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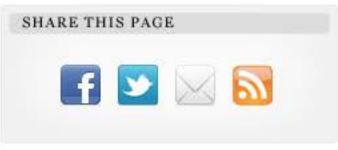
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HOME > HEALTH & WELLNESS > HOW HEALTHY IS YOUR DISTRICT?

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LEARN MORE

about the program here.

How can the School Health Index

benefit your district? Learn more

HEALTH & WELLNESS

How Healthy is Your District?

Obesity rates increased in 16 states last year and decreased in none, according to a recent report by the Trust for America's Health and the Robert Wood Johnson Foundation. Due to this dramatic rise in obesity and other chronic diseases, we've become an ailing nation paying more for our health care. Education leaders are trying to find ways to reverse this trend so workers can live healthier, take less sick time and reduce health care costs over time.

CDC School Health Index

Introducing new prevention and wellness programs in schools is not a

novel concept, but collecting and analyzing data to shape these initiatives might be. A growing number of school districts are assessing their health policies and programs using the Centers for Disease Control and Prevention (CDC) School Health Index (SHI). The SHI is an evidence-based needs assessment tool that allows administrators to gather and aggregate information about physical activity and nutrition in their schools. It can be completed by teachers and staff and customized based on what topics are most pertinent to a district (i.e., physical activity, nutrition, tobacco-use prevention, safety, asthma).

Among Wisconsin high school officials, 48 percent used the SHI or a similar self-assessment tool to gauge their nutrition policies and programs, according to the 2008 Wisconsin School Health Profiles.

Using SHI data

School officials around the country are drawing on the data gathered from the SHI to make more informed decisions about health plans and programs promoting exercise and proper nutrition in their schools.

- The Manatee County School District in Florida discovered that 5 percent of its health plan members were accounting for more than half of the district's health care costs. In response, the district eliminated wellness visit copays and subsidized supplies for certain conditions, and its member per month costs have flattened over the last three years.
- Results of a survey initiated by Rhode Island's public elementary schools revealed that schools with high minority enrollment were not encouraging physical activity and healthy eating. Changes are currently being introduced at some schools within the district, but progress is slow.

It is important to remember that the SHI is only a tool. Administrators and teachers must be willing to look at outcomes and make the kinds of procedural and behavioral changes that will ultimately improve health and reduce health care costs.



HOME > INSURANCE > SMART SHOPPING: GENERIC DRUGS SAVE MONEY

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and 5 stars being "Excellent".

INSURANCE

Smart Shopping: Generic Drugs Save Money

Some doctors are adamant that pharmacists fill prescriptions with brand-name drugs. Their persistence cost us \$7.7 billion last year, according to a recent article in the American Journal of Medicine. Why did these doctors insist on brands over comparable generics? Washington Post reporter Ranit Mishori, citing results from a survey published in the Annals of Pharmacotherapy, discovered that they were making decisions based on negative perceptions about generic drugs.

The fact is that generic drugs can be just as effective as brands and cost a lot less.

BETTER VALUE

Find the latest generics approved by the Food and Drug Administration here and check back a few times a year.

The U.S. Food and Drug Administration (FDA) describes a generic drug as one that is identical to its brand-name counterpart in "dosage form, safety, strength, route of administration, quality, performance characteristics and intended use." Makers of generic drugs are subject to the same FDA approval process as manufacturers of brand-name pharmaceuticals, and the FDA verifies that the active ingredients in both drugs are the same. Inactive ingredients in the generic drug may differ from the brand equivalent. This can introduce different side effects, but doesn't decrease efficiency.

The dramatic cost difference between brands and generics derives from the drug's origination. Brand-name drug manufacturers must invest in research, development, patents and marketing, while the makers of generic drugs do not need to absorb these start-up costs. Once the patent runs out on a particular drug, typically after 20 years, generic manufacturers are free to reproduce any brand-name drug.

A few brand-name drugs and generic equivalents.

Share information with your staff and urge them to find out if their prescriptions have a generic equal.

Brand Name	Generic Alternative	
Lipitor, Crestor	lovastatin, pravastatin, simvastatin	
Nasonex	fluticasone propionate	
Celebrex	ibuprofen, meloxicam	
Lexapro	citalopram, fluoxetine	
Nexium	Prevacid OTC, Prilosec OTC	

Here's an average of cost differences between generic and brand-name drugs.*

Drug Tier	Average Member Copay	Average Rx Cost
Generic	\$2	\$19
Brand name	\$22	\$139

*Source: WEA Trust

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HOME > BY THE NUMBERS > CHRONIC CONDITIONS, CHRONIC COSTS

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BY THE NUMBERS

Chronic Conditions, Chronic Costs

Health care spending each year in the U.S. tops \$2 trillion. More than 80 percent is related to treatment of chronic diseases.

Examples of chronic diseases include heart disease, diabetes, hypertension, stroke, asthma and cancer. Those with chronic conditions require ongoing, extensive care—and the cost of treatment and lost productivity is staggering.

In Wisconsin, the direct cost to the Medicaid system alone is \$1.15 billion annually, according to a recent report by the Wisconsin Department of Health Services. That equates to about 4 percent of the state's operating budget.

Wisconsin Health Patterns

- Half the people in Wisconsin live with at least one chronic disease
- . 1 in 5 adults has not exercised in the last month
- 1 in 5 adults smokes cigarettes
- Nearly 1 in 4 adults binge drinks alcohol

Looking Ahead

Chronic diseases are preventable for the most part. That means employers are in a unique position to encourage use of preventive care health benefits that save us all money in the long run.

In future issues, we'll be addressing chronic disease cost management in more depth.

POST A COMMENT

PROGRAMS TO HELP

Ask your health plan to help you address the cost of chronic conditions in your district. If you have a WEA Trust health plan, click here.

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HOME > BENEFIT NEWS > PUT HEALTH ACCOUNTS TO WORK

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The IRS has much more information

about medical spending accounts.

MORE DETAILS

BENEFIT NEWS

Put Health Accounts to Work

More companies and organizations are setting up special accounts for employees to pay for out-of-pocket medical expenses. These savings or spending accounts can be cost-effective, but there are distinctions. Here are some things to consider as you determine which is right for you and your employees.

Flexible Spending Account (FSA)

How it works: Employees contribute a lump sum into an account maintained by their employer at the beginning of the plan year. There

are no restrictions on the amount of money that can be invested in or taken out of the account, but unused funds are given back to the employer at the end of the plan year.

Why choose an FSA: These funds are not subject to payroll tax so employees benefit from increased take home pay and owe less in taxes. Employers can use leftover funds to invest back into company benefits.

Health Savings Account (HSA)

How it works: Pre-tax dollars cover costs not picked up by a high-deductible health plan. These health plans carry low premiums, but employees are responsible for every dime of their medical expenses until they reach their deductible. Employee contributions are capped at \$3,050 for individuals and \$6,150 for families in 2011, but whatever is not used by the end of the year can roll over to the next health plan year and continue to accumulate interest.

Why choose an HSA: Healthy employees that don't need much care can benefit from low premiums and employees with chronic conditions will pay nothing for care after they meet their deductible. Large employers tend to favor this option because employees are more invested in their health.

Health Reimbursement Account (HRA)

How it works: Employers set up HRAs on behalf of employees to reimburse them for medical expenses that fall outside the scope of a company's health plan. There are no limits on contributions.

Why choose an HRA: Employers are setting aside the pre-tax dollars in this scenario and therefore maintain control over spending. Expenses related to employee reimbursements are tax deductible. Funds contributed to these accounts are not considered reportable income for employees and unused funds can be rolled over from year to year.



HOME > HEALTH & WELLNESS > STAY WELL WITH ONSITE CLINICS

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HEALTH & WELLNESS

Stay Well With Onsite Clinics

With health care spending in the U.S. soaring, creative ways are needed to cut costs. Some school districts have come up with a less expensive and more convenient way to serve employees and their families: opening their own on-site health and wellness clinics.

- Pasco County Schools District, Fla. The Pasco County School District recently opened one of three on-site health and
 wellness centers planned to accommodate teachers and staff. The clinics will be operated by Tennessee-based CareHere
 and offer services typically provided by primary care doctors such as allergy shots and health screenings. In addition to
 \$4 million in projected annual cost savings for the district, employees have incentives too. As Ronnie Blair of the Tampa
 Tribune explains, school employees avoid costly co-payments and do not have to take time off work to travel to a
 doctor's office for an appointment. Employees are not required to use the facilities, however, and can opt to continue to
 see a primary care doctor if they prefer.
- Conroe Independent School District, Texas. Houston's Conroe Independent School Board approved a plan to open an
 employee health and wellness center at one of its elementary schools in January 2012. Their primary goal with the
 center, according to CISD's superintendent, is to get employees treated faster and less expensively for illnesses a primary
 care doctor would normally treat. The center will be staffed by a physician, two physicians' assistants and a registered
 nurse and employees and their dependents will be responsible for a \$10 co-pay if already part of the district's health
 plan. Conservative estimates put this school district's cost savings at \$1 million per year.

Aside from the cost savings, on-site clinics can help engage employees in their own care and benefit those with chronic conditions. Ready access to medical professionals on a continuing and consistent basis will make it more likely these groups will seek help to change unhealthy behaviors.

HOME > BY THE NUMBERS > WHERE YOUR HEALTH CARE DOLLARS GO

BY THE NUMBERS

Where Your Health Care Dollars Go

Employees are paying a greater share of health care costs. A 2010 Employer Health Benefits study released by the Kaiser Family Foundation cites the shifting of costs from employer to employees as the primary reason why. Since 2005, workers' contributions to premiums have gone up 47 percent, while overall premiums rose 27 percent, wages increased 18 percent and inflation rose 12 percent. The recession and lower Medicare reimbursements also contribute to the increases.

With employees forced to pay more for health care, some are foregoing care in favor of paying for other necessities. In order to reverse this trend, it is helpful to understand where health care dollars are being spent.

Where does your money go?

A North Dakota Insurance Department publication, "Understanding how your health care dollar is spent," breaks down consumer health care spending. For instance, 87 cents of every health insurance premium dollar is spent on medical services.

DIVIDING IT UP BY DOLLAR

- 33 cents pays for physician services
- · 20 cents goes to inpatient costs
- 15 cents goes to outpatient costs
- 14 cents pays for medications
- 5 cents pays for other medical services
- . The remaining 13 cents of every dollar is spent on administrative costs, consumer services, marketing and profit

What steps can your employees take?

- Be proactive. Health and wellness screenings are more than just buzzwords in the insurance industry. Preventive
 screenings can improve your employees' health and ultimately decrease their health care expenses.
- Know their medical benefits inside and out. What do they cover? What recourse do they have if they do not receive
 appropriate care?
- Do not use the emergency room as a primary care doctor. It is up to three times more expensive to be treated in an
 emergency room. If possible, wait to be seen by your doctor.
- Research medications and tests. Employees should educate themselves about tests ordered or medications prescribed by a physician. There may be less expensive alternatives available.

Encourage employees to learn more about the costs associated with health care and the long-term cost savings of living a healthier life.



HOME > BENEFIT NEWS > GET PRESCRIPTIONS BY MAIL

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BENEFIT NEWS

Get Prescriptions By Mail

What's a convenient, low-cost alternative to retail pharmacies for employees? Mail-order pharmacies let employees receive an extended supply of medications that they take on a regular basis and, typically, save on copayments.

Most health plans partner with pharmacy benefit managers like CVS Caremark to fill your prescriptions and give discounts if ordered in bulk. In addition, the health plan usually saves money through home delivery, which helps control premium costs.

The WEA Trust Home Delivery Service is available to all eligible members of the WEA Trust Health Plan. There are two ways for an employee to begin getting his or her prescriptions through the mail.

TO LEARN MORE

Find answers to your questions about prescription home delivery at the WEA Trust website. Click here for more.

- Call the Caremark FastStart Program at (866) 776-5677 and provide a FastStart representative with personal information. The FastStart representative will then call the employee's doctor to begin the process.
- An employee may opt not to use FastStart. The employee must then get a prescription from his or her doctor for a 90-day supply of the maintenance medication with a maximum of three refills, complete a mail-order form and send the form, the prescription and payment to Caremark.

How WEA Trust Home Delivery Service works

Employees may refill prescriptions they take on an ongoing basis by calling (866) 818-6912. Prescriptions are shipped through the U.S. Postal Service and typically arrive 10 to 14 days after you order them. Expedited shipping is available at an additional cost, but WEA Trust recommends going to a local retail pharmacy for any prescriptions that you must start immediately. Using the WEA Home Delivery Service will not preclude an employee from using a retail pharmacy at any time in the future.

If an employee has been hesitant to take advantage of this service because of privacy concerns, please know that delivery packages containing medications cannot be opened or resealed without showing evidence of tampering. And the mailing label does not show that the package came from a pharmacy.