# CITY OF NEW ORLEANS 2014 HEALTHCARE PLAN

Employee and Labor Relations

9<sup>th</sup> Floor City Hall

(504) 658-8615

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### **Healthcare Plan Overview**

- No change to the Medical, Dental and Vision benefits
  - o Copay, coinsurance, and deductibles stay the same
- Major Changes for 2014
  - o Wellness Credit
  - Wellness Program
- Additional Medical procedures available<sup>1</sup>
  - o Medically necessary Breast Reduction Surgery
  - o Medically necessary Lap Band/Lap Sleeve Surgery
- Other Changes
  - o Lab Corp Campaign
  - o Flexible Spending Accounts

<sup>&</sup>lt;sup>1</sup> See Appendix for details

### **Health Insurance Premiums**

The 2014 Healthcare Plan includes a focus on wellness. To promote wellness, the 2014 Healthcare Plan incorporates premium discounts, aka wellness credits, for those who complete the specified wellness activities described in the next section.

As in prior years, the City will pay a portion of the cost of an employee or retiree's healthcare insurance premiums with the remainder deducted from the employee's paycheck or retiree's pension. The amount of the City's contribution and the employee or retiree's contribution varies based on factors such as family size.

Required employee and retiree contributions will default to the **Standard Contribution** amounts shown in the following table. Employees and retirees who want to reduce the amount of money they pay toward premiums must complete all the wellness activities described later in this document. These wellness activities are mandatory to receive the discount and pay the reduced **Wellness Contribution**. Completion of the wellness activities by each adult plan member (an employee/retiree or his/her covered spouse) earns a credit worth a \$15 discount on the employee or retiree's premium contribution each month.

Under the *Wellness Contribution*, employees/retirees who cover themselves only or themselves and their children are eligible for a \$15 monthly discount. Employees/retirees who also cover their spouses are eligible for a \$15 discount if one spouse completes the wellness activities and a \$30 discount if both spouses complete the wellness activities.

The City contribution remains the same regardless of whether members pay the **Standard Contribution** amount or the lower **Wellness Contribution** amount.

The table below shows the standard rates as well as the discounted rates for employees who complete the specified wellness activities.

# **Health Insurance Premiums**

		2013 Contribution		2014 Wellness Contribution			2014 Standard Contribution					
		City Member City Member			1 Member		2 Members					
	Tier	Monthly	Bi- Weekly	Monthly	Monthly	Bi- Weekly	Monthly		Bi- eekly	Monthly	Bi- Weekly	Monthly
Active Employees (inc. Criminal Sheriff and District Attorney office)	Employee Only	\$266.98	\$57.23	\$124.00	\$272.06	\$57.23	\$124.00	\$0	64.15	\$139.00	NA	NA
	Employee and Spouse Domestic Partner	\$534.30	\$121.53	\$263.31	\$500.84	\$141.76	\$307.14	\$1	48.68	\$322.14	\$155.60	\$337.14
	Employee and Children	\$431.00	\$100.63	\$218.04	\$403.73	\$117.12	\$253.75	\$1	24.04	\$268.75	NA	NA
	Employee and Family	\$828.11	\$141.11	\$305.74	\$781.45	\$169.45	\$367.14	\$1	76.37	\$382.14	\$183.30	\$397.14
Retirees under 65	Employee Only	\$259.90	\$124.91	\$270.64	\$263.28	\$126.54	\$274.16	\$1	33.46	\$289.16	NA	NA
	Employee and Spouse Domestic Partner	\$603.33	\$221.06	\$478.97	\$556.35	\$249.24	\$540.02	\$2	56.16	\$555.02	\$263.09	\$570.02
	Employee and Children	\$431.20	\$207.46	\$449.49	\$392.20	\$230.74	\$499.94	\$2	37.66	\$514.94	NA	NA
	Employee and Family	\$937.29	\$277.51	\$601.27	\$871.55	\$317.08	\$687.01	\$3	24.00	\$702.01	\$330.93	\$717.01
Medicare Disabled Retirees	Employee Only	\$118.77	\$85.48	\$185.21	\$120.31	\$86.59	\$187.62	\$9	93.52	\$202.62	NA	NA
	Employee and Spouse Domestic Partner	\$315.35	\$140.61	\$304.66	\$288.14	\$156.94	\$340.03	\$1	63.86	\$355.03	\$170.78	\$370.03
	Employee and Children	\$127.18	\$174.19	\$377.42	\$103.28	\$188.25	\$407.88	\$1	95.18	\$422.88	NA	NA
	Employee and Family	\$546.88	\$154.46	\$334.66	\$509.34	\$177.07	\$383.66	\$1	84.00	\$398.66	\$190.92	\$413.66
Retirees over 65 No Medicare	Employee Only	\$537.98	\$97.82	\$211.94	\$544.97	\$99.09	\$214.70	\$1	06.02	\$229.70	NA	NA
	Employee and Spouse Domestic Partner	\$1,150.28	\$175.17	\$379.53	\$1,087.75	\$213.21	\$461.95	\$2	20.13	\$476.95	\$227.05	\$491.95
	Employee and Children	\$895.16	\$161.40	\$349.70	\$843.74	\$192.60	\$417.30	\$1	99.52	\$432.30	NA	NA
	Employee and Family	\$1,648.99	\$242.64	\$525.73	\$1,560.28	\$296.64	\$642.71	\$3	03.56	\$657.71	\$310.48	\$672.71

## **Wellness Program Overview**

Participation in required the Wellness Program is mandatory for adult plan members (employees and covered spouses) in order to receive the premium discount and pay the lower *Wellness Contribution* rates.

Wellness program participation is **not** available to covered children, including adult children up to age 26.

**Mandatory** for **ALL** employees/retirees and spouses to qualify for **Wellness Contribution** rates:

- Online Health Assessment (www.myuhc.com)
- Tobacco Use Affidavit

**Mandatory** for employees/retirees and spouses who meet certain criteria to qualify for **Wellness Contribution** rates:

- Smoking Cessation Program Mandatory for smokers
- Diabetes Health Program Mandatory for Pre-Diabetics and Diabetics
  - Claims data will be used to identify Pre-Diabetics and Diabetics, who will be automatically enrolled in the program. Enrollees will be offered the chance to opt out of the Diabetes Health Program. Opting out means you will forfeit your chance to save money by pay the *Wellness Contribution* rates.

To document compliance with wellness activities, employees/retirees and covered spouses must submit the following documents to your department's Human Resources Manager by **2:00 PM October 31, 2013:** 

- Certificate of completion of the Online Health Assessment
- Tobacco Use Affidavit
- Proof of enrollment in an approved Smoking Cessation Program, Smokers Only

Participation in the Online Health Assessment, the Smoking Cessation Program, and the Diabetes Program is **FREE** for plan members.

**Optional** for qualifying plan members:

Weight Loss Program

The following sections provide details on each of these wellness programs.

### **Online Health Assessment**

The Online Health Assessment establishes a baseline health status, identifies current & imminent health risks, and helps members plan to address those risks. It only takes 30 minutes. Before beginning the assessment, please have the following information with you:

- 1. Member ID on the front of your medical card
- 2. Medical Group number on the front of the medical card
- 3. Height
- 4. Weight
- 5. Approximate date of most recent preventive services
- 6. Health screening
- 7. Blood pressure numbers
- 8. Cholesterol measurement
- 9. Glucose numbers

While items 5-9 are not required to take the Health Assessment, their inclusion will make your Health Assessment Results more accurate and complete.

#### **How to Complete the Online Health Assessment:**

**Step 1:** Open the browser and type in <u>myuhc.com</u>.

<u>Step 2:</u> If you have a username and password, please enter these and proceed to Step 3. If you have not registered; click on "Register Now" and enter the requested information. When done, record your username and password for safe keeping.

<u>Step 3:</u> Enter your username and password. Navigate to the "What Would You Like to Do" menu in the upper right corner. Click on "Health Assessment". Please answer all questions.

**Step 4:** If you have missing information, don't worry. You can log out and return to the site to add more data to complete your assessment.

<u>Step 5:</u> When the assessment is completed, please enter finished. A Certificate of Completion will be made available. Print a copy and submit to your/your spouse's HR Manager.

<u>Step 6:</u> On the Tobacco Affidavit, check that you have completed the Online Health Assessment and submit the Affidavit and Certification of Completion to your Human Resources Manager.

### **Online Health Assessment Access**

If you do not have access to a computer, listed below are the dates, times and locations of centers that are available for you and your spouse to access city computers

#### **City Hall**

3<sup>rd</sup> Floor ITI Training Room Wednesday, October 2, 9, 16, 23, 30 - 8:30 a.m. - 5:00 p.m. Thursday, October 3, 10, 17, 24, 31 - 8:30 a.m. - 5:00 p.m. Friday, October 4 - 8:30 a.m. - 5:00 p.m. Friday, October 11, 18, 25 - 12:30 a.m. - 5:00 p.m. Contact Person: Ms. Zandra Washington

#### **New Orleans Public Libraries**

**East New Orleans** 5641 Read Boulevard New Orleans, LA 70127 Monday - Thursday - 10:00 a.m. - 7:00 p.m. Saturday - 10:00 a.m. - 5:00 p.m. Closed Friday Contact Person: Ms. Lila Lagraize

Computer Location: 1st Floor, Table Next to the Catalog Computer in the Children's Area

**Algiers Regional** 3014 Holiday Drive New Orleans, LA 70114 Monday - Thursday - 10:00 a.m. - 7:00 p.m. Saturday - 10:00 a.m. - 5:00 p.m. Closed Friday

Contact Person: Ms. Mary Ann Marx

Location of Computer: Counter by the self-check computers on 1st Floor

Main Library 219 Loyola Avenue New Orleans, LA 70112 Monday - Friday - 10:00 a.m. - 6:00 p.m. Saturday - 10:00 a.m. - 5:00 p.m. Contact Persons: Mr. Tony Barnes or Ms. Susan Austell

Location of Computer: Designated vacant office space on 1<sup>st</sup> Floor

# **Tobacco Use Affidavit**

Complete and sign the following tobacco use affidavit.

Return to your HR Manager by 2:00 PM, October 31, 2013.

### **Tobacco & Nicotine Affidavit**



Submit form to: Human Resources Manager of your Department

All information is required to process your form. This form must be completed and received no later than October 31, 2013. NO EXCEPTIONS!

Section 1	1: Participant Inf	ormation (Please F	Print Clearly)						
Full Legal	I Name:		(3.41)						
	(Firs	t)	(MI)	(L	.ast)				
□ Employ	ree 🗆 Spouse								
Age:		Date of Birth:		/ <u>-</u>	□ Male	□ Female			
Employee	e/Member ID:								
Email Address: Phone: ()					<del>_</del>				
	2: Participant A	Affidavit at best represents to y	our use of tob	acco and/or nicotine	products.				
I hereby at	ttest that:								
	□ I do not use tobacco or nicotine products.								
I use tobacco or nicotine replacement products, and agree to enroll in the City's Smoking Tobacco Cessation Program.									
<ul> <li>I use tobacco or nicotine products and opt out of the City's Smoking Tobacco Cessation Program.</li> <li>I understand that I will not receive a Wellness Credit.</li> </ul>									
	ser: If you have used a tobacco user.	l tobacco products (ciga	rettes, cigars, pi	pe tobacco, chewing to	bacco, etc.) in th	e last six months, you are			
	eplacement therapy tiches, lozenges, gum	n, or other products used	d to quit the toba	cco habit that may con	tain nicotine.				
Section	3: Participant l	UHC Healthcare A	Assessmen	t Attestation					
	I have complete	ed the UHC Online H	Healthcare As	sessment.					
Section	4: Participant	Signature (Requi	ired for pro	cessing)					
	<b>ig this document,</b> y knowledge and be	I duly swear, on oath alief.	according to la	w, that I have stated	herein informat	tion that is true to the			
Participant	Signature								
Date									

Results provided will not preclude eligibility in any benefit program. If you have questions about this form or the submission process, please contact your local

Human Resources representative. All information provided will be kept strictly confidential.

### **Smoking Cessation Programs**

#### I. SMOKING CESSATION TRUST PROGRAM

- For Louisiana residents who started smoking tobacco products before September 1, 1988
- 2. Offers FREE medication, group counseling and quit line coaching to help you quit for good.

To learn more: www.smokingcessationtrust.org or call 504-529-5665 or 855-259-6346.

#### II. QUITPOWER – ADVANCED TOBACCO CESSATION PROGRAM – UHC

Employees will receive a wellness coach to help develop a personalized, realistic plan to reduce tobacco use.

- 1. Education
- 2. Understanding Personal triggers
- 3. Personal Counselors
- 4. Nurse Line
- 5. Personalization
- 6. High Intensity Model
- 7. Nicotine Patch or Gum will be delivered directly to employee at no cost to the employee

#### III. QUIT WITH US, LA

The Louisiana Department of Health & Hospitals offers free help quitting smoking. Call the Louisiana Tobacco Quit line (1-800-QUIT-NOW).

- 1. All Louisiana residents are eligible
- 2. No Cost (Free)
- 3. Enrollment Sign-Up takes 5 -10 minutes
- 4. Five coaching sessions are available
- 5. Coaches are available seven (7) days a week; 24 hrs. per day
- 6. Participants are eligible for free patches and gum
- 7. Possible re-enrollment, if additional coaching is necessary

THE FIRST STEP TO QUITING IS TO CALL THE LOUISIANA TOBACCO QUITLINE (1-800-QUITNOW) TO REGISTER FOR COACHING SUPPORT DURING THE QUITTING PROCESS.

### **Diabetes Management Program**

- Pre-Diabetic and Diabetic Employees/Spouses will be automatically enrolled into the Diabetes Program using claims data
- Employees/Spouses can opt out of the Diabetes Program and will be provided a letter offering them the option to opt out of the program.
- If Employees/Spouses who opt out of the program will **NOT** be eligible for discounted Wellness Rates on healthcare premiums.

### Goals of the Diabetes Management Program:

- Help Diabetics to manage their diabetes better
- Lessen risk that Pre-Diabetics become diabetic

### What's included in the Diabetes Management Program?

- Diabetes-related doctor checkups every 6 months
- Annual screenings
  - o LDL cholesterol test
  - Serum creatinine test
  - Retinopathy screening
  - Nephropathy screening
  - o 2+ HbA1C test

These screenings do NOT require a copay.

### **Weight Loss Program**

Participation is **voluntary** for employees and covered spouses. The City will pay 50% of members' enrollment costs for the program. The name of the program will be announced by November 1, 2013. **The City will not pay for other weight loss programs.** The program will include:

- 1. Weekly Counseling Sessions
- 2. Weekly Weigh Ins
- 3. Weight Tracking

To be eligible for subsidy, plan members must meet 10 or the 13 qualifications listed below:

- 1. Weigh 20% or more above normal weight as defined on the "Obesity Point Chart"
- 2. Have a BMI of 40 or more (BMI= weight X 705, divided by height in inches two times)
- 3. Have a BMI of 30 or more with obesity related health conditions
- 4. Weigh twice their ideal weight or be at least 80 to 100 pounds overweight
- 5. Be between the ages of 18 and 60
- 6. Have been overweight for 5 years or more
- 7. Do not have an illness that has caused you to be overweight
- 8. Do not drink too much alcohol
- 9. Be committed to making changes in your diet and lifestyle
- 10. Have hypertension
- 11. Have cardiopulmonary condition
- 12. Have sleep apnea
- 13. Have diabetes

Initially, qualifying Plan Members will be eligible for 1 weight loss session. A weight loss session is a pre-determined time period during which assistance with weight loss activities is available similar to a quarter, trimester, or semester used in education environments. The time duration of a session will be determined in consultation with the chosen vendor when a Weight Loss Program is selected. The weight loss assistance activities available during a session, such as but not limited to weekly weigh-ins, nutritional counseling, etc., also will be determined at the time that the Weight Loss Program vendor is selected.

To continue to qualify for additional subsidy for more sessions, members must:

1. Lose a minimum of 5% of weight in the first session.

- If a minimum of 5% of weight is not lost in the first session, members will not be eligible for subsidy for the second session
- 2. Lose a minimum of 10% of weight in the second session. Does not include the first 5% weight loss
  - If a minimum of 10% of weight is not lost in the second session, members must repay their share of the program
- 3. Employees are eligible for *two* consecutive weight loss sessions with City payment assistance

### **Healthcare Reform**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you in evaluating options for yourself and your family, this notice provides basic information about the new Marketplace and employment based healthcare coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

No, City employees do not qualify for a lower monthly premium because the city offers healthcare coverage, and the coverage meets the Healthcare Reform standards.

 Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

**Yes.** If you have an offer of healthcare coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer offered coverage. Also, this employer contribution as well as your employee contribution to employer offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

• How Can I Get More Information?

For **more information** about your coverage offered by your employer, please check your summary plan description or contact City of New Orleans, Benefits Administration, (504) 658-8615.

• The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the

**Marketplace and its cost.** Please visit <u>HealthCare.gov</u> for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# **LabCorp & Flexible Spending Accounts**

#### LabCorp

- Since 2008, LabCorp has been the preferred lab vendor for UHC. Benefits of using an in network lab include lower lab processing costs.
- When obtaining services from a provider in non-emergency situations, please request that your doctor or the hospital send the lab work to a LabCorp lab.
- Your compliance can help us control healthcare costs for you and for the City.

#### **Flexible Spending Accounts**

- The City plans to offer Flexible Spending Accounts (FSAs) in 2014.
- Human Resources will provide updated information as it becomes available.

### **Get More Information on 2014 Healthcare**

#### **Open Houses**

The Human Resources / Benefits team will host a lunchtime open house every Wednesday during October. HR Staff will make a presentation and answer questions. Required forms will be available.

Employees are invited to drop in at the following times:

Dates: Wednesdays, October 2, 9, 16, 23, and 30

Time: 12 noon to 1:00 PM

Location: City Hall – 1300 Perdido Street, New Orleans, LA 70112

8<sup>th</sup> Floor in the Homeland Security Conference Room

Although computers will not be available for employee use at this meeting, employees will be able to access computers in the ITI training room on the 3<sup>rd</sup> floor of City Hall during this time.

#### **Presentations to Individual Departments**

The Human Resources / Benefits team will make presentations to individual departments based on the availability of department staff. Please check with your department's HR Manager to learn when HR / Benefits will present to your department.

Tentative Schedule:

September 26, 2013 – 9:00 AM - Airport

# **Questions**

Please contact the following people for assistance with your questions.

- 1. Your Department's HR Manager
- Employee and Labor Relations
   9th Floor City Hall
   504-658-8615

### **Appendix**

Candidates for Breast Reduction Surgery must meet ALL of the following criteria for Macromastia:

- A. Member has persistent symptoms in at least 2 of the anatomical body areas below, affecting daily activities for at least 1 year:
  - 1. Headaches
  - 2. Pain in neck
  - 3. Pain in shoulders
  - 4. Pain in upper back
  - 5. Painful kyphosis documented by X-rays
  - 6. Pain/discomfort/ulceration from bra straps cutting into shoulders
  - 7. All of the following criteria are met:
    - Photographic documentation confirms severe breast hypertrophy; and
    - Member has undergone an evaluation by a physician who has determined that *all* of the following criteria are met:
      - There is a reasonable likelihood that the member's symptoms are primarily due to macromastia; and
      - Reduction mammoplasty is likely to result in improvement of the chronic pain; and
      - Pain symptoms persist as documented by the physician despite at least a 3-month trial of therapeutic measures such as:
        - A. Analgesic/non-steroidal anti-inflammatory drugs (NSAIDs) interventions
        - B. Physical therapy/exercises/posturing maneuvers
        - C. Supportive devices (e.g., proper bra support, wide bra straps);
- B. Women 40 years of age or older are required to have a mammogram that was negative for cancer performed within the year prior to the date of the planned reduction mammoplasty

Please contact HR Benefits at 504-658-8615 with questions.

#### Lap Band/Sleeve Surgery will be limited to members with the following criteria:

- A. Your BMI is more than 40; or more than 30 with obesity related health conditions
- B. You weigh twice your ideal weight or are at least 80 to 100 pounds overweight
- C. You are between the ages of 18 and 60
- D. You have been overweight for 5 years or more
- E. You have been unable to lose weight thru diet and exercise
- F. You do not have an illness that has caused you to be overweight
- G. You do not drink too much alcohol
- H. You are committed to making changes in your diet and lifestyle
- I. You are willing to continue working with and be monitored by your LAP-BAND doctor
- J. Hypertension
- K. Cardiopulmonary condition
- L. Sleep apnea
- M. Diabetes

The City contribution to the cost of Lap Band/Lap Sleeve surgery will be limited to a maximum of \$15,000.

Please contact HR Benefits at 504-658-8615 with questions.