



News Notes

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VOLUME 16 | ISSUE 4 | WINTER 2020 | WELCOME MESSAGE

[Interview with Tim Hinkle, Former Chair, LVBCH Board of Directors \(October 2020\)](#)

What positions did you hold at LVBCH?

I became involved with the Coalition in the late 1990s. Before then, I had attended the annual conference. I represented Lehigh University, which was one of the original members. I served on the Purchasing Committee and later was on the Board of Directors, serving as both Vice Chair and in 2013 and 2014 as Chair. I decided to serve on the board because I could fill administrative roles to enable people with greater expertise in other areas time to spend on those things.

What was your professional role while you were involved with the Coalition?

My title was Human Relations Associate at Lehigh University. I was involved in the administration of the benefits plan, which included the health plan and the retirement plan. About 1400 employees were enrolled in the health plan, which covered 3500 lives. I worked at Lehigh for 28 years from 1986 to 2015.

How did your involvement with the Coalition benefit your employer?

For a long time in the 1980s, Lehigh University didn't have dental and vision plans. We started with the Coalition to purchase vision coverage through NVA (National Vision Administrators). Also when Blue Cross/Blue Shield split, we left Blue Cross and purchased our health plan through Aetna. We returned to Blue Cross through the Coalition's plan, which offered full coverage at a lower cost.

Another significant benefit of the Coalition is being able to spend time with other employers about issues surrounding healthcare. I joke that I never worked in the real world. I started as a middle school history teacher and then Lehigh so I never worked in the private sector. It was important to get the perspective of the private sector – talking about issues they thought were important and comparing them with what we thought was important. I was still at Lehigh when SARS showed up which was more of a concern for us because we had a lot of patients from Asia. Sometimes we were more on the front lines of issues. Overall, however, we had more similarities than differences. We all wanted to take as good care of people as we could.

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What challenges did employers face then and how do they compare to today's challenges?

One of the biggest challenges was controlling the rising cost of medical coverage and care. It was the same then as now, the cost of pharmacy, particularly specialty drugs. The prices went crazy, both the cost of health care and prescriptions. In 2010 the ACA (Affordable Care Act) went into effect. Some organizations had issues in making their plans meet ACA requirements, but not the University. Our medical plan was already very good. We qualified as a top tier plan under the ACA so the effect of the new law for us was increased paperwork. Our plan didn't have a preexisting condition cost and the coverage cap was \$1 million. Back then, that would have been a hard cap to break.

The Coalition helped employers learn about the plan. It has always been on top of the changes and has provided employers with information they needed to know. Kitty Gallagher and Tom Croyle (former LVBCH Presidents) were exceptional people; they just needed more support. Carl (Seitz, current president) started after I retire but things seem to be going very well at the Coalition.

What do you think benefits managers should be most concerned about now?

As the cost of health care coverage has continued to rise, Lehigh University and other employers have been forced to shift some of the cost of coverage to employees through high-deductible plans. The challenge for benefit managers is not to have a deductible so high that it discourages employees from getting needed health care. On the other hand, it's important for employees to have a stake in controlling costs.

The quality of the health care provided to employees is also a priority. In addressing quality, the Coalition has done a great job with the Leap Frog Program, (a nonprofit watchdog group that collects, analyzes and publish data on safety and quality.) I wondered whether the hospitals would buy in, but they have. Hospital errors is a huge issue. I've known a few people personally who have suffered as a result of them.

Is there anything you find encouraging about health care in America today?

I think the increasing attention to wellness and healthy living is very encouraging. At the University, we incentivized employees. For doing certain things like getting a physical, getting screenings, and logging their exercise results, we would give them \$10 or \$15 off of their monthly premium. Over time the number of people participating in the program went up and we saw health improvements. The best way to improve health care in America is educating people and rewarding them for taking better care of their own health.

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What are your thoughts about Medicare-For-All?

Health care is like a balloon, you can push in one area or another but if you squeeze too hard it's going to burst. For years employers and individuals have been paying for coverage and people don't realize just how much that costs their employers. I have been in favor of Medicare for all for many years – not that you should force people to take it – but that you provide it as an option. This would be particularly beneficial for smaller employees. For them, one or two big healthcare claims can be devastating.

In the United States, health care is rationed based on what you can afford. In Europe and Canada it's rationed based on how long you're willing to wait. At the University, we tried to educate people; I'm not sure how successful that was. People go on and on saying they don't want the government telling them what they can do and who they can see. But, if it isn't the government telling them, then the insurance company does. People don't understand that, if they did, they might be more amenable to a government option.

Are you concerned about the Supreme Court possibly striking down the Affordable Care Act?

Yes, the ACA has changed medical coverage in so many ways, including coverage for pre-existing conditions. If it goes away, we need to have an affordable replacement. The issue with the Affordable Care Act is that for it to work everyone has to buy in. Opting out of health care coverage until you need it is like not buying home insurance until your house is on fire. In the past, people would buy a policy costing \$80 a month that didn't cover anything at all. I see us going back to that if the ACA is eliminated.

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