

# Benefit Plan Developments



Great Lakes Employers Association  
Group Marketing Services, Inc.

• Group Insurance That Benefits Small Business.

A PUBLICATION FROM GROUP MARKETING SERVICES, INC. KALAMAZOO – GRAND RAPIDS – (800) 354-4768

## Health Insurance Claims Assessment Repeal and Replace

by Corey Ashley / Controller, Group Marketing Services, Inc.

On June 11, 2018, Governor Snyder of Michigan signed legislation (P.A. 173-175 of 2018) replacing the Health Insurance Claims Assessment (HICA) tax with the Insurance Provider Assessment (IPA).

The change in taxes is to be effective October 1, 2018. The tax revision (including repeal) needs to be approved by the Centers for Medicare and Medicaid Services (CMS) before the repeal and replace is effective. As of today, the tax has not been approved. However, our state legislators in Lansing are confident that the tax will be approved by CMS during the 2018 fourth quarter to be retroactively effective October 1, 2018.

The HICA tax on your group insurance invoice was equivalent to .63% of the dental, vision and medical insurance premium. The HICA tax will no longer appear on your monthly invoice. The new IPA tax that will

appear on your group insurance invoice will be a set amount of \$2.40 per each member (employees and dependents) per month. A group of 10 employees with 10 dependents will be assessed an IPA tax of \$48.00 per month (10 employees plus 10 dependents = 20 x \$2.40 = \$48.00).

The IPA tax is only assessed on fully insured medical plans. Whereas, the HICA tax assessed all health plans including fully insured medical, dental and vision plans, as well as self-funded plans. *This Repeal and Replace does not affect Employers outside of Michigan.*

You can advise your Michigan legislative representatives of your thoughts on this new tax at:

Michigan Representatives:  
<http://www.house.mi.gov/MHRPublic/frmFindARep.aspx>  
Michigan Senators:  
<http://www.senate.michigan.gov/fysbyaddress.html>

If we can answer any questions for you regarding this new tax, please contact Corey Ashley, Controller at 269-343-2611, ext. 107 or [cashley@groupmarketingservices.com](mailto:cashley@groupmarketingservices.com).



## Be Sure To Vote November 6th

Michigan Voter Registration Deadline is Tuesday, October 9, 2018 for the upcoming election.

Michigan Attorney General Bill Schuette (R) faces former state Senate Minority Leader Gretchen Whitmer (D) for Governor in the general election. State Rep. Lisa Posthumus Lyons (R) is running on Schuette's ticket while activist Garlin Gilchrist II is Whitmer's running mate. Sitting Governor Rick Snyder (R) is prevented by term limits from seeking a third term.

The winner of this election will be involved in the state's redistricting process following the 2020 Census. Under Michi-

gan state law, the state Legislature is responsible for drawing new maps for U.S. House and state legislative seats following the completion of the census. The governor has the power to veto these district map proposals.

Candidates for U.S. Senate are Michigan businessman and West Point graduate John James (R), running against incumbent Senator Debbie Stabenow (D).

In addition to governor, other statewide offices and congressional contests, which are likely to have thin margins of victory, there are numerous **Proposals on the Ballot**.

See related article on page 2 of this issue for a list of these Proposals – *Remember your vote matters! Elections matter!* Visit <https://www.michigan.gov/vote> for more information.



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For more information, please contact:  
**Group Marketing Services, Inc.**  
• Group Insurance That Benefits Small Business.  
(800) 632-5015

# GLEA Immunization Benefits

**August 1st, through April 30 each year**, you can obtain your **Injectable Seasonal Influenza Vaccine (flu shot)** with your group health insurance ID Card through the Caremark Prescription Drug Card Program.

**This is a benefit with a \$0 Copayment**, available at many Caremark, participating, in-network pharmacies, where you fill your prescriptions, as long as they also provide injections by the registered pharmacist. For more information, call **1-800-632-5015, ext. 109**.

*Present your Group Insurance Identification Card at a Participating Pharmacy.*

**There are two flu vaccine types:**

- 1. Trivalent:** The traditional flu vaccines made to protect against three common flu viruses.
- 2. Quadrivalent: High Dosage.**

**Additional Non-Seasonal Vaccines (covered all year)**

**Preventive Care Vaccines for Adults:**

- a) Pneumonia
- b) Zoster (Zostavax) is administered at Age 60+
- c) Tetanus, Diphtheria Toxoids
- d) Hepatitis A & B
- e) HPV vaccines to age 26.



**Preventive Care Vaccines for Children (birth to age 18):**

- a) Pneumonia
- b) Haemophilus B
- c) Haemophilus B, Hepatitis B
- d) Meningococcal, Haemophilus B, Tetanus
- e) Inactivated Poliovirus
- f) Rotavirus
- g) Measles, Mumps, Rubella, Varicella
- h) Diphtheria, Tetanus
- i) HPV vaccines, age 9 to age 26.

**It is important for the pharmacist to follow the instructions on their screen when accessing these benefits. Pharmacies needing assistance should call 1-800-345-5413.**

*Advise the pharmacy to send a copy of the immunization record to your Primary Care Physician to add to your permanent medical records.*

**Immunizations listed in this article are allowable/covered by the GLEA Prescription Drug Card Program with a zero copay ONLY when administered at a participating in-network pharmacy; Not at a physicians' office. Immunizations administered at your doctor's office are subject to other limitations including other Policy provisions, limitations (to attend school), applicable copays, injection/administrative and Physician office visit requirements. Children 5 & under are covered at the doctor's office, due to limited treatment at the pharmacy.**

# November 6th Election Michigan Statewide Ballot Proposals. Be Sure To Vote!

**View a Sample Ballot for the November 2018 election at:**  
<https://webapps.sos.state.mi.us/MVIC/PublicBallot.aspx>

**Statewide Ballot Proposals:**

**COALITION TO REGULATE MARIJUANA (CANNABIS) LIKE ALCOHOL:**

Proposed to initiate a law to authorize the personal possession and use of marijuana by individuals aged 21 years and older and allow for the growing, production, distribution and use of marijuana.

**VOTERS NOT POLITICIANS:** Proposed constitutional amendment to create the Independent Citizens Redistricting Commission and authorize the Commission to adopt reapportionment plans for Congressional, State Senate and State House of Representatives districts (Democrat backed).

**MICHIGAN ONE FAIR WAGE:** Proposed to initiate a law to gradually increase the hourly minimum wage from \$10.00 in 2019 to \$12.00 in 2022.

**MI TIME TO CARE:** Proposed to initiate a law to create the Earned Sick Time Act, requiring employers to provide sick leave for personal or family health reasons, subject to certain conditions.

**KEEP OUR LAKES GREAT:** Proposed to initiate a law to enact the Great Lakes Pipeline Safety Regulation Act to terminate an existing Straits of Mackinac Pipe Line Easement and prohibit the state from granting easements for pipelines to transport crude oil or liquid petroleum products over, through, under or upon Great Lakes bottomlands.

**RAISE MICHIGAN:** Proposed to initiate a law to create the Earned Sick Time Act, requiring employers to provide paid sick leave for personal or family health purposes and providing penalties for violations of the Act.

**CLEAN MICHIGAN:** Proposed constitutional amendment to require a part-time legislature, limit state legislators' compensation and retirement benefits.

**ABROGATE PROHIBITION MICHIGAN:** Proposed constitutional amendment to legalize the use of marijuana for agricultural, personal, recreational, commercial or other purposes.

**PROTECT MICHIGAN JOBS:** Proposed to initiate a law to enact the Construction Workers Fair Wage Act, which would require prevailing wages and fringe benefits on state projects.

**PROMOTE THE VOTE:** Proposed constitutional amendment to regulate the timing of issuing absentee ballots, authorize no-reason absentee voting, require a straight party voting option on general election ballots, provide for automatic voter registration, require post-election audits, and other voting changes. You cannot vote for the particular candidate.

**CLEAN ENERGY, HEALTHY MICHIGAN:** Proposed to initiate a law to incrementally increase the mandatory renewable energy standard for electric utilities to 30% by 2030 and enact other changes to Public Act 295 of 2008.

**PROTECTING MICHIGAN TAXPAYERS:** Proposed to initiate a law to repeal the Prevailing Wages and Fringe Benefits Act, 1965 PA 166, MCL 408.551 to 408.558.



# Take Time to Get a Flu Vaccine

The best way to protect against influenza is to get a flu vaccine every flu season. If you have questions about this, ask your doctor.

## Why get vaccinated against influenza (flu)?

Influenza (flu) is a contagious respiratory disease that can lead to serious complications, hospitalization, or even death. Anyone can get the flu, and vaccination is the single best way to protect against it.

## There are 3 reasons for getting a yearly flu shot.

- 1) Flu viruses are constantly changing, so flu vaccines may be updated from one season to the next to protect against the most recent and most commonly circulating viruses.
- 2) A person's immune protection from vaccination declines over time so annual vaccination provides optimal protection.
- 3) There is more than one form of the flu strain. Even if the vaccine does not match the most recent virus, it may make your illness milder if you do get sick.

## Who should get a flu vaccine?

Everyone is at risk for seasonal influenza. Health experts now recommend that **everyone 6 months of age and older** get vaccinated each flu season. It is especially important that certain groups get vaccinated:

- Pregnant women;
- Children younger than 5, but especially children younger than 2 years old (not less than 6 month of age);
- People 50 years of age and older;
- People of any age with certain chronic medical conditions;
  - People who live in nursing homes and other long-term care facilities;
  - People who live with or care for those at high risk for complications from the flu, including:
    - Health care workers;
    - Household members and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated).

Some children 6 months to 8 years of age may need 2 doses of the vaccine to be fully protected. Ask your doctor.

For a complete list, see "Who Should Get Vaccinated Against Influenza": <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

## Who should NOT get a flu vaccine?

People who are sick with fever should wait until their symptoms have passed to get vaccinated. Some people should not be vaccinated before talking to their doctor. This includes:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillian-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.

## When to Get Vaccinated

Get vaccinated as soon as the vaccine becomes available in your community. Vaccination before December is best since this

timing ensures that protective antibodies are in place before flu activity is typically at its highest. Flu season can last as late as May so getting vaccinated later in the flu season could still provide a protective benefit. About 2 weeks after vaccination, antibodies in the vaccine that provide protection against the viruses develop in your body.

## What kinds of flu vaccines are available?

Traditional flu vaccines are made to protect against three different flu viruses (called "trivalent" vaccines). Vaccines made to protect against four different flu viruses (called "quadrivalent" vaccines) also are available.

The trivalent flu vaccine protects against two influenza A viruses and an influenza B virus. **Trivalent flu vaccines available include:**

- Standard dose trivalent shots are manufactured using virus grown in eggs. These are approved for people ages 6 months and older;
- A standard dose trivalent shot containing virus grown in cell culture, is approved for people 18 and older;
- A standard dose trivalent shot that is egg-free, approved for ages 18 through 49 years of age;
- A high-dose trivalent shot, approved for ages 65 and older;
- A standard dose intradermal trivalent shot, which is injected into the skin instead of the muscle and uses a much smaller needle than the regular flu shot, approved for people 18 through 64 years of age.

The quadrivalent flu vaccine protects against two influenza A viruses and two influenza B viruses. **Quadrivalent flu vaccines available are:**

- A standard dose quadrivalent shot;
- A standard dose quadrivalent flu vaccine, given as a nasal spray, approved for healthy\* people 2 through 49 years of age.

(\*"Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications). The Centers for Disease Control and Prevention (CDC) does not recommend one flu vaccine over the other.

Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2007, estimates of flu-related deaths in the United States range from a low of 3,000 people to a high of about 49,000 people. Each year, more than 200,000 people are hospitalized from the flu, including an average of 20,000 children younger than 5 years of age.

## What are the side effects of the flu vaccine?

Flu shots are safe and cannot give you the flu because they are made from killed or very weakened virus, but there may be some mild side effects from the two different types of vaccines (shot and nasal spray).

The most common side effects from the flu shot are soreness, redness, tenderness or swelling where the shot is given. Side effects from the nasal spray vaccine include runny nose, cough, or nasal congestion.

For more information about the seriousness of influenza and the benefits of a flu vaccination, talk to your doctor or nurse, visit [www.cdc.gov/flu](http://www.cdc.gov/flu) or call CDC at 1-800-CDC-INFO.

Source: National Center for Immunization and Respiratory Diseases



## Nasal Spray Flu Vaccine Gets Green Light From CDC This Year

After advising the public to avoid the nasal spray version of the flu vaccine for the last two years, the Centers for Disease Control and Prevention is now giving it the green light.

A favorite of the needle-averse, the spray had not appeared to work as well against H1N1, a strain of the flu, in the last few seasons, according to the public health agency. But it's expected to work better this year, according to the CDC and Dr. Andrew Pavia, chief of pediatric infectious diseases at the University of Utah Hospital.

It's an encouraging sign, especially after an especially virulent flu season. In fact, the CDC said earlier this

year, more than 172 children died of flu-related illness in the 2017-18 season, the highest on record when it comes to youths for a single season.

In Chicago alone, intensive care units saw more than 580 influenza-associated hospitalizations, city officials reported, a trend that peaked in January.

This would be considered an intranasal or Flu Mist option which the GLEA Prescription Drug Card Plan allows at your local Participating In-Network Pharmacy. For young children, two years old and up.

© Chicago Tribune. This article was originally published August 2018

## 2017 Flu Season One Of The Deadliest in Recent History For U.S. Children

Flu killed more children in the past year than during any other regular flu season in recent history.

Health officials said Friday that they had received reports of 172 pediatric flu deaths since October. That surpasses the 2012-2013 flu season, when there were 171. An average season sees about 110.

There were more deaths in 2009-2010, when a rare flu pandemic occurred involving a new strain. More than 300 children died that season.

The past flu season wasn't a pandemic, but it was long — 19 weeks. It also was unusually intense, with high levels of illness reported in nearly every state for weeks on end.

The season peaked in early February. It was mostly over by the end of March, although some flu continued to circulate. The most recent pediatric death occurred in late May.

The season was driven by a kind of flu that tends to put more people in the hospital and cause more deaths, particularly among young children and the elderly.

Making a bad year worse, the flu vaccine didn't work very well.

Flu vaccinations are recommended annually for all Americans who are 6 months old or older.

Some of the children who died this past year were too young for the shots. The Centers for Disease Control and Prevention has vaccination information on only about 140 of the children who died who were old enough to be vaccinated. Of those, only about 1 in 5 received the vaccine before they became ill, CDC officials said.

About half the children who died were previously healthy — they didn't have a diagnosed health condition that might have made them more vulnerable to the flu, the CDC said.

Flu is a contagious respiratory illness, spread by a virus. It can cause a miserable but relatively mild illness in many people, but a more severe illness in others. Young children and the elderly are at greatest risk from flu and its complications.

The CDC began counting pediatric flu deaths in 2004. It doesn't keep an exact count of adult flu-related deaths, but it has estimated there were 12,000 to 56,000 in recent seasons.

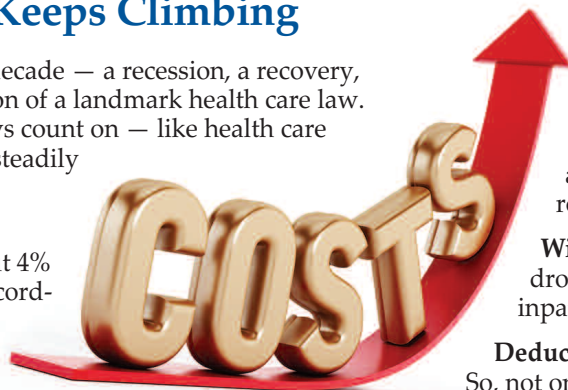
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## Health Spending Keeps Climbing

A lot has changed in the past decade — a recession, a recovery, the passage and implementation of a landmark health care law. But some things you can always count on — like health care spending continuing to climb steadily higher every year.

**Per-person health care spending** rose by 44%, or about 4% per year, from 2007 to 2016, according to new research published in Health Affairs.

• This analysis only includes employer-based health insurance, making the Affordable Care Act a less significant factor. It also doesn't



include premiums — just spending on actual care.

**Warning sign:** Spending growth slowed immediately after the recession but is now increasing at roughly pre-recession levels.

**Winners:** Doctors and outpatient hospital facilities drove the bulk of the spending increases, followed by inpatient hospital care.

**Deductibles have also risen** over the same time period. So, not only are costs going up, but workers are spending more of their own money, out of pocket, to cover those costs.

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