



August 2011

Association of University Registered Nurses

An Oregon Nurses Association Bargaining Unit at
Oregon Health and Sciences University

NEWSLETTER

Changes to Health Insurance Are Coming

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Keeping us healthy and keeping benefits affordable

If you read or hear any news about health care, you know that benefit design and costs are huge concerns for employers and employees all across Oregon and our nation. Every employer is trying to figure out how to do things to mitigate increases in health insurance premiums that are way beyond the normal bounds of inflation and have been for years.

Our contract gives us the ability to work with the employer on the contributions the employer makes towards the cost of benefits per Article 16 and the designs of the various plans that are offered (co-pays, co-insurance, services offered, etc.)

per Appendix B which describes the Employee Benefits Council.

It is because of collective bargaining that we have a say as to what happens, and the AURN takes that responsibility seriously. Our goal is to have a good system of benefits and keep the costs down as much as possible, making our benefits more affordable particularly for those that must insure their families.

Rather than just “jack up” the premium or “jack up” the out-of-pocket costs, we along with

AFSCME and other OHSU employees, are trying to figure out a way to deal with premium costs over the long term that keep benefits affordable and coverage comprehensive by reducing medical claims.

To that end, we want to share the details for what is being planned by the Employee Benefits Council. Please review these things carefully.

For 2012, in exchange for a premium decrease for the OHSU PPO Plan and for a modest increase on the 250 Plan, employees would sign a compact during open enrollment. The compact would require the employee to meet certain requirements by October 30, 2012. The first two are to have and provide the name of a Primary Care Provider (PCP), and if identified (or a covered dependent is identified) for participation in OHSU Care Coordination Plus – you must be enrolled in program and participate.

The OHSU Care Coordination Plus is a program to help employees who are managing on-going conditions that contribute to high claims costs if not effectively managed. For example, many employees with diabetes are participants in this program as there are a myriad of treatments and interventions for diabetics that insure good health outcomes and prevent more expensive health claims and treatments down the road.

In addition to having a PCP and participating in the OHSU Care Coordination Plus if identified, employees enrolled in the OHSU PPO or 250 Plan would also have to complete one of the following programs before November of 2012:

(Read more on the back of this update)

Get More Involved in ONA

There is a **vacancy on the Professional Nursing Care Committee (PNCC)**. This committee is a resource to direct care nurses at OHSU for patient care and professional development matters. The PNCC also mentors UBNPC's, oversees the distribution and expenditure of staff development funds, and acts as an advisory committee for appointments of staff to nursing councils and committees.

The AURN Executive Committee is **still seeking a Vice President**. The Vice President serves on the bargaining team and helps out with grievances. Training can be provided. For details on the role, check out the bylaws on our website.

We are seeking an Ambulatory Care Nurse for the Reward and Recognition Task Force. This group is working to develop a reward and recognition program tied to the nurse practice model and feels that Ambulatory care input is missing and needed.

**CONTACT COURTNEY NIEBEL AT
niebel@oregonrn.org FOR MORE INFORMATION
OR TO VOLUNTEER.**

More on the changes to the OHSU PPO Health Insurance

(Continued from front)

1. Participate in an OHSU sponsored weight management program (probably Weight Watchers).
2. Participate in an OHSU sponsored smoking cessation program if you are a smoker.
3. Complete the Healthy Team Healthy U Program -- a program that mixes learning about your health, healthy activities and nutrition.
4. Earn 1,000 points on Healthy Steps -- an online tracking system of your walking, running or workouts between January and October 30.
5. Complete an Aetna HRA (Health Risk Assessment) and all recommended eLearning modules.

In future years, details of the compact

would be announced prior to or along with open enrollment in October.

The details of the second year's compact requirements would be explained in mid-2012 and are likely to include completion of annual screens at PCP's, completion of a Health Risk Assessment, enrollment/completion of health coaching for those identified as candidates, participation in intensive care management program (complex care medical home), weight management program, etc.

Employees who did not want to do these things, would be able to opt out of the OHSU PPO and the 250 Plan into what will be called the "Standard OHSU PPO" and the "Standard 250 Plan". The Standard plans will not have the requirements, but in turn, employees enrolled in these plans

would pay higher premiums.

Failure to meet the compact requirements would result in automatic removal from the OHSU PPO or the 250 Plan to the Standard Plan for the following plan year.

Plan enrollment will not be tied to health status or achievement of a health status. Plan enrollment will be based upon completion of screenings and recommended programs.

The concept tied to all of this, is that in order to keep premiums from rising so much, so fast every year, we encourage employees to do things that engage them in thinking about their health and in turn keep them healthy or healthier and thus help OHSU avoid medical claims that in turn help keep the cost of the premium down. Please let us know what you think.

Prescription Drug Benefit Changes

OHSU's Current Employee Pharmacy Benefit

OHSU Pharmacies	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply)
Generic	25% of the cost	15% of the cost	25% of the cost
Preferred	25% of the cost	15% of the cost	25% of the cost
Non-Preferred	50% of the cost	33% of the cost	50% of the cost
OPDP Pharmacies	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply)
Generic	30% with \$10 minimum	20% with \$20 Min.	25% of the cost
Preferred	30% with \$10 minimum	20% with \$20 Min.	25% of the cost
Non-Preferred	50% with \$10 minimum	33% with \$20 Min.	50% of the cost

Plan Year Out of Pocket Maximum for Individual Employees and Families -- \$1000

OHSU's 2012 Employee Pharmacy Benefit

OHSU Pharmacies	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply)
Value	\$2 co-pay	\$6 co-pay	N/A
Generic	20% w/ \$100 Maximum	10% w/ \$100 Max.	25% w/ \$100 Max.
Preferred	30% w/ \$100 Maximum	20% w/ \$100 Max.	25% w/ \$100 Max.
Non-Preferred	50% w/ \$100 Maximum	33% w/ \$100 Max.	50% w/ \$100 Max.
OPDP Pharmacies	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply)
Value	\$4 co-pay	N/A	N/A
Generic	25% w/ \$10 Min & \$100 Max.	N/A	25% w/ \$100 Max.
Preferred	35% w/ \$10 Min & \$100 Max.	N/A	25% w/ \$100 Max.
Non-Preferred	50% w/ \$10 Min & \$100 Max.	N/A	50% w/ \$100 Max.

Plan Year Out of Pocket Maximum for Individual Employees -- \$1500

Plan Year Out of Pocket Maximum for Individual Employees and Families -- \$2500

Some changes are being made to the way our prescription drug benefit works starting in 2012. The changes are designed to encourage more employees to use generic drugs and avoid higher cost brand drugs when effective generic drugs are available.

The \$100 maximum per prescription also reduces the immediate out of pocket cost for some prescriptions and provides more in the moment income protection. Under the old system there was no cap on the cost you just paid a percentage no matter how expensive the drug was.

The change in the out of pocket maximum from \$1,000 to \$1,500 for the individual and \$2,500 for a family still provides income protection, but attempts to prevent an abuse that was occurring where people would hit the \$1000 cap and then switch to high cost brand medications because their prescriptions were now fully covered.