

- Q1 Legal ramifications of opt out
- Q2 Have you considered allowing opt out but then charging a fee to employees
- Q3 Timeline after Feb 1st, what happens?
- Q4 Who determines if you have to pay spousal surcharge?
- Q5 Are you considering doing another dependent audit?
- Q6 Spousal surcharge if your spouse is self employed?
- Q7 Can you be grandfathered in if you are already an opt out
- Q8 More info on wellness and how it will be implemented
- Q9 When will you confirm if you are making the opt out change?
- Q10 What if your spouse's enrollment period is different than UA's so they can't enroll in their plan until January 1st of next year?
- Q11 When will patient advocacy program start?
- Q12 With the opt out program and surcharge, sounds like you are just charging us more
- Q13 Why are you making me take UA insurance?
- Q14 Consider renaming spousal surcharge to working spouse surcharge
- Q15 Are children part of the opt out changes?
- Q16 How does coordination of benefits work related to birthdays?
- Q17 Will you consider adding HSA to other healthcare plans?
- Q18 If you are double covered do you have to pay surcharge?
- Q19 Have you looked at going to third party instead of being self- insured?
- Q20 As wellness plan continues to be developed, employees want to be involved
- Q21 Wellness programs have worked at BP in reducing costs

- Q22 Not all employees have the opportunity to participate in wellness because of their supervisors and are required to take leave
- Q23 UA has good insurance and to get what we have in the private market would cost a lot of money
- Q24 Thank you for doing this.

- Q1 How will FIPs be treated?
- Q2 Can you have a FSA and a HSA?
- Q3 Will the Best Doctors program continue?
- Q4 Can you use the high deductible plan with HSA if you are on medicare?
- Q5 How many people are opt outs?
- Q6 Why are you making us take your insurance if we have better insurance through the military?
- Q7 Ability to go out of state for coverage is very limited right now
- Q8 JHCC has a lack of staff representation on it
- Q9 How will goals set on wellness program be measured?
- Q10 Don't like the spousal surcharge, will be a financial issue for some employees
- Q11 Adult children subject to spousal surcharge?
- Q12 Why cut off at 3 or more children?
- Q13 How much does the WIN program cost?
- Q14 Consider a PA clinic like the school district has?
- Q15 Regarding the spousal surcharge, can you adjust the charge once they enroll for coverage with their plan?
- Q16 Will there be an increase in deductibles?
- Q17 How many employees will be impacted by the spousal surcharge?
- Q18 Can we use the campus health center?
- Q19 Flex spending account reimbursements require a lot of paperwork. Can we get a front loaded credit card instead?
- Q20 Have you looked in to why people are opting out?
- Q21 Is opt out legal?

- Q22 Do you expect the costs to come down?
- Q23 Why are you doing the dependent cut off at 3?
- Q24 How many employees have 3 or more dependents?
- Q25 Have you looked at increasing the dental coverage maximum benefit?
- Q26 Audio coverage is not good
- Q27 Is health care a benefit or liability if you are making us have it?  
This will be a pay cut to employees
- Q28 Can you add better descriptions on UA online so we know what health care plan we have?
- Q29 All the discussion about costs, I am glad to see more wellness
- Q30 How do health savings accounts work?
- Q31 Will we still have FSA accounts?
- Q32 In some jobs we can't leave during the day, can you bring the wellness program to us?
- Q33 For the WIN rebate, can you consider employees working out at the SRC by having signup sheets?

- Q1 Which of these things will be implemented in FY14?
- Q2 It seems like you are just shifting costs among employees
- Q3 If spouse on social security, do you have to pay the surcharge?
- Q4 Won't you run in to HIPAA problems with WIN program?
- Q5 Why not combine options 4 and 9 related to wellness?
- Q6 Appreciate all the work the group is doing
- Q7 Like wellness program but not sure it is the best use of money
- Q8 Wellness expensive and people don't participate
- Q9 If you have Tricare you should be able to opt out
- Q10 More information about patient advocacy needed
- Q11 I can't opt out and have to pay surcharge, pay cut
- Q12 Disagree with opt out change
- Q13 Related to opt out, the state's plan is cheaper and the coverage is better
- Q14 We commend you on 7 out of the 9 motions
- Q15 Why are you doing the opt out change?
- Q16 Recommend against doing the opt out change
- Q17 With the opt out change, costs will go up
- Q18 14/20 in the room are there to speak out against the opt out
- Q19 Don't understand why you would do opt out change
- Q20 Legislature won't pay the increased costs of opt out change. We need more carrots on the plan.
- Q21 Spousal surcharge and doing away with opt out seem counter intuitive
- Q22 I want choices. Do not force me to take the UA insurance

- Q23 Do you think your opt out assumptions seem reasonable?
- Q24 If you eliminate the 500 plan, won't it increase costs?
- Q25 Could there be lawsuits with opt out and surcharge changes?
- Q26 Do a per person charge, not a 3 plus charge for children.
- Q27 Agree if you have more kids you should pay more
- Q28 Related to opt outs, you should see how many are on medicare or Tricare.

- Q1 Can you enroll more than 3 children?
- Q2 Question about cost transparency
- Q3 Financial benefit of opt out is not clear; university will become first payer with Tricare and Medicare if employees enroll
- Q4 Opt out is pay cut
- Q5 Will children be impacted by opt out?
- Q6 I already have Native benefits, and other insurance and now you will make me have a third insurance?
- Q7 Make me have triple coverage and force me to have University insurance
- Q8 Happy about high deductible health care plan, can you use HSA for chiropractor?
- Q9 Are premiums going to remain pre tax?
- Q10 How will the rebate or credit be applied for wellness?
- Q11 More info on Patency Advocacy? Would be provided by 3rd party?  
Are there ones in Alaska? Are they true 3rd party? Does this provide opportunity for coop?
- Q12 Will these changes decrease costs?
- Q13 Why are we pushing people in to coverage? We don't want it and don't need it and it seems to contradict the working spouse surcharge.
- Q14 Against opt out. Forcing us while I have Native health care.
- Q15 Against spousal surcharge
- Q16 Wellness nice benefit but don't have access to the same wellness benefit in the rural sites (Kodiak) as those in Anchorage. Therefore, will we get a discount on our health care?
- Q17 Why didn't you have health care forums before the motions were released? Abel said JHCC should be talking to their constituency group and we are asking for your input now.
- Q18 What kind of rate increase will there be for added tiers for children?

- Q19 Opt in versus opt out? Not saving University money. My benefit is turning into a tax
- Q20 Wellness Phase 3 meeting goals and outcomes, who determines this?  
How implemented?
- Q21 Thank you for your work. Shelf surcharge until more analysis done
- Q22 Do you have data that more children costs more money?
- Q23 What does Premiera do?
- Q24 Legality of opt out?
- Q25 Effective date of opt out?
- Q26 How does spousal surcharge work? Only if they have access to other health care through their employer?
- Q27 JHCC listens to what we say. Are Allere and Best Doctors duplicating costs?
- Q28 We are being punitive to valuable employees that opt out because they have insurance as state retirees  
or military insurance



- Q1 HSA, would UA contribute to HSA like other employees?
- Q2 Boost enrollment with opt out but then charging spouse surcharge, doesn't make sense
- Q3 Opt out: How does more employees in the plan equate to less cost to employees?
- Q4 Unintended consequences: Increased opt outs may be related to premiums doubling last year
- Q5 Wellness I am concerned about using BMI. I am considered obese but am in good shape. I only go to doctor if I absolutely have to. Are we increasing costs by requiring people to go to the doctor?
- Q6 What are the additional charges for dependents? If I am an opt out, do I have to bring my dependents back?
- Q7 Can we get the financial analysis on the opt outs?
- Q8 Spousal surcharge: Spouses cost 40% but only 25% of plan, can wellness be offered to them? Yes, wellness will be offered to spouses in the future.
- Q9 Opt out difficult to explain? Not really. You are just trying to get healthy people in to help cover the costs. A lot of the proposal seems good but some seem bad. Just changing who pays.
- Q10 I appreciate having good health care benefits. We take lower pay at the university than private sector as you squeeze our benefits it becomes less attractive. This is bad for morale.
- Q11 Have you thought about future recruitment problems with opt out? Military spouses already have insurance and this would be a pay cut?
- Q12 Get the point program pitched as wellness #9, why not wrapped with item as number 4?
- Q13 Does WIN program funding come from health program funding? Yes.
- Q14 Why eliminating 500 program? Save money or distributing costs differently?
- Q15 Did you look at tiers of premium payments between different employee groups because our salaries are very different?

- Q16 Wellness program: Lots to say about getting employees healthy? What if you are already healthy? You would have premium pay as well.
- Q17 Spousal surcharge if punishing employees for having access to health care if not available to them, it shouldn't count. Yes, we will consider that it needs to be a viable health care option.
- Q18 Would like to see make up of employees covered in health care plan
- Q19 Spousal surcharge only if they have access to coverage at their employment?
- Q20 Recovery of costs through review of health care bills share with employees?  
Patient advocacy program will help with this.
- Q21 Opt out may cause people to not want to come work here because they can't afford health care and they already have it through Tricare or Native health care.
- Q22 This seems like a lot of bureaucracy? Can you make it easier for us to be healthy?  
Access to sports facility?
- Q23 Is opt out some type of discrimination against military and Natives?
- Q24 Look at different model of health benefits such as the traditional blue cross plan and also an HMO option? Right now, HMOs aren't allowed in Alaska.
- Q25 You talked about telemedicine. Are you still considering medical tourism?  
Yes, JHCC is very interested in that.

- Q1 Elimination of opt outs I am on medicare would it be considered an exception?
- Q2 Privacy issues related to wellness program
- Q3 What if your supervisor won't let you participate in the wellness program?
- Q4 I don't like being called an opt out. I am person. It is a financial issue for me
- Q5 How does telemedicine work?
- Q6 When would preferred pricing take place?
- Q7 Penalties with Health Savings Accounts?
- Q8 Why can't we join the state health care program?
- Q9 Wellness program staff need some training
- Q10 University invest in physical fitness activities as well (gyms)
- Q11 Opt out: against
- Q12 Continuing with allere? Useless and intrusive
- Q13 How is spousal surcharge managed?
- Q14 Clarify expanded tier coverage
- Q15 How will students out of state coverage change?

- Q1 Telemedicine part of health care of plan? If it doesn't count as part of deductible, why would I do it?
- Q2 Multiple tiers for children how will this be charged?
- Q3 Retirees health care insurance does not cover adult children so people may have to work longer?
- Q4 Will you still have a high deductible plan without an HSA?
- Q5 Additional admin costs to move orthodontia care to different plan?
- Q6 Differences between FSA and HSA?
- Q7 Will moving orthodontia to 750 plan increase costs?
- Q8 When will new insurance rates be available?
- Q9 Moving up timing of being able to take advantage of pricing premiums.
- Q10 Against wellness program. We could do other things besides a biometrics.
- Q11 Let all faculty and staff have direct access to gyms
- Q12 Offer healthy food service on campus
- Q13 We aren't looking at being healthy holistically. Improve opportunities on campus.
- Q14 If we are both university employees are we both getting the full benefit?

- Q1 Comment about aggressive wellness program at another employer
- Q2 Comment stating they're happy with the "new plan," and like the patient advocacy idea and telemedicine
- Q3 Consider grandfathering employees who are currently opted out, require new hires in FY14 and beyond to enroll
- Q4 Comment about TriCare and Opting Out, plus impact of health care reform on opting out
- Q5 Let those over 55 continue to Opt Out
- Q6 Don't get rid of Opt Out if we have other insurance (parents plan or spouse's insurance)
- Q7 How does not allowing Opt Outs impact telecommuters?
- Q8 Comment on Wellness and need for culture change to allow more non-motorized modes of travel
- Q9 Don't get rid of Opt Out, or grandfather current employees who have waived coverage
- Q10 Multiple questions in one e-mail on process, committees, other changes and questions specific to motions
- Q11 Would offering only one plan be less expensive?  
Comments on comparison to other plans (Juneau)
- Q12 Don't get rid of Opt Out if we have other insurance (State of AK and VA)
- Q13 Don't get rid of Opt Out if we have other insurance (Medicare or other retiree plan)