



# Maine Municipal Employees Health Trust

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## IMPORTANT NOTICE

To: Health Trust Participants  
From: Diane Barnes, Chair, Board of Trustees  
Re: 2017 Health Trust Rate Announcement – Employees

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The Maine Municipal Employees Health Trust (MMEHT) Board of Trustees has established 2017 rates for its health, dental, life, vision, income protection, and long term disability plans.

**This notice contains the following important announcements and information:**

- **2017 Rate Adjustments by Benefit Plan Type**
- **2017 Rate Adjustment – Medicare Retirees**
- **2017 Health Plan Benefit Changes**
- **Health Trust Wellness Programs**

**2017 Rate Adjustments – All Plans**

**The Health Trust announces the following 2017 rate adjustments by benefit plan type:**

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| <b>1. Health Plans</b>              | <b>Varies by Employer Group (see below*)</b> |
| <b>2. Dental Plan</b>               | <b>3% increase (all groups)</b>              |
| <b>3. Life Insurance Plan</b>       | <b>No adjustment (all groups)</b>            |
| <b>4. Vision Insurance Plan</b>     | <b>No adjustment (all groups)</b>            |
| <b>5. Income Protection Plan</b>    | <b>No adjustment (all groups)</b>            |
| <b>6. Long Term Disability Plan</b> | <b>No adjustment (all groups)</b>            |

The health plan rate adjustments vary by employer group, as described below. All health plan rate adjustments are effective January 1, 2017. **Please see your Employer if you are unsure what programs are offered to you through the Maine Municipal Employees Health Trust. Your Employer will let you know of any changes to your Health Trust premium contributions.**

- \* Rates for groups of **more than 50 covered employees** (“rated groups”) are calculated partially on the group’s individual experience and partially on the experience of the entire Health Trust pool. Currently, there are 46 rated groups participating in the Health Trust. For 2017, rate adjustments for these larger employers will range from a minimum increase of 5% for POS A and POS C and 7% for POS 200 and all of the PPO plans, to a maximum increase of 13% for POS A and POS C and 15% for POS 200 and all of the PPO plans.
- \* Rates for groups with **50 or fewer covered employees** (“non-rated groups”) are determined based on the experience of all non-rated groups as a whole, and not upon the individual claims experience of any one employer group. The health plan rate adjustment for the smaller, non-rated employer groups is an increase of 9.25% for POS A and POS C and 11.25% for POS 200 and all of the PPO plans.

Each year, the Health Trust Board works with its actuary, benefit advisors, and staff to examine plan costs and set rates. This is accomplished by looking at the Health Trust’s past claims experience, as well as future inflation trends

that take into account increasing use of medical services, technology, prescription drugs, and cost shifting from underpayment of services by Medicaid and Medicare.

For 2017, combining factors for healthcare and pharmacy trends and actual Health Trust claims experience resulted in an indicated average rate adjustment of 11.99%. In an effort to reduce the financial impact of such an increase on Trust employers and employees, the Health Trust Board of Trustees voted to use a portion of the Health Trust reserves to lower the rate adjustment to an overall Trust-wide average of 9.25%. As the lower cost health plans (the POS 200 and all of the PPO plans) continue to grow, however, and their experience becomes more credible, the Trust's actuary has determined that they continue to be underpriced, based upon actual claims experience by plan. Because of this underpricing, as well as the higher medical trends projected for the PPO plans, the Trustees voted to increase premiums for those plans by an additional 2%.

As noted on the first page of this letter, the rate adjustment for different employer groups will vary, depending on rated or non-rated group status. Please contact your Employer for specific information regarding any premium adjustment that will apply to you.

The Health Trust is able to apply funds from its reserves to lower rates for 2017 because it is financially strong. However, it is important to realize that these reserves are not unlimited, and the Trust must continue to maintain enough in the reserve account to provide stability in the future. The Health Trust is faced with significant expenses, including over \$2 million in fees each year to support programs through the federal Affordable Care Act. These fees are projected to continue into the future, and may even increase, which will affect the Trust's available reserves.

### **2017 Rate Adjustment – Medicare Retirees**

The Health Trust is one of the few providers of health benefits in the state of Maine that will continue to cover employees as part of the group, even after they have retired. Eligible retirees under the age of 65 are eligible to continue the same coverage as active employees. Retirees age 65 and over, or those eligible for Medicare, are eligible for the Health Trust's Retiree Group Companion Plan coverage. This plan includes full prescription drug benefits, with the same prescription drug coverage as the active employee plans. Prescription drug costs currently make up about 70% of the total plan costs for the Medicare retirees participating in the Health Trust plan.

Because the premiums for these Medicare retirees are currently based in part upon the annual rate adjustments for the employer groups from which they retired, the monthly premiums for Medicare retirees vary widely. The Health Trust Board has determined that it is in the best interests of these retirees, and of the Trust as a whole, for these premiums to be brought more in line with actual claims experience for the entire group of Medicare retirees, rather than tying the annual rate adjustment for the retirees to the experience of the active employees. As a result, premiums for the Medicare retirees will be increasing in 2017, but not at the same percentage as premiums for active employees.

The Health Trust will notify all Medicare retirees of their rate adjustments later this month.

### **Health Plan Benefit Changes for 2017**

The following plan benefit changes will be effective January 1, 2017.

#### **Emergency Room Copays**

Effective January 1, 2017, the **Emergency Room copay for all POS and PPO plans will increase by \$50**. Use of emergency room services by Health Trust health plan members is very high, and a significant percentage of those emergency room visits are for non-emergency reasons such as sore throats, coughs, colds, skin rash, conjunctivitis, and ear infections. The average cost for an emergency room visit has increased greatly over the past several years, and this has continued to be a large claims expense for the Health Trust. For this reason, and in an effort to decrease the number of non-emergency visits to the emergency room, the Health Trust is increasing the copay for emergency room services, to **\$150 per visit for the POS plans and \$200 per visit for the PPO plans**.

We understand that this increased copay expense may pose a hardship for some members. We encourage you to use one of the Walk-In Clinics in Anthem's network whenever possible rather than going to the emergency room.

Members who use a participating Walk-In Clinic will only be charged the Specialist copay for whichever plan they are in, rather than the higher emergency room copay. A current list of participating Walk-In Clinics may be found on the *What's New?* page of the Health Trust's website, [www.mmeht.org](http://www.mmeht.org).

If you are enrolled in a Health Trust health plan, we also encourage you to enroll in Anthem's LiveHealth Online feature, which allows you to talk to a doctor online through a live video. Members can log on, choose a doctor from a list of health services providers, and ask questions, any time, day or night. To use LiveHealth Online, you will need to log on to [livehealthonline.com](http://livehealthonline.com), and set up an account. Your credit card will be charged the appropriate office visit copay for each time you speak with a LiveHealth Online doctor.

You may also wish to use the free NurseLine service available through Anthem. This service allows you to speak with a registered nurse about any health concern. Nurses can answer questions and/or provide suggestions on where you should go to receive care. The NurseLine may be accessed by calling 1-800-607-3262 (toll free).

Some of the most common uses for the LiveHealth Online and NurseLine services are for questions relating to cold or flu symptoms, headaches, allergies, and other family health issues. Many of the emergency room visits by Health Trust members are related to these symptoms. When members use LiveHealth Online, or when they call the NurseLine, both the Health Trust and its participants can save money. LiveHealth Online and the NurseLine are not meant for emergency situations – you should call your doctor or 911 in an emergency.

### **Prescription Drug Copays**

Effective January 1, 2017, all Health Trust medical plans (POS, PPO, and Retiree) will see the following changes:

#### **Elimination of “two copays for a 90 day supply” at retail pharmacies.**

Effective January 1, 2017, you will be charged a copay for each 30-day supply of medications purchased at a retail pharmacy (that is, three copays for each 90-day supply). When you purchase your medications through Anthem's mail order pharmacy, on the other hand, you will only have to pay two copays for that same 90-day supply.

By charging three (3) copays for a 90-day supply of medications at the retail pharmacy, but only two (2) copays for a 90-day supply via mail order, the Trust hopes to encourage more members to use the mail order program for their prescription drugs. There is no dispensing fee charged to the Trust for prescriptions purchased via mail order, and there is a greater discount on the price of medications purchased via mail order, so such a change could provide substantial savings to the plan.

Here's how to get started on filling your prescriptions via mail order:

- **Ask your doctor for a prescription for a 90-day supply of your medication.**
- If this is a new prescription, you may wish to also get a prescription for a 30 day supply, to be filled at a retail pharmacy while you wait for your first mail-order to be processed. Prescriptions can be submitted to the mail order pharmacy by mail or fax, or online at [www.express-scripts.com](http://www.express-scripts.com).
- **Place your order.** Log on to [www.express-scripts.com](http://www.express-scripts.com). Click on the box labeled “Get Started with Home Delivery.” You will need to set up an account with Express Scripts first, before you can register for home delivery. Just follow the prompts to create an account.
- You can also complete the *Prescription Drug Mail Order Form* on the Health Trust website ([www.mmeht.org](http://www.mmeht.org)) under the HT Claim Forms tab of the Brochures and Forms section, and mail the completed form to Express Scripts with your prescriptions.
- **Pay for your prescription.** You can pay by check, money order or credit card, or enroll for e-check payments.

#### **Important things to know about the mail order program:**

- If you purchase a 90-day supply of a prescription medication through the mail order service, you will only be charged two copays. Starting January 1, 2017, if you purchase a 90-day supply at any retail pharmacy, you will be charged three copays. **Using the mail order program can save you money!**

- The amount of the copay you are charged depends on the tier in which your medication falls.
- In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order.
- Specialty medications cannot be filled via Express Scripts mail-order.
- If you have any questions on the mail order service, you can call the Health Trust Member Service Representatives at 1-800-852-8300, Monday through Friday, 8 a.m. to 4:30 p.m.

Although the copay change does not take effect until January 1, 2017, we encourage members who are currently filling 90-day prescriptions at the retail pharmacy to consider switching to mail order now. By making the change now, you will be assured of receiving the lower copay via mail order in 2017.

**Adoption of a 15-day split fill program for specialty medications.**

This program applies only to new prescriptions for a small list of specified specialty medications for treatment of cancer, multiple sclerosis, iron toxicity, neurological disorders, and blood cell deficiency. If you are prescribed one of these medications, you will receive 15-day supplies for the first two months, and will only be charged a partial copay for each 15-day supply. At the end of the two month trial period, if you are able to tolerate the medication, you will transition to a 30-day supply. This program will only apply to members filling their specialty medications through Accredo, as Apothecary by Design already has a similar program in place.

**Transgender Surgery**

In compliance with the Non-Discrimination provision of the federal Affordable Care Act, effective January 1, 2017, all of the Health Trust health plans will remove the exclusion for transgender surgery.

**Health Trust Wellness Programs**

For over twenty-five years, the Health Trust has provided health education and promotion programs to Health Trust health plan participants. These programs, which range from health education classes held at the worksite, to grant programs for employer-sponsored wellness programs, to newsletters and bulletins, can help you and your family members to stay healthier and more productive. The Health Trust recommends these wellness programs as an important tool to help keep claims costs down and health insurance premiums at a reasonable level.

We encourage you to take advantage of the Health Trust’s health education and promotion programs. We can help you improve your health, and can help you and your employer control costs, with wellness offerings aimed at modifying health risk factors such as smoking, obesity, poor nutrition, stress, and sedentary life styles. We encourage you and your employer to participate in the Health Trust’s Wellness Works program – it’s good for everyone!

As a member of the Health Trust, you are part of a group self-insured plan that is committed to providing its employer groups and participants with superior customer service and quality benefit plans, and to using its strength in numbers to take full advantage of cost saving opportunities in the health care market, today and in the future. **The Board of Trustees appreciates your commitment to the Trust.**

If you have any questions about the information contained in this notice, or if you would like additional information about any Health Trust program, please call the Health Trust, at 1-800-852-8300.

**Health Trust Board of Trustees**

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