Retiree Health Benefits Learning Session
June 2017
Allow Us to Introduce Ourselves!

• Department of Administrative Services (DAS)
  ▪ Cassie Keane, Director of Risk and Benefits
  ▪ Joyce Pitman, Deputy Director Health Benefit Plan

• National Diabetes Prevention Program, NH Department of Health and Human Services
  ▪ Turcina McNeilly, Public Health Advisor, Centers of Disease Prevention and Control
Today’s Agenda

• Provide background about the Retiree Health Benefits budget challenges
• Update you on the State budget process
• Update you on the status of the FY 18/19 Retiree Health Benefits budget
• Educate you about the National Diabetes Prevention Program for both non-Medicare and Medicare retirees
• Talk about making wise health care choices that can help reduce costs to the Plan and help you lower your out-of-pocket health care costs
The Retiree Health Benefits Budget Challenges

• We will review the variables that influence future funding of the Retiree Health Benefits budget

• We will review the FY 18/19 Retiree Health Benefits budget as passed by the House Finance Committee, the Senate and the Committee of Conference
  ▪ potential 2018 monthly Premium Contribution for Medicare retirees
  ▪ potential increase in monthly non-Medicare Premium Contribution
The Variables in Health Care Management

- Enrollment/Headcount
- Cost Trends
  - Medical and RX
  - Cadillac Tax
  - Concern about sustainability of funding
- Budget Funding
- Plan Design
  - Enrollee Premium Contributions
  - Enrollee Cost Sharing
    - Deductibles
    - Co-Pays
    - Maximum Out-of-Pocket expenses (MOOP)
    - Coinsurance
    - Getting the quality care you need to prevent more serious health issues
  - For non-Medicare: Incent members to use low cost providers through programs like Vitals SmartShopper
In 2002, the largest employee age group was age 46-50. In 2016, the largest employee age group was age 51-55.
Retiree Enrollment by Fiscal Year

<table>
<thead>
<tr>
<th>Jun-12</th>
<th>Jun-13</th>
<th>Jun-14</th>
<th>Jun-15</th>
<th>Jun-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare Eligible Members (U65)</td>
<td>3,503</td>
<td>3,272</td>
<td>3,196</td>
<td>3,072</td>
</tr>
<tr>
<td>Medicare Eligible Members (O65)</td>
<td>7,820</td>
<td>8,221</td>
<td>8,529</td>
<td>8,799</td>
</tr>
</tbody>
</table>
## Retiree Plan Members by Age Bracket

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Non-Medicare Eligible Members (U65)</th>
<th>Medicare Eligible Members (O65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-50</td>
<td>239</td>
<td>22</td>
</tr>
<tr>
<td>51-55</td>
<td>367</td>
<td>37</td>
</tr>
<tr>
<td>56-60</td>
<td>799</td>
<td>105</td>
</tr>
<tr>
<td>61-65</td>
<td>1,452</td>
<td>680</td>
</tr>
<tr>
<td>66-70</td>
<td>2,987</td>
<td>2,232</td>
</tr>
<tr>
<td>71-75</td>
<td>1,427</td>
<td>1</td>
</tr>
<tr>
<td>76-80</td>
<td>977</td>
<td>1</td>
</tr>
<tr>
<td>81-85</td>
<td>583</td>
<td>266</td>
</tr>
<tr>
<td>86-90</td>
<td>46</td>
<td>11</td>
</tr>
<tr>
<td>91-95</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>96-100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>101-105</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Source:** Anthem March 2017
# Retiree Health Trend

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Non-Medicare (U65) Medical Trend</th>
<th>Medicare (O65) Medical Trend</th>
<th>All Retiree Plans Rx Plan Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13 to 14</td>
<td>-4.9%</td>
<td>-4.8%</td>
<td>19.0%</td>
</tr>
<tr>
<td>FY14 to 15</td>
<td>1.5%</td>
<td>-1.8%</td>
<td>13.1%</td>
</tr>
<tr>
<td>FY15 to 16</td>
<td>10.9%</td>
<td>0.9%</td>
<td>12.4%</td>
</tr>
<tr>
<td><strong>FY17 PROJECTED</strong></td>
<td><strong>5%</strong></td>
<td><strong>2.5%</strong></td>
<td><strong>13%</strong></td>
</tr>
</tbody>
</table>

*Source: The Segal Company*

Note: Actual Trend reflects estimated adjustments to remove the influence of retiree benefit design changes and improved financial terms contract with Medical and Pharmacy TPAs.
Retiree Health Benefits Budget: Two Years of Work: 2015-2017

• FY 16/17 Retiree Health Benefits Deficit: $10.6 million
  ▪ Budget underfunded by $5.5 million
  ▪ Pharmacy trend grew from 8% to 13% = $4+ million
  ▪ Reduction in federal subsidy of $1 million

• RSA 21-I:30 requires DAS to operate the Retiree Health Benefit Plan within the funds appropriated by the Legislature
Tools Available to Manage Retiree Health Benefits Costs

- RSA 21-I:30, XIII: Authority to request the Fiscal Committee to approve changes to <65/Non-Medicare Premium Contribution paid by retiree and spouse

- Authority to request the Fiscal Committee to approve changes to Retiree Health Benefit Medical and RX plan design
Toolkit Limitations

Medical and Pharmacy Benefits Plan Design Changes (12,300 members)

Retiree Health Benefits Budget = 12,300 members

Under 65/Non-Medicare Members = 2,900

Over 65 / Medicare Members = 9,400

Premium Contributions (2,900 members)
Retiree Health Benefits Budget: Two Years of Work: 2015-2017

• DAS worked with the Joint Legislative Fiscal Committee
  ▪ Five meetings between July and October 2015
  ▪ Decision to change Non-Medicare monthly Premium Contribution from 12.5% ($113.80 in 2015) to 17.5% ($159.94 in 2016)
  ▪ Decision to increase Pharmacy Copays
  ▪ Employed use of surplus funds
  ▪ Fiscal Committee approved transfer of funds from DAS budget to Retiree Health budget

• The Fiscal Committee also asked DAS to hire a consultant to complete a Long Term Study of Options for the Retiree Health Benefit Plan
Fiscal Committee Approved
Retiree Plan Changes to Pharmacy Only

<table>
<thead>
<tr>
<th>Plan Coverage</th>
<th>Plan Pre-1/1/2016</th>
<th>Plan Post 1/1/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Medicare Eligible (Under 65):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Copayments (31-Day Supply)</td>
<td>$10/ $20/ $35</td>
<td>$10/ $25/ $40</td>
</tr>
<tr>
<td>(generic/preferred brand/non-preferred brand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Copayments (90-Day Supply)</td>
<td>$1/ $40/ $70</td>
<td>$10/ $50/ $80</td>
</tr>
<tr>
<td>(generic/preferred brand/non-preferred brand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Out-of-Pocket (MOOP)</td>
<td>$500 Individual</td>
<td>$750 Individual</td>
</tr>
<tr>
<td></td>
<td>$1,000 Family</td>
<td>$1,500 Family</td>
</tr>
<tr>
<td><strong>Medicare Eligible (Over 65):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Copayments (31-Day Supply)</td>
<td>$10/ $20/ $35</td>
<td>$10/ $25/ $40</td>
</tr>
<tr>
<td>(generic/preferred brand/non-preferred brand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Copayments (90-Day Supply)</td>
<td>$1/ $40/ $70</td>
<td>$10/ $50/ $80</td>
</tr>
<tr>
<td>(generic/preferred brand/non-preferred brand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Out-of-Pocket (MOOP)</td>
<td>$500 Individual</td>
<td>$750 Individual</td>
</tr>
</tbody>
</table>
Retiree Health Benefits Budget: Two Years of Work: 2015-2017 (continued)

• On 9/26/16, the Fiscal Committee held a public hearing in Representatives Hall of the State House to review Short Term Options to Change the Retiree Health Benefits Plan (see DAS website)
  • Approximately 150-200 retirees attended public hearing
  • Many retirees testified about their concerns
  • Fiscal Committee decided NOT to make any changes to the plan because they had worked to help DAS manage the FY 16/17 budget

• Legislative work on the budget and Retiree Health bills provided the Legislature with a depth of understanding about:
  ▪ Numbers of current retirees and projected future retirees
  ▪ Ages of retirees
  ▪ Pension amounts, particularly for older retirees
  ▪ Financial pressures on the Retiree Health Benefits Budget and long term sustainability of funding
## What the State Pays for Retiree Health Care Per Person Per Month in CY2017

<table>
<thead>
<tr>
<th>Non-Medicare Eligible Retirees (&lt;65)</th>
<th>Total Premium</th>
<th>State-Paid Portion</th>
<th>Retiree-Paid Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Pharmacy Monthly Premium¹</td>
<td>$1,009.95</td>
<td>$833.21 (82.5%)</td>
<td>$176.74 (17.5%)</td>
</tr>
<tr>
<td>Medicare² Eligible Retirees (&gt;65)</td>
<td>$361.79</td>
<td>$361.79 (100%)</td>
<td>$0 (0%)</td>
</tr>
</tbody>
</table>

**Footnotes:**

1.) Monthly Premium is applied to each the Retiree and Spouse separately.
2.) Medicare Part B: Part B(Outpatient Medical) Monthly Premium Paid to SSA = $109 - $134
Retiree Health Long-Term Study

• Segal Consulting, DAS’ health benefits consultant, recently completed a Draft Retiree Health Benefits Long-Term Study to assist with evaluating the financial challenges facing the Plan and addressing the issue of sustainability.

• The Draft Study provided several Plan options:
  • Private Medicare Exchange with Defined Contribution to an HRA
  • Medicare Retiree Premium Cost Share
  • Eliminate the Medicare Retiree Prescription Drug Plan in 2020
  • Eliminate Retiree Health Benefits for New Hires
  • Eliminate Retiree Health Benefits for Spouses of Future Retirees
  • Replace the Current Medicare Retiree Plan with a Group Medicare Advantage Plan
  • Defined Dollar Amount for Non-Medicare Retiree Plan

• Important Note: The Draft Study did not provide recommendations

• The Draft Study is posted on the DAS homepage at: http://das.nh.gov
$25.4 Million - The total additional funds required in FY 18/19 over FY 17 to meet the needs of the Retiree Health Benefits budget

Total Funds = $25,426,500

- FY2017: $72,967,000
- FY2018: $80,953,300
- FY2019: $90,407,200

Need an additional $17,440,200

Need an additional $7,986,300
Tools Available to Manage Retiree Health Benefits Costs

- RSA 21-I:30, XIII: Authority to request the Fiscal Committee to approve changes to <65/Non-Medicare Premium Contribution paid by retiree and spouse
- Authority to request the Fiscal Committee to approve changes to Retiree Health Benefit Medical and RX plan design
- The FY18/19 Budget and the budget trailer bill (HB2/HB517)
Governor’s Budget Compared to the House Finance Committee/Senate /Committee of Conference Retiree Health Benefits Budget

• All Retiree Health Benefits proposed budgets introduce a Medicare Premium Contribution

• Governor’s Budget
  ▪ Included a 10% Premium Contribution (approximately $40 per month) for Medicare retirees ($7.2 million revenue) effective 1/1/18
  ▪ Increased General Funds by $11.45 million over FY 17
  ▪ Maintained 17.5% Non-Medicare Premium Contribution

• The House Finance Committee/Senate/Committee of Conference Budget Retiree Health Benefits
  ▪ Maintained proposed 10% Medicare Premium Contribution (approximately $40 per month) for Non-Grandfathered Retirees effective 1/1/18
  ▪ Grandfathered Medicare Retirees with a DOB on or before 12/31/48 ($5.3 million cost; approximately 7350 people)
  ▪ Increased Non-Medicare Premium Contribution to 20% ($201.99) effective 10/1/17
  ▪ Increased General Funds by $2.548 million ($13.9 million total increase) and Other Agency Funds by $1.1 million over the Governor’s budget
Toolkit Limitations

Medical and Pharmacy Benefits Plan Design Changes
(12,300 members)

Retiree Health Benefits Budget
= 12,300 members

Under 65/Non-Medicare Members = 2,900

Over 65 / Medicare Members = 9,400

Premium Contributions
(2,900 members)
Total Retiree Health Biennium Budget

Variables: Plan changes, # of Retirees, Rx costs, Medical costs
### Total Retiree Health Budget (in millions) FY16 – FY19

<table>
<thead>
<tr>
<th></th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY18 House Finance/Senate Budget</th>
<th>FY19 House Finance/Senate Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Contribution and Self Payers</td>
<td>$5,351</td>
<td>$5,615</td>
<td>$8,773</td>
<td>$10,526</td>
</tr>
<tr>
<td>NHRS Medical Subsidy Revenue</td>
<td>$12,096</td>
<td>$11,975</td>
<td>$12,498</td>
<td>$12,559</td>
</tr>
<tr>
<td>Self-Funded Agency Revenue</td>
<td>$19,973</td>
<td>$21,997</td>
<td>$21,698</td>
<td>$24,544</td>
</tr>
<tr>
<td>General Fund</td>
<td>$32,412</td>
<td>$33,380</td>
<td>$37,984</td>
<td>$42,778</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$69,832</td>
<td>$72,967</td>
<td>$80,953</td>
<td>$90,407</td>
</tr>
</tbody>
</table>
The FY 18/19 State Budget Process

- The FY 18/19 State budget process is not finished

- State budget took an unconventional path this legislative session
  - House did not pass the budget or the budget trailer bill (HB 1 and 2)
  - The Senate amended HB 517 to include the State budget

- The Senate passed the HB 517/ the state budget on June 1, 2017
  - The Senate adopted the House Finance Committee’s Retiree Health Benefits budget

- The Committee of Conference adopted the House Finance/Senate approach

- If the full House or Senate do not approve agreed upon budget, then there will be a “Continuing Resolution” to appropriate a portion of the FY 17 budget (“the current budget”)

- Goal would then be for the legislature to come back in the Fall and reach consensus on the FY 18/19 budget
Next Steps: Does the legislature approve a budget to send to the Governor for signature?

• House and Senate must approve the agreed upon Committee of Conference budget
• Possible Continuing Resolution funding Retiree Health Benefits at FY 17 levels
• Evaluation of Retiree Health Budget $25.4 million increase
## Non-Medicare Monthly Premium Contribution History
(Paid by Retiree and Spouse)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Monthly Working Rate</th>
<th>% of Monthly Working Rate</th>
<th>Monthly Premium Paid by Retirees</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of 7/1/2009</td>
<td>Flat dollar amount</td>
<td>$65.00</td>
<td></td>
</tr>
<tr>
<td>7/1/2011</td>
<td>$910.41</td>
<td>12.5%</td>
<td>$113.80</td>
</tr>
<tr>
<td>1/1/2016</td>
<td>$913.95</td>
<td>17.5%</td>
<td>$159.94</td>
</tr>
<tr>
<td>1/1/2017</td>
<td>$1,009.95</td>
<td>17.5%</td>
<td>$176.74</td>
</tr>
<tr>
<td>10/1/2017 Proposed by House Finance and Senate</td>
<td>$1,009.95</td>
<td>20.0%</td>
<td>$201.99</td>
</tr>
</tbody>
</table>
The Road Ahead

• DAS must work with retirees, the Governor and the Legislature to manage the retiree health budget
• NH’s retiree health budget pressures will continue
• The future of the Cadillac Tax is unknown and could present issues
• Retirees must be involved in the future of retiree health benefits
National Diabetes Prevention Program: A healthcare benefit for NH retirees

Turcina McNeilly, MPH
Public Health Advisor
Diabetes, Heart Disease, Obesity and School Health
New Hampshire Division of Public Health Services
Department of Health and Human Services
Turcina.mcneilly@dhhs.nh.gov

Marisa Lara, MPH, RD
Manager
Diabetes, Heart Disease, Obesity and School Health
New Hampshire Division of Public Health Services
Department of Health and Human Services
Marisa.lara@dhhs.state.nh.us
Overview

• What is Diabetes?

• What is Prediabetes?

• What is the National Diabetes Prevention Program?

• What are your coverage benefits for diabetes prevention?
What is Diabetes?

- **Diabetes mellitus** is a group of diseases marked by high levels of blood glucose
  - Type 1 – genetic, autoimmune
  - Type 2 (90-95% of all cases)
  - Gestational – affects ~7% all pregnancies, 5-10% develop T2DM immediately after, 40-60% chance develop T2DM within 5-10 yrs
  - Other (related to meds, infection, etc.)

CDC – Fact Sheet 2011
Diabetes and Prediabetes in the United States

**Diabetes:** 29.1 million*
- 21 million diagnosed
- 9.3% total US population
- 8.1 million undiagnosed

**Prediabetes**
86 million adults 20+
- Over 90% undiagnosed
- Affects 37% adults
- Over 50% adults 65+

*12.3% of adults 20+
Pre-Diabetes

Click the link below to watch this short YouTube clip

- [https://www.youtube.com/watch?v=3YWlaT0G65E](https://www.youtube.com/watch?v=3YWlaT0G65E)

Ad Council Prediabetes Video
Prediabetes is when your blood sugar is higher than normal, but not high enough for a diabetes diagnosis.
Some Risk Factors Include:

- Having diabetes while pregnant (gestational diabetes)
- Having a family history
- Being overweight
- Being 45 years of age or older
- Being physically inactive

Without intervention, **15% to 30%** of people with prediabetes will develop type 2 diabetes within **5 years**.
A Change for Life Video – by CDC

Click the link below to watch this short CDC video on the National Diabetes Prevention Program

[Link to CDC video](https://www.cdc.gov/cdctv/diseaseandconditions/commonconditions/change-life-physical-activity.html)
Nationwide implementation of NDPP could prevent about 885,000 future cases of type 2 diabetes......

Every 23 seconds someone in the U.S. is diagnosed with diabetes.

People with diabetes have health care costs 2.3x greater than those without diabetes.

$13,741 vs. $5,853 annually

People with diabetes are at higher risk of serious health complications:

- Stroke
- Blindness
- Kidney Disease
- Heart Disease
- Loss of Toes, Feet, or Legs
National Diabetes Prevention Program

A key part of the National DPP is a lifestyle change program that provides:

- A trained lifestyle coach
- CDC-approved curriculum
- Group support over the course of a year

Time Commitment: 1 year

Classes: 1 hour
1. once per week for 6 months
2. once or twice a month for 6 months

Eligibility

- Current age ≥18 years
- Most recent BMI ≥ 24 (≥22 if Asian)

And one of the following:

- A positive lab result within the last 12 months indicating prediabetes
  - Impaired Fasting Glucose (IFG) = Fasting plasma glucose of 100-125 mg/dl
  - Impaired Glucose Tolerance (IGT) = Oral glucose tolerance test 140-199 mg/dl
  - Hemoglobin A1c = HbA1C 5.7-6.4%

- History of gestational diabetes
- High score on the diabetes risk test
NDPP for Non-Medicare Retirees

• National Diabetes Prevention Program (NDPP) is a preventive service available at no cost to SONH non–Medicare retirees when services received are from a NH NDPP provider.

• Call the Anthem customer service number on the back of your Member ID card to find out if your health plan covers the NDPP.

• Ask what other services in your benefits could help you deal with prediabetes, diabetes or if you scored high on a diabetes risk test.
New Hampshire National Diabetes Prevention Programs

1. Upper Connecticut Valley Hospital
2. Huggins Hospital
3. LRGHealthcare
4. Franklin Hospital
5. Newport Rural Health Center
6. Concord Hospital Center for Health Promotion
7. Cheshire Medical Center/Dartmouth Hitchcock Keene
8. Catholic Medical Center
9. Good Measures LLC (online)
10. Southern New Hampshire Health System
11. YMCA of Greater Nashua
NDPP Coverage Benefits for Medicare Retirees

• In January 2018, Medicare will add the National Diabetes Prevention Program as an additional preventive service.

• Medicare will cover this service for beneficiaries who meet Medicare’s NDPP eligibility criteria – there will be no cost to you.

• Stay tuned for more information about where Medicare-approved programs will be offered nation-wide.
Stay Healthy

You can prevent or delay type 2 diabetes

- Lose weight
- Eat healthy
- Be more active

Manage your Diabetes

You can manage diabetes

- Work with a health professional
- Eat healthy
- Stay active
Understanding How the Health Care Decisions You Make Can Help Keep Costs Down for You and the Plan
Cost Drivers in Health Care
For You and the Plan

• Rising Enrollment/Headcount and Utilization

• Rising Cost Trends
  ▪ Medical and Prescription Drugs
  ▪ Cadillac Tax

• Uncertainty of Budget Funding

• Plan Design
  ▪ Enrollee Premium Contributions (payment not based on utilization)
  ▪ Enrollee Cost Sharing when using health care system
    • Deductibles
    • Co-Pays
    • Coinsurance
    • Maximum Out-of-Pocket expenses (MOOP)
We Want You to Get the Care You Need

• You have been hearing about the rising cost of health care including prescription drugs putting a strain on the Retiree Health Benefits Plan budget

• We share in the cost of health care.
  ▪ State paid premiums and claims expenses
  ▪ Retiree paid premiums, copays, and deductibles of $500 per person, and Out-of-Pocket Maximums

• Talk to your doctor. Ask questions. Understand the care you are getting.

• Prevent or manage chronic diseases to avoid costly complications

• Know about your resources. Talk to Service Link.
Primary Care and Your PCP

• A Primary Care Physician (PCP) is key to quality health care

• A focus on prevention (no cost to you)
  ▪ Routine physical exams, screenings and tests
  ▪ Assessment of your risk for chronic disease
  ▪ Management of chronic conditions

• Your PCP can help you get the right care for you

• Need a PCP? Call Anthem Member Services using the number on the back of your Anthem ID card or visit Anthem.com/Find a Doctor
When You Need Care Urgently

• Emergency Rooms are for life-threatening conditions
  • Call 911 or go immediately

• For non-life threatening conditions, know what your options are for treatment
  • Call your PCP to find out if you can be seen right away
  • Use urgent care center or walk-in doctor office in your area

• Emergency Rooms are **not** for primary or routine health care
Keep Costs Down by Using Walk-In Care

• Avoiding unnecessary ER visits saves you and the Plan money
• Non-Medicare Co-pays:
  ▪ Primary Care Provider - $15
  ▪ Walk-In Care - $30
  ▪ Urgent Care Center - $50
  ▪ Emergency Room - $100 (waived if admitted)
• Medicare pays 80% and the Plan pays 20% of charge. You pay $0.
• Research the Walk-in and Urgent Care Centers near you before you need services to avoid unexpected costs.
• Anthem’s ‘Live Health Online’ available for Non-Medicare Retirees.
Saving with Your Pharmacy Benefit

• Save Money and Reduce Waste
  • Use mail-order for maintenance medications (long-term medications)
  • Ask your doctor for generic medications instead of the brand-names
  • Call Express Scripts to cancel prescriptions for medications you no longer need
  • Turn off automatic refills if your supply on hand gets too high

• Manage your medication use
  • Take an updated list of all medications including dosage and frequency to your doctors appointments (prescription and over-the-counter)
  • If you use a pill organizer, leave one pill in the bottle to help identify your medications
  • Take all medications as directed by the prescribers
  • Call your doctors when you have questions or concerns
Telemedicine: ‘Live Health On-Line’

For Non-Medicare Retirees Only:

• Telemedicine benefits like ‘Live Health On-Line’ let you “see” a doctor from computer or mobile device. Use for:
  - Cold and flu symptoms
  - Allergies
  - Sinus Infections
  - Migraines
  - Upper Respiratory Infections
  - Bronchitis
  - Stress, depression, anxiety
  - Health questions

• No appointment is necessary

• Provider can answer questions, make a diagnosis and prescribe some medications like antibiotics

• Register for LiveHealth On-Line before you need it!

• Sign up online livehealthonline.com or download the free mobile app from App Store or Google Play

• Anthem’s ‘Live Health On-Line’ is not covered by Medicare
Vitals SmartShopper

• For Non-Medicare Retirees Only
• Vitals SmartShopper Program pays you “cash back” if you choose a cost effective service provider and location for certain medical procedures and tests
• Two ways to shop with Vitals Smartshopper:
  1) Online
  2) By Phone (Personal Assistant Services)
• Connect with SmartShopper EACH TIME you need a service
• Medicare Retirees are not eligible for the incentive
Examples of Vitals SmartShopper Cash Incentives

<table>
<thead>
<tr>
<th>Service or Procedure</th>
<th>Incentive “Cash Back”</th>
</tr>
</thead>
<tbody>
<tr>
<td>All X-rays</td>
<td>$25</td>
</tr>
<tr>
<td>MRI Abdomen</td>
<td>$150/ $75/ $50</td>
</tr>
<tr>
<td>MRI Pelvis</td>
<td>$150/ $75/ $50)</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>$500/ $250</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>$500/ $250</td>
</tr>
<tr>
<td>Revision of Total Hip or Knee</td>
<td>$500/ $250</td>
</tr>
<tr>
<td>CT Angiographys (CTAs)</td>
<td>$150/ $75/ $50</td>
</tr>
</tbody>
</table>
Future Communications with Retirees

• We are working on keeping the lines of communication open.

• Note: All benefit changes will be communicated in writing through the mail; keep your address information current by contacting the Benefits Office at the State of New Hampshire.

• Share your ideas for future discussions and how best to communicate with us by emailing, calling or sending us a note.

• Other
Thank you!