapist
- Provides a secure, discreet and confidential support resource

\*Member Co-Pays Apply



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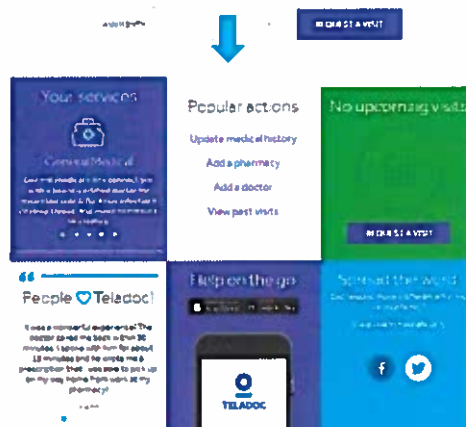
4

## Update Medical History

Good Morning, . . . .

### Pre-load all medical history prior to first visit

- Save time on your first visit by completing the following before your first visit
- 'Register your account' by providing necessary eligibility information
- 'Update medical history' to provide information that is similar to the clipboard at a doctor's office.
- 'Add a pharmacy' to your account for quick prescription fulfillment
- 'Add your PCP' if you'd like consultation notes to be shared with your local treating physician



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7



## Questions

**Courtney Heeley:**  
cheeley@Teladoc.com  
602-509-3854

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Last name	First Name	Credential	Gender	Specialty	Office Phone	Office name
Cox	Kasey	NP	F	Family Practice	928-680-4233	Cornerstone Family Healthcare
Noronha	Shirley	MD	F	Internal Medicine	928-680-4233	Cornerstone Family Healthcare
Randall	Megan	NP	F	Family Practice	928-680-4233	Cornerstone Family Healthcare
Smith-Tryon	Elizabeth	MD	M	Family Practice	928-680-4233	Cornerstone Family Healthcare
Tibbetts	Teresa	MD	F	Family Practice	928-680-4233	Cornerstone Family Healthcare
Whelan	Kristy	DO	F	Family Practice	928-680-4233	Cornerstone Family Healthcare
Carls	Jeff	MD	M	Family Practice	928-855-1550	FPS Medical
Conley	Bridgit	PA	F	Family Practice	928-855-1550	FPS Medical
Dux	Peter	MD	M	Family Practice	928-855-1550	FPS Medical
Grandell	Christian	PA	M	Family Practice	928-855-1550	FPS Medical
Williams	Lisa	PA	F	Family Practice	928-855-1550	FPS Medical
Woo	Francis	MD	M	Family Practice	928-453-3330	Frank Woo

Sidiqi	Essa	MD	M	Family Practice	928-453-0777	Havasu Primary Care
Meyer	Jacquelyn	NP	F	Family Practice	928-854-7666	Innovative Primary Care
				womens health/prim. Care		
Franzen	June	NP	F		928-854-3333	Innovative Women's Health
Ulmer	Sandra	DNP	F	Family Practice	928-453-8500	Midwest Internal Medicine
Kalin	Gene	MD	M	Internal Medicine	928-453-8500	Midwest Internal Medicine
Nudelman	Glenn	MD	M	Internal Medicine	928-453-8500	Midwest Internal Medicine
Ong-Veloso	Angelo	MD	M	Internal Medicine	928-453-8500	Midwest Internal Medicine
Persaud	Khamranie	MD	F	Internal Medicine	928-453-8500	Midwest Internal Medicine
Wrona	Thomas	MD	M	Internal Medicine	928-453-8500	Midwest Internal Medicine
Smith	Sarah	NP	F	Internal Medicine	928-854-1242	Mohave Infectious Disease
Last name	First Name	Credential	Gender	Specialty	Office Phone	Office name
Branchik	Josie	DO	F	Family Practice	928-854-1800	North Country Health Care
Capozzi	Carol	NP	F	Family Practice	928-854-1800	North Country Health Care

Savage	Colleen	NP	F	Pediatrics	928-854-1800	North Country Health Care
McDonald	Harrison (Mark)	DO	M	Internal Medicine	928-208-4611	Palo Verde Internal medicine
Younis	Haylee	NP	F	Internal Medicine	928-208-4611	Palo Verde Internal medicine
Powers	Thomas	MD	M	Family Practice	928-855-4224	Powers Family Practice
Pierre-Louis	Monette	MD	F	Pediatrics	928-855-0520	Praise Pediatrics
Goodrich	Cheryl	NP	F	Diabetes	928-854-0094	Primary Care & Diabetes Clinic
Oyas	Vic	MD	M	Pediatrics	928-680-1919	Rainbow Pediatrics
Schopen	Jane	PA	F	Pediatrics	928-680-1919	Rainbow Pediatrics
Lonial	Manu	MD	M	Family Practice	928-733-6351	Southwest Primary Care
DiPaolo	Chris	NP	F	Family Practice	928-234-1177	Trinity Health Care
Clausen	Gayle	PA	F	Family Practice	928-855-8071	Walter Sosey



Flodin	Caren	NP	F	Family Practice	928-855-8071	Walter Sosey
Sosey	Walter	MD	M	Family Practice	928-855-8071	Walter Sosey
Peterson	Robert	MD	M	Internal Medicine	928-680-3343	Your Health Home
Sitzer	Tiarra	NP	F	Pediatrics		Will be accepting patients in the next 6 months