

>> GOOD MORNING. I AM THE PRESIDENT OF THE EMPLOYEE ADVISORY COMMITTEE. WE'RE MEETING TODAY VIRTUALLY, AND PETE IF YOU CAN GO AHEAD AND START THE RECORDING.

>> WE HAVE FOLLOWED THE AG GUIDANCE FOR VIRTUAL MEETINGS DURING THIS PANDEMIC, AND WE HAVE MADE THE AUDIO AVAILABLE TO THE PUBLIC AND STATE EMPLOYEES SO THEY CAN HEAR OUR DISCUSSION TODAY. AND ALSO I BELIEVE THEY WILL BE ABLE TO SEE THE MEETING MATERIALS. YOU SHOULD HAVE A COPY OF THE AGENDA UP ON YOUR SCREEN NOW. TO ASSIST WITH WORKING THE MEETING IN THIS VIRTUAL ENVIRONMENT, WE DO HAVE A COUPLE RECOMMENDED TIPS THAT THE PRESENTERS AND EAC MEMBERS FOLLOW. IF YOU ARE A EAC OR MEMBER OR PRESENTER WHO IS TALKING, PLEASE INTRODUCE YOURSELF FIRST SO THAT THE LISTENERS ARE ABLE TO KNOW WHO IS TALKING. AND IF YOU AREN'T TALKING PLEASE MUTE YOUR MICROPHONE.

>> A RED MUTED BUTTON, SO IF YOU'RE NOT SPEAKING IF YOU COULD MUTE THE MICROPHONE, THAT WOULD HELP US WITH FEEDBACK. YOU WILL NOTE THERE IS A CHAT BOX AND OUR VICE PRESIDENT CHARLIE WALKER IS GOING TO BE MONITORING THAT. IF YOU HAVE ANY TECHNICAL DIFFICULTIES OR IF YOU ARE A MEMBER WHO HAS A COMMENT AND WE HAVEN'T GOTTEN TO YOU, FEEL FREE TO USE THAT CHAT. FOR OTHER FOLKS WE WILL BE MONITORING THOSE COMMENTS AND WE WILL DO THE BEST WE CAN TO ADDRESS THEM, BUT WITH SUCH A LARGE GROUP OF PEOPLE IN THE EAC IT MAY BE CHALLENGING FOR US TO GET TO ALL OF THE COMMENTS IN THE CHAT BOX AND WE'LL FOLLOW UP WITH THAT. BECAUSE WE'RE MEETING VIRTUALLY, WE WILL HAVE TO DO ROLL CALL VOTES. ALEXANDRA IS GOING TO ORCHESTRATE THAT. SHE HAS A LIST AND FOR THE EAC MEMBERS IT WILL BE IN ORDER OF YOUR LAST NAME. AND I'M GOING TO HAND IT OVER TO ALL EX-AND THE DRAY. I THINK SHE CAN SEE ALL THE EAC MEMBERS THAT LOGGED IN FROM THE COMPUTER BUT I'M NOT SURE THAT THAT WOULD DEMONSTRATE WHO CALLED IN TO

THE MEETING, SO IF WE COULD DO A QUICK ROLL CALL TO SEE WHO IS HERE.

>> YES, NATALIE R I'M HERE, THANK YOU. AND I CAN SEE THE PARTICIPANTS BUT GIVEN THE SIZE OF THE SCREEN IT IS DIFFICULT SO I'LL CALL ROLL AND IF EVERYBODY CAN UNMUTE THEMSELVES, RESPONSE AND REMUTE THEMSELVES THAT WOULD BE GREAT. BRANDT BARBER.

>> PRESENT.

>> HANNAH BATES.

>> PRESENT.

>> BARBARA BARTOW. MARIA BEBEE.

>> PRESENT.

>> I'M HERE. DAVID BOLIG. I SEE DAVID BUT I DON'T SEE THAT HE HAS AUDIO. I WILL ASSUME HE IS PRESENT. SHARON BOULARD. SHARON, IF YOU'RE TRYING TO RESPOND I SEE THAT YOU'RE MUTED. OKAY. JENNIFER DALTON. JENNIFER DALTON, NO. I THOUGHT I SAW -- I SEE HER BUT I SEE SHE DOES NOT HAVE AUDIO. OKAY. ELIZABETH FOLTZ.

>> PRESENT.

>> KRIS GRINTER.

>> PRESENT.

[READING NAMES]

OKAY. WE DO HAVE A QUORUM. JENNIFER IS HERE. SORRY. THANKS.

>> THANK YOU, ALEXANDRA. AND IF SOMEONE IS HAVING TROUBLE SPEAKING, MIKE, IS THERE A PHONE NUMBER THEY COULD CALL TO GET HELP OR DO YOU HAVE A SUGGESTION FOR THOSE FOLKS THAT THEIR NAME APPEARED BUT THEY DON'T HAVE THE AUDIO SYMBOL NEXT TO THEIR NAME?

>> YEAH, PETE -- LET ME GET YOU HIS PHONE NUMBER.

>> OKAY. ALL RIGHT, IT IS 785-845-8585.

>> I HOPE THAT WE CAN WORK THAT OUT AND THANK YOU MIKE AND YOUR TEAM FOR HELPING US GET THIS VIRTUAL MEETING TOGETHER, AND THEN KEEPING US ORGANIZED THROUGHOUT IT. THE FIRST ITEM ON OUR AGENDA IS SOMETHING THAT I WOULD LIKE TO START AT ALL OF OUR EAC MEETINGS. WE'RE GOING TO HAVE A COMMENT PERIOD THAT ALLOWS US AS EAC MEMBERS TO

SHARE SOME OF FEEDBACK THAT WE'VE BEEN RECEIVING FOR STATE EMPLOYEES. ONCE WE'RE BACK TO HAVING IN-PERSON MEETING WE CAN CHANGE SO THE PUBLIC COMMENT PERIOD SO PEOPLE CAN COME IN AND SPEAK TO US IF THEY WANTED TO DO THAT DIRECTLY. SO I HAVE BEEN CONTACTED BY -- AND THEN ONE THING ABOUT THIS SECTION TODAY IS THAT WE WILL BE HAVING A DISCUSSION ABOUT THE HEALTHCARE -- THE HEALTH QUEST CREDIT PROGRAM LATER ON IN THE AGENDA, AND I'M SURE A LOT OF YOU HAVE BEEN CONTACTED ABOUT CONCERNS EMPLOYEES HAVE VOICED ON MEETING ALL OF THOSE CREDIT REQUIREMENTS. LET'S SAVE THAT PARTICULAR DISCUSSION FOR THAT AGENDA ITEM AND FOCUS ON OTHER CONCERNS THAT HAVE BEEN BROUGHT

TO US SINCE OUR LAST MEETING. SO I WAS CONTACTED BY ONE STATE EMPLOYEE, SHE IS ON PLAN A, AND SHE HAS COVERAGE AND SHE IS TYPE ONE DIABETIC. DURING THE FEBRUARY HCC MEETING THERE WAS A COMMENT MADE WITHIN THE CONTEXT OF THE HEALTHQUEST PROGRAM ABOUT TRYING TO TARGET DIABETICS. I THINK THAT WHEN YOU READ THE TRANSCRIPT THAT THE HCC MEETING THAT CAME OFF A LITTLE BIT CONFUSING, BUT MY INTERPRETATION LISTENING TO THAT MEETING WAS THAT THEY WERE SAYING THERE WOULD BE HEALTHQUEST PROGRAMS THAT COULD TARGET DIABETES WORK, AND SO WE'VE KIND OF WORKED TO CLARIFY WHAT THOSE COMMENTS MEANT. BUT WITH THE DISCUSSION WITH HER, SHE ALSO SHARED THAT THE HEALTH PLAN ONLY COVERS ONE BRAND OF TEST STRIPS, AND THAT BRAND DOESN'T NECESSARILY INTERFACE WITH THE PUMPS THAT PEOPLE HAVE. AND BECAUSE THE TYPE OF TEST STRIP IS CHANGED, THE PREFERRED TEST STRIP IS CHANGED THROUGH PLAN YEARS IT'S REALLY HARD TO GET A PUMP THAT WORKS WITH THE PREFERRED BRAND OF TEST STRIP. AND SO I DON'T KNOW IF THERE IS --

LIKE WHAT CONTRACTS OR WHAT GOES INTO THAT ANALYSIS BUT IT'S BEEN A FRUSTRATING THING FOR HER TO TRY TO GO THROUGH. AND IF IT'S NOT THE PREFERRED TYPE OF TEST STRIP, IT CAN GET REALLY EXPENSIVE. SHE ALSO MENTIONED THAT SHE CAN ONLY ORDER HER SUPPLIES ONE MONTH AT A TIME, AND THEY CAN'T BE AUTO REFILLED. SO THAT MAKES A TIME BURDEN ON HER, EVEN THOUGH SHE KNOWS THAT SHE IS GOING TO HAVE THESE REQUIREMENTS EACH MONTH. BUT OVERALL, SHE SAYS THAT SHE IS STRUGGLING BECAUSE OF THE HIGH CONTRIBUTIONS AND THE HIGH DEDUCTIBLES FOR THE HEALTH PLAN. KU DIRECTOR OF THE ADA RESOURCE CENTER FOR EQUITY AND ACCESSIBILITY ALSO REACHED OUT WITH SOME CONCERNS THAT THEY HAVE FOR KU STAFF WITH DISABILITIES ACCESS TO THE HEALTHQUEST PROGRAM. THE SCREENING LOCATIONS AREN'T ALWAYS ACCESSIBLE AND THE EQUIPMENT AT THOSE LOCATIONS ARE NOT ALWAYS BUILT FOR ALL THE TYPES OF FOLKS THAT THEY WOULD HAVE WITH DISABILITIES OR SPECIAL NEEDS. AND SHE MENTIONED THAT HEALTHQUEST HAS BEEN WORKING TO MAKE THE WEBSITE

MORE ACCESSIBLE, BUT THERE CONTINUE TO BE SOME FEATURES OF THAT WEBSITE THAT PARTICIPANTS WITH VISUAL AND HEARING LIMITATIONS CAN'T GET ACCESS TO. AND THEN JUST THE GENERAL THOUGHT ABOUT AS YOU ARE HAVING PHYSICAL ACTIVITY OPTIONS, KEEPING IN MIND SORT OF ABILITY BIAS AND WHETHER THOSE PEOPLE HAVE THE SAME OPPORTUNITIES IN ORDER TO EARN THEIR HEALTH CREDIT POINTS. WE KNOW MARIA BEBEE REACHED OUT AND SHE HAD COMMENTS SHE

WANTED TO SHARE, SO IF SHE IS AVAILABLE I WAS GOING TO HAVE HER SHARE THOSE COMMENTS NEXT.

>> HI, NATALIE. DID YOU WANT ME TO SHARE ALL MY HEALTHQUEST COMMENTS OR JUST THE ONE ABOUT THE SURVEY?

>> YEAH, I -- THE ONLY THING I WOULD SORT OF LEAVE OUT IS IF SOMEONE IS ASKING OR CONCERNED ABOUT REDUCING THE NUMBER OF CREDITS. BUT I WOULD SHARE THE OTHER FEEDBACK THAT YOU'VE GOTTEN.

>> OKAY. YEAH, I HAVE ACTUALLY QUITE A BIT OF FEEDBACK REGARDING HEALTHQUEST. I DON'T THINK IT'S QUITE AS POPULAR AS IT MIGHT HAVE BEEN WHEN IT FIRST STARTED. SO ONE OF THE COMPLAINTS IS THAT YOU CAN'T ACCRUE POINTS WHEN YOU USE THE DIRECT PRIMARY CARE PROVIDER, WHICH SEEMS COUNTER INTUITIVE BECAUSE YOU'RE NOT USING HEALTH INSURANCE WHEN YOU'RE USING DIRECT PRIMARY CARE PROVIDER. BUT YOU CAN'T GET ANY POINTS FOR HEALTHQUEST FOR THAT WHEN YOU HAVE YOUR PHYSICAL DONE THAT WAY. SOME PEOPLE HAVE COMMENTED THAT WE SHOULD BE ABLE TO ACCRUE POINTS FOR MAMMOGRAPHY AND COLONOSCOPY, ANY PREVENTIVE TYPE PROCESSES OR TREATMENTS WE HAVE WE SHOULD BE ABLE TO GET POINTS FOR THAT. ONE QUESTION I HAD WAS, YOU KNOW, HAS -- USING HEALTHQUEST, IS THERE ANY DATA OUT THERE THAT SHOWS THAT THERE IS LESS HEALTH INSURANCE CLAIMS BECAUSE OF THIS PROGRAM?

AND IF THERE IS SOME SORT OF CORRELATION, HOW DO WE KNOW THAT THE DECREASE IN THE HEALTH CLAIMS, OR THE INSURANCE CLAIMS, ARE DUE TO HEALTHQUEST?

BECAUSE I THINK THERE IS A LOT OF PEOPLE NOT HAPPY WITH HEALTHQUEST RIGHT NOW, BECAUSE IT TAKES A LOT OF TIME. SO PEOPLE ARE DOING IT AT WORK, SO IT TAKES AWAY FROM THEIR PRODUCTIVITY TIME AT WORK. PEOPLE DON'T WANT TO DO IT AT HOME BECAUSE YOU KNOW A LOT OF PEOPLE ARE AT A COMPUTER ALL DAY. YOU DON'T WANT TO GO HOME AND THEN BE ON A COMPUTER AGAIN, WHICH IS AGAIN AGAINST THE PRINCIPLES OF THIS WHOLE THING WHERE WE'RE TRYING TO GET PEOPLE TO BE HEALTHIER. AND THEN SOME PEOPLE HAVE DIFFICULTY WITH TECHNOLOGY, OR JUST ACCESS TO TECHNOLOGY. SO THERE'S BEEN COMPLAINTS THAT THIS IS PROBABLY NOT GOING AS WELL AS IT SHOULD. SOME PEOPLE HAVE COMMENTED, I GOT ONE COMMENT THAT YOU'RE HAVING TO PLAY GAMES TO GET THESE POINTS. SO PEOPLE WILL DO THESE MODULES AND JUST LET IT RUN IN THE BACKGROUND WHILE THEY'RE CHECKING THEIR E-MAIL OR GO INTO THE COPIER, YOU KNOW, WHILE IT'S RUNNING ON YOUR COMPUTER. PEOPLE ARE REALLY BENEFITING THAT GREATLY FROM THESE PROGRAMS, AND IT'S A LOT OF TIME PUT

INTO IT. SOME ARE HAVING ISSUES GETTING THEIR POINTS RECORDED FOR THEIR BIOMETRICS. ONE IN PARTICULAR SCHEDULED THE APPOINTMENT AT THE MARATHON CENTER IN TOPEKA ON JANUARY 21st, AND THE POINTS ARE STILL NOT IN HEALTHQUEST. ANOTHER COMMENT, SEVEN HEALTHQUEST LEARNING MODULES MAKE UP THE WOMENS PREVENTIVE HEALTH, WHICH TELL ME WHY I HAVE TO HAVE A MAMMOGRAPHY AND COLONOSCOPY SCREENING, AND TAKE CERTAIN VITAMINS, AND YOU HAVE TO GO THROUGH SEVEN MODULES TO GET ONE POINT. AND YOU DON'T EVEN GET POINTS FOR DOING THOSE SCREENINGS. COMMUNICATIONS ARE SPOTTY AND PEOPLE MAY GET MULTIPLE COMMUNICATIONS FROM HEALTHQUEST A WEEK, AND THEN NONE FOR SEVERAL MONTHS. CONSISTENT COMMUNICATION PLAN WOULD BE HELPFUL. I HAVE GOTTEN FEEDBACK THAT INDIVIDUALS WOULD BE INTERESTED IN DOING A WORKSHOP OR CHALLENGE, AND ARE NOT AWARE OF THE CHALLENGE UNTIL IT'S ACTUALLY HAPPENING OR AFTER IT STARTS. OUR BENEFITS DIRECTOR SUGGESTED THAT WE DO A SURVEY FOR ALL HEALTHQUEST PARTICIPANTS TO GET THEIR

FEEDBACK. AND MAYBE THEIR SATISFACTION WITH THE PROGRAM. SO ALSO, WHEN HAVING BIOMETRICS DONE, HEALTHQUEST IS NOT TAKING INTO CONSIDERATION THAT A PREGNANCY CAN INCREASE CHOLESTEROL LEVELS. I HAD SOMEONE TALK TO ME ABOUT THIS WHEN SHE IS NOT PREGNANT, HER LEVELS ARE LOW. CONSISTENTLY LOW. BUT DURING PREGNANCY, INCREASES ABOVE NORMAL, WHICH IS NOT ABNORMAL DURING PREGNANCY. BUT NOW SHE HAS TO DO A FIVE WEEK COURSE ON CHOLESTEROL TO GET HER CREDITS FOR THAT. SHE WOULD HAVE WAITED UNTIL AFTER THE BIRTH OF HER BABY BUT SHE NEEDS ALL THESE POINTS AND THE MONEY IN HER HSA IN ORDER TO PAY FOR THE BABY. SO THAT'S NOT ALWAYS HELPFUL. AND THEN SEVERAL -- I HAD SEVERAL COMPLAINTS THAT THE STEP CHALLENGE THAT WAS EARLY OF THIS YEAR ENDED AT A TIME WHEN MANY EMPLOYEES WERE TRANSITIONING TO REMOTE WORKING. HEALTHQUEST GAVE TWO EXTRA DAYS TO ENTER THE STEPS, BUT COMPLAINT SAID THERE WERE NO REMINDERS SENT AND NO ACCOMMODATIONS FOR PEOPLE THAT WERE BATTLING THE DISRUPTION OF THE PANDEMIC.

PEOPLE FELT THAT THIS DEMONSTRATED REALLY NO INTEREST IN PROMOTING WELL-BEING. AND I HAD THAT FROM SEVERAL PEOPLE. YEAH, AND THEN THE REST, MOSTLY IS ABOUT THE PANDEMIC, AND GETTING POINTS. AND THAT'S ALL I HAVE.

OKAY. THANK YOU, MARIA. AND CHARLIE WALKER IS ALSO REACHED OUT TO ME AND SAID THAT HE WANTED TO SHARE.

>> CAN YOU HEAR ME?

CAN YOU HEAR ME?

>> YES, I CAN HEAR YOU NOW.

>> OKAY. SEVERAL PEOPLE TALK ABOUT THE POINTS. ONE -- TWO SPECIFIC THINGS THAT PEOPLE BROUGHT UP. ONE WAS ABOUT MENTAL HEALTH FACILITIES. ONE PERSON HAD MENTIONED THAT THEY WERE UNABLE TO USE THE HSA, UNABLE TO USE HSA FOR COUNSELING SERVICES WITHOUT BEING DIAGNOSED WITH A MENTAL HEALTH DISORDER. ANOTHER PERSON HERE A MEDICAL PRACTICE ASSOCIATION WANTED TO SEE HOW -- IF THERE WAS ANY -- ANY WAY SHE COULD RELAX THE TELEHEALTH RESTRICTIONS NORMALLY PUT IN PLACE THAT HAVE BEEN LIFTED BECAUSE OF COVID-19 TO SEE IF THOSE TYPE OF THINGS -- IF ACCESS TO THOSE THINGS CAN CONTINUE EVEN AS WE REINTEGRATE BACK INTO NORMAL, TO MAKE IT EASIER FOR PEOPLE TO ACCESS PARTICULARLY ACCESS MENTAL HEALTH SERVICES. AND THEN WHEN IT COMES TO POINTS WE CAN COME BACK TO THAT LATER. THOSE ARE THE ONLY TWO I HAD SPECIFICALLY THAT WERE DIFFERENT.

>> OKAY. GREAT, CHARLIE. THANK YOU FOR SHARING. AND ANY COMMENTS THAT YOU WANTED TO SHARE?

>> THIS IS HANNAH BATES. WE JUST HAVE ONE COMMENT THAT CAME THROUGH RECENTLY AND IT HAS BEEN -- I'M NOT EVEN SURE IT'S SOMETHING WE CAN DEAL WITH AT THE STATE LEVEL. WE MAY BE WAITING FOR IRS GUIDANCE. EMPLOYEES WHO SUDDENLY FIND THEMSELVES WITHOUT DAYCARE SERVICES THEIR DEPENDENT CARE FLEX SPEND ACCOUNT TO WHEN THOSE FUNDS EXPIRE IS STILL IN EFFECT AS SOON AS THEY STOP THEIR CONTRIBUTIONS. SO WE HAVE HAD SEVERAL PEOPLE WHO WERE CONTRIBUTING FOR THE FIRST PART OF THE YEAR, AND THEN WANTED TO STOP THEIR CONTRIBUTIONS BUT STILL HAVE A BALANCE DUE TO CHILD CARE THAT THEY WERE EXPECTING TO PAY FOR, BUT DON'T CURRENTLY HAVE ACCESS TO. SO THAT IS THE ONE KIND OF RECURRING THEME THAT WE HAVE SEEN AT WICHITA STATE UNIVERSITY.

>> THANK YOU. MIKE, I KNOW THAT YOU MENTIONED THE HCC MEETING A LOT OF PEOPLE REACHED OUT ABOUT THE DEPENDENT CARE ACCOUNTS.

>> YES, WE HAVE BEEN CONTACTED BY SOME INDIVIDUALS HERE IN THE OFFICE, WORKING WITH THE CENTER, AND I THINK WE SHIPPED OUT SOME FAQs ON THAT. THE ONE THING THAT THEY HAVE NOT RULED ON AT THIS POINT WOULD BE THE REFUND OF THE DOLLARS. SO WE'RE STILL WAITING TO SEE WHAT MAY HAPPEN AT THE FEDERAL LEVEL WITH THAT. BUT WE'VE HAD OVER 100 INDIVIDUALS HAVE CONTACTED OUR OFFICE TO STOP THEIR CONTRIBUTIONS FOR THEIR DEPENDENT CARE BECAUSE OF THE CURRENT SITUATION THAT THOSE FOLKS ARE IN. BUT NUESYNERGY OUT ON THE WEBSITE, THEY GOT FA Q LISTED FOR FOLKS. WE'LL FOLLOW UP ON THAT TO MAKE SURE THAT WENT. SEVERAL CONVERSATIONS ON THAT TOPIC.

>> THANK YOU. WERE THERE ANY OTHER EAC MEMBERS THAT HAD SOMETHING TO SHARE?

OKAY, HEARING NONE, WE WILL MOVE ON TO THE NEXT ITEM ON THE AGENDA. AND WE'LL SORT OF GET BETTER AT THIS PROCESS OF SHARING INFORMATION AND FINDING WAYS TO CONVERT IT INTO ACTION ITEMS AS WE CONTINUE TO HAVE EAC MEETINGS, BUT I REALLY APPRECIATED THE THREE PEOPLE THAT WERE ABLE TO SHARE COMMENTS TODAY. ON THE AGENDA, WE HAD A PRESIDENT'S REPORT ON HEALTHCARE COMMISSION, BUT WE ARE LUCKY TO HAVE SECRETARY BARNES-WALLACE HERE SO I'M GOING TO HAND IT OVER TO HER FOR HER REPORT ON THE HEALTHCARE COMMISSION.

>> GOOD MORNING, EVERYONE. CAN YOU HEAR ME OKAY?

>> I CAN.

>> PERFECT. THANKS EVERYONE, AS ALWAYS, FOR THE SERVICE THAT YOU GIVE TO THIS COMMITTEE. WE CONTINUE TO RELY ON THIS COMMITTEE TO BRING VOICE TO CONCERNS. I AM EXCITED JUST LISTENING IN ON THE ITEMS TO HEAR SOME OF THAT FEEDBACK. THAT HELPS FUEL QUESTIONS AS WELL AS THINGS THAT NEED FOLLOW UP BY THE HCC AND ALSO BY THE OFFICE ITSELF SUPPORTING EMPLOYEES. SO THANK YOU FOR THAT, AND FINDING NEW AND CREATIVE WAYS TO CAPTURE THAT INFORMATION AND TO CONTINUE TO COMMUNICATE THAT INFORMATION. FROM THE HCC MEETING WE MET I GUESS IT'S BEEN A LITTLE OVER A WEEK AGO, WE HAD TO DO VIRTUAL, AS WELL. I THINK WE'RE ALL LEARNING IN THESE SPACES HOW TO CONTINUE TO CONDUCT BUSINESS. WE HAD A NUMBER OF ITEMS, A COUPLE OF RFPs THAT WERE REVIEWED. SO LOOKING AT EVERYTHING, SOME OF THE THINGS BROUGHT UP LIKE THE CONTRIBUTIONS, AND THE OUT OF POCKETS, AS WELL AS JUST OTHER LEVERS THAT WE CAN LOOK AT TO CONTINUE TO STRENGTHEN THE PLAN. WE HAD ASKED THE -
- MIKE'S OFFICE TO RUN A COUPLE DIFFERENT

MODELS. AT THE JUNE MEETING IS WHERE WE MAKE THOSE DECISIONS FOR THE NEXT PLAN YEAR. WHAT WE'RE TRYING TO DON'T IS MAKE SURE THE COMMISSIONERS ARE ALL IN A POSITION WHERE THEY ARE WELL-INFORMED, THAT THEY UNDERSTAND THE IMPACT THE VARIOUS DECISIONS ON THE PLAN. AND THAT WE'RE LOOKING TO SEE HOW WE CAN MAKE SURE THAT WE ARE MOVING IN A DIRECTION THAT IS TRYING TO MAKE THE PLAN THE CONTRIBUTIONS ALL OF IT CONTINUE TO BE, YOU KNOW, AS AFFORDABLE AS POSSIBLE, WHAT THE IMPACT IS ON THE EMPLOYEES, WITH ANY NEW CHANGES. SO FORTH AND SO ON. SO WE HAVE A DECENT DISCUSSION AROUND THAT. IT'S INTERESTING TO HEAR, AND I THINK IT VALIDATES SOME OF THE WORK THAT WE WERE DOING AT THE HCC LEVEL THAT THERE ARE A LOT OF QUESTIONS AND CONCERNS AROUND HEALTHQUEST, AND NOT JUST, YOU KNOW, IN RELATIONSHIP TO COVID, BUT JUST OTHER AREAS, AS WELL. ONE OF THE ITEMS THAT WE HAD TO DEFER FROM THIS MEETING TO OUR NEXT MEETING WAS ACTUALLY A REVIEW OF THE CURRENT DATA ON HEALTHQUEST, AS WELL AS SOME

COMPARATIVE DATA TO WHAT IS HAPPENING IN OTHER STATES OR WHAT THINGS ARE OUT THERE AS BEST PRACTICES. SO WE HAD A LITTLE OF THAT, THAT WAS DONE BY SIEGEL AS THEY BROUGHT IN THE NATIONAL MODELS TO SHOW US. THERE WAS MORE THAT WE HAD IN TERMS OF OUR OWN DATA PARTICIPATION UTILIZATION, THINGS OF THAT NATURE. SO THAT IS ON THE JUNE AGENDA ITEM. SO I ENCOURAGE THOSE THAT HAVE INTEREST TO JOIN US FOR THAT MEETING, AS WE'LL GO OVER SOME OF THAT DATA AND HAVE A BROADER CONVERSATION AS THE COMMISSIONERS HAVE ALSO ASKED FOR REVIEW AND BETTER UNDERSTANDING OF HEALTHQUEST UTILIZATION, THE BENEFITS, AND THINKING ABOUT ARE THERE THINGS THAT WE CAN DO TO IMPROVE THAT IN RELATIONSHIP TO OUR STATE EMPLOYEES. SO FEEDBACK THAT YOU ALL RECEIVED I THINK WILL BE A GOOD COMPLEMENT TO SOME OF WHAT WE'LL BE LOOKING AT IN JUNE. ONE OF THE OTHER THINGS THAT WE BROUGHT UP AT THE MEETING, AND I GAVE A BRIEF REPORT ON, IS THAT THE EXECUTIVE ORGANIZATION ORDER THAT WAS SUBMITTED BY THE GOVERNOR'S OFFICE TO

MOVE THE STATE EMPLOYEE HEALTH PLAN FROM KDHE TO THE DEPARTMENT OF ADMINISTRATION DID GO THROUGH. IT BECAME -- IT PASSED ON -- THE WAY THAT IT WORKS, IT HAS A TIMELINE THAT IF THERE IS NO OBJECTIONS BY THE LEGISLATURE, AND THAT DATE WAS MARCH 30th, SO THE ERO ITSELF IS GOING INTO EFFECT ON JULY 1. SO AS OF JULY 1 OF THE STATE EMPLOYEE HEALTH PLAN WILL BECOME PART OF THE DEPARTMENT OF ADMINISTRATION. THE DEPARTMENT OF ADMINISTRATION LEADERSHIP TEAM AND THE STATE EMPLOYEE HEALTH PLAN LEADERSHIP TEAM HAVE BEEN WORKING OVER THE LAST FEW WEEKS ON A TRANSITION PLAN, TO MAKE SURE THAT WE CAN TRANSITION EVERYTHING, NO SERVICES WILL CHANGE IN TERMS OF WHAT IS OFFERED, WHAT IS SUPPORTED. FROM AN EXTERNAL VIEW YOU MAY NOT SEE ANYTHING VERY DIFFERENT ON DAY ONE IN THE SENSE THAT IT IS REALLY ADMINISTRATIVE CHANGE THAT ALLOWS US TO DO THINGS MORE LONG TERM, WORK MORE EFFECTIVELY, 11 AND MORE RESOURCES INTO THE SPACE. I DO HOPE THAT THERE IS -- THAT THE IMPACT AND THAT SHIFT THAT WE WILL SEE

SOME LONG-TERM CHANGES, AND GROWTH AND OPPORTUNITIES, BUT IMMEDIATELY EVERYTHING WILL BE VERY SMOOTH. IT WILL NOT IMPACT THE PLANS OR THE SERVICE OR THE EMPLOYEES DURING THAT TIME. BUT THAT WILL TAKE AFFECT ON JULY 1. I'LL STOP THERE. NATALIE, I DON'T KNOW IF THERE ARE ANY OTHER THINGS THAT YOU WANT TO HIGHLIGHT FROM THE MEETING OR IF THERE ARE QUESTIONS THAT ANYBODY MIGHT HAVE THAT YOU WOULD LIKE FOR ME TO TRY TO ANSWER OR ADDRESS.

>> THIS IS NATALIE YOZ. I WOULD SAY MY OBSERVATION IS THE HEALTHCARE COMMISSION HAS BEEN VERY DATA DRIVEN, SO YOU HAVE BEEN REALLY TRYING TO UNDERSTAND THE DATA BEHIND THE MODELS AND TO GET A GOOD PERSPECTIVE ON HOW OUR PLANS MATCHUP WITH COMPARABLE PLANS IN THE REGION, AND THAT ACROSS THE STATE. SO WE'RE GOING TO HAVE SIEGEL GIVE THE SAME BENCHMARKING PRESENTATION TO EAC TODAY, BUT WE REALLY APPRECIATE THE EFFORT TO GET THEIR ARMS AROUND VERY COMPLICATED SUBJECT MATTER.

>> THANK YOU. LOOKS LIKE THERE MIGHT BE A QUESTION FROM IS IT ELIZABETH?

I'M TRYING TO LOOK AT THE BACK.

>> IT IS. MY NAME IS BETH AND I WORK AT THE DEPARTMENT OF EDUCATION AND I HAVE -- I'VE BEEN ON THE EAC FOR A LONG TIME. THIS WILL BE MY LAST YEAR BECAUSE I'LL TERM LIMIT OFF. MY OBSERVATION OVER TIME IS THAT -- SOMEONE WHO OBVIOUSLY HAD HEALTH INSURANCE THROUGH THE STATE FOR A LONG TIME, THE PAST FEW YEARS THERE HAS BEEN THIS TREND FROM -- TO MOVE MORE TO A BUSINESS MIDDLE, AND I FOUND IT UNDERSTANDING WHEN I LOOKED INTO THE HCC MEETING THAT YOU HAD THEM LOOK AT WHAT OTHER STATES WERE DOING. AND IT LOOKED TO ME LIKE -- AND I KNOW WE'RE GOING TO HAVE THAT PRESENTATION LATER, BUT I WOULD LIKE TO GET YOUR OPINION. IS THERE A SHIFT TO BE MORE IN LINE WITH WHAT OTHER STATES ARE DOING?

OR ARE WE STILL LOOKING AT WHAT BUSINESS AND INDUSTRY MIGHT BE DOING AS OPPOSED TO STATE GOVERNMENT?

BECAUSE IN MY MIND THE BENEFITS ARE REALLY DIFFERENT AND PEOPLE MAKE CHOICES TO WORK IN PRIVATE INDUSTRY OR STATE GOVERNMENT OR WHATEVER FOR DIFFERENT REASONS. SO COULD YOU TALK ABOUT THAT A LITTLE BIT?

>> SURE. AND ACTUALLY WHEN YOU SEE THE PRESENTATION, WE ACTUALLY ASK SEGAL TO DO A LITTLE BIT OF BOTH. IF I REMEMBER CORRECTLY, AND THEY CAN -- THEY'LL ADD MORE LATER, WE ACTUALLY -- THEY HAD COLUMNS WHERE THEY COULD FIND INFORMATION THAT WAS FOR -- THAT WAS MORE REGIONAL, THAT MIGHT BE BUSINESS AND INDUSTRY. THEY ACTUALLY PROVIDED BOTH. SO THEY PROVIDED THOSE COMPARISONS TO BOTH REGIONAL BUSINESS AND INDUSTRY, BUT ALSO TO OTHER STATES. AND THE REASON I ASKED THEM TO TAKE THAT APPROACH IS KIND OF TWO-FOLD. LIKE YOU SAID, I THINK THAT YOU KNOW THOSE OF US WHO WORK IN THE PUBLIC SECTOR THERE ARE SOME DIFFERENCES. WHEN YOU THINK ABOUT COMPARABLE ENTITIES TO A STATE GOVERNMENT IT REALLY IS ANOTHER STATE GOVERNMENT. I REALLY DID WANT TO SEE -- AND THEY USED STATE GOVERNMENT, THEY DID A COUPLE DIFFERENT MODELING, SOME OF THEM WERE REGIONAL, SO INSTEAD OF REGIONAL STATE GOVERNMENT, THOSE ARE -- AND FOR SOME DATA POINTS THEY ACTUALLY HAD MORE NATIONAL DATA, AS WELL. AND THEN THEY --

WHERE THEY COULD HAD SOME PRIVATE INDUSTRY REGIONAL DATA, BECAUSE I DO THINK THAT FROM ME, I WANT US TO BE LEARNING AT ALL LEVELS. THAT REGIONAL INDUSTRY DATA CAN BE HELPFUL WHEN YOU THINK ABOUT US AS A COMPETITIVE EMPLOYER IN OUR REGION. SO WHILE IN PRIVATE INDUSTRY THEY HAVE DIFFERENT LEVERS AND WE MAY NEVER -- THE MATCHES MIGHT BE NOT -- MAY BE APPLES TO ORANGES, IT'S IMPORTANT FOR US TO UNDERSTAND AND KNOW BECAUSE WE ARE A

REGIONAL COMPETITOR FOR MANY OF OUR EMPLOYEES AN UNDERSTANDING WHAT THEIR OPTIONS ARE FOR OTHER EMPLOYERS IN THE REGION IS ONE WAY TO LOOK AT UNDERSTANDING WHERE WE FIT AND COME PRAYABLY LOOKING AT WHAT OTHER STATES ARE DOING TO SEE HOW WE SIT THERE. WE ARE -- THERE ARE DIFFERENCES NO MATTER WHAT, WHETHER IT'S PRIVATE OR PUBLIC. BUT FOR ME I FEEL LIKE AS THE COMMISSIONERS ARE UNDERSTANDING AND AS A STATE WE WRAP OUR HANDS AROUND IT, JUST HAVING SOMETHING TO WHERE WE FIT IN SOME OF THESE AREAS GIVES US A BETTER UNDERSTANDING OF WHERE WE MIGHT WANT TO GO, WHAT

MIGHT BE SOME OPTIONS, THINGS FOR US TO CONSIDER. WE STILL HAVE TO TAKE INTO CONSIDERATION WHO WE ARE, WHO OUR STATE WORKFORCE ARE, AND WHAT ARE OUR ISSUES THAT ARE SPECIFIC TO KANSAS. BUT I THINK WHEN YOU DO BENCHMARKING IT'S JUST GOOD TO BE ABLE TO SEE YOURSELVES IN MULTIPLE DIFFERENT WAYS. DOES THAT ANSWER, BETH?

WAS THAT --

>> YES, THANK YOU VERY MUCH. ANY OTHER QUESTIONS?

ALL RIGHT. I AM GOING TO UNFORTUNATELY I CAN'T -- I DO LOOK FORWARD TO FOLLOWING UP AND LOOKING AT YOUR MINUTES AND NOTES, BECAUSE YOU'RE GOING TO HAVE A LOT OF GOOD CONVERSATION. THE ONE THING I WILL SAY IS THAT WE WILL MORE THAN LIKELY STILL BE IN SOME VERSION OF A VIRTUAL MODE FOR OUR JUNE MEETING. SO I SAY THAT THAT WE'RE NOT QUITE SURE HOW WE'RE GOING TO LOOK BUT IT STILL WILL BE PRIMARILY VIRTUAL AT THAT STAGE, GIVEN WHERE WE ARE, AND NOT ABLE TO HAVE A FULL AUDIENCE PUBLICLY IN PERSON, BUT WE'LL CONTINUE TO MAKE AVAILABLE THE AVAILABILITY LIKE WE'VE DONE TODAY WHERE PEOPLE CAN HEAR AND ENGAGE AND PROVIDE INFORMATION. SO LOTS OF GOOD CONVERSATIONS THAT YOU ALL ARE HAVING THROUGHOUT THIS MEETING. PLEASE KNOW AGAIN THAT WE ARE A RESOURCE AND REACH OUT IF YOU DO HAVE QUESTIONS. AND AGAIN, APPRECIATE THE WORK THAT HAPPENS HERE, BECAUSE IT DRIVES SO MUCH OF WHAT THE STATE EMPLOYEE HEALTH PLAN IS DOING AND WHAT THE HCC IS MAKING DECISIONS AROUND.

>> THANK YOU SO MUCH FOR COMING AND GIVING US A REPORT TODAY.

>> ALL RIGHT. HAVE A GOOD ONE.

>> YOU, TOO. OKAY. THIS IS NATALIE YOZ AGAIN. THE THIRD AGENDA ITEM IS QUICK SUMMARY OF THE GROUP MEETING. WE HAD 3 EAC MEMBERS SERVE ON THAT APPEALS WORK GROUP AND THEY HAD A MEETING ON FEBRUARY 5th. IT WAS SHARON, REBEKA STANLEY AND CHRISTIE RICE. THEY HAVE

ALL VOLUNTEERED TO GIVE US A QUICK SUMMARY OF WHAT HAPPENED. FOR ME, I'M ALSO LOOKING FOR INFORMATION ABOUT WHEN WE AS EAC MEMBERS ARE CONTACTED BY EMPLOYEES ABOUT SOMETHING RELATED TO A CLAIM, WHAT WE SHOULD BE TELLING THEM TO ENSURE THAT THEY'RE DIRECTED TO THE RIGHT APPEALS PROCESS SO THAT THEY DON'T WAIT ON US TO RESPOND WHEN WE CAN'T SOLVE THE PROBLEM AND RUN OUT THE TIME ON THEIR APPEAL, SO IF SHARON, REBEKA OR CHRISTIE COULD JUST GIVE US A QUICK UPDATE ON THAT WORK GROUP.

>> SORRY, I'M SCROLLING THROUGH THE NAMES, TRYING TO SEE -- IT LOOKS LIKE SHARON IS ON, BUT YOU'RE MUTED. SHARON, CAN YOU UNMUTE?

WE WILL MOVE ON TO THE NEXT AGENDA ITEM BUT YOU DID HAVE A MEMO THAT TALKS ABOUT THAT APPEALS WORK GROUP, AND WE WILL THROUGH THE NEXT AGENDA ITEM LOOK MORE CLOSELY AT HOW WE CAN HELP STATE EMPLOYEES GET TO THE RIGHT PLACE IF THEY'RE HAVING A CLAIMS ISSUE. SO THE FOURTH ITEM ON THE AGENDA IS THE EAC COMMUNICATIONS SUBCOMMITTEE, AND AT OUR LAST MEETING WE SET THAT UP. BECAUSE OF COVID AND A LOT OF THE CHAOS THAT HAPPENED I DON'T THINK THAT SUBCOMMITTEE HAS MET YET. AND I HAVE CHARLIE WALKER, JENNIFER DALTON, ROBERT HURTZ AND SHARON ON THAT COMMITTEE. I WAS THINKING THAT IT MIGHT BE BENEFICIAL TO ADD ONE PERSON, AND THEN TO JUST SEE IF ANY OF THOSE PEOPLE WERE INTERESTED IN CHAIRING THE SUBCOMMITTEE. SO I KNOW THAT THERE WERE A COUPLE PEOPLE THAT WANTED TO JOIN THE COMMITTEE WHEN WE SET IT UP AND WEREN'T ABLE TO, SO I OPEN THE FLOOR AGAIN IF SOMEONE WANTS TO ASK TO JOIN.

>> NATALIE, THIS IS ALEXANDRA. COULD YOU REPEAT THE NAMES ON THE CURRENT SUBCOMMITTEE SO I CAN CAPTURE THEM FROM THE MINUTES?

>> SURE. I GOT CHARLIE WALKER, JENNIFER DALTON, ROBERT HURTZ, AND SHARON -- I'M STRUGGLING WITH YOUR LAST NAME, SHARON.

>> THANK YOU. OKAY. NO TAKERS. I'M GOING TO PUT HANNAH BATES ON THE SPOT BECAUSE I KNOW YOU WERE INTERESTED IN JOINING SUBCOMMITTEE THE FIRST TIME AROUND. ARE YOU STILL INTERESTED IN BEING ON THE COMMITTEE, HANNAH?

>> THIS IS HANNAH. YES, THAT IS DEFINITELY SOMETHING I WOULD LIKE TO PARTICIPATE IN. I WOULD LIKE TO MAYBE GET A LITTLE BIT OF ADDITIONAL INFORMATION ON EXPECTATIONS FOR THAT COMMITTEE.

>> SURE.

>> YEAH, I WOULD DEFINITELY BE HAPPY TO CHAT WITH YOU MORE ABOUT THAT.

>> OKAY. AND BROADLY I WOULD SAY THE PURPOSE OF THAT COMMITTEE IS TO COME UP WITH IDEAS ON HOW WE CAN BETTER RECEIVE COMMENTS FROM STATE EMPLOYEES. WE WILL BE ADDING COMMENT TO THE EAC PAGE ON THE WEBSITE THAT WILL ALLOW PEOPLE TO FILL IN A FORM, SUBMIT THEIR NAME AND THEIR COMMENTS TO US, AND ONE OF THE THINGS WE'LL NEED TO KNOW IS WHO SHOULD RECEIVE THOSE COMMENTS. WE'RE ALSO LOOKING FOR OTHER WAYS TO GIVE STATE EMPLOYEES A AVENUE TO REACH OUT TO EAC MEMBERS SO THEY CAN SHARE THEIR THOUGHTS AND EXPERIENCES. AND THEN THE OTHER THING WE'RE LOOKING FOR IS IDEAS ON HOW THE EAC CAN BETTER COMMUNICATE WITH STATE EMPLOYEES ABOUT WHAT WE'RE DOING. AND SO ONE OF THE IDEAS I HAD IS DRAFTING AN ARTICLE IN THE HEALTHQUEST NEWS LETTER THAT SUMMARIZED THE WORK, BUT WE'RE LOOKING FOR WAYS TO JUST BETTER COMMUNICATE OUT AND RECEIVE INFORMATION IN. AND THEN ALSO TO HAVE HELP DRAFTING A STATEMENT OF WHAT WE CAN REALLY EFFECTIVELY HELP STATE EMPLOYEES WITH, FOR CLAIM DISPUTES WE WOULD NEED TO

SPEAK WITH -- THE STATE EMPLOYEE REALLY NEEDS TO GO THROUGH THE CLAIM APPEAL PROCESS AND MAKING SURE PEOPLE UNDERSTAND WHAT THEIR LEGAL REQUIREMENTS ARE, AND YOU KNOW, THE EXTENT OF WHAT THE EAC WOULD BE ABLE TO DO FOR THEM. OKAY. SO I WILL ADD HER TO THE GROUP, AND THEN WE WILL MOVE ON TO THE ACTION ITEMS.

>> SOUNDS GOOD TO ME.

>> OKAY. THANK YOU.

>> NATALIE, THIS IS CHARLIE.

>> YES.

>> IS IT POSSIBLE TO USE -- WE HAVE E-MAILS TO KNOW WHO IS ON THAT COMMITTEE?

AND THEN ARRANGE A TIME FOR US MEET VIRTUALLY, BUT BECAUSE OF COVID WE PUT THAT ON THE BACK BURNER BUT I DO WANT THAT UP AND GOING.

>> OKAY. WE CAN GET YOU THOSE NAMES. THANK YOU, CHARLIE.

>> THANKS.

>> OKAY. SO THE FIRST ACTION ITEM WOULD BE TO ACT ON THE MINUTES FROM THE EAC JANUARY 10th, 2020 MEETING. AND IT SEEMS LIKE SO LONG AGO, BUT THAT WAS THE MEETING THAT IN THE MIDDLE OF IT THE OFFICE JUST CLOSED BECAUSE OF SEVERE WEATHER. SO YOU SHOULD HAVE RECEIVED A COPY OF THE MINUTES IN YOUR PACKET. DOES ANYONE HAVE ANY SUGGESTED EDITS OR COMMENTS TO THOSE MEETING MINUTES?

HEARING NONE, I WOULD ENTERTAIN A MOTION TO ADOPT THE JANUARY 10th, 2020 MEETING.

>> THIS IS JENNIFER. I MAKE A MOTION TO APPROVE THEM.

>> IS THERE A SECOND?

>> I'LL SECOND, MARIA BEBEE.

>> THANK YOU. AND IF ALEXANDRA CAN DO A ROLL CALL VOTE.

>> YES, THIS IS ALEXANDRA. HOLD ON. LET ME REPHRASE. THIS IS A VOTE YES OR NO TO APPROVE THE MINUTES FROM JANUARY 10th. NOW I'LL TRY AGAIN.

[READING NAMES]

>> OKAY. MOTION CARRIES.

>> THANK YOU. OKAY. THE NEXT ITEM ON THE AGENDA IS GOING TO BE THE BIG ONE. ACTS ON THE PLAN YEAR 2021 RECOMMENDATIONS FOR THE HEALTHCARE COMMISSION. AND SO MIKE IS GOING TO HAVE SOME PRESENTATIONS, SOME INFORMATION FOR US, AND THEN WE'LL DISCUSS WHAT MODELS THAT WE HAVE AVAILABLE.

>> YEAH, THIS IS MIKE MICHAEL. I THINK WHAT WE'LL LEAD OFF WITH IN YOUR INFORMATION PACKET YOU HAVE A BENCHMARK REPORT FROM SEGAL HEALTH PLAN RELATED, AND ALSO WELLNESS SHARED WITH THE HEALTHCARE COMMISSIONERS AT THEIR MEETING ON THE 24th OF APRIL. I THINK WE'LL LEAD OFF WITH THOSE, AND I'LL GO THROUGH THE HEALTHQUEST SLIDES AND THEN WE'LL GET INTO THE MODELS SO EVERYTHING IS KIND OF TIED TOGETHER BEFORE YOU START TO TALK. WHERE YOU WOULD LIKE TO GO WITH THE MODELS FOR 2021. SO WOULD YOU LIKE TO --

>> SURE. YES. THIS IS KEN WITH SEGAL. HOPEFULLY CAN YOU HEAR ME OKAY?

AND I HAVE PATRICK, AS WELL, AND WE'RE GOING TO GO THROUGH THE BENCHMARKING PRESENTATION THE SAME WAY WE WENT THROUGH AT THE HCC MEETING LAST WEEK. THERE IS TWO BENCHMARK PRESENTATIONS. IT'S A LARGER ONE. THE OTHER ONE WAS A SUBSET OF IT THAT YOU CAN DISREGARD, I THINK. SO PATRICK, IF YOU WANT TO GO THROUGH IT IN GENERAL, WE LOOKED AT SOME NATIONAL BENCHMARKS THAT WE HAVE FROM OUR SURVEY FOR THE VARIOUS STATES AND ALSO PULLED IN THE FIVE REGIONAL STATES YOU WANTED TO COMPARE TO. THOSE ARE ACTUALLY THE STATE HEALTH PLANS, IT'S NOT INDUSTRY PLANS. JUST WANTED TO CLARIFY THAT FROM THE EARLIER COMMENTARY WE HAD. AND THEN LATER ON WE DO DO SOME BENCHMARKS AGAINST PRIVATE SECTOR WHEN WE HAVE THOSE AVAILABLE. SO THAT BEING SAID, I GUESS PATRICK YOU CAN JUST START GOING THROUGH IT, I GUESS.

>> ALL RIGHT. GREAT. YEAH, AND MOST OF YOU MAY HAVE HEARD THIS PRESENTATION ALREADY, SO I'LL TRY AND GO THROUGH IT FAIRLY QUICKLY. BEING VIRTUAL AND EVERYTHING, IF ANY ONE HAS ANY QUESTIONS, NEEDS SOMETHING EXPLAINED A LITTLE FURTHER OR IF WE WANT TO STOP AND DISCUSS ONE OF THE ITEMS, JUST PLEASE INTERRUPT ME. SO WE'LL START ON OVERVIEW, IN SLIDE ONE. AND THE PURPOSE OF THE PRESENTATION IS REALLY JUST TO ILLUSTRATE HOW THE KANSAS HEALTH PLAN COMPARES TO THE OTHER STATES WITH RESPECT TO PLAN DESIGN, RATES AND CONTRIBUTIONS, AND THEN THE WELLNESS INCENTIVES. AND HERE IS KIND OF THE FIVE MAIN TOPICS THAT WE'RE GOING TO GET INTO THROUGHOUT THE PRESENTATION. SLIDE TWO. ALL RIGHT. SO HERE IS THE METHODOLOGY THAT WE USED TO DEVELOP THE CHARTS AND GRAPHS ON THE UPCOMING SLIDES. WE FOCUSED ON PLAN A AND PLAN C, BECAUSE THEY HAVE THE VAST MAJORITY OF THE MEMBERSHIP. SO THEY'RE THE KANSAS REPRESENTATIVES FOR THE STUDY. SOME OF THE COMPARISONS WE MADE, WE LOOKED AT NATIONAL AND

REGIONAL AVERAGES, AND WE WERE ABLE TO DIVVY UP THE COMPARISON BETWEEN PPO PLANS AND THEN HIGH DEDUCTIBLE PLANS. PLAN A COMPARED AGAINST THE OTHER PPOS, WHILE PLAN C IS COMPARED AGAINST OTHER CONSUMER DRIVEN HEALTH PLANS. AND THEN THE FIVE REGIONAL STATES THAT WERE PICKED ARE YOUR NEIGHBORS, COLORADO, IOWA, MISSOURI, NEBRASKA, AND OKLAHOMA. AND I WILL SAY THAT IN GENERAL, YOU KNOW, THEY HAVE -- THEY SEEM TO HAVE VERY RICH PLANS RELATIVE TO SOME OF THE OTHER STATES THROUGHOUT THE COUNTRY THAT WE WORK ON. SO IT'S KIND OF A TOUGH COMPARISON. AND THEN THE REGIONAL PLAN INFORMATION IS ALL

CURRENT, SO IT'S 2020 DESIGNS, CONTRIBUTIONS, THE NATIONAL AVERAGES WE HAD 50 STATES, 51 INCLUDING THE DISTRICT OF COLUMBIA. WE REFERENCED THE SEEINGEL 2018 STATE EMPLOYEE HEALTH BENEFITS STUDY. AND AS YOU'LL SEE WE LOOKED AT SEVERAL KEY METRICS, PLAN DESIGN, COVERAGE TYPES, FROM A DESIGN STANDPOINT WHERE WE FOCUSED ON DEDUCTIBLES, COPAY, MAXIMUM OUT OF POCKET LIMITS, AND THEN FROM A COST

PERSPECTIVE YOU KNOW THERE IS PREMIUMS, EMPLOYEE CONTRIBUTIONS, AND WE SPLIT THOSE UP BETWEEN SINGLE COVERAGE AND FAMILY COVERAGE.

>> THERE IS ALSO COST SHARING, TOO, THAT THE MEMBER PAYS THROUGH COST SHARING.

>> SLIDE THREE, KIND OF A HIGHLIGHT OF WHAT WE SAW TO YOUR -- THE KANSAS PREMIUMS WERE LOWER FOR SINGLE AND FAMILY RATES. IN TERMS OF EMPLOYEE CONTRIBUTIONS WHAT COMES OUT OF PEOPLE'S PAYCHECK, IT'S LOWER FOR SINGLE, BUT MUCH HIGHER FOR FAMILY COVERAGE. IN TERMS OF PLAN DESIGN VALUE, YOUR PLAN -- PLAN C IS SOMEWHERE IN THE MIDDLE OF THE PACK, WHERE PLAN A IS ON THE LOWER END, AND THAT'S MAINLY DUE TO HIGHER COPAY, DEDUCTIBLES, OUT OF POCKET MATCHES. THOSE ARE THE KEY COMPONENTS. AND FOR THOSE THAT DON'T KNOW LIKE THE TRUE DEFINITION IT'S REALLY AN INDICATOR OF THE PERCENTAGE OF CLAIMS PAID BY THE HEALTH PLAN. AN EXAMPLE OF THAT, THE VALUE IS 70%, THE PLAN WOULD PAY 70% OF THE CLAIMS, AND THEN THE MEMBER WOULD COVER THE OTHER 30% VIA COPAYS, DEDUCTIBLE AND ONCE -- YEAH, SO. AND CAR INSURANCE IS THE OTHER ONE. THE LAST SECTION COVERS WELLNESS. KANSAS IS PRETTY FAR AHEAD OF THE PACK IN THIS DEPARTMENT ON THEIR OFFERINGS VERSUS OTHERS. ALL RIGHT. SLIDE FOUR, THIS SLIDE IS

SHOWING YOU THE DIFFERENT TYPES OF PLANS, NOT A REALLY IMPORTANT SLIDE HERE, BUT YOU KNOW, OUT OF THE FIVE REGIONAL PLANS, ALL FIVE OFFER PPO, YOU KNOW, THE MOST COMMON. HIGH DEDUCTIBLE PLANS OR CONSUMER DRIVEN HEALTH PLANS FOR THE FIVE REGIONAL PLANS OFFER HIGH DEDUCTIBLE AND ONLY THREE -- SO 60% OFFER A HMO. AND ON THE RIGHT WE ALSO HAVE INFORMATION ON LARGE EMPLOYERS, SO THIS IS NOT JUST PUBLIC SECTOR. ANYTIME YOU SEE THAT -- THAT'S SUPPOSED TO BE AN OUT LINE OF THE STATE OF KANSAS. IT ALSO JUST LOOKS LIKE A RECTANGLE, BUT THAT INDICATES THAT THE STATE OF KANSAS IS DOING THAT. YOU'RE RIGHT. SO LET'S GET INTO NUMBERS ON SLIDE FIVE. AND THIS GRAPH YOU'RE GOING TO SEE THIS ON SEVERAL SLIDES, SO I JUST WANT TO EXPLAIN WHAT YOU'RE LOOKING AT HERE. THE FIRST BAR GRAPH IS THE PPO PLAN. AND THEN TO THE RIGHT YOU GOT THE HIGH DEDUCTIBLE HEALTH PLAN. AS I SAID BEFORE WE'RE COMPARING NATIONAL, REGIONAL, VERSUS KANSAS. SO YOU KNOW THE TEAL IS NATIONAL, THE REGIONAL IS DARK BLUE AND

KANSAS ON THE RIGHT IS PURCHASE PEP. THE VALUE IS ABOVE THE BAR, TO GIVE YOU SOME MORE DETAIL. I THINK THAT'S ALL YOU NEED TO KNOW IN TERMS OF THE WAY UP. FOR THIS SLIDE

SPECIFICALLY, WE'RE LOOKING AT SINGLE TOTE PREMIUMS. A GOOD WAY TO THINK ABOUT THIS IT'S THE SUM OF THE EMPLOYER CONTRIBUTION AND WHAT THE EMPLOYEE PAYS, SO THE EMPLOYEE CONTRIBUTION, AND IT'S REALLY AIMED TO FUND THE TOTAL COST OF THE PLAN. AND --

>> COMPANY BAR RATE.

>> YEAH. YEAH. LIKE A COBRA RATE.

>> SIMILAR.

>> AND THEN HERE WHEN WE'RE COMPARING THEM, PLAN A IS PRETTY CLOSE WITH THE NATIONAL REGIONAL AVERAGES. SLIGHTLY LESS, WHERE PLAN C IS JUST A LITTLE BIT ABOVE. SO SINGLE PREMIUMS ARE VERY MUCH IN LINE WITH THE BENCHMARK. SO MOVING TO THE NEXT SLIDE, SLIDE SIX, HERE WE'RE MOVING TO THE TOTAL FAMILY PREMIUM. AND STORY SIMILAR FOR PLAN A, KANSAS IS LOWER THAN THE OTHER BENCHMARKS. AND THEN PLAN C IT'S QUITE A BIT LESS. AND AS BEFORE, IT WAS A LITTLE BIT ABOVE ON THE SINGLE SIDE. BUT IN FAMILY IT DROPS DOWN. AND PART OF THE REASON FOR THAT IS THE TIER STRUCTURE THAT THE KANSAS PLAN HAS WHEN YOU COMPARE THE FAMILY PREMIUM VERSUS SINGLE PREMIUM, THE RATIO TO THAT PREMIUM IS LIKE 1.9, AND THAT IS SOMEWHAT LOW COMPARED TO OTHER PLANS. THE NORM IS AROUND 2.5, MAYBE THREE OR 3.25. SO THAT IS ONE OF THE REASONS WHY IT DROPS DOWN. IF THERE'S NO QUESTIONS, I'LL MOVE TO SLIDE SEVEN. SO THIS IS THE SINGLE EMPLOYEE CONTRIBUTION, WHAT PEOPLE ARE PAYING FOR THEIR COVERAGE COMING OUT OF

THEIR PAYCHECK. AND WE USE THE NON-WELLNESS CONTRIBUTIONS JUST FOR ALL THE DIFFERENT REGIONAL PLANS AND FOR KANSAS. SO EVERYTHING WAS ON APPLES TO APPLES BASIS. PPO PLAN ON THE SINGLE SIDE IS \$80, LITTLE BIT CHEAPER THAN YOUR NATIONAL REGIONAL AVERAGES. AND THEN THE HIGH DEDUCTIBLE IS IN LINE WITH THE NATIONAL AVERAGE, BUT A LITTLE BIT HIGHER THAN THE REGIONAL PLAN.

>> THIS IS PATRICK. SINCE WE DID DO THE NON-WELLNESS ONES, RIGHT, IF YOU ACTUALLY DID WELLNESS, THEY WOULD DROP, RIGHT?

SO IT WOULD LOOK MORE POSITIVE, I GUESS.

>> RIGHT. YES. YOU CAN BASICALLY SUBTRACT \$40 OFF SINCE THOSE ARE MONTHLY FIGURES. AND --

>> JUST A POINT TO NOTE THAT CAN REDUCE THE PREMIUM SIGNIFICANTLY. SO IF YOU DIDN'T HAVE THAT PREMIUM REDUCTION YOU WOULD STILL BE MORE THAN AVERAGE HAVING THE PREMIUM REDUCTION IS ACTUALLY A BIG -- FROM A BENCHMARK PERSPECTIVE, A NICE DROP IN YOUR COMPARISON.

>> YEAH.

>> OKAY.

>> ALL RIGHT. AND NOW WE'RE GOING TO MOVE TO FAMILY CONTRIBUTION, AND IF YOU'RE LOOKING AT THE PPO PLAN, THE 865 REALLY JUMPS OFF THE PAGE COMPARED TO THE NATIONAL REGIONAL AVERAGES, SO SIGNIFICANTLY HIGHER COST FOR FAMILY COVERAGE THERE. AND PLAN C IS ABOUT DOUBLE, AS WELL, 434 VERSUS AROUND 200 FOR YOUR BENCHMARK COMPARISON GROUPS.

>> I GUESS THIS ISN'T A SURPRISING THEME AS WE GO THROUGH THIS WHOLE PRESENTATION, I GUESS, A LOT OF IT IS THE PLAN DESIGN COSTS ARE FAIRLY COMPETITIVE, AND THEN WHEN YOU GET TO ACTUALLY CONTRIBUTIONS AND SINCE THE STATE DOESN'T SUBSIDIZE MUCH OF THE FAMILY CONTRIBUTION, IT MAKES IT BE EXPENSIVE FOR FAMILY, AND THAT IS THE THEME YOU'LL SEE THROUGH ALL THE VARIOUS FINANCIAL SLIDES. OKAY. SO WE CAN MOVE ON TO THE NEXT SLIDE.

>> YEAH. SLIDE NINE THIS IS REALLY ILLUSTRATING THE EMPLOYEE'S SHARE OF THE TOTE PREMIUM. SO WE SHOWED THE -- WE STARTED WITH THE PREMIUMS AND SLOWED THE CONTRIBUTIONS. THIS IS A PERCENTAGE. OR THE OTHER WAY TO THINK ABOUT IT IS HOW MUCH OF THE PREMIUM IS BEING SUBSIDIZED BY THE PLAN OR THE STATE. SO FOR SINGLE COST BOTH A AND C ARE SUBSIDIZED PRETTY NICELY COMPARED TO THE BENCHMARKS AT 12 AND 11% VERSUS 20% NATIONALLY. SLIDE TEN IS THE SAME GRAPH, BUT HERE WE'RE LOOKING AT THE FAMILY COST SHARE, AND YOU CAN SEE THE PIE CHART LOOKS QUITE A BIT DIFFERENT ESPECIALLY FOR PLAN A. AND THAT'S MAINLY DUE TO THOSE LARGE FAMILY CONTRIBUTIONS THAT WE JUST SAW. SO NO SURPRISE THERE. JUST ANOTHER WAY OF LOOKING AT IT. SO WE'LL MOVE TO SLIDE 11. AND THIS SHOWS THE VARIOUS COST TIER STRUCTURES. SO THE STATE OF KANSAS HAS A FOUR YEAR STRUCK CHURCH. THAT IS THE MOST COMMON. 23 OTHER STATES HAVE THAT. THAT'S EMPLOYEE ONLY COVERAGE, EMPLOYEE PLUS SPOUSE, EMPLOYEE PLUS CHILDREN, EMPLOYEE

PLUS FAMILY. SO YOU GOT A MAJORITY THERE. THE OTHER STATE PLAN. EXCUSE MY DOG.

>> I LIKE THAT ONE.

>> HE IS WONDERING WHY THERE IS A BULLDOG HERE. ALL RIGHT. SO WE CAN MOVE TO SLIDE 12. AND NOW WE'RE GOING TO GET INTO THE PLAN DESIGN METRICS. FIRST TIER IS DEDUCTIBLES. ALL THESE DIFFERENT COMPONENTS GO INTO THAT ACTUARIAL VALUE. YOU NEED TO SEE IT ALTOGETHER TO SEE HOW EVERYONE STACKS UP. BUT FIRST HERE IS THE DEDUCTIBLE AT A SINGLE LEVEL. THE PPO PLAN IS RIGHT IN LINE WITH REGIONAL, A LITTLE BIT HIGHER THAN NATIONAL, AND THE CDA, PLAN FEE DEDUCTIBLE IS HIGHER THAN THE BENCHMARK, BUT I WILL SAY THAT FOR CONSUMER DRIVEN PLANS, HIGH DEDUCTIBLE PLANS, YOU CAN EITHER HAVE AN EMBEDDED LAYOUT OR YOU CAN DO A TRUE FAMILY. AND SO THE STATE OF KANSAS INTENTIONALLY IS DOING AN EMBEDDED DEDUCTIBLE WHICH AT 2750 THAT IS AS LOW AS YOU CAN POSSIBLY GO, AND THAT MAKES THOSE PEOPLE WHO HAVE FAMILY COVERAGE IF THERE'S ONE INDIVIDUAL THAT HAS CLAIMS THEY'RE ABLE TO GET COVERAGE AT THE INDIVIDUAL DEDUCTIBLE. SO THAT IS A BIG BENEFIT. I JUST WANT TO MAKE THAT POINT. SO IT'S A LITTLE

SKEWED IN SOME FASHION THERE. OKAY.

>> YOU ASKED HIGH DEDUCT WHERE YOU HAVE THE -- THE HSA CONTRIBUTION WHICH COMES LATER. SO THEN YOU GOT HIGHER THAN THE AVERAGE ON THAT.

>> SO FAMILY DEDUCTIBLES, MOST PLANS HAVE A 2 X, YOU JUST MULTIPLY THE DEDUCTIBLE FOR FAMILY TWICE AS MUCH AS YOUR SINGLE DEDUCTIBLE AND THAT IS KIND OF WHAT THE NATIONAL REGIONAL BENCHMARKS ARE DOING HERE. YOU CAN -- IF YOU LOOK BACK TO THE LAST SLIDE. KANSAS DOES THE SAME THING FOR PLAN C, BUT PLAN A GOES FROM 1,000 TO 3,000. SO SINCE THE 3 X MOVE THERE IS A BIGGER SPREAD ON THE GRAPH, ON THE FAMILY SIDE. OKAY. SLIDE 14 AGAIN LOOKING AT DEDUCTIBLES, THIS JUST SHOWS A SPECTRUM OF WHERE THE OTHER REGIONAL PLANS FALL AND WHERE KANSAS FALLS. A LITTLE ON THE PPO AND AT THE VERY TOP ON THE HIGH DEDUCTIBLE PLAN FOR SINGLE. MOVING TO FAMILY, BOTH PLAN A AND C ARE AT THE TOP OF THE RANGE COMPARED TO THE REGIONAL PLANS, IN TERMS OF DEDUCTIBLES HERE. HERE WE'RE TALKING ABOUT THE MAXIMUM OUT OF POCKET LIMITS FOR SINGLE. THEY'RE HIGHER THAN THE COMPETITION, PLAN A 6250, QUITE A BIT HIGHER THAN ALMOST DOUBLE THE REGIONAL AVERAGE. PLAN C IS A LITTLE BIT HIGHER, NOT QUITE AS MARGINALLY AS

HIGH AS PLAN A ON WHERE IT FALLS. OKAY. SO SAME SLIDE FOR SLIDE 17, NOW WE'RE LOOKING AT FAMILIES. AND THESE ARE BOTH DOUBLE, JUST LIKE THE -- GOING BACK TO THE SINGLE TO FAMILY DEDUCT EXAMPLE. THIS IS 2 X THAN WHAT YOU SAW ON THE PRIOR SLIDE. OKAY. SLIDE 18 HERE WE'RE FOCUSING ON THE PPO, SO PLAN A AND THIS JUST SHOWS WHAT THE COPAY IS FOR PCP. NATIONALLY \$20, KANSAS IS \$40. REGIONAL IS IN THE MIDDLE AT \$30. WHAT PERCENTAGE IS PAID, WHAT THE SPLIT IS REALLY BETWEEN THE EMPLOYEE AND THE PLAN AFTER THAT DEDUCTIBLE IS MET.

AND IN PLAN A THEY HAVE A 20% CO-INSURANCE, AND PRETTY SIMILAR TO THE REGIONAL PLANS AND A LITTLE BIT HIGHER THAN THE NATIONAL PLANS YOU SAW. ALL RIGHT. SLIDE 20, HERE WE'RE GOING TO FOCUS IN OUR PLAN C, HERE IS SOME OF THE OTHER COMPONENTS, LIKE KEN SAID. THE GRAPH ON THE FAR RIGHT IS THE HSA CONTRIBUTION. THAT'S VERY NICE, BUT THAT'S FIRST DOLLAR COVERAGE, EVEN IF YOU DON'T HAVE ANY CLAIMS, YOU CAN POCKET THAT, YOU CAN BANK IT. AND THAT HELPS OFFSET

SOME OF THE OTHER PARAMETERS THAT WE SAW, HIGH DEDUCTIBLES, HIGHER OUT OF POCKET MAXES. AND THAT'S WITHOUT ANY OF THE WELLNESS, SO SOMEBODY GETS ANOTHER CREDITS, THAT HSA YOU CAN EARN ADDITIONAL MONEY AND SO THAT REALLY WOULD BE EVEN HIGHER IF YOU LOOK AT IT THAT WAY. TO THE LEFT OF THAT THE COINSURANCE FOR BOTH THE PCP SIDE AND THE HOSPITAL SIDE. AND PLAN C IS GOT A 10% COINSURANCE. AND THAT'S A RICHER BENEFIT THAN WHAT WE'RE SEEING NATIONALLY OR REGIONALLY. ALL RIGHT. SLIDE 21, THIS IS KIND OF A NEW LAYOUT. WHAT WE'RE LOOKING AT HERE IS ALL THE DIFFERENT REGIONAL PLANS FOR 2020 THAT -- AND WE TOOK ALL THE PLANS, WE LOOKED AT ALL THE COMPONENTS, AND WE RAN IT -- WE PUT IN ALL THE COMPONENTS AND YOU CAN BE ABLE TO MODEL THAT WILL ESTIMATE WHAT THE ACTUARIAL VALUE IS. THIS FIRST GRAPH SHOWS YOU THE DIFFERENT PLANS AND THEIR ACTUARIAL VALUE, AND THE TEAL BARS ARE THE KANSAS PLANS. PLAN C IS PRETTY MUCH IN THE MIDDLE, AND PLAN A HAS LITTLE BIT WORSE DESIGN THAN THE OTHERS.

THEY'RE ALL PRETTY TIGHT. AND AS I SAID AT THE BEGINNING A LOT OF THESE COMPARISON GROUPS IN THE MIDWEST, THE FIVE STATES THAT WE PICKED, SEEM -- THEY'RE REALLY RICH PLANS. THESE ARE PLATINUM PLANS. SEVERAL OVER 90%, WHICH IS A LITTLE UNUSUAL. SO EVEN THOUGH KANSAS LOOKS A LITTLE BIT ON THE LOW ERIN HERE, 80% IS VERY NICE BENEFIT. KEN, ANYTHING TO ADD ON THAT?

>> I THINK IT'S WHAT YOU SUMMARIZED. ALL THESE POSITIONS LEAD INTO WHAT THE ACTUARIAL VALUE IS, AND THAT'S THE BIG THING, WHAT PERCENT OF THE OVERALL COST OF THE PLAN DOES THE MEMBER HAVE RESPONSIBILITY FOR. AND THIS IS, YOU KNOW, NOT TAKING INTO ACCOUNT PREMIUM, RIGHT?

SO I MEAN THAT 95% PLAN THEY COULD HAVE, YOU KNOW, THE MEMBERS PAY THE WHOLE THING, WHICH WOULDN'T BE ANY REAL NET VALUE BUT A GOOD PLAN DESIGN. SO I THINK IN GENERAL IF YOU LOOK AT YEAR TWO, YOU'RE AT 82 AND 78. AND LIKE PATRICK SAY REGIONALLY THAT'S LOWER COMPARED TO EVERYBODY ELSE. NATIONALLY IT'S PROBABLY IN THE BALLPARK OF ALL THE STATES WE WORK ON. I THINK PATRICK IS GOING TO GET INTO MORE ABOUT HOW DOES THAT COMPARE TO THE COST SHARING COMPONENTS AND THE PREMIUM, ALL THAT -- TO COME TO SOME SORT OF NET CONCLUSION FOR THAT. AND YOU'LL SEE THAT JUMP AROUND LIKE WE SAID BEFORE, HAS TO DO WITH FAMILY NOT BEING CONTRIBUTED AS MUCH, SO WHERE IT MAY LOOK GOOD FOR THE SINGLES IT DOESN'T LOOK GOOD FOR THE FAMILIES. SO I'LL LET YOU KEEP GOING, PATRICK.

>> ALL RIGHT. SLIDE 22, SO WE'RE GETTING MORE COMPLICATED. SO WE'RE STILL RANKING THOSE REGIONAL PLANS BY ACTUARIAL VALUE. AS YOU CAN SEE BY THE RED LINE ON THE TOP. BUT WE ALSO ADD TO THE CHART THE PREMIUMS. SO THE SINGLE PREMIUMS ARE INCLUDED AND THAT'S REPRESENTED BY THE BARS BELOW. AND IF YOU LOOK AT THE TWO METRICS SIMULTANEOUSLY, EVERYTHING SPECULATE ON THE PLANS EFFICIENCY. AND YOU KNOW, IN GENERAL, HIGH ACTUARIAL PLANS SHOULD CORRESPOND TO HIGHER PREMIUM IN THEORY, BECAUSE THEY'RE PAYING A HIGHER PERCENTAGE OF THE PLANS. SO YOU KNOW, A PLAN WITH HIGH PLAN VALUE, BUT CAN MAINTAIN LOW PREMIUMS, THAT WOULD BE CONSIDERED MORE EFFICIENT. BUT YOU KNOW, IT'S NOT ALWAYS PERFECT. THE NUMBERS CAN BE SKEWED BECAUSE WE DON'T REALLY KNOW THE UNDERLYING RISK OF WHAT PEOPLE ARE IN THESE PLANS AND HOW THAT AFFECTS THE COST, BUT HERE WE'RE TRYING TO COMBINE THE COSTS AND THE ACTUARIAL VALUE TOGETHER AND LOOK AT IT AS ONE. ON SLIDE 23. THIS IS BASICALLY RANKING EVERYONE'S PLANS

SINGLE PREMIUM EFFICIENCY. SO KIND OF THE SAME WAY I DISCUSS ON THE PRIOR SLIDE, BUT IF WE WANT TO GET INTO --

>> PATRICK, IS THIS EFFECTIVELY SAYING THIS IS 100%, RIGHT?

MAKING EVERY PLAN VALUE 100%?

>> EXACTLY.

>> THE ACTUAL VALUE -- THE ACTUAL VALUE PLUS WHATEVER THE MEMBER PAYS ADDS UP TO 100%. THIS IS SAYING IN GENERAL, DOES YOUR PLAN COST MORE OR LESS THAN OTHER PLANS, IS KIND OF LIKE TRYING TO COMPARE IF YOUR COSTS ARE BETTER, WORSE, YOU KNOW, AND HOOKS LIKE YOU'RE RIGHT IN THE MIDDLE OF THE LINE. OKLAHOMA HAS LOW COST PLANS, BUT THEY ALSO HAVE A COUPLE HIGH COSTS AT THE HIGHEST END. WE DON'T KNOW IS YOU KNOW ACTUAL ENROLLMENT IN SOME OF THE OTHER PLANS. WE DON'T HAVE THAT KIND OF INFORMATION, WEIGHTED AVERAGE. BUT IN GENERAL LOOKS LIKE YOU'RE IN THE MIDDLE OF EFFECTIVE COST.

>> YEAH, THAT'S A GOOD POINT. SO DIVIDING THIS PREMIUM BY THE ACTUARIAL VALUE TO NORMALIZE YOUR PLAN DESIGN AND SHOW EVERYBODY APPLES TO APPLES, AND THOSE WITH THE LOWEST COSTS ARE IN THEORY MORE EFFICIENT. BUT COULD BE WHAT KIND OF NETWORK DISCOUNTS THEY'RE GETTING, THE RISK OF THE PLAN, SEVERAL THINGS THAT WE DON'T REALLY KNOW THAT COULD BE DRIVING THAT. AND THEN -- OKAY. SO WE'RE GOING TO STICK WITH THE SINGLES HERE. AND SO THIS METRIC IS REALLY NAMED FOR THE OVERALL PLAN RICHNESS. AND THE WAY YOU CAN THINK

ABOUT IT IS REALLY MULTIPLYING THE ACTUARIAL VALUE OF THE PLAN, SO THAT'S HOW MUCH THE PLAN IS COVERING, AND THEN THERE IS A CERTAIN PERCENTAGE OF THAT THAT SUBSIDY OR EMPLOYEE COST SHARE THAT WE LOOKED AT IN THE PRIOR SLIDE, IF YOU COMBINE THOSE TWO ITEMS TOGETHER, THAT'S REALLY THE OVERALL SUBSIDY OR THE OVERALL PLAN RICHNESS THAT A PLAN IS OFFERING. SO WE'RE COMBINING THE ASPECTS OF THE PLAN VALUE, AND ALSO WHAT THEY GET CHARGED FOR THE -- THROUGH CONTRIBUTION. WE

COMBINE THESE TWO, WE SEE ON THE PREVIOUS SLIDE, PLAN C IS IN THE MIDDLE AND PLAN C IS A LITTLE BIT WORSE FROM A SINGLE.

>> SO THIS CAN BE KIND OF CONFUSING, BUT FROM A BIG PICTURE IF YOU ASSUME A PLAN WAS A 80% ACTUARIAL VALUE, AND THE MEMBER CONTRIBUTION WAS 20%, SAY IT'S 10% TO USE DIFFERENT NUMBERS, THEN YOU WOULD HAVE 80% TIMES 90%, BECAUSE THE PLAN WOULD PAY 90 AND YOU WOULD PAY 10% OF THAT. SO OF THE GRAND TOTAL COST, PICKING UP 20% THROUGH COST SHARING, YOU'RE PICKING UP 10% THROUGH CONTRIBUTION SO YOU END UP WITH A 70% VALUE.

>> OKAY. NOW WE'RE GOING TO GO THROUGH THAT SAME SERIES OF SLIDES FOR THE FAMILY. LET'S FLIP OVER TO SLIDE 25. SO THE ACTUARIAL VALUES ARE IDENTICAL. NO CHANGE HERE. BUT NOW THE BAR IS AT THE BOTTOM. WE HAVE THE FAMILY PREMIUMS, AND AS YOU CAN SEE WE DISCUSSED THAT THE PLAN C HAD A LOWER FAMILY PREMIUM, SO THAT IS WHY THEY'RE ON THE LOW END THERE. PLAN A IS A LITTLE BIT HIGHER. THE PREMIUMS ARE LOWER ON THE FAMILY SIDE ARE LOWER THAN THE OTHER BENCHMARK. NOW WE SWITCH OVER TO SLIDE 26. LET ME MAKE THAT BIGGER. AND HERE IS THE EFFICIENCY BY PLAN. PLAN C, BECAUSE OF THE RATE IS SO MUCH LOWER, YOU ARE DIVIDING BY THAT 82% ACTUARIAL VALUE. THAT STILL MAKES IT THE LOWEST IN TERMS OF EFFICIENCY. PLAN A IS RIGHT IN THE MIDDLE WHEN WE COMPARE AND SEE OTHER BENCHMARK PLANS. OKAY.

>> THE BIG SLIDE IS NEXT SLIDE, RIGHT?

>> YEAH. SO THE LAST SLIDE IS OVERALL PLAN, AND NOW YOU'RE ADDING IN THAT COMPONENT OF WHAT THE EMPLOYEES PAY FOR THE COVERAGE. AND \$900 CONTRIBUTION OR \$8,000, SOMEWHERE IN THERE, FOR PLAN A AND 400 FOR PLAN C, MUCH HIGHER THAN THEIR PEERS, THAT DROPS THEM SIGNIFICANTLY WHEN WE'RE LOOKING AT THAT PLAN RICHNESS BENCHMARK. SO THEY'RE TOWARDS THE BOTTOM THERE.

>> WHICH IS INTERESTING. IF YOU LOOK AT ALL THINGS CONSIDERED, WHEN YOU LOOK AT PLAN A AND THE VALUES, 38% APPROXIMATELY OR 39%, WHATEVER THAT PERCENTAGE IS, THAT IS BASICALLY SAYING OF ALL THE CLAIMS THAT FLOW THROUGH, THE PLAN IS ONLY PICKING UP 39% OF THAT. SO THERE IS A BIG COMPONENT WHERE THEY'RE PAYING THROUGH EMPLOYEE CONTRIBUTION AND BIG

COST SHARING COMPONENT. SO THAT WHOLE COMBINATION DRIVES TO THE END OF THE BAR. I THINK IF YOU PUT ON A NATIONAL BASIS, YOU WOULD HAVE SIMILAR COMPARISON. I DO HAVE A COUPLE OTHER FAIRLY LARGE STATES THAT CONTRIBUTE TOWARDS SUBSIDIES, STATE OF NORTH CAROLINA DOESN'T DO THAT. THE STATE OF MISSISSIPPI DOESN'T DO THAT. AND THEY HAVE A SIMILAR SORT OF CHART WHEN WE DO THE COMPARISON. THEY WOULD BE ONE OF FEW DOWN THERE AT THE OTHER END. BUT THE VAST MAJORITY OF THE STATES ARE DOING -- THEY DONE SUBSIDIZE AS MUCH AS SINGLE BUT THEY DON'T TOTALLY DISREGARD ADDITIONAL SUBSIDIES FOR THE OTHER ONE, SO THEY KIND OF -- IF THEY DO 80% FOR THE

SINGLES, OR THE INDIVIDUALS, THEY MIGHT DO MORE LIKE 65% OR SOMETHING LIKE THAT FOR THE FAMILIES. SO I THINK THAT'S ALL KIND OF LIKE THE COST BENCHMARKING PLAN. THEN WE GET INTO THE WHAT OTHER STATES HAVE DONE ON A WELLNESS FROM A HIGH LEVEL. AND I DON'T KNOW IF WE WANTED TO PAUSE HERE AND SEE IF THERE ARE ANY QUESTIONS. THERE IS A LOT OF NUMBERS AND A LOT OF CHARTS THAT WE JUST WENT THROUGH. I DON'T KNOW IF YOU HAVE QUESTIONS FOR PATRICK ARE I ON THAT. WE CAN PAUSE OR WE'RE HAPPY TO CONTINUE. JUST LET US KNOW WHICH WAY. OKAY. WE WILL CONTINUE ON THEN. AND THEN WE'LL START WITH THE OTHER ONE ON PAGE 28. IS IN GENERAL, SO EVERY TWO YEARS WE TYPICALLY DO MORE DETAILED PLAN DESIGN STUDY WITH ALL THE STATES, AND THEN OFF CYCLE YEARS WE DO A DIFFERENT SORT OF SURVEY WITH THE STATES, AND THEN 2018 WE DID A SURVEY ON THE WELLNESS ACTIVITIES. AND IT KIND OF REVOLVES AROUND WHAT KIND OF ACTIVITIES ARE YOU DOING, DO YOU HAVE CERTAIN TELL HE MED PROGRAMS AND ALL THESE KIND OF THINGS,

THAT I WON'T GO THROUGH AND WE ACTUALLY GO THROUGH IN MORE DETAIL AS WE GO THROUGH. ON THE NEXT SLIDE, 29, THIS IS SAYING WHAT PERCENTAGE OF THE STATES ACTUALLY BRAND THEIR WELLNESS PROGRAM, SO THEY ACTUALLY HAVE A DIFFERENT SLOGAN, A DIFFERENT LINE, THEY BRAND IT AND HAVE A DIFFERENT PATH TO THAT. AND YOU ACTUALLY DO THAT WITH HEALTHQUEST, I'M SURE THE BRANDED PROGRAM, A LOT OF THE OTHER ONES, BE WELL IS KENTUCKY. I ACTUALLY DON'T KNOW ALL THE DIFFERENT ONES. THE VAST MAJORITY HAVE A NAME. I KNOW NORTH CAROLINA WAS HEALTH SMART. EVERYBODY TRIES TO HAVE A DIFFERENT LOGO, WHICH MAKES SENSE. I THINK THAT'S VERY COMMON IN THE PRIVATE SECTOR, AS WELL. IT'S REALLY ALL ON THIS SLIDE. NEXT SLIDE ON PAGE 30 IS MORE OF A -- SO OVERALL WHAT ARE THE VAST MAJORITY OF STATES DOING. IF WE DID HAVE COMPARATIVE PRIVATE SECTOR DATA, WE DID PUT THAT ON THE RIGHT SIDE OF THE CHART. IN GENERAL, THE PRIVATE SECTOR IS A LITTLE MORE AGGRESSIVE ON THE WELLNESS FRONT FOR THE VAST MAJORITY OF

STATES. WHICH IS THE MIDDLE CHART. NOW IT'S NOT TO SAY YOU GUYS, BECAUSE ACTUALLY YOU GUYS ARE MORE IN LINE WITH WHAT THE PRIVATE SECTOR IS DOING. SO ALMOST THE VAST MAJORITY IN MOST OF THE STATES ARE DOING STANDARD HEALTH RISK ASSESSMENT. THE JURY IS OUT ON IF THAT IS SUCCESSFUL WITHOUT HAVING THE OTHER COMPONENTS. WITH THAT, MOST OF THE PIGGYBACK IS AT THE SCREEN, AND I THINK THAT NUMBER HAS BEEN GOING UP OVER TIME. 67%, TWO-THIRDS OF THE PRIVATE SECTOR EMPLOYERS ARE DOING THAT, AS WELL. ABOUT HALF DO THE

LIFESTYLE EDUCATION. 41%, YOU GUYS ARE DOING THAT. SMOKING CESSATION, YOU'RE DOING THAT. A LOT OF THESE ARE IN THE REALM OF THE HEALTHQUEST COMPONENT. PARTICIPATION, IT SEEMS LIKE THIS IS MORE A CUSTOMIZED BECAUSE I THINK THE VAST MAJORITY OF PLANS HAVE DM PROGRAMS THAT THEY'RE PARTICIPATING IN. I THINK THE 37% SEEMS LOW TO ME AS AN ANSWER. I THINK THE 82% IN THE PRIVATE SECTOR SIDE LOOKS MORE IN LINE WITH WHAT I WOULD EXPECT IN GENERAL. I DON'T KNOW WHAT THE PRIMARY

CARE PHYSICIAN IS, I THINK IT'S HAVING A DIFFERENT LEVEL OF COST SHARING FOR THAT. AND THEN HAVING SOME OUTCOME BASED METRICS. I KNOW YOU HAVE VARIOUS COMPONENTS THAT YOU DO FOR YOUR STATE. SOME STATES ARE TRYING TO DO MORE OUTCOME BASED MEASUREMENTS VERSUS A LOT OF THE ROI CALCULATIONS THAT HAVE BEEN IN THE MARKETPLACE. PLENTY OF ARTICLES ON POSITIVES, NEGATIVES, SOMEBODY WILL SAY IT'S NOT SUCCESSFUL, OTHERS SAY IT IS. THERE IS ALL KINDS OF DISCUSSION ON THAT. AND THERE IS ALL KINDS OF PUBLISHED ARTICLES. BUT PEOPLE ARE TRYING TO MOVE MAYBE AWAY FROM SOME OF THOSE, JUST DOING METRICS WHICH WOULD BE LIKE DID THE CHOLESTEROL LEVELS CHANGE OR DID THE AVERAGE PEOPLE WITH HYPERTENSION KIND OF QUESTIONS LIKE THAT, MORE THE OUTCOMES BASED. THERE IS DEFINITELY A LOT MORE -- IT'S GOOD WITH VENDORS BUT DEFINITELY HARD TO DO WELLNESS DESIGN WITH THAT GIVEN ALL THE REGULATIONS OUT THERE. THE NEXT SLIDE IS --

>> WHEN, THIS IS NATALIE. CAN I ASK ABOUT THIS. OUR HEALTHQUEST DOES ALL OF THOSE THINGS, AND I CAN'T TELL FROM THIS CHART WHETHER THAT IS CONSISTENT WITH OTHER PROGRAMS, OR ARE OTHER PEOPLE JUST DOING BIOMETRIC SCREENING AND THAT IS 45% OF THEM, OR JUST DOING THE HEALTH RISK ASSESSMENT?

IS IT COMMON TO DO ALL OF THIS?

>> GOOD QUESTION. I DON'T THINK WE HAVE A SURVEY QUESTION ON WHETHER YOU ARE DOING ALL. I THINK THIS LIST IS FAIRLY COMMON TO DO MORE, TO DO MOST OF THESE. MOST PEOPLE USUALLY HAVE A LIFESTYLE COMPONENT TO THEIR WELLNESS PROGRAM. ALMOST ALL HAVE THE TOBACCO CESSATION STUFF AND SOME HAVE PENALTIES FOR THAT, PREMIUM PENALTIES FOR IT. I THINK THE DIFFERENCE IS A LOT OF THE STATES CARVE IT UP IN DIFFERENT PROGRAMS WHERE YOU HAVE IT ALL ENCOMPASSED IN ONE. THEY'LL HAVE A EITHER MEDICAL VENDOR, HAVE A DM PROGRAM THEY'RE TARGETING AND PROVIDE INCENTIVES, AND THE BIOMETRICS AND HEALTH RISK THAT IS STANDARD TO GET THOSE NOW. IT'S KIND OF LIKE WE'RE GOING TO COLLECT IT WE HAVE TO ACTUALLY UTILIZE IT. AND HAVE MEMBERS DO SOMETHING WITH IT. SO I DON'T HAVE AN ANSWER ABOUT ALL OF THEM BUT ON THIS PAGE I WOULD SAY MOST OF THEM ARE DOING ALMOST ALL OF THESE EXCEPT THE OUTCOME BASED AND I DON'T KNOW MANY PEOPLE ARE DOING THAT.

>> THANK YOU.

>> I THINK IT ACTUALLY IS GOOD THE WAY YOU CARVED IT INTO ONE PROGRAM BECAUSE FOR CLARITY IT'S A LITTLE -- I MEAN, WHETHER YOU'RE -- I GOT THAT QUESTION FROM COMMUNICATIONS AND ALL THAT KIND OF STUFF, BUT TO ME IT'S LIKE HAVING IT ALL IN ONE PLACE WITH ONE PROGRAM AS A BENEFIT, BEING CLEAR TO A MEMBER VERSUS GET GETTING HIT ON ALL DIFFERENT ASPECTS OF THIS. OKAY. NOW, GOING ON TO THE NEXT SLIDE, THIS IS KIND OF -- ARE THEY DOING IT THROUGH CASH?

THROUGH PLAN DESIGN?

THROUGH LIKE FOR EXAMPLE THE STATE OF -- SOME OF THE STATES ACTUALLY DO DIFFERENT PLAN DESIGN IF YOU PARTICIPATE VERSUS YOU DON'T PARTICIPATE. I THINK NEBRASKA MAY BE A GOOD EXAMPLE OF THAT. THAT \$40 RANGE IS WHAT PEOPLE ARE DOING. THE CASH AND GIFT CARDS USED TO BE A LOT BIGGER. IT'S GOTTEN A LITTLE BIT PULLED BACK A LITTLE. I THINK THE WAY YOU'VE DONE IT WITH YOUR HSA IS A GOOD ALTERNATIVE FOR VERSUS A GIFT CARD, I THINK IT PROBABLY -- I THINK MAYBE TEN YEARS AGO THERE WAS A LOT OF GIFT CARD STUFF GOING ON. I THINK PEOPLE HAVE BACKED OFF A LITTLE BIT ON THAT. WE HAVE HSA ON THE BOTTOM FROM MONEY FROM HSA. THIS IS MORE SCATTERED BECAUSE WE DIDN'T HAVE AS MUCH DATA BUT DOES LOOK LIKE THE PRIVATE SECTOR IS ACTUALLY DOING MORE STUFF THROUGH CASH AND HSA INCENTIVES, VERSUS PREMIUM REDUCTIONS. I THINK PREMIUM REDUCTION USED TO BE THE HIGHEST AND THAT'S BEEN CONVERTED OVER A LITTLE BIT. SO NOT A LOT OF GREAT INFORMATION ON THIS SLIDE, I GUESS, BUT WE TRIED TO GET IN MORE PEOPLE

DOING IT, AND I THINK LIKE WE SAID EARLIER I THINK YOU'RE VERY MUCH IN LINE WITH MAYBE THE PRIVATE SECTOR AND SOMEWHAT AHEAD OF THE PUBLIC SECTOR. WHICH IS MOST OF THE MIDDLE BENCHMARKS HERE. THE NEXT SLIDE IS JUST SIMPLY WHO CAN PARTICIPATE IN THE PROGRAM OR NOT. IT'S 50-50 ON WHETHER THE SPOUSES ARE COVERED OR NOT. IT'S VERY RARE THAT KIDS ARE COVERED IN THE PROGRAM. SO IT'S PRETTY MUCH THE -- WHAT THE SLIDE IS, I DON'T BELIEVE YOU GUYS -- KIDS COVERED IN THAT ONE HERE?

>> THEY'RE JUST COVERING SPOUSES.

>> YEAH. YEAH. IT'S A -- RIGHT, SO NO. OKAY. THEN THE LAST SLIDE IS KIND OF MORE ABOUT WHAT IS THE NEXT STAGE EVERYBODY IS DOING. TELEMED OBVIOUSLY YOU SEEN ALL THAT THROUGH THE WHOLE COVID EPIDEMIC AND EVERYTHING GOING ON. YOU DID HAVE THAT BEFORE THAT. VERY COMMON EMPLOYER SIDE, AND MY GUESS IS AFTER THIS IS ALL OVER, IT WILL BE MORE COMMON TO BE USED, WHEN PEOPLE CAN ACTUALLY USE IT AND KIND OF TEST IT AND SEE THE SUCCESS AND THE CONVENIENCE OF IT. TELEMED IS PRETTY BIG. TIER NETWORK DESIGNS ARE PUTTING IN CUSTOM NETWORKS FOR DIFFERENT PLAN DESIGNS. IF YOU HAD A HYPER FORMING NETWORK YOU COULD PUT

IT ON TOP OF YOUR REGULAR NETWORK. I THINK THE 41% FOR THE STATE LOOKS A LITTLE HIGH, BUT IT'S ALSO FOR I THINK -- YOU GUYS ARE DOING THAT, TOO. BUT I THINK THE POINT OF THIS SLIDE IS REALLY YOU'RE DOING IT TIERED PROVIDER DESIGN FOR QUALITY. AND YOU CAN SEE THAT THE PRIVATE SECTOR HAS ABOUT A THIRD OF THE PEOPLE WHO HAVE DONE THAT SO FAR. I KNOW SOME STATES ARE ACTUALLY

TRYING TO PUT THEIR OWN CUSTOM NETWORK ON TOP OF IT TO DO THAT, AND IT'S A CHALLENGE. THERE IS A LOT TO DO WITH THAT. AND THE WHOLE NEGOTIATIONS AND WORKING WITH THE WHOLE COMMUNITY, TO TRY TO GET THOSE CONTRACTS. SO LET'S SEE WHAT ELSE WE HAVE. TRANSPARENCY TOOLS. YOU GUYS ARE WELL AHEAD IN THAT. YOU HAVE MEDICAL AND PRESCRIPTION DRUGS. THOSE ARE NOT AS PREVALENT IN THE PUBLIC SECTOR, BUT MAYBE A THIRD OF THE STATES ARE DOING THAT. COEs I THINK THAT IS PROBABLY HIGHER THAN 20%. I'M THINKING UNDER REPORTED BUT YOU DO DO THAT. DEFINITELY HAS TO DO WITH WHAT KIND OF COEs ARE OUT THERE. IS IT TRANSPLANTS?

THERE IS A BARIATRIC IS VERY COMMON TO HAVE THAT. AND THEN DRUG COVERAGE, WE ASK THAT QUESTION, A FEW STATES ARE DOING THAT. YOU GUYS DO NOT DO THAT. SIMILAR DESIGN I WAS TALKING ABOUT FOR THE MEDICAL SIDE. AND THEN THERE IS SOME TRAVEL BENEFITS, MARGINALLY A LITTLE BIT WE ASKED THE QUESTION BUT NOT MANY DO THAT. THAT IS NOT EVEN TWO SITS. TWO STATES I GUESS, SINCE THERE IS 52 THAT WE INCLUDE, IN THE SURVEY. YOU KNOW, MAYBE MORE COMMON IN THE PRIVATE SECTOR IF WE HAD DATA. I KNOW SOME STATES ARE TRYING TO DO THAT. I DO WORK IN THE STATE OF NORTH CAROLINA AND THEY'RE TRYING HARD TO CONVERT THEIR SYSTEM OVER TO MEDICARE. IT WAS MET WITH A LOT OF RESISTANCE FROM THE BRING ONER COMMUNITY, SO THEY'RE STILL WORKING THROUGH THAT. AND THEY HAVE THAT UP AND RUNNING, BUT NOT A LOT OF STATES ARE DOING THAT YET. I THINK MIGHT BE A COUPLE SMALL STATES OUT WEST, SOUTH DAKOTA MIGHT BE DOING THAT. BUT NOT REAL PREVALENT. SO I THINK THE NEXT SLIDE IS ABOUT CLINGS. YOU DID PUT A

CLINIC IN IN ONE LOCATION. ABOUT SMALL PERCENTAGE OF STATES ARE DOING THAT. I THINK YOU'RE AHEAD OF THE GAME WITH THAT. A LOT OF THEM HAVE IT -- A DIFFICULT TIME PUTTING THEM IN BECAUSE THEY GET FEEDBACK WHERE WHY ARE YOU DOING IT IN ONE LOCATION, NOT ANOTHER. SO THAT MAKES IT A CHALLENGE FOR SOME OF THE STATES TO DO IT. YOU GUYS WERE LEGISLATED TO DO THAT, AND THEN IMPLEMENTED IT THROUGH THE COMMITTEE. THE COMMISSION PUT THAT IN. AND ABOUT HALF OF THOSE ACTUALLY DO HAVE CLINICS AT MULTIPLE LOCATIONS. WHICH IS LOGICAL, I GUESS. YOU GOT A LOT OF LARGE STATE AGENCIES THAT CAN JUSTIFY IT. AND YOU GET A REAL SMALL POPULATION, IT'S HARD TO MAKE A CLINIC PAY FOR ITSELF. YOU COULD TAKE THE VOLUME INTO THE CLINIC TO SUPPORT THE OVERHEAD COST. SO I THINK THAT'S PRETTY MUCH IT. I MEAN, I GUESS IF I HAD TO SUMMARIZE THE WHOLE THING, I WOULD PROBABLY SAY YOUR PLAN DESIGNS IN GENERAL HAVE MAYBE A LITTLE BIT MORE COST SHARING. I THINK THE BIGGEST WOULD BE IN THE FAMILY CONTRIBUTION

RATE COMPARED TO BENCHMARK. THEN I THINK YOU GO THROUGH THE WELLNESS PROGRAM. I THINK YOU GUYS ARE PRETTY MUCH LEADING, I THINK. I WOULD SAY YOU'RE DOING THE VAST MAJORITY OF STUFF THAT MAYBE THE PRIVATE SECTOR IS TRYING TO DO OR HAS BEEN DOING. AND YOU KNOW, I KNOW OTHER STATES HAVE LOOKED AT YOUR GUY'S DESIGN AND HAVE MIMMICKS COMPONENTS OF IT AS THEY PUT THEIR OWN IN PLACE. SO I THINK WITH THAT, I THINK THAT IS THE END OF IT. I DON'T KNOW IF YOU HAVE ANY QUESTIONS OR -- FOR US. HAPPY TO ANSWER.

>> TAC MEMBERS, DO YOU HAVE ANY QUESTIONS FOR KEN AND PATRICK?

HEARING NONE,AND I DON'T SEE ANY CHAT, THANK YOU FOR COMING TO GIVE US THIS PRESENTATION TODAY.

>> WE'LL BE ON IN A LITTLE WHILE AND THEN WE HAVE TO GET OFF FOR 1:00 FOR ANOTHER CALL.

>> MIKE, DO YOU WANT TO HELP US GO OVER THE OTHER MATERIALS FOR THIS TOPIC?

>> WE'LL GO AHEAD AND START AND GO THROUGH THE HEALTH QUEST WELLNESS DATA SLIDES.

IF YOU WANT TO GET THOSE UP ON SCREEN FOR EVERYBODY THAT'S PARTICIPATING.

SO I'LL GIVE A LITTLE BACKGROUND BEFORE WE JUMP INTO THE SLIDES.

IT REALLY STARTED BACK IN 2013 AND EVOLVED TO SOME FASHION THAT IT IS TODAY.

AND THEN IN 2017 SPOUSES WERE REALLY PERMITTED TO COME IN AND PARTICIPATE AND EARN THE CREDITS TOWARDS THE PREMIUMS AND THE HEALTH SAVINGS ACCOUNT AND HEALTH REIMBURSEMENT DOLLARS FUNDED BY THE EMPLOYERS AND INDIVIDUALS THAT HAVE THOSE ACCOUNTS.

REALLY THE PROGRAM THAT STANDS TODAY WAS PUT IN PLACE TO RESPOND WITH THE EMPLOYER CONTRIBUTION REDUCTION FOR THE HSA AND HRA THAT OCCURRED A FEW YEARS AGO.

THE HEALTH CARE COMMISSION WANTED THE MEMBERS TO HAVE AN OPPORTUNITY TO EARN BACK THOSE DOLLARS AND CREATE MORE ENGAGEMENT WITH THE WELLNESS PROGRAM SO THEY MOVED THOSE OVER AND TRY TO CREATE ENGAGEMENT AND NOT JUST COMPLETELY ELIMINATE THAT \$500 FOR THE EMPLOYEE AND THE \$500 ON THE TWO SPOUSAL TIER.

THAT'S THE RECOMMENDATION.

SO THEY DID REDUCE THE AUTOMATIC AMOUNT THAT GOES IN ON THE QUARTERLY BUT LEFT THAT IN PLACE SO THE MEMBERS THAT WANTED TO PARTICIPATE DID HAVE AN OPPORTUNITY TO EARN BACK FULLY THAT 500 AS AN EMPLOYEE WITH A DEPENDENT CHILD OR AN EMPLOYEE WITH A SPOUSE OR EMPLOYEE FAMILY TIERS.

SO THAT'S POSITIVE FROM THE HEALTH CARE COMMISSION TO HAVE THAT OPPORTUNITY TO EARN THOSE DOLLARS BACK.

SO WHEN THEY'RE ENROLLED AS AN EMPLOYEE ONLY OR EMPLOYEE WITH A DEPENDENT CHILD, AND THEY EARN THE 30 CREDITS THEN THEY'RE ELIGIBLE JANUARY 1ST OF THE NEW PLAN YEAR FOR A \$20 PER PAY PERIOD OR \$480 A YEAR BECAUSE WE HAVE 24 PAY CYCLES WHERE THE GROUP HEALTH INSURANCE BENEFITS ARE DEDUCTED FROM.

THOSE MONTHS THERE ARE NO GHI BENEFIT DEDUCTIONS MADE.

AND THEN IF AN EMPLOYEE IS ENROLLED WITH A SPOUSE AND THEY EACH EARN 40 CREDITS, THEY RECEIVE THE \$480 PREMIUM IN DISCOUNTS.

IF ONLY THE EMPLOYEE OR THE SPOUSE RECEIVES THE 40 CREDITS THEN THEY RECEIVE A \$240 ANNUAL CREDIT.

AND THEN FOR THOSE MEMBERS ENROLLED IN THE PLAN C, J, N AND Q THEY EARN CREDIT TOWARDS THEIR HSA OR HRA ACCOUNT.

\$500 FOR THE EMPLOYEE AND IF THERE IS THE SPOUSE ENROLLED THEN THE SPOUSE CAN ALSO EARN AN ADDITIONAL \$500.

SO A LITTLE BIT OF BACKGROUND ON WHY IT'S SITUATED AND THE PROGRAM THAT IT IS.

SO IF WE WANT TO MOVE TO SLIDE TWO AND START TO GO THROUGH THE, ALL RIGHT, SO WHAT THIS SLIDE SHOWS US OR MEMBERS THAT ALREADY REGISTERED AN ACCOUNT AND WENT OUT ON THE WEBSITE AND REGISTERED AN ACCOUNT SO THE BAR GRAPH ON THE LEFT IS ELIGIBLE SPOUSES AND EMPLOYEES, 56,250.

AND THEN THE RIGHT BAR GRAPH ARE THE SPOUSES AND EMPLOYEES THAT DID ENGAGE AND REGISTER AN ACCOUNT ON THE PORTAL AND ROUGHLYROUGHLY 55% OF THAT TOTAL POPULATION HAS WENT OUT AND SET UP AN ACCOUNT.

MOVING TO SLIDE THREE, SO THIS IS A BREAK OUT FROM THE PREVIOUS PAGE OF THOSE 65% INDIVIDUALS.

THE BLUE REPRESENTS THE STATE NUMBERS AND THEN THE LIGHTER GREEN REPRESENTS OUR NON-STATE EMPLOYER GROUPS THAT PARTICIPATE IN THE HEALTH PLAN.

THE BAR GRAPH ON THE LEFT ARE THE EMPLOYEES AND THEN BAR GRAPH ON THE RIGHT SIDE REPRESENTS THE SPOUSES.

MOVING TO SLIDE FOUR.

WHAT THIS SHOWS ARE THE MEMBERS THAT EARNED THE 40 OR MORE CREDITS, WE HAVE TO MAKE THEM ELIGIBLE FOR THE PREMIUM DISCOUNT FOR PAYING YEAR 2020.

ON THE LEFT SIDE BAR GRAPH THE TOTAL BREAKDOWN AGAIN BETWEEN EMPLOYEES AND SPOUSES AND 22,691.

YOUR TWO BAR GRAPHS TO THE RIGHT OF THAT IS THE BREAKDOWN OF THE STATE OF KANSAS EMPLOYEES AND SPOUSES AND THEN FAR RIGHT A BREAKDOWN BETWEEN THE NON-STATE EMPLOYEE AND SPOUSES THE AND BOTH OF THOSE ROLL BACK INTO THAT 22,000 PLUS NUMBER.

SLIDE FIVE, THESE ARE THE PLAN MEMBERS IN CJNQ THAT EARNED UP TO THE MAXIMUM 50 CREDITS OR MORE TO MAX OUT THAT \$500 FOR THE EMPLOYEE OR THE SPOUSE.

ON THE LEFT SIDE THIS REPRESENTS THE TOTAL AT 10,133 INDIVIDUALS THAT DID THAT.

MOVING TO THE RIGHT JUST BREAKING THAT NUMBER DOWN THE NUMBER OF EMPLOYEES BETWEEN STATE AND NONSTATE AND THEN FAR RIGHT INDICATES THE NUMBER OF SPOUSES STATE AND NON-STATE THAT AGAIN ROLL BACK AT THE END OF THAT 10,133 NUMBER.

SLIDE SIX.

WHAT THIS SLIDE REPRESENTS IS THE STARTING AT THE FAR LEFT OUR TOTAL NUMBER OF EMPLOYEES AT 43,988.

AGAIN THE STATE OF KANSAS AND NON-STATE EMPLOYER GROUPS.

AND WHAT THIS SHOWS ARE THE BREAKDOWN OF CREDITS.

LIKE LOOKING AT THE FIRST BAR GRAPH TO THE RIGHT, YOU HAVE 10,174 EMPLOYEES THAT EARNED BETWEEN 1 AND 9 CREDITS.

THEN YOU'VE GOT 10 TO 19, 20 TO 29, 30 TO 39, AND THEN THE 40 PLUS CREDITS.

AND I WANT TO PAUSE HERE BEFORE WE CONTINUE ON JUST TO PROVIDE SOME INFORMATION.

WHAT'S TAKEN PLACE OVER THE YEARS IS THE PROGRAM HAS TRIED TO BECOME MORE AUTOMATED, MORE EFFICIENT FOR THE EMPLOYEES.

BECAUSE WHEN IT FIRST STARTED OUT IF A MEMBER WENT TO GET THEIR ANNUAL MEDICAL EXAM, A DENTAL PREVENTIVE EXAM, EITHER 1 OR 2 OF THOSE IN THE YEAR, VISION EXAM, THEN AT SOME POINT DURING THE YEAR THE MEMBER HAD TO GO BACK IN, LOG INTO THEIR ACCOUNT AND THEN PROVIDE THE DATE AND THE PROVIDER'S NAME.

AND A FEW YEARS AGO IN TRYING TO IMPROVE EFFICIENCIES WITH IT, NOW WHEN A MEMBER GOES FOR ONE OF THOSE PREVENTIVE EXAMS, WHEN THE PROVIDER'S OFFICE CODE SAYS THAT'S A PREVENTIVE SERVICE, SENDS THAT INTO EITHER AETNA, BLUE CROSS, OR DELTA DENTAL INSURANCE COMPANY, THEN THOSE COMPANIES HAVE A FILE THAT IS SENT OVER TO THE WELLNESS COMPANY THAT WILL LOAD THOSE CREDITS FOR THE MEMBER WHICH IN TURN ARE THEN THE CREDIT VALUES, NOT THE MEMBERS BUT THE CREDIT VALUES FOR THOSE MEMBERS ARE SENT BACK SO THEN THAT CAN BE UPLOADED, SENT OVER TO PAYROLL FOR THOSE CREDITS TO GO TOWARDS THE HSA/HRA CONTRIBUTIONS FOR THOSE PLANS THAT HAD THOSE ATTACHED.

THE SAME THING WORKS WHEN SOMEBODY PARTICIPATES IN THE TOBACCO PROGRAM.

AS THEY GO THROUGH THAT THEN ON THE BACK END THOSE CREDITS ARE AUTOMATICALLY UPLOADED FOR AN INDIVIDUAL.

THEY HAVE A FILE THAT'S SENT WHEN MEMBERS COMPLETE THAT TEN WEEK COURSE, THEN IT COMES BACK OVER HERE TO BE PROCESSED.

SAME WAY IF SOMEBODY PARTICIPATES IN HEALTH COACHING.

A LOT OF THE AP MODULES WHEN SOMEBODY GOES ON TO DO THOSE, THEN THE CREDITS AGAIN ARE AUTOMATICALLY MOVED ON TO BE UPLOADED.

SO TRYING TO TAKE AWAY AS MUCH FACETIME FROM THE COMPUTER AS POSSIBLE.

SOME AREAS WHERE YOU CAN'T DO THAT WOULD BE WITH OUR WELLNESS CHALLENGES, THEY'RE FAIRLY POPULAR WITH THE MEMBERS.

AND THEY INVOLVE EITHER AN ACTIVITY CHALLENGE, SOME TYPE OF HYDRATION, OR SOME TYPE OF DIETARY FRUITS AND VEGETABLE CHALLENGES.

EVEN ONE OF THOSE THREE CAN BE AUTOMATED IF SOMEBODY DOES HAVE AN ACTIVITY TRACKER.

YOU CAN BE CLOSE ENOUGH TO YOUR COMPUTER AND THOSE WILL SYNC UP.

OBVIOUSLY SOMEBODY IS GOING TO HAVE TO GET ON TO ENTER HOW MANY OUNCES OF A LIQUID THAT THEY CONSUMED AND SAME WAY WITH THE DIETARY, HOW MANY FRUITS OR VEGETABLES THAT YOU HAVE IN A DAY.

SO A LOT OF THAT STUFF, WE TRY TO AUTOMATE THAT.

BECAUSE WE'VE HEARD THE FEEDBACK OVER THE YEARS AS HAS THE COMMISSION THAT SOMEBODY DOESN'T WANT TO BE ABLE TO SIT IN FRONT OF THEIR COMPUTER.

I CAN TELL YOU FROM A PERSONAL EXPERIENCE EACH YEAR I GET 50 PLUS CREDITS AND I WOULD SPEND PROBABLY LESS THAN AN HOUR OUT OF THE 365 DAY YEAR AT THE COMPUTER AND A BIGGER PART OF THAT IS WHEN YOU GET ON TO DO THAT HEALTH RISK ASSESSMENT, THAT QUESTIONNAIRE THAT YOU GO THROUGH TO DO.

SO WE TRIED TO MOVE THAT WHERE A LOT OF MEMBERS DON'T GET IN THERE.

SO I JUST WANTED TO TIE THAT BACK TOGETHER ON HOW MEMBERS COULD EARN CREDITS IF THEY DIDN'T GO OUT AND REGISTER FOR AN ACCOUNT AND THOSE ARE COMING ON THE BACK END.

SO IF ANY OF THOSE MEMBERS WOULD HAPPEN TO BE ENROLLED IN ONE OF THE PLANS THAT HAVE AN HRA OR AN HSA, THEY ARE MISSING OUT ON AN AUTOMATIC UPLOAD FROM THEIR ACCOUNT IF THEY'D SET THAT UP.

WHICH LEADS INTO SLIDE SEVEN.

>> WE'VE GOT A QUESTION.

SO LOOKING AT THESE NUMBERS DOES THAT MEAN ABOUT HALF OF STATE EMPLOYEES AREN'T EARNING THEIR --

>> 43% LAST YEAR.

>> MIKE THIS IS ALEXANDRA.

I JUST WANTED TO CLARIFY TOO.

IT'S NOT THAT A LOT OF PEOPLE DON'T EARN THE POINTS, IT'S THAT THEY DON'T ENABLE THE ACCOUNT, CORRECT?

>> YEAH, WE HAVE 65% ROUGHLY THAT HAVE WENT AND SET UP THEIR ACCOUNT ON THE WELLNESS PORTAL.

SO YOU HAVE THE DIFFERENCE THAT DIDN'T GO IN THERE AND SOME OF THOSE INDIVIDUALS HAVE EARNED CREDITS JUST FOR THE MERE FACT THAT SOMEBODY GOES FOR TWO DENTAL CHECK UPS THROUGHOUT THE YEAR WHICH ARE WORTH THREE CREDITS FOR EACH VISIT.

SO THEY MAY NOT HAVE GOTTEN TO THE 40 CREDITS BUT THEY HAVE EARNED SOME CREDITS AND POTENTIALLY HAVE LEFT 30 TO \$60 THAT COULD HAVE BEEN FUNDED INTO THEIR HSA OR HRA ACCOUNT IF THEY WERE IN ONE OF THOSE PLANS OR HAD ONE OF THOSE ATTACHED.

THAT'S JUST ALL WE'RE TRYING TO SHOW HERE IS THAT AS WE GET TO THE SLIDE, YOU'LL SEE WHERE THE ACTUAL PARTICIPATION IN THE DIFFERENT PROGRAMS IS PRETTY HIGH.

SO THEN SLIDE SEVEN THAT'S UP AND WHAT THAT REPRESENTS ARE EMPLOYEES THAT DIDN'T REGISTER AN ACCOUNT BUT THAT DID EARN THE CREDIT.

SO YOU HAD JUST OVER 8300 INDIVIDUALS BETWEEN THE STATE AND NON-STATE GROUPS.

SLIDE EIGHT, SO WHAT THIS LOOKS AT IS THE TOTAL NUMBER OF EMPLOYEES THAT EARNED CREDITS, DIDN'T OPEN AN ACCOUNT.

SO GOING BACK AGAIN TO THAT NUMBER WE LOOKED AT EARLY, THAT 43,988.

IN SOME FASHION WE HAD 85% OR 37,436 MEMBERS THAT HAD AN ACCOUNT OPENED OR NOT BUT DID EARN CREDITS.

SO A LARGE PERCENTAGE EARNED CREDITS, 43% % HIT THE -- 43% HIT THE 40 OR MORE.

SLIDE NINE, TOTAL NUMBER OF SPOUSES.

SAME SLIDE YOU LOOKED AT BUT NOW WE'RE LOOKING AT THE SPOUSES.

SO THAT POPULATION THE 12,268 BETWEEN STATE AND NON-STATE.

AND THEN TO THE RIGHT THE SPOUSES THAT EARNED A CREDIT WHETHER THEY HAD OPENED AN ACCOUNT OR NOT, AND THAT NUMBER WAS AT 90%.

SO 11,045 SPOUSES EARNED SOME CREDITS.

AND THEN WE'RE LOOKING ON SLIDE TEN, AND WHAT THIS SHOWS IS AGAIN SPOUSES THAT DIDN'T ENABLE AN ACCOUNT THAT EARNED CREDITS STARTED OUT WITH THAT 4,268, ENDED UP AT 11,045 THAT WE JUST LOOKED AT ON THE PRIOR SLIDE.

AND THEN MOVING TO THE RIGHT THAT 6506 SPOUSES THAT DIDN'T REGISTER AN ACCOUNT.

AND THEN YOUR VERY LAST BAR GRAPH TO THE FAR RIGHT, THE SPOUSES AGAIN EARNED SOME CREDITS BUT DIDN'T ENABLE SO WE HAD 4673 INDIVIDUALS THAT FELL INTO THAT CATEGORY.

SLIDE 11, SO THESE ARE THE WELLNESS CREDITS EARNED BY THE SPOUSE IN 2019.

AGAIN IT REPLICATES WHAT WE LOOKED AT ON THE EMPLOYEE SIDE A LITTLE BIT EARLIER.

AGAIN STARTING OUT WITH A TOTAL POPULATION OF 12268.

THERE WAS ROUGHLY 32% OF THE SPOUSES THAT EARNED 40 PLUS CREDITS.

SLIDE 12, THIS IS THE HEALTH ASSESSMENT.

THAT'S WHERE YOU GO ONLINE AND ANSWER THE QUESTIONS.

26,739 INDIVIDUALS COMPLETED THAT.

SLIDE 13, THESE ARE OUR ON SITE BIOMETRIC SCREENINGS THAT ARE OFFERED THROUGH THE WELLNESS PROGRAM.

SO 291 SCREENINGS WERE PROVIDED ACROSS THE STATE IN 68 DIFFERENT CITIES.

SO OBVIOUSLY MULTIPLE EVENTS IN THOSE 68 CITIES.

SLIDE 14, WHAT WE'RE LOOKING AT HERE ARE OUR TOTAL NUMBERS WHO DID RECEIVE A SCREEN.

21,566 RECEIVED A WELL PERSON EXAM AND THEN AS WE MOVE TO THE RIGHT, THAT'S THE BREAKDOWN SO OF THAT 21,566, 17,574 RECEIVED THEIR ON SITE THROUGH THE SCREENING WELLNESS PROGRAM.

1,959 MEMBERS ELECTED TO GO TO THEIR PHYSICIAN AND SUBMIT THE FORM FROM THEIR PROVIDER.

AND THEN THE FAR RIGHT REPRESENTS HOME KITS, A MEMBER CAN REQUEST A HOME KIT MAILED TO THEIR RESIDENTS TO DO THE TESTING, PACKAGE IT UP, SEND IT BACK TO BE PROCESSED WITH 2,133 MEMBERS ELECTED TO DO THAT.

SLIDE 15, AND SO FROM THOSE ON SITE BIOMETRIC SCREENINGS, WE HAD 2,099 INDIVIDUALS THAT WERE RECOMMENDED BASED UPON THEIR VALUES AT SCREENING TO SCHEDULE AN APPOINTMENT

WITH THEIR PROVIDER BECAUSE THEIR NUMBERS LOOKING AT THE BLOOD PRESSURE, 941 INDIVIDUALS HAD A BLOOD PRESSURE EQUAL TO OR GREATER THAN 180 OVER 120.

NEXT BAR GRAPH OVER LOOKS AT THE GLUCOSE IT'S BROKEN DOWN WITH THE FASTING GLUCOSE GREATER THAN OR EQUAL TO 2,000 MILLIGRAMS.

WE HAVE 1,049 MEMBERS THAT EXCEEDED THOSE VALUES.

AND THEN 109 INDIVIDUALS EXCEEDED BOTH THOSE RECOMMENDATIONS.

SO THOSE FOLKS WERE RECOMMENDED TO GET AN APPOINTMENT WITH THEIR PROVIDER TO TAKE A FURTHER LOOK AT WHAT THOSE NUMBERS INDICATED.

THEN MOVING TO SLIDE 16 AND THIS SLIDE JUST SHOWS ON OUR CHALLENGES, WE HAD 12 CHALLENGES.

WE TALKED ABOUT THAT LITTLE BIT EARLIER.

AND 15,334 FOLKS, ALMOST 28% OF THE POPULATION WHO PARTICIPATED IN AT LEAST ONE OF THOSE CHALLENGES.

OUR NEXT SLIDE TAKES A LOOK AT TIEING BACK INTO SOME OF THE COMORBIDITIES.

WHAT WE HAVE SEEN IN OUR CLAIMS COST EXPENSE BETWEEN 2016, '17, AND '18 THAT OVER THOSE THREE YEARS IN OBESITY WE'VE SEEN A 14% CLAIMS COST REDUCTION, 10% ON THE HYPERTENSION, AND A 4% ON THE DIABETES JUST LOOKING AT THE CLAIMS COST.

SLIDE 18, SO WHAT WE'RE LOOKING AT HERE IS THERE'S A COHORT POPULATION WHICH IS THE SAME SET OF INDIVIDUALS PARTICIPATED IN THE PROGRAM IN '17 AND '18 WHICH WERE 17,666 INDIVIDUALS.

AND THEN IT'S TAKING A LOOK AT THEIR COHORT CHANGE AND THEY'RE THINGS THAT WE TALKED ABOUT, YOUR DIABETES, COPD, HYPERTENSION, DIABETES, GLUCOSE, SOME OF THOSE COMORBIDITIES THAT FOLKS HAVE.

AND OUT OF THAT GROUP OF THAT 17,666 WE HAD 81% OF THOSE MEMBERS THAT EITHER MAINTAINED OR IMPROVED THEIR HEALTH RISKS.

SO 30% OF THAT GROUP HAD NO CHANGE WHETHER THEY HAD A 0 OR A ONE OR MORE IN '17 THEY DIDN'T IMPROVE OR GET WORSE DURING THAT YEAR.

AND THEN GOING TO THE RIGHT THOSE ARE THE 51% THAT EITHER IMPROVED OR MAINTAINED.

WE HAD ALMOST 2500 FOLKS IN THAT GROUP THAT HAD ZERO COMORBIDITIES.

THEN UNDER 5,000 THAT HAVE AT LEAST ONE OR REDUCED BY ONE.

SO THEY'VE MOVED FROM THE RIGHT SIDE TO THE RED BARS OVER TO THE LEFT SIDE.

THAT'S THE FOLKS THAT REDUCED AT LEAST ONE COMORBIDITY DURING THAT TIME FRAME.

1,265 REDUCED A COUPLE.

AND THEN 245 REDUCED EITHER THREE OR MORE.

SO POSITIVE THERE.

THEN LOOKING OVER ON THE RIGHT SIDE THAT'S JUST THE REVERSE 2072 THAT INCREASED BY ONE COMORBIDITY.

THEY WENT FROM ZERO TO 1 OR 1 TO 2, SO FORTH.

WE HAD 480 INDIVIDUALS THAT INCREASED TWO COMORBIDITIES AND 56 INDIVIDUALS THAT HAD THREE OR MORE.

SO OVERALL VERY POSITIVE OUT OF THAT COHORT POPULATION THAT WAS ENGAGED AND ACTIVE WITH THE WELLNESS PROGRAM.

THE LAST SLIDE 19, JUST INCLUDED THAT FOR REALLY A REFERENCE.

AS FAR AS THE ITEMS IN THE CHART, THEY'RE THE SAME.

IT'S JUST THERE'S A DIFFERENCE BETWEEN BECAUSE THE CHART ON THE LEFT ARE FULL PLAN A MEMBERS WHICH ARE ELIGIBLE FOR THE PREMIUM DISCOUNT.

AND IN Q, A MEMBER WORKING TOWARDS PREMIUM INCENTIVE DISCOUNT AND ALSO FOR EVERY CREDIT THEY GET THAT \$10 PUT IN THEIR HSA OR HRA ACCOUNT.

AND IT'S JUST A BREAKDOWN OF WHAT THE POINTS ARE ASSIGNED TO EACH OF THOSE FOR CLAIM YEAR 2020.

OTHER QUESTIONS AS WE WENT THROUGH THERE?

OKAY.

LET'S MOVE OVER AND START TO LOOK AT THE DIFFERENT MODELS THAT WERE INCLUDED.

I THINK EVERYBODY SHOULD HAVE, THE PANELISTS ANYWAY, HAVE THE EXPLANATIONS OF EACH OF THE MODELS.

SO I THINK IT WOULD PROBABLY BE BETTER JUST TO PROJECT THE MODEL AND TALK ABOUT THOSE.

SO WHY DON'T YOU MOVE UP WITH THE FIRST MODEL, NUMBER ONE.

OKAY SO THIS IS MODEL NUMBER ONE.

I'LL PROVIDE A LITTLE BACKGROUND.

SO ALL OF THE ANALYSIS ON THESE MODELS, THEY'RE BASED OFF OF THE PROJECTION SHEET WHICH HAD PROJECTED ORIGINALLY 4.7% CONTRIBUTION INCREASE FOR THE EMPLOYER, EMPLOYEE, DEPENDENT, AND THE NON-MEDICARE RETIREES FOR THE PLAN YEAR '21 AND '22.

AND THEN THE PROJECTED FUND BALANCE BASED ON THAT MODEL WAS OVER \$65 MILLION.

SO AS WE TALK ABOUT THE NUMBERS THAT'S WHAT THE ANALYSIS FLOWS DOWN FROM.

AND THESE MODELS COME FROM THE CONVERSATION WITH THE HEALTH CARE COMMISSIONERS AT THE APRIL 24TH MEETING.

SO WE TOOK SOME INDIVIDUALLY AS THEY WERE SUGGESTED AND THEN MOVED THROUGH AND COMBINED SOME TO GIVE EVERYBODY AN IDEA OF WHAT THE IMPACT IS WHETHER YOU DID ONE OR MULTIPLES OF THESE.

DOESN'T MEAN THESE ARE THE ONLY ONES.

THESE ARE THE ONES THAT WERE SHARED AT THE HEALTH CARE COMMISSION.

THE SAME INFORMATION HAS BEEN SENT OUT TO THE HEALTH CARE COMMISSIONERS TO REVIEW, WAITING TO SEE IF THERE'S ANY FEEDBACK ON THAT FOR ANY DIFFERENT MODELLING FOR BETWEEN NOW AND THE JUNE 8TH MEETING.

SO JUST LOOKING AT MODEL ONE THAT'S PROJECTED UP AND WHAT WE'RE REALLY GOING TO FOCUS THERE'S SEVERAL THINGS WITHIN THE MODEL HERE.

AT THE TOP YOU'VE GOT FACTORS AND ASSUMPTIONS BASED UPON WHAT THE INTEREST RATE ON THE RESERVES FOR THE HEALTH PLAN FUND RECEIVES.

YOUR ADMIN, I'M GOING DOWN THE LEFT SIDE OF THIS SPREAD SHEET.

YOUR ADMIN AND CONTRACT TREND ON WHAT COSTS WERE CONTRACT COSTS POTENTIALLY CAN CHANGE ON A YEARLY BASIS DEPENDING ON HOW YOUR CONTRACT WAS AWARDED.

YOUR MEDICAL COST RATE, SAME THING WITH YOUR RX PRESCRIPTION TREND RATE.

AND THEN GOT SOME TREND BY THE AGEING WELLNESS REQUIREMENTS IN THE VARIOUS PLANS.

DOWN HERE IN THE POLICY CHOICES IS REALLY WHERE YOU'RE GOING TO BE FOCUSED AT.

SO YOU'RE LOOKING JUST RIGHT NOW GOING DOWN PLAN YEAR 2021, SO FOLLOWING THAT COLUMN DOWN, UNDER PLAN CHOICES, AT THIS POINT THE EMPLOYER RATE WHICH GOES IN EFFECT FOR THE STATE OF KANSAS AND ALL NON-STATE GROUPS, THAT RATE, THAT 4.5% RATE IF THAT'S WHAT WAS PROVED WOULD GO IN EFFECT JULY 1 OF THE FOLLOWING YEAR WHERE WHEN YOU DROP UNDER THOSE CHOICES FOR THE EMPLOYEE THE EMPLOYER RATES CHANGE ON JANUARY 1 OF THE NEW PLAN YEAR.

SO JUST A DIFFERENCE THERE.

SO THAT RATE THAT TOOK PLACE FOR 2020, THAT 4.5% ON THE EMPLOYER, THAT WILL GO INTO EFFECT ON 7/1 OF 2020.

AND WHATEVER IS APPROVED IN '21 GOES INTO EFFECT THEN 7-1-21.

SO IN THIS MODEL WE'VE GOT THE 4.5% INCREASE PROJECTED FOR THE EMPLOYER AND THEN ALL OF THE EMPLOYEE, THE FOUR COVERAGE TIERS, EMPLOYEE PLUS SPOUSE, EMPLOYEE PLUS DEPENDENT, EMPLOYEE PLUS FAMILY ALONG WITH OUR EARLY RETIREES, THESE ARE OUR NON-MEDICARE FOLKS, THAT'S A 0% PROJECTED INCREASE ON THE PREMIUM GOING INTO PLAN YEAR 2021.

AND THEN YOU CAN SEE THE DENTAL AND THE EMPLOYER.

CAN YOU SCROLL THAT DOWN.

IS THAT SOMETHING I CAN DO HERE?

YEAH, YOU HAVE TO DO IT.

CAN YOU SCROLL THAT DOWN SOME.

>> THAT'S ALL THERE IS IN THIS PDF.

>> OKAY.

WELL THEN LET'S REFER BACK TO OUR SHEETS IF YOU'RE NOT SEEING THAT.

CAN ANY OF THE OTHER EAC MEMBERS SEE THAT WHOLE SHEET?

YOU SHOULD BE ABLE TO SEE THE WHOLE SHEET.

I'VE GOT IT ALL ON MY SCREEN, IT WAS JUST A LITTLE SLOW CATCHING UP, IT LOOKS LIKE.

SO THEN YOU GET INTO THE BEGINNING, THAT'S WHAT'S CARRIED OVER FROM THE END OF PLAN YEAR, THE PREVIOUS PLAN YEAR.

THEN YOU'VE GOT YOUR PROJECTED CASH FLOW WHICH IS YOUR EMPLOYER AND YOUR PARTICIPANT CONTRIBUTIONS THAT YOU CAN SEE THE MAJORITY OF THE REVENUE COMES FROM THE EMPLOYER CONTRIBUTIONS.

AND THEN THE PROJECTED PLAN EXPENSES WHICH OF COURSE INCLUDES THE CLAIMS AND OUR CONTRACT FEES AND SO FORTH.

AND THEN THAT INTEREST WHICH REFERRED BACK UP TO THAT AMOUNT ON THE FUND BALANCE GIVES YOU YOUR NET CASH FLOW AND THEN WHAT OUR PROJECTED RESERVE BALANCE IS SO LOOKING AT 2021, IT'S BASED UPON MODEL ONE IT'S 60,322,168.

THEN YOU'VE GOT THE TARGET RESERVE, THAT'S CLAIMS THAT ARE OUT IN THE SYSTEM THAT JUST HAVE NOT HIT TO BE PROCESSED IN THE PLAN, IT'S NOT YET PAID FOR THOSE YET.

CLAIMS WE HAVE CERTAIN EVENTS THAT TOOK PLACE SOME OF THE LONGER STANDING EAC MEMBERS WILL REMEMBER THAT THERE WAS A FAIRLY SUBSTANTIAL FUND BALANCE AND IN PREVIOUS YEARS IT HAD QUITE A REDUCTION SO THAT CLAIMS FLUCTUATION WAS PRETTY VITAL WAS DURING HA TIME.

SO REALLY WHAT MODEL ONE DOES WITH THE 4.5% WITH ALL OF THE EMPLOYEE TIERS, NO PLAN DESIGN CHANGES IN THAT MODEL.

AGAIN GOING BACK TO, IT DECREASED THE PROJECTED FUND BALANCE BY NOT QUITE \$4.8 MILLION.

AND THEN LOOKING AT THE OUT YEAR OF 2022 THAT MOVED IT TO A 5% INCREASE.

SO IF EVERYTHING FLOWED OUT EXACTLY AS PROJECTED ON HERE, NEXT YEAR NOTHING WAS DONE OTHER THAN LOOKING AT FUNDING THE HEALTH PLAN WITH CONTRIBUTION, YOU'D BE LOOKING AT 5% ACROSS THE BOARD.

SO I'LL PAUSE AND SEE IF THERE ARE ANY QUESTIONS.

WE'LL MOVE THROUGH THE REST OF THE MODELS AT A LITTLE QUICKER PACE.

OKAY, PETE.

GO AHEAD AND PULL UP MODEL TWO.

>> MIKE, I HAVE A QUESTION.

>> OKAY.

>> IS IT POSSIBLE AND CAN WE ANTICIPATE ALL THESE MODELS COULD CHANGE BECAUSE OF THIS PANDEMIC?

>> WELL AT THIS POINT WE DON'T KNOW WHAT THE COST OF THE COVID-19 IMPACT IS GOING TO BE.

WE'VE TRIED TO LOOK AT SOME OF THAT DATA EARLY AND THERE'S JUST NOT ENOUGH IN THE SYSTEM YET TO MAKE A DETERMINES.

WE KNOW WE'VE HAD SOME OUTBREAKS AT SOME OF OUR CORRECTIONAL FACILITIES ACROSS THE STATE.

AGAIN IT'S DEPENDS ON HOW SEVERE THOSE GO.

OBVIOUSLY IT COULD BE A HIGHER COST IF SOMEONE IS UNFORTUNATE ENOUGH TO HAVE A HOSPITALIZATION ON THERE.

I KNOW JUST LOOKING AT REPORTS JUST NATIONALLY AND SOME THINGS IN KANSAS, IT'S REPORTED THROUGH THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, A LARGE PERCENTAGE OF THOSE FOLKS AREN'T ENDING UP IN THE MORE SERIOUS SITUATION WITH THE VIRUS AND A LOT OF HOME CARE THAT TOOK TO WEATHER THAT.

SO THE DIRECT ANSWER TO THE QUESTION IS THAT REALLY FLUCTUATED AND ON THE HIGH-END I'M SURE IT'S GOING TO IMPACT THE CLAIMS DOLLARS.

BUT WE DON'T KNOW, WE DON'T HAVE A GOOD ENOUGH FEEL AT THIS POINT TO KNOW.

SO CAN'T MODEL WHAT WE DON'T KNOW AT THIS POINT IN TIME.

>> SURE.

>> I DON'T KNOW IF KEN AND PATRICK, IF THEY HAVE ANY FEEL FROM A NATIONAL LEVEL IF THERE'S ANY KIND OF PROJECTED PERCENT INCREASE.

BUT YOU GET INTO NEW YORK, IF YOU'VE GOT HEALTH PLANS IN THERE, WE ALL KNOW THAT'S KIND OF BEEN AN EPICENTER.

>> THIS IS PATRICK.

WE HAVE A MODEL THAT CAN VARY BY GEOGRAPHY LIKE YOU SAID.

BUT OVERALL WHEN I SEE WHAT I RUN FOR OTHER CLIENT IT'S BEEN ABOUT 1% OF COSTS AND REALLY JUST A DIRECT COST.

THE OTHER THING WE'RE SEEING IN THE LAST COUPLE MONTHS ARE PEOPLE'S CLAIMS ARE SIGNIFICANTLY DOWN BECAUSE THEY'RE NOT ABLE TO DO THOSE ELECTIVE SURGERIES, SO WE'RE NOT SURE IF THOSE ARE GOING TO GET PUSHED BACK OR MAYBE A DROP IN UTILIZATION.

SO I DON'T THINK IT'S GOING TO BE MAJOR.

I THINK IT COULD PROBABLY BE A WASH BY THE END WHEN YOU LOOK AT IT.

BUT ONLY TIME WILL TELL.

>> THANKS, PATRICK.

>> THANKS, PATRICK.

THANKS, MICHAEL.

>> MHM.

OKAY SO WE'LL JUST TAKE A LOOK AT MODEL TWO.

IT'S UP ON THE SCREEN NOW.

AND WHAT THIS LOOKS AT IS ON PLAN A CURRENTLY THERE'S THREE TIER DEDUCTIBLES.

SO AS SINGLE I'M PAYING \$1,000 TO REACH MY DEDUCTIBLE.

IF I HAVE A MEMBER PLUS ONE ON MY PLAN I'VE GOT TO REACH A \$2,000 DEDUCTIBLE.

AND THEN IF YOU'VE GOT MORE THAN, THREE OR MORE YOU'RE LOOKING AT A \$3,000 DEDUCTIBLE.

THE COMMISSION WANTED TO LOOK AT MOVING THAT BACK TO A TWO TIER DEDUCTIBLE.

2,000 IMPACT HERE AND AGAIN THAT'S LEAVING THE EMPLOYER CONTRIBUTION AT 4.5 AND THE EMPLOYEE AT 0, I SHOULD MENTION THAT.

BUT WITH THE DEDUCTIBLE ON THERE THAT DECREASES THE FUND BALANCE 6.4 MILLION.

AND THEN ON THE OUT YEAR FOR 2022 THAT WOULD MOVE THAT TO A 5.1% PROJECTED CONTRIBUTION AMOUNT.

SO WHEN YOU LOOK AT THE BOTTOM ON YOUR PROJECTED FUND BALANCE, YOU'RE STILL ABOVE YOUR TARGET.

AND ALL OF THESE MODELS, ALLOW THE ENDING FUND BALANCE FOR 2021 TO BE WITHIN AN ACCEPTABLE RANGE.

THE ONE COMMENT I WILL MAKE IS THAT IN PAST YEARS IF A CHANGE WAS MADE TO THE CONTRIBUTION AMOUNT, SO IT'S JUST A HYPOTHETICAL NUMBERS, IF WE REDUCED THAT 4.7% WHICH WAS PROJECTED AND THAT WAS REDUCED DOWN TO 4%.

SO WE'RE OBVIOUSLY GOING TO LOSE SOME REVENUE FROM THE CONTRIBUTION SIDE.

IT HAD BEEN LOOKED AT HISTORICALLY THAT WE'LL MAKE THAT DIFFERENCE UP THEN WITH SOME PLAN DESIGN CHANGES WHICH OF COURSE IS COST SHARE BETWEEN THE PLAN AND THE MEMBER.

AND WHAT WE'RE LOOKING AT THIS YEAR WITH THESE MODELS IS REALLY MAKING A REDUCTION WITHOUT REBALANCING THAT OUT.

SO I REALLY NEEDED \$100 FOR THE PLAN YEAR, I MAY HAVE DROPPED THE CONTRIBUTION REVENUE DOWN BY \$10.

AND NOW I'M LOOKING AT 90 FOR THE PLAN YEAR WHERE HISTORICALLY, IF I DROPPED THAT CONTRIBUTION BY TEN, IT WAS BEING MADE UP WITH SOME PLAN DESIGN CHANGES.

SO YOU STILL ENDED UP WITH THAT HUNDRED DOLLARS.

SO JUST KEEP THAT IN MIND, THESE ARE REDUCTIONS WITHOUT REBALANCING OUT WITH ANY OTHER AVENUE ON THE PLAN AND TRYING TO MOVE FORWARD AND THESE WOULD BE ALL POSITIVE THINGS FOR THE MEMBERS.

SO ANY QUESTIONS THERE ON MODEL TWO BEFORE WE LOOK AT MODEL THREE?

OKAY, PETE, GO AHEAD AND PUT UP MODEL THREE.

MUST BE TAKING A MINUTE TO LOAD.

THERE IT IS.

SO AGAIN GOING DOWN THE 2021 COLUMN, THE EMPLOYER CONTRIBUTION OF 4.5%, THE EMPLOYER AND RETIREE CONTRIBUTION KEPT AT 0 FLAT.

SO MODEL THREE, THIS WOULD REDUCE THE OUT OF POCKET MAXIMUM ON PLAN A WHICH IS CURRENTLY \$6,250.

IT WOULD REDUCE THAT BY \$1,000 TO 5,250 FOR A SINGLE AND THEN FOR THE FAMILY WHICH IS CURRENTLY 12,500 WOULD REDUCE THAT TO 10,500.

THIS WOULD DECREASE THE PROJECTED FUND BALANCE BY NOT QUITE \$7.3 MILLION.

THE IMPACT TO THE CONTRIBUTION RATE FOR 2022 WOULD MOVE THAT TO A 5.2%.

AND THEN YOUR FUND BALANCE IS THE 57,820,697.

QUESTIONS ON THIS MODEL THREE?

OKAY, PETE, MODEL FOUR.

OKAY SO AGAIN LOOKING AT 2021 THE 4.5% EMPLOYER AND 0% INCREASE ON THE EMPLOYEE AND NON-MEDICARE RETIREES.

WHAT MODEL FOUR IS DOING IT'S REDUCING THE PLAN A PRIMARY CARE OFFICE VISIT FROM \$40 TO \$35.

ENDS UP DECREASING THE FUND BALANCE BY JUST UNDER \$5 MILLION.

AND THEN FOR CLAIM YEAR 2022 THE PROJECTED CONTRIBUTION INCREASE WOULD BE 5.1% AND THE RESERVE BALANCE OF JUST OVER \$60 MILLION.

QUESTIONS ON MODEL FOUR?

PETE, GO AHEAD WITH MODEL FIVE.

OKAY SO MODEL FIVE I'M LOOKING DOWN 2021 COLUMN.

WE HAVE THE 4.5% EMPLOYER INCREASE.

AND WHAT THIS LOOKED AT WAS A 1% INCREASE ON THE EMPLOYEE AND THE EMPLOYEE PLUS DEPENDENT AND THEN WOULD HAVE A REDUCTION OF 2% ON THE EMPLOYEE SPOUSE, THE EMPLOYEE PLUS FAMILY, AND THEN OUR NON-MEDICARE RETIREE RATE.

AND THERE ARE NO PLAN DESIGN CHANGES IN THIS MODEL.

AND WHAT THIS WOULD DO, IT WOULD DECREASE THE PROJECTED FUND BALANCE BY ROUGHLY \$5.4 MILLION AND THEN LOOKING AT THAT OUT YEAR IN THAT 2022 WOULD BE A PROJECTION OF A 5.1% CONTRIBUTION INCREASE.

AND THEN OUR ENDING FUND BALANCE ON THAT.

PETE, CAN YOU SCROLL DOWN AS FAR AS YOU CAN?

SO THAT LEAVES THE PROJECTED FUND BALANCE OF 59,656,152.

SO AGAIN ABOVE THE TARGET.

QUESTIONS ON MODEL FIVE?

>> THIS IS NATALIE.

DO YOU KNOW HOW MUCH A 1% INCREASE ON THE EMPLOYEE FOR PLAN A WOULD MEAN PER MONTH?

I DON'T REMEMBER WHAT THE MONTHLY COST IS.

>> IS IT \$39?

I HAVE THAT RIGHT HERE IN FRONT OF ME.

>> THIS IS HANNAH.

IT'S \$39 AND CHANGE.

SO 1% INCREASE WOULD BE NOT A SIGNIFICANT IMPACT ON SINGLE ANYWAY.

>> RIGHT AND JUST THE TWO TIERS WOULD BE THE EMPLOYEE AND THEN EMPLOYEE WITH A DEPENDENT.

>> THIS IS HANNAH AGAIN.

I DO HAVE ONE QUESTION IN OUR CHAT ASKING WHAT THE GOAL IS FOR THE PROJECTED RESERVE BALANCE AND THEN ON THAT TOPIC I WAS JUST WONDERING IF IT'S JUST A QUIRK OF THE NUMBERS OR IF IT'S INTENTIONAL THAT THE PROJECTED RESERVE BALANCE INCREASES SO MUCH ACROSS THE TENURE PROJECTION?

>> WHAT THE TENURE IS TRYING TOO AND I'LL LET PATRICK JUMP IN.

BUT BY THE TIME YOU GET TO TEN YEAR YOUR RESERVE BALANCE IS PROJECTED TO BE WHAT YOUR TARGET IS.

IT WAS PUT IN PLACE SEVERAL YEARS AGO WHEN THE FUND BALANCE WAS LARGE AND AT THAT POINT IN TIME THE COMMISSION WAS ADDRESSING HOW TO SPEND THAT FUND BALANCE DOWN.

AND THOSE THAT HAVE BEEN AROUND FOR A WHILE WILL REMEMBER THAT USING THIS EXAMPLE WITH THE LARGER FUND BALANCE THERE MAY HAVE BEEN A PROJECTED INCREASE OF 4.5% ACROSS THE BOARD FOR BOTH THE EMPLOYER AND THE EMPLOYEE.

AT THAT POINT IN TIME THE HEALTH CARE COMMISSION HAD AN OPPORTUNITY THAT THEY WANTED TO REDUCE THAT AND GO WE'RE ONLY GOING TO DO 2%.

IT WOULDN'T HAVE MATCHED UP WITH THE REVENUE BUT WITH THE GOAL OF REDUCING THE FUND BALANCE DOWN, THEN THAT COULD BE DONE.

WHAT YOU'RE LOOKING AT TODAY IS YOU DON'T HAVE THAT LARGE FUND BALANCE.

SO EVERYTHING YOU DO TO IT HAS AN IMPACT AND WHAT THE GOAL WOULD BE WOULD BE TO TRY TO MATCH WHAT THE TARGET RESERVE IS.

BUT YOU CAN'T BALANCE THAT ON A YEARLY BASIS BECAUSE IT CAN GO TOO LOW IN THE NEXT YEAR AND I'LL LET KEN AND PATRICK JUMP IN AND GIVE YOU SOME ACTUARY ANALYSIS ON THAT.

>> SO IS THE QUESTION WHY THE FUND BALANCE IS SO FAR ABOVE THE TARGET AND THAT IT SLOWLY ARRIVES THERE AT THE VERY END, IS THAT THE QUESTION?

>> WELL, YEAH.

AND THE OTHER IS WHAT'S REALLY THE GOAL FOR THE FUND BALANCE AND I THINK THAT'S PROBABLY WHAT FOLKS ARE SEEING THAT IF YOU JUMP OUT A FEW YEARS ON THIS PARTICULAR MODEL YOU'VE GOT AN 87.4 FUND BALANCE WHEN REALLY THE TARGET IS 66.

SO YOU GO OVER AND THEN YOU START TO DECREASE.

SO YEAH GO AHEAD AND ADDRESS FROM THERE.

>> SURE.

SO I MEAN REALLY THE ISSUE IS THE COST OF THE TREND OF HEALTH CARE IS HIGHER THAN THE FOUR POINT WHATEVER PERCENT.

SO FOR US TO BALANCE AND BE SOLVENT AT TEN YEARS AND MEET THAT TARGET RESERVE, WE HAVE TO GROW IT A LITTLE HIGHER IN THE FIRST COUPLE OF YEARS SO THEN AS THE COSTS ARE HIGHER THAN THE GROWTH IN REVENUE THAT WE SLOWLY GLIDE BACK TO THAT TARGET.

SO DOES THAT MAKE SENSE, MIKE?

REALLY THE ANSWER IS THE COSTS ARE A LITTLE BIT HIGHER THAN WHAT THE FUNDING PERCENTAGE IS.

>> RIGHT.

PROJECTED TREND COST.

>> AND THE REASON FOR WHY THE TARGET RESERVES GROW YEAR AFTER YEAR, THAT'S A FUNCTION OF ALL OF THESE ARE A PERCENT OF CLAIMS.

SO AS THE CLAIMS GROW AND GROW AND GROW WITH TREND, THE TARGET RESERVE NEEDS TO BE HIGHER AND HIGHER AND HIGHER.

>> OKAY, THAT MAKES SENSE.

THANK YOU SO MUCH.

>> YOU'RE WELCOME.

>> WE CAN MOVE ON TO MODEL SIX.

>> OKAY THIS POPPED UP HERE.

SO WHAT WE'RE LOOKING AT IN THIS MODEL AGAIN GOING DOWN THROUGH THE 2021 COLUMN, WE HAD THAT 4.5% EMPLOYER CONTRIBUTION INCREASE AND THEN THE EMPLOYEE HELD FLAT AT 0.

AND THEN THE 2% REDUCTION ON THE EMPLOYEE PLUS THE SPOUSE, EMPLOYEE PLUS FAMILY, AND OUR NON-MEDICARE RETIREE POPULATION.

AGAIN NO PLAN DESIGN CHANGES HERE.

IT DOES DECREASE THE PROJECTED FUND BALANCE BY 5.8 MILLION AND THAT LEAVES A 59.2 FUND BALANCE FOR 2021.

WE'D INCREASE THAT PROJECTION IN THE OUT YEAR TO 5.1%.

ANY QUESTIONS ON SIX?

IF NOT, PETE, TURN TO SEVEN.

JUST AS A REMINDER WHILE THAT MODEL SEVEN LOADS IT'S TALKING ABOUT THAT INCREASE IN PLAN YEAR 2022 GOING TO 5% OR 5.1 OR THAT'S BASED UPON THE 4.7.

SO YOU'RE REALLY MOVING FROM 4.7 TO 5.0 OR 5.1.

ALL RIGHT SO MODEL SEVEN, THIS IS WHERE THEY START TO COMBINE SOME OF THESE MODELS.

THIS COMBINES THE MODELS 1 THROUGH 4.

IT WAS 0% FOR THE EMPLOYEE ALONG WITH GOING TO THAT TWO TIER DEDUCTIBLE AND INCREASING THAT PLAN A OUT OF POCKET MAX BY \$1,000 ON THE SINGLE AND A COUPLE THOUSAND DOLLARS ON THE FAMILY.

AND THEN DECREASING THAT PRIMARY CARE OFFICE VISIT ON PLAN A FROM 30 TO 35.

THAT'S COMBINING THESE THREE MODELS.

IF YOU'LL LOOK DOWN AND SEE THE PROJECTED FUND BALANCE WOULD BE DECREASED BY \$9.1 MILLION YOUR OUT YEAR IN PLAN YEAR 2022 HAS 5.3% PROJECTED CONTRIBUTION FOR 2022.

QUESTIONS?

PETE, MODEL EIGHT.

SOME BACKGROUND WHILE THAT POPS UP.

MODEL EIGHT WILL COMBINE THE MODELS 2 THROUGH 6.

SO YOU HAVE TO OBVIOUSLY DROP OFF MODEL ONE BECAUSE THAT WAS ONE FUNDING MECHANISM WHERE WHEN YOU FOLD IN 5 AND 6, BECAUSE FIVE IS WHERE WE WERE GOING TO DO THE PROJECTION ON THE 1% ON THE EMPLOYEE AND EMPLOYEE DEPENDENT AND THE DECREASE IN TWO SPOUSAL TIERS AND RETIREES.

THAT CHANGED THE MODELLING FROM ONE.

SO 2WO THROUGH SIX.

WHAT WE'RE LOOKING AT HERE THEN 2021, WE HAVE THE 2% DECREASE ON THE TWO FAMILY TIERS.

SO WITH THIS THE IMPACT IT HAS INCREASES THE PROJECTED FUND BALANCE BY 2.2 MILLION.

AND WE HAVE A 2022 PROJECTION OF 5.4 PERCENT CONTRIBUTION INCREASE.

SO AGAIN YOU STILL HAVE THAT RESERVE BALANCE OF 54.8 IN 2021 THAT'S PROJECTED.

QUESTIONS?

ALL RIGHT, MODEL NINE.

AND AGAIN THIS COMBINES THE MODELS 2 THROUGH 5, DROPS OFF SIX.

AND SIX WAS WHERE WE HAD A 0% PROJECTED INCREASE ON THE EMPLOYEE AND THE EMPLOYEE DEPENDENT TIERS.

AND THEN THE 2% DECREASE ON THE TWO SPOUSAL TIERS AND RETIREES.

AND THE IMPACT HERE IS, IT JUST POPPED UP.

SO WE HAVE A PROJECTED FUND BALANCE DECREASE BY \$9.8 MILLION.

AND THE 2022 CONTRIBUTION INCREASES TO 5.4%.

2021 FUND BALANCE PROJECTED TO BE AT 55.2.

QUESTIONS?

MOVING ON TO MODEL TEN.

WHILE THAT POPULATES ON OUR SCREEN, THIS COMBINES THE MODEL ONE WHICH IS 4.5% EMPLOYER INCREASE OF 0% ON THE EMPLOYEE.

AND THEN MODEL TWO WAS THE REDUCTION IN THE PLAN A THREE TIER DEDUCTIBLE TO THE TWO TIER IN THE THOUSAND AND 2,000.

THERE IT POPS UP.

YOU SEE THE 4.5%, 0 FOR ALL OF THE EMPLOYEE CONTRIBUTIONS NOW BELONG WITH THE RETIREE FUND BALANCE OF 58.4, 2022 PROJECTED CONTRIBUTION AMOUNT WITH A 5.2% OUT YEAR.

ANY QUESTIONS THERE?

ALL RIGHT, THE LAST MODEL THAT WE'LL GO THROUGH AND THEN IT'S UP FOR EAC TO HAVE THEIR DISCUSSION ON THEIR THOUGHTS ON CLAIM YEAR TO 21.

MODEL 11 THAT'S GOING COMBINE MODELS 1 AND 2 WE JUST TALKED ABOUT IN MODEL TEN AND ALSO FOLD IN MODEL FOUR WHICH IS THE PLAN A DECREASE.

OFFICE VISITS UP FROM 30 TO \$45.

IT DECREASES THE FUND BALANCE BY 6.6 MILLION AND THEN WOULD INCREASE THAT RATE TO 5.2%.

AND THEN YOUR FUND BALANCE IN 2021 OF 58.4.

SO WITH THAT ANY QUESTIONS ON THOSE MODELS, OTHERWISE NATALIE, YOU WANT TO OPEN IT UP FOR SOME DISCUSSIONS WITH YOUR COMMITTEE ON YOUR THOUGHTS ON 2021?

>> THANK YOU.

ARE THERE ANY QUESTIONS FOR MIKE?

>> THIS IS BRENT.

I HAVE A REQUEST.

CAN YOU PUT UP MODEL SEVEN AND MODEL EIGHT JUST FOR LIKE 5 OR 10 SECONDS EACH JUST SO I CAN SEE THEM AGAIN.

>> LET ME KNOW WHEN YOU WANT TO SWITCH IT.

>> THAT'S FINE, YOU CAN SWITCH IT.

THANK YOU.

>> WERE THERE ANY OTHER QUESTIONS FOR MIKE?

IT'S A LITTLE HARDER TO HAVE THESE SORT OF DISCUSSIONS IN A VIRTUAL ENVIRONMENT.

BUT I WOULD LAY OUT A COUPLE OF QUESTIONS JUST TO GET A TEMPERATURE ON WHERE WE ARE.

AND IF YOU CAN HELP ME ANSWER THOSE QUESTIONS AND THEN WE'LL BE ABLE TO LIMIT THE SCOPE OF OUR DISCUSSIONS.

MY FIRST QUESTION IS DID ANYONE WANT TO LOOK AT A DIFFERENT OPTION.

MIKE HAS WALKED US THROUGH THE 11 MODELS.

THEY ARE CONSISTENT WITH WHAT THE HEALTH CARE COMMISSION ASKED ABOUT AT THE LAST MEETING IN HOLDING EMPLOYEE RATES AND THEN LOOKING AT THE FAMILY RATE MODELS THAT WEREN'T PERFORMING QUITE AS WELL AGAINST THE COMPARISONS AND THE SINGLE PRESENTATIONS.

SO IS ANYONE LOOKING FOR A DIFFERENT MODEL THAT WE DON'T HAVE IN OUR MATERIALS?

>> THIS IS HANNAH.

I WOULD BE CURIOUS TO SEE HOW THESE MODELS WOULD BE IMPACTED IF WE ALSO LOOKED AT LIMITING EMPLOYER RATE INCREASES JUST BECAUSE I KNOW, WE KNOW WHAT'S GOING ON AROUND US AND BUDGETS ARE GOING TO BE DIFFICULT FOR ALL AGENCIES, SO I WOULD BE CURIOUS TO SEE IF NOT JUST INDIVIDUAL EMPLOYEES BUT ALSO ORGANIZATIONS AND AGENCIES WOULD POTENTIALLY BE ABLE TO SEE SOME RELIEF FROM THIS AS WELL.

>> THIS IS MARIA.

I ECHO THAT, THAT WAS MY THOUGHTS AS WELL.

I KNOW BUDGETS ARE REALLY, REALLY TIGHT COMING INTO THE NEW YEAR.

AND THESE HAVE EMPLOYER INCREASES AND I'D LIKE TO SEE SOMETHING MAYBE THAT HOLDS IT FOR THE EMPLOYERS.

>> MIKE, DO YOU HAVE A SENSE OF WHAT THE HEALTH CARE COMMISSION IS THINKING ABOUT FOR THE EMPLOYER CONTRIBUTIONS AND THEN WHAT THE IMPACT WOULD BE ON TRYING TO KEEP THAT EMPLOYER RATE AT 0 TOO?

>> YES, THIS IS MIKE MICHAEL.

YEAH WHAT THE COMMISSIONER TALKED ABOUT WAS THAT RANGE OF 4.5 TO 4.7.

IF WE JUST DROP THAT TO 3.5% WHAT THAT IMPACT WILL BE.

SO IF YOU CAN GIVE US JUST A LITTLE BIT OF TIME WHILE YOU CONTINUE YOUR DISCUSSION THEN I'LL LET YOU KNOW WHEN WE HAVE THAT TO GIVE YOU A ROUGH IDEA OF JUST WHAT A 1% DECREASE WOULD DO TO THE FUND BALANCE.

>> ALL RIGHT.

AND THEN THE -- LOOKING AT THE 1% CONTRIBUTION INCREASE FOR THE EMPLOYEE AND EMPLOYEE DEPENDENTS.

AND THAT WAS ON MODELS NUMBER FIVE AND NUMBER NINE.

NINE ALSO I THINK INCLUDED SOME PLAN DESIGN CHANGE WITH IT.

SO IS THERE ANYONE WHO IS LEANING TOWARDS OR WANTING TO MAKE COMMENTS ABOUT HAVING CERTAIN EMPLOYEE GROUPS SEE AN INCREASE WHILE WE TRY TO BRING THOSE FAMILY RATES DOWN?

>> THIS IS BETH.

I CAN APPRECIATE THE PERSON THAT SAID THEY KNOW THAT THE EMPLOYER SIDE IS GOING TO BE STRUGGLING BECAUSE OF THE BUDGET.

I MEAN THAT'S PRETTY OBVIOUS TO ALL OF US.

BUT OUR CONCERN IS TO LOOK OUT FOR THE EMPLOYEES AND OVER TOO MANY YEARS THE EMPLOYEES HAVE CARRIED THE BRUNT WHEN THE EMPLOYERS, THEY'RE JUST KIND OF CATCHING UP TO WHERE WE'VE BEEN.

SO I GUESS I WOULD BE INTERESTED IN THE MODEL AT 3.5% AS LONG AS WE'RE NOT HAVING TO PICK UP A LOT OF EXTRA COST BECAUSE WE'RE NOT GOING TO GET RAISES EITHER.

AND I KNOW THAT'S NOT ON THE TABLE FOR DISCUSSION BECAUSE IT'S OUT OF OUR CONTROL BUT SO IS THE FACT THAT ON THE EMPLOYER SIDE.

>> I AGREE WITH THAT THAT WE HAVE TO LOOK OUT FOR THE EMPLOYEES, BUT AT THE SAME TIME WE'RE TALKING FURLOUGHS AND LAY

OFFS AND NOT THAT THIS IS GOING TO CREATE ADDITIONAL FURLOUGHS OR ANYTHING LIKE THAT, BUT RIGHT NOW I THINK ANY INCREASE AT LEAST AT K STATE, AT THE UNIVERSITIES, NOT JUST K STATE BUT ANY OF THE UNIVERSITIES, ANY INCREASE IS GOING TO BE SIGNIFICANT FOR THE EMPLOYER RIGHT NOW.

>> AND MARIA, WAS THAT YOU TALKING JUST FOR THE RECORD?

>> YES, SORRY, IT WAS MARIA.

>> OKAY, GREAT.

AND FOR PEOPLE THAT DON'T KNOW THERE ARE ALREADY FURLOUGHS HAPPENING ON SOME OF THE UNIVERSITY CAMPUSES.

I THINK K STATE IS ONE OF THEM.

AND SO I HAVEN'T HEARD THAT STATE AGENCIES HAVE HAD FURLOUGHS BUT EVERYBODY IS GOING TO BE LOOKING TOWARDS WHAT SORT OF BUDGET CUTS WE SEE AS THE LEGISLATURE RETURNS AT THE END OF THE MONTH.

AND SO IT IS DEFINITELY A FACT THAT EMPLOYEES AND EMPLOYERS ARE NOT FAIRING WELL IN THIS COVID ENVIRONMENT.

SO I'D LIKE TO TAKE THE DISCUSSION BACK AGAIN AND SEE IF WHAT THE THOUGHTS ARE ON TREATING EMPLOYEES DIFFERENTLY AND HAVE SOME SEE AN INCREASE WHILE OTHER PLANS SEE A DECREASE AND DOES ANYONE FEEL STRONGLY ABOUT WHETHER IT SHOULD BE -- OR HOW YOU FEEL ABOUT

TREATING THE EMPLOYEE AND EMPLOYEE DEPENDENT DIFFERENTLY AS IT IS ON MODEL NUMBER FIVE AND MODEL NUMBER NINE.

>> THIS IS CHARLIE WALKER.

I'D LEAN TOWARDS PLAN NINE BECAUSE IT SEEMS TO INCORPORATE THINGS THAT SEEM TO MAKE THE MOST SENSE.

AND IT SEEMS LIKE THE NEGATIVE IMPACT THAT IT WOULD MAKE ON THE EMPLOYEE ONLY SEEMS PRETTY NEGLIGIBLE COMPARED TO OTHER PLANS IN PAST YEARS WHERE IT HAS BEEN PRETTY HEAVY ON THOSE WITH DEPENDENTS AND SO PLAN NINE WAS THE ONE THAT I HAD BEEN LEANING TOWARDS.

SO THAT'S MY TWO CENTS.

>> THIS IS HANNAH.

>> THIS IS ALEXANDRA.

THIS IS UNDOING WHAT WE WERE DOING IN THE PAST SEVERAL YEARS WHICH IS TO MORE EQUITABLY DISTRIBUTE THE COST SHARE IN THE DIFFERENT PLANS FOR EMPLOYEE, EMPLOYEE SPOUSE, CHILDREN, ET CETERA.

AND WHEN WE JUST CAME OFF A YEAR THE PLAN YEAR 2020 DESIGN WITH THOSE GROUPS SAW A 6% REDUCTION AND THE EMPLOYEE AND EMPLOYEE PLUS CHILDREN SAW NO CHANGE, I WOULD BE DISAPPOINTED TO SEE US ACTUALLY INCREASE COSTS FOR THOSE TIERS.

>> THIS IS HANNAH.

I'D LIKE TO ECHO THAT.

ESPECIALLY BECAUSE LOOKING AT THE NUMBERS AS I THINK IT WAS JUST MENTIONED IT'S A VERY SMALL CHANGE.

I MEAN IF WE'RE LOOKING AT EMPLOYEE ONLY COVERAGE ON PLAN A IT'S PENNIES A MONTH.

AND SO I THINK EVEN JUST FROM AN OPTICS OR A PERCEPTION SIDE OF IT, IT SEEMS ALMOST PETTY FOR US TO DO A 1% INCREASE ON ONE SIDE AND THEN IN THE SAME STROKE DECREASE RATES FOR OTHERS.

IT DOESN'T SEEM TO HAVE A HUGE AMOUNT OF DIFFERENCE IN THE PROJECTED CASH FLOW OR EVEN THE RESERVE BALANCE AND I JUST QUESTION THE POINT OF IT I GUESS.

>> DOES ANYONE ELSE WANT TO CHIME IN ON THE 1% CONTRIBUTION INCREASE FOR THE EMPLOYEE AND EMPLOYEE CHILDREN?

>> YEAH.

THIS IS BARBARA, CAN YOU HEAR ME?

>> YES.

>> OKAY.

I LIKE PLANS EITHER 5 OR 6 WITH THE SMALL INCREASE OR NO INCREASE EITHER ONE OR ABOUT THE SAME.

THE THING IS THE RESERVE BALANCE IS ABOUT THE SAME ON BOTH OF THOSE.

WHEN YOU GO TO 7, 8, 9, AND 10 IN YEAR 2022 YOU'RE GOING UP 5.4% THE NEXT YEAR ON EVERYBODY.

SO I THINK WE NEED TO KEEP THAT DOWN AS MUCH AS POSSIBLE IN '22.

SO WE MIGHT WANT TO LOOK AT THAT TOO.

>> I THINK YOU'RE NOTING THAT AS YOU MAKE PLAN DESIGN CHANGES IT INCREASES THE FUTURE PERCENTAGES THAT THEY HAVE PROJECTED.

AND THAT MOVES NICELY INTO THE NEXT THING THAT I JUST WANTED TO THROW OUT FOR DISCUSSION ON THE THREE PLAN DESIGN CHANGES FOR PLAN A, DOES ANYONE FEEL STRONGLY OR HAVE HAD COMMENTS FROM EMPLOYEES THAT ARE STRUGGLING WITH PLAN A AND THINK THOSE PLAN DESIGN CHANGES ARE IMPORTANT OR NOT?

>> NATALIE, THIS IS KAREN.

I THINK EMPLOYEES WILL LIKE THE PLAN THAT GOES FROM A THREE TIER DEDUCTIBLE BACK TO A TWO TIER DEDUCTIBLE.

THAT IS ONE THING THAT I HEAR FROM PEOPLE THAT THEY DON'T REALLY LIKE AND THAT WOULD BE A POSITIVE CHANGE.

>> THIS IS BRANT BARBER AND I WOULD AGREE WITH THE DEDUCTIBLE CHANGE AS WELL.

ALSO THE COPAY CHANGE FOR PLAN A, I LIKE THAT TOO, THE MODEL.

>> THOSE OF US THAT ARE NOT ON PLAN A, THIS IS ALEXANDRA, SORRY.

FOR THOSE OF US NOT ON PLAN A, CAN YOU REMIND US WHAT THE THREE TIERS LIKE WHAT QUALIFIES THE DIFFERENT THOUSAND, 2,000, 3,000.

HOW DO YOU FIT INTO THOSE CATEGORIES?

>> THIS IS MIKE MICHAEL.

I'LL TAKE THAT QUESTION.

SO ON THE THREE TIER THE THOUSAND WOULD APPLY TO EMPLOYEE ONLY OR ONE MEMBER.

IF I HAD EMPLOYEE PLUS EITHER ONE DEPENDENT OR EMPLOYEE SPOUSE THEN WE'RE LOOKING AT THE THOUSAND TO \$2,000.

SO 2,000 PER YOUR FAMILY UNIT.

WHEN YOU MOVE INTO AN EMPLOYEE PLUS MULTIPLE DEPENDENTS OR THE EMPLOYEE FAMILY TIER WHERE YOU'RE GOING TO HAVE AT LEAST THREE OR MORE THEN THAT'S WHERE THE \$3,000 DEDUCTIBLE COMES INTO PLAY.

SO IF YOU MOVE IT BACK TO 1,000, 2,000 LIKE IT WAS A FEW YEARS AGO THEN YOU'VE GOT THE REST OF THE FAMILY UNIT TOWARDS THE \$2,000 DEDUCTIBLE.

>> THANK YOU.

>> IT LOOKS LIKE THERE WAS A QUESTION IN THE CHAT ABOUT WHETHER WE'RE STILL TRYING TO DRIVE PEOPLE TO PLAN A OR PLAN B.

MIKE MAY HAVE A BETTER BEAT ON WHAT THE HEALTH CARE COMMISSION HAD SAID.

BUT IT SEEMS LIKE THAT WAS THE POLICY IN THE PAST THAT THE CURRENT COMMISSION ISN'T EMBRACING IN THE SAME WAY.

IS THAT RIGHT, MIKE?

>> YEAH.

MIKE MICHAEL.

I WAS AGREE, NATALIE, WITH YOUR EXPLANATION.

THAT IS CORRECT.

>> THIS IS BRANT.

MY OPINION IS WITH DRIVING PEOPLE TO PLAN C, WE HAVE BEEN SUCCESSFUL AT DISMANTLING PLAN A THE BEST THAT WE CAN.

I'D KIND OF LIKE TO SEE THAT CEASE A LITTLE BIT.

>> JUST FOR CLARIFICATION, YOU MEAN ELIMINATE PLAN A OR TO STOP INCREASING THE COST FOR THE PLAN A?

>> STOP DISMANTLING IT AND, I DON'T KNOW, STOP ABUSING IT.

THAT'S NOT A GOOD WORD.

BUT PLAN A HAS BEEN UNDER ATTACK FOR A FEW YEARS AND A LOT OF PEOPLE WOULD LIKE TO SEE THAT LEVEL OUT AND NOT BE UNDER ATTACK SO MUCH.

>> IS THERE ANYONE ELSE THAT WANTS TO SHARE A COMMENT ABOUT THE PLAN DESIGN CHANGES?

>> THIS IS ALEXANDRA, I JUST HAD A QUESTION.

DO WE KNOW ON THE HEALTHQUEST BREAKDOWNS FOR THE PEOPLE WHO ARE CHOOSING TO EARN POINTS OVER THE 40 AND GET THE PREMIUM INCENTIVE DISCOUNTS WHETHER THOSE INDIVIDUALS FALL INTO PLAN A OR PLAN C OR WHAT PERCENTAGE FALL INTO WHICH PLANS?

>> THIS IS MIKE MICHAEL.

I DON'T HAVE THAT RIGHT HERE BUT WE DO HAVE THAT BREAKDOWN.

WE REPORTED ON THAT BEFORE.

I DON'T REMEMBER OFFHAND WHAT THE NUMBERS ARE.

WE CAN COME UP WITH THOSE IN A LITTLE BIT AND I'LL JUMP BACK ON AND REPORT THAT OUT.

>> AND THEN IF EVERYONE IS READY TO MOVE ON, THE NEXT SORT OF BIG DISTINCTION IS HOLDING EVERYBODY AT 0% OR KEEPING EVERYBODY AT 0% EXCEPT THAT YOU WOULD OFFER A REDUCTION FOR THE EMPLOYEE SPOUSE, THE EMPLOYEE FAMILY, AND PERHAPS THE RETIREE RATE.

LAST YEAR THE HEALTH CARE COMMISSION DECREASED THOSE ENTITIES BY 6%.

THAT WAS CONSISTENT WITH WHAT THE EAC HAD RECOMMENDED BECAUSE THERE WAS JUST A REAL FEELING THAT THE SPOUSE AND THE FAMILY COVERAGE WAS REALLY HURTING AND SO DO YOU HAVE THE SAME SENSE THIS YEAR OR ANY OTHER COMMENTS ABOUT THE DIFFERENCE BETWEEN HOLDING IT FLAT OR TRYING TO REDUCE ON THOSE DIFFERENT COVERAGE LEVELS?

>> NATALIE, THIS IS KAREN.

I WOULD BE OKAY WITH KEEPING EVERYBODY WITH NO INCREASES AS FAR AS ACTIVE EMPLOYEES.

I HEAR A LOT FROM FOLKS WHO ARE GETTING READY TO RETIRE OR ARE ALREADY RETIRED ABOUT THE HIGH COST OF THEIR INSURANCE.

SO I THINK IF THERE WAS A WAY TO REDUCE THE RETIREE INSURANCE EVEN IF IT WAS JUST A LITTLE BIT I THINK THAT WOULD BE SOMETHING TO LOOK AT.

>> MIKE IS THERE INFORMATION WE HAVE OR COULD GET ON THE MODEL FOR THAT?

>> THIS IS MIKE MICHAEL.

COULD YOU GO BACK OVER WHAT THAT QUESTION WAS?

>> I THINK IT WOULD BE HOLDING ALL OF THE ACTIVE EMPLOYEE COVERAGE AT 0 BUT THEN TRYING TO GIVE SOME SORT OF RATE INCREASE MAYBE THE 2% ON THE RETIREE RATE?

>> THE DECREASE ON THE RETIREE ONLY, EVERYBODY ELSE HELD FLAT?

>> YEAH.

>> WE CAN MODEL THAT.

>> WERE THERE ANY OTHER THOUGHTS ABOUT THE DIFFERENCE BETWEEN HOLDING PEOPLE FLAT OR TRYING TO GIVE AN ADDITIONAL DISCOUNT FOR THE EMPLOYEE SPOUSE AND EMPLOYEE FAMILY?

>> THIS IS HANNAH.

I WOULD JUST LIKE TO THROW IN ONE ADDITIONAL COMMENT ON THAT.

WE HAVE BEEN AT WICHITA STATE WE'RE IN THE PROCESS OF PLANNING HOW DO WE REOPEN CAMPUS, GET PEOPLE BACK TO WORK.

THERE IS A LOT OF ANXIETY ABOUT WHAT IS GOING TO HAPPEN FOLLOWING THE START OF THE NEW FISCAL YEAR.

LOTS OF WHAT IF QUESTIONS THAT WE IN HR AND OUR UNIVERSITY LEADERSHIP HAVE REALLY THE ONLY ANSWER WE HAVE IS WE'RE GOING TO HAVE TO SEE WHAT HAPPENS WHEN WE GET THERE.

AND I THINK JUST FROM A SIGH OF RELIEF STANDPOINT THERE ARE A LOT OF WAYS THAT WE CANNOT, ANY OF US CANNOT DECREASE THE ANXIETY THE PEOPLE ARE FEELING.

BUT IF WE WERE ABLE TO SEND OUT A MESSAGE THAT THE STATE IS COMMITTED TO MAINTAINING CURRENT RATES, IF WE CAN DECREASE, FANTASTIC.

BUT I THINK AT LEAST PREVENTING ANYONE FROM HAVING AN INCREASE WOULD BE EXTREMELY MEANINGFUL TO EMPLOYEES RIGHT NOW BECAUSE THERE ARE SO MANY UNANSWERED QUESTIONS IN THE NEXT SIX MONTHS.

FOR THEM TO KNOW THAT WHEN I GO TO OPEN ENROLLMENT, A MASSIVE INCREASE IN RATES IS NOT SOMETHING THAT I HAVE TO BE CONCERNED ABOUT.

I THINK THAT WOULD BE VERY MEANINGFUL FOR EMPLOYEES.

>> I SORT OF ECHO YOUR MESSAGING POINT ON AT LEAST HOLDING EVERYBODY FLAT.

THE INCREASE IS SO MINIMAL FOR JUST THOSE TWO TIERS, I DON'T REMEMBER IF IT'S MODEL FIVE.

THE HIT OF SAYING THAT YOU'RE INCREASING THOSE GROUPS WHILE DECREASING ANOTHER JUST SEEMS TO BE A REAL MESSAGING ISSUE.

>> THIS IS BETH.

I AGREE WITH THAT TOO.

JUST FOR MESSAGING PURPOSES I'D LIKE TO SEE JUST KEEPING EVERYTHING FLAT.

I DO KNOW THAT I VISIT WITH A LOT OF PEOPLE WHO ARE CONTEMPLATING, THEY MIGHT RETIRE UNTIL THEY LOOK AT THE INSURANCE COST.

YOU KNOW SLOWLY OVERTIME IF WE CAN DO SOMETHING ABOUT THAT THAT WOULD BE GOOD.

BUT THIS MIGHT NOT BE A GOOD YEAR TO DO IT.

>> THIS IS STEVE.

I SUPPORT THAT TOO.

IF WE CAN KEEP AS MINIMUM AMOUNT OF CHANGES AS WE POSSIBLY CAN, I THINK IT DEMONSTRATES THAT THERE'S STABILITY AT LEAST IN THEIR HEALTH INSURANCE COVERAGE AND AN EMPLOYEE CAN DEPEND UPON IT AND IT DOES NOT CHANGE.

I THINK ONE OF THE THINGS WE REALLY STRUGGLE WITH IS WHEN WE GET THESE HUGE ROLLER COASTER EFFECTS EITHER IN THE BENEFITS OR EITHER IN THE PREMIUMS AS WELL.

FOR EXAMPLE WE HAD OVER 13% INCREASE IN THE COST AS IT RELATES TO WHEN THAT PERSON HAS THEIR SPOUSE.

IF WE CAN COME TO THE TABLE WITH DURING OPEN ENROLLMENT AND SAY THERE'S NOT GOING TO BE ANY CHANGES IN YOUR PREMIUMS OR YOUR OUT OF POCKET EXPENSES I THINK THAT'S A HUGE MESSAGE OR A HUGE BENEFIT.

>> ARE THERE ANY OTHER THOUGHTS THAT SOMEONE WANTS TO SHARE ON THESE 11 MODELS AS WE'RE WAITING FOR MIKE TO GIVE US SOME INFORMATION ON THE TWO THAT WE'VE ASKED FOR?

>> THIS IS STEVE AGAIN.

THE CHANGES SEEM TO FAVOR PEOPLE THAT ARE ON PLAN A VERSUS PLAN C.

AND I DON'T REMEMBER THE NAME OF THE LEGISLATIVE STUDY, BUT THE RECOMMENDATION CAME ABOUT MOVING PEOPLE MORE TO THE HIGH DEDUCTIBLE HEALTH PLAN WHICH I KNOW THE LAST

COUPLE OF YEARS WE'VE KIND OF MIGRATED AWAY FROM THAT BECAUSE THE HEALTH CARE COMMISSION WANTS TO BE MORE SUPPORTIVE OF PLAN A AND THOSE PARTICIPANTS.

BUT I REALLY DON'T HAVE A PROBLEM WITH THEM CHANGING THE WHAT IS IT, THE THOUSAND AND 2,003,000 DOWN TO 1,002 --

THOUSAND AND 2,000 AND 3,000 DOWN TO 1,000 AND 2,000 IF THAT MEANS WE CAN HAVE NO CHANGE IN THE PREMIUMS.

>> THIS IS MARIA.

I LIKE MODEL ONE ACTUALLY BECAUSE THAT HOLDS THE EMPLOYEE CONTRIBUTIONS AT A 0% INCREASE FOR '21.

AND THEN FOR '22 IT GOES UP TO 5% BUT THAT'S ACTUALLY THE LOWEST INCREASE OUT OF ALL OF THESE OTHER MODELS.

AND IT'S JUST REALLY NO CHANGE.

SO KIND OF ECHOING LIKE MAYBE WE SHOULD KEEP THINGS THE SAME FOR THE NEXT YEAR.

>> THIS IS ALEXANDRA.

I WOULD BE INCLINED TO AGREE.

I THINK THE IDEA OF EVERYTHING IS THE SAME, THIS IS ONE THING IN YOUR LIFE THAT ISN'T GOING TO CHANGE COULD BE A REALLY GREAT IDEA.

AND I LIKE THE IDEA THAT THEN IN THE OUT YEARS, '22 AND BEYOND WE DON'T SEE AS MUCH OF AN INCREASE WHEN WE'RE LOOKING AT LARGER NUMBERS ESPECIALLY ON THE EMPLOYER CONTRIBUTION SIDE, WE'VE BEEN BURNED BEFORE WHERE THE EMPLOYER WILL NOT AGREE TO THOSE HIGHER

NUMBERS AND SO THEN THE EMPLOYEES JUST END UP TAKING THE BRUNT OF THOSE COST SHARE INCREASES.

SO IT MIGHT BE WORTH CONSIDERING TO JUST MAYBE NOT DO ANY DESIGN CHANGE AND LEAVE IT AT 0%.

>> THIS IS BARBARA AND I AGREE WITH THAT ALSO.

>> MIKE, WHAT KIND OF TIME FRAME DO YOU HAVE FOR ME ON THE MODELS?

>> WE DID A ROUGH MODEL ON THE SUGGESTED KEEPING ALL THE EMPLOYEE TIERS AT ZERO WITH A 2% RETIREE REDUCTION STILL IN YOUR OUT YEAR OF 2022 SO A BALANCE BETWEEN THE FIVE AND THE 5.1%.

AND STILL WORKING ON THE PERCENTAGE OF PLAN A VERSUS THE PLAN C ON THE PREMIUM REDUCTION.

WE'LL HAVE THAT HERE SHORTLY.

>> SO JUST TO MAKE SURE I UNDERSTOOD THAT, IF WE WERE TO HOLD EVERYONE FLAT EXCEPT THE RETIREES, IT WOULD EDGE UP THAT PROJECTION FOR THE NEXT YEAR TO 5.1%?

>> WELL IT ROUNDS IN BETWEEN A 5% INCREASE TO SLIGHTLY LOWER THAN THAT 5.1%.

IF YOU JUST DO THE RETIREE DECREASE.

SO IT HAS A LITTLE BIT OF CHANGE IN THE DOWNWARD MOVEMENT BECAUSE TRYING TO GO BACK AND REMODEL NUMBER FIVE WHERE YOU GET THE 2% ON BOTH THE TWO SPOUSAL TIERS AND THE RETIREES AND IF YOU TAKE OUT THE TWO SPOUSAL TIERS THEN IT WILL INCREASE YOUR TOTAL PARTICIPANT CONTRIBUTIONS BY SOME.

IT WILL SLIGHTLY INCREASE YOUR FUND BALANCE WHICH THEN CAN DROP THAT 2022 RATE DOWN SLIGHTLY.

PROBABLY CLOSER TO 5% THAN 5.5.

>> THANK YOU.

CHRISTY HAS ASKED IF WE'RE READY FOR A MOTION AND I THINK WE'RE STILL WAITING ON SOME INFORMATION ABOUT LOWERING THOSE EMPLOYER RATE INCREASES.

BUT IF YOU HAD A MOTION THAT YOU WANTED TO THROW OUT, WE COULD SORT OF HAVE A DISCUSSION ABOUT IT BEFORE WE COME BACK TO SEEING WHAT THE EMPLOYER RATES IMPACT WOULD BE.

>> SO IS THERE TALK ABOUT LEANING TOWARDS LIKE OPTION NUMBER ONE?

IS THAT WHAT I'VE HEARD?

OR MODEL NUMBER ONE.

>> IT SEEMS THAT THERE WERE SEVERAL MEMBERS WHO VOTED SUPPORT FOR MODEL ONE WHICH KEEPS EVERYTHING FLAT.

BUT WE HAVEN'T HEARD FROM ALL OF THE FOLKS YET.

SO I'M NOT SURE IF THAT'S A CONSENSUS OR NOT.

>> IS IT POSSIBLE TO GET NUMBER ONE, MODEL NUMBER ONE PUT BACK UP INSTEAD OF MODEL NUMBER FIVE SO WE CAN PERUSE IT WHILE PEOPLE ARE CONSIDERING IT, PLEASE?

>> IT'S UP, STEVE.

>> THANK YOU.

>> NATALIE, THIS IS ALEXANDRA.

DO YOU SEE THE CHAT, SHE HAS MADE A MOTION AND CHARLIE HAS SECONDED IT.

>> WELL I'M NOT QUITE READY FOR MOTIONS BECAUSE HANNAH HAD ASKED FOR SOME INFORMATION ON DECREASING THE EMPLOYER RATES.

AND MIKE IS STILL WORKING ON IT.

BUT I THINK IT'S HELPFUL TO KNOW THAT THERE IS MORE OF A BUILDING CONSENSUS TOWARDS THAT MODEL ONE.

AND AS SOON AS WE SEE THOSE EMPLOYER RATE DECREASES, WE CAN ENTERTAIN THE MOTION.

UNLESS HANNAH WANTS TO WITHDRAW.

HANNAH, DO YOU STILL WANT TO SEE THAT EMPLOYER RATE DECREASE?

>> THIS IS HANNAH.

I WOULD.

I MEAN I AM DEFINITELY IN FAVOR OF KEEPING EVERYTHING THE SAME FOR EMPLOYEES.

I THINK THAT'S A FANTASTIC EFFORT.

I WOULD ALSO LIKE TO SEE IF IT'S FEASIBLE THOUGH TO ALSO GIVE SOME OF THAT RELIEF TO THE EMPLOYER SIDE.

AND I WILL SAY IN A NORMAL YEAR THAT WOULDN'T REALLY BE MY CONCERN BUT RIGHT NOW THE BUDGETARY AND FISCAL HEALTH OF ALL OF OUR DATA AS A WHOLE IS GOING TO HAVE A MUCH MORE IMPACTFUL LOOK AT EMPLOYERS ON AN INDIVIDUAL BASIS THAN I THINK IT WOULD IN OTHER YEARS.

>> OKAY.

>> THIS IS ALEXANDRA.

HANNAH, I WAS REMEMBERING SOMETHING FROM AN OLD CONVERSATION AND I AM NOT IN THE HR WORLD SO I DON'T KNOW IF YOU KNOW OR MIKE DOES, AT ONE POINT I REMEMBER LEARNING THAT THE EMPLOYER CONTRIBUTION DOESN'T ACTUALLY IMPACT UNTIL THE FOLLOWING FISCAL YEAR.

SO FOR PLAN YEAR 2021 THE EMPLOYER CONTRIBUTION WILL NOT BE IMPACTED UNTIL FISCAL YEAR '22.

>> THIS IS HANNAH.

I BELIEVE THAT IS CORRECT.

SO IT IS DEFINITELY ON A DIFFERENT TIMELINE.

BUT ALSO KEEP IN MIND THAT LAST YEAR WE ALSO APPROVED, THE AGENCY APPROVED A 4.5% INCREASE.

SO THAT'S GOING TO BE COMING THIS YEAR ANYWAY.

AND I'M NOT GOING TO PRETEND TO BE TOTALLY AWARE OF EVERYTHING THE STATE LEGISLATURE DOES.

BUT MY UNDERSTANDING IS THAT THEY ARE NOT COMING BACK FOR OMNIBUS WHICH MEANS OUR FISCAL YEAR BUDGET THAT'S STARTING THIS JULY IS PRETTY WELL SET.

SO IT ACTUALLY IS THE FOLLOWING YEAR WHERE WE ARE, THERE'S A REALLY BIG QUESTION MARK ON WHAT THAT STATE BUDGET IS GOING TO LOOK LIKE AND IT'S IMPACT TO INDIVIDUAL AGENCIES.

SO POINT BEING I GUESS TO ANSWER THAT QUESTION, I THINK EVEN THOUGH WE ARE TALKING ABOUT SOMETHING THAT'S FARTHER OUT ON THE EMPLOYER SIDE, IT'S STILL GOING TO COME AT A TIME WHEN DIFFICULT DECISIONS ARE PROBABLY STILL BEING MADE FROM A WORKFORCE PLANNING STANDPOINT.

>> THANKS, I APPRECIATE THAT.

I WASN'T SURE HOW THAT WORKED.

>> IF EVERYONE IS OKAY WITH IT WHILE WE'RE WAITING FOR MIKE TO GET US THE MODEL WITH THE EMPLOYER RATES CHANGING THAT I COULD MOVE ON AND JUST GET THE SUMMARY FOR OUR NEXT ACTION ITEMS SO WE CAN KEEP THE MEETING MOVING AND WE'LL COME BACK TO TAKE ACTION ON NUMBER SIX.

DOES ANYONE HAVE AN OBJECTION TO THAT PROCESS?

SO ITEM NUMBER SEVEN IS A PROPOSAL FOR --

>> HEY NATALIE, THIS IS MIKE MICHAEL.

I'VE GOT AGAIN A ROUGH PROJECTION IN THE TIME FRAME THAT WE'RE IN, IF YOU REDUCE THAT EMPLOYER TO 3.5%, YOU'RE LOOKING SOMEWHERE BETWEEN 5.2% TO 5.3% INCREASE IN THOSE OUT YEARS AND DECREASING THE FUND BALANCE 2 MILLION TO \$3 MILLION ON A ROUGH ESTIMATE TO GIVE YOU AN IDEA.

>> OKAY SO IT WOULD CHANGE THE 20 --

>> '22.

>> '22 TO WHAT?

>> CLOSER TO 5.3%.

>> QUESTIONS ABOUT THAT?

OKAY WELL IF THERE ARE NO MORE QUESTIONS, I WILL ENTERTAIN A MOTION.

ALEXANDRA, DID YOU SAY CHRISTY IS NOT ABLE TO HAVE AUDIO?

>> YEAH, I DON'T KNOW.

CHRISTY MOVED TO ACCEPT MODEL ONE IN LIGHT OF KEEPING THINGS THE SAME.

AND I GUESS SINCE I'M ON IT, I WILL SECOND THAT MOTION.

>> I HAVE A MOTION AND A SECOND.

ARE THERE ANY COMMENTS BEFORE WE TAKE A ROLL CALL VOTE?

>> BRANT WOULD LIKE TO MAKE A MOTION THAT WE ADOPT MODEL SEVEN WHICH COMBINES MODELS 1 THROUGH 4.

>> SO YOU ARE WANTING TO IMPLEMENT THE PLAN DESIGN CHANGES FOR PLAN A?

>> THAT IS CORRECT.

>> ARE THERE ANY OTHER COMMENTS?

WE DON'T USUALLY USE ROBERT'S RULES ON AMENDING THE MOTION.

THEY'LL JUST HAVE TO ADD A ROLL CALL ON PLAN ONE AND IF IT DOESN'T PASS THEN MOVE TO, WHICH MODEL WAS THAT, BRANT?

>> IT'S MODEL NUMBER SEVEN WHICH COMBINES MODELS 1 THROUGH 4.

>> MODEL SEVEN.

OKAY.

FOR EFFICIENCY SINCE I'VE GOT THE MOTION AND THE SECOND LET'S GO THROUGH MODEL ONE.

IF YOU ARE WANTING MODEL SEVEN YOU AGREE WITH BRANT, THEN YOU SHOULD VOTE NO ON MODEL ONE AND I'LL LET HIM OFFER A MOTION IN A SECOND.

ALEXANDRA, CAN YOU DO A ROLL CALL VOTE ON MODEL ONE.

>> YES, THIS IS ALEXANDRA.

BRANT BARBER, YES OR NO ON MODEL ONE?

>> NO.

>> OKAY BARBARA BARTO?

>> YES.

>> HANNAH BATES.

>> YES.

>> MARIA.

>> YES.

>> I VOTE YES.

DAVID I THINK HAD TO DROP OFF THE CALL.

IS HE STILL THERE?

SHARON SHARON.

JENNIFER DALTON.

>> YES.

>> ELIZABETH IS I BELIEVE NO LONGER ON THE CALL EITHER.

CHRIS.

>> YES.

>> KAREN.

>> NO.

>> MARJORY KNOWLES.

>> YES.

>> SHARON LEWIS.

I DON'T THINK SHARON HAS AUDIO.

CHRISTY, I SAW IN THE CHAT SHE VOTED YES.

STEVE.

>> YES.

>> CHARLIE.

>> YES.

>> AND NATALIE.

>> I VOTE YES.

>> OKAY.

IT LOOKS LIKE THAT MOTION PASSES.

>> OKAY.

THANK YOU FOR THAT.

I KNOW THAT WAS A LOT OF WORK AND AS FAR AS THOSE PLAN DESIGN CHANGES, I DON'T THINK THAT WE NEED TO FORGET ABOUT THEM.

IT SOUNDED LIKE THEY WERE GOOD RECOMMENDATIONS AND SO IF WE CAN KEEP THOSE IN OUR MIND AS WE LOOK TO THE NEXT PLANNING YEAR.

AND MAYBE IF WE HAVE AN ECONOMIC RECOVERY.

SO I'D LIKE TO MOVE QUICKLY TO ITEM NUMBER SEVEN ON THE AGENDA WHICH IS THE PROPOSAL ON THE HEALTHQUEST CREDIT.

>> THIS IS MIKE MICHAEL.

I WANTED TO FOLLOW UP WITH A QUESTION I THINK IT WAS ASKED ON THOSE NUMBERS THAT WERE REPORTED OUT DURING THE HEALTHQUEST PROGRAM ON THE MEMBERS THAT ARE IN THE 40 CREDITS OR MORE WHAT THE DIFFERENCE WAS BETWEEN PLAN A AND THE OTHER PLANS.

AS THAT NUMBER THAT WE LOOKED AT ROUGHLY 35% OF THOSE INDIVIDUALS WERE ENROLLED IN PLAN A AND THEN 65% WERE ENROLLED IN C, N, J OR Q.

AND THE MAJORITY OF THAT 65 IS RELATED TO THOSE PLAN C MEMBERS.

I DO HAVE A LITTLE DATA THAT WAS GIVEN TO ME DURING THE CALL HERE ON WHERE WE'RE AT POINT IN TIME WITH WHAT CREDITS HAVE BEEN REPORTED TO DATE.

CURRENTLY WE HAVE ROUGHLY 4,000 PLUS MEMBERS THAT ARE SITTING AT 20 OR MORE CREDITS.

SO I WANTED TO PASS THAT ALONG.

THANKS.

>> THANKS, MIKE.

>> THIS IS ALEXANDRA.

COULD YOU MAKE THAT LAST STATEMENT AGAIN?

>> WE JUST TOOK A LOOK AT CURRENT THIS YEAR 2020 FOR THE CREDITS THAT HAD BEEN REPORTED BACK TO US SO FAR THAT MEMBERS HAD EARNED AND WE JUST CUT THAT THRESHOLD AT 20 PLUS CREDITS AND WE'RE OVER 4,000 MEMBERS THAT HAVE 20 OR MORE CREDITS THROUGH WHAT WE HAVE THROUGH MAY 6TH.

>> AND THAT'S 4,000 OF HOW MANY, MIKE?

>> WELL THAT WOULD BE THAT TOTAL ELIGIBLE POPULATION THAT WE TALKED ABOUT.

THAT'S STILL GOING TO BE SIMILAR, WE'VE GOT ON THIS REPORT 52,896 THAT WOULD BE ELIGIBLE.

AND THEN WE KNOW LAST YEAR THAT WE HAD THE 22,000 PLUS THAT EARNED THE 40 CREDITS.

>> OKAY.

SO AS MIKE HAS WALKED US THROUGH THOSE HEALTHQUEST MATERIALS EARLIER, THE NUTSHELL IS IS THAT IF YOU ARE ON PLANS A, C, Q, N, AND J YOU'VE GOT A 40 TOTAL CREDITS REQUIREMENT IN ORDER TO GET THE \$400 PREMIUM DISCOUNT IN PLAN YEAR 2021.

AND IF YOU ARE ON PLAN C, Q, N, AND J, YOU HAVE AN OPPORTUNITY TO EARN THE \$10 FOR EACH CREDIT UP TO 50 CREDITS OR \$500.

AND I HAVE BEEN RECEIVING A LOT OF COMMENTS FROM STATE EMPLOYEES THAT THERE ARE CONCERNS BECAUSE OF THE CORONAVIRUS HOW IT HAS DISRUPTED OUR SCHEDULES, THEIR ABILITY TO EARN ALL OF THOSE CREDITS TO GET THE PREMIUM DISCOUNT AND THE FULL CONTRIBUTION TO THE HRA AND HSA.

AND I'VE HEARD FROM A LOT OF THE OTHER MEMBERS ON THE COMMITTEE THAT THEY'RE HEARING THE SAME THING.

SO I HAVE PUT IN YOUR PACT A PROPOSAL FOR REDUCING THOSE HEALTHQUEST CREDIT REQUIREMENTS FOR THIS PLAN YEAR ONLY AND THAT PROPOSAL IS TO CUT IT IN HALF SO THAT 20 TOTAL CREDITS FOR PLANS A, C, Q, N, AND J WOULD GET THE PREMIUM DISCOUNT IN PLAN YEAR 2021.

AND THEN FOR PLAN C, Q, N, AND J THAT HAVE THOSE HRA AND HSA OPTIONS, IT WOULD DECREASE THE NUMBER OF REQUIRED CREDITS TO 25 TO EARN THE FULL \$500 CONTRIBUTION.

SO THAT'S THE PROPOSAL THAT WE CAME UP WITH, ALEXANDRA AND CHARLIE AND I ABOUT WHAT MIGHT BE WORKABLE FOR THE HEALTH PLAN AND IT IS AT LEAST ADMINISTRATIVELY FEASIBLE TO MAKE A CHANGE TO THE CREDIT REQUIREMENTS.

ARE THERE ANY COMMENTS THAT SOMEONE WANTS TO MAKE ABOUT CONCERNS YOU'VE HEARD FROM STATE EMPLOYEES OR ABOUT THIS PROPOSAL?

>> THIS IS STEVE.

I APPRECIATE YOU DOING THAT, NATALIE.

AND I'LL BE HONEST WITH YOU, THIS IS THE NUMBER ONE CONCERN WHEN I DO HR WORK ON A DAILY BASIS.

THAT IS THE NUMBER ONE CONCERN I AM HEARING FROM OUR STATE EMPLOYEES IS CANCELLATION OF THE BIOMETRIC SCREENINGS, EVEN THOUGH I KNOW THEY CAN DO THEM AT HOME.

BUT ALSO THEY CAN'T DO RIGHT NOW THEIR VOLUNTARY MEDICAL PROCEDURES.

THOSE ARE BEING ABRUPTLY CHANGED AS WELL.

SO I'M SUPPORTIVE OF WHAT YOU'RE PROPOSING.

>> THIS IS NATALIE AGAIN.

THANK YOU, STEVE.

WERE THERE ANY OTHER COMMENTS?

>> THIS IS MARIA.

I ECHO THAT.

I'VE HEARD A LOT OF CONCERNS ABOUT THAT AND CERTAINLY SUPPORT THIS.

>> THIS IS STEVE AGAIN.

MIKE, DID YOU SAY THAT IT WAS FEASIBLE EVEN THOUGH SOMEBODY MAY HAVE -- HOW MUCH WORK IS THAT FOR THE STATE EMPLOYEE HEALTH PLAN?

IS IT A VIABLE OPTION?

>> MIKE MICHAEL.

SO STEVE, TALKING ABOUT GOING BACK TO SORT OF THE PLAN YEAR 2020?

>> IF SOMEBODY ALREADY HAS 20 POINTS AND THEY'VE ALREADY RECEIVED \$200, HOW MUCH BURDEN IS IT ON YOU AND YOUR STAFF TO CHANGE THAT AND GIVE THEM \$400 RATHER THAN THE \$200?

>> THAT'S ALL FEASIBLE.

>> OKAY, THANK YOU.

>> THIS IS HANNAH.

JUST A FOLLOW UP QUESTION TO THAT.

DO WE KNOW WHAT PAY PERIOD, I'M ASSUMING TO CATCH UP WITH A LUMP SUM OF SORTS.

DO WE HAVE ANY IDEA WHAT PAY PERIOD THAT MIGHT COME THROUGH AND ALSO WOULD IT JUST BE INCLUDED WITH WHAT WE WOULD NORMALLY GET?

>> MIKE MICHAEL.

OF COURSE WE'RE GOING TO HAVE TO WAIT UNTIL THE HEALTH CARE COMMISSION ON JUNE 8TH.

AND THEN WHATEVER THE COMMISSION APPROVES IF CHANGES ARE MADE SIMILAR TO THE PROPOSAL THAT'S OUT HERE.

THAT'S GOING TO TAKE AND WE ALL KNOW THAT WE ACCRUE OUR TIME BASICALLY WE'VE ALREADY ACCRUED TWO WEEKS EVERY FRIDAY PAY CYCLE THAT WE HAVE.

SO I DON'T KNOW WHAT JUNE 8TH IS.

YOU'RE PROBABLY GOING TO HAVE TO ALLOW AT LEAST A COUPLE OF PAY CYCLES BECAUSE IS THERE A PAY CYCLE, DOES ANYBODY HAVE THAT IN FRONT OF THEM?

>> JUNE 8TH IS THE FIRST FRIDAY OF PAY PERIOD 13 SO IT ENDS ON 6/13 SO WE'D PROBABLY BE LOOKING AT THE PAY PERIOD 15 OR 16 WHICH WOULD BE PAY DATES 7/24 AND 8/7.

>> SO WE'VE GOT A FRIDAY PAY DATE OF 6/12.

IS THAT HANNAH?

>> YES, SORRY.

>> SO 6/12 WHEN YOU GET TO 6/12 IT'S ALREADY BEEN ACCRUED FOR 6/26.

I WOULD SAY THEN WHAT DO WE HAVE.

LET ME LOOK AT JULY, THAT WOULD BE JULY 5TH IS THAT RIGHT?

THAT WOULD BE THE 3rd.

THAT WOULD BE THE 3rd.

SO JUNE 12TH LIKE I SAID.

SO THEN WE'RE MOVING TO JULY 3RD, I WOULD SAY PROBABLY THE EARLIEST, HANNAH, WOULD BE EITHER THE 10th OR 24TH PAY CYCLE BY THE TIME THAT THAT WOULD RETRO EVERYBODY OUT.

BECAUSE THE HEALTH CARE COMMISSION IS ON A MONDAY.

UNIVERSITIES ARE DONE EVEN BEFORE THAT.

AND THEN WE'RE GOING TO GET TO REALLY THE 13th IS TECHNICALLY THE END OF THE PAY CYCLE.

>> SO WE'RE LOOKING AT PAY PERIOD 14, 15 OR SORRY 15, 16, SOMEWHERE IN THERE.

>> YEAH.

WE'RE GOING TO LOOK AT JULY PROBABLY 10th AT THE VERY EARLIEST, 24TH, IF THAT'S REASONABLE.

>> THAT ACTUALLY SEEMS LIKE A PRETTY QUICK TURN AROUND TO ME.

>> OKAY.

>> ARE THERE ANY OTHER COMMENTS BEFORE WE ENTERTAIN A MOTION?

HEARING NONE, I WOULD ENTERTAIN A MOTION ON THIS PROPOSAL THAT WOULD REDUCE THE HEALTH CARE CREDIT BY HALF.

AND IT WOULD APPLY TO CHANGES RETRO ACTIVELY BACK TO JANUARY 1, 2020.

IT WOULDN'T IMPACT THE DEADLINE FOR THE EMPLOYEES TO EARN THOSE CREDITS.

AND DO I HAVE A MOTION?

>> THIS IS HANNAH, I WOULD MOVE TO APPROVE THAT.

>> IS THERE A SECOND?

>> DO WE ALSO NEED TO INCLUDE IN THE MOTION THE DOUBLE THE VALUE OF THE HSA DOLLARS BASED ON THOSE POINTS?

>> YEAH, I THINK THAT BY REDUCING THE CREDIT TO 25 IT WOULD INCREASE, IT WOULD DOUBLE THE VALUE FOR THE HRA HSA VALUE, YES.

>> BUT DOES THAT NEED TO BE IN THE MOTION?

>> SURE.

AMEND THE MOTION.

SO WE'RE TALKING REDUCING THE TOTAL CREDITS FOR THE PREMIUM DISCOUNT TO 20, REDUCING THE TOTAL CREDITS REQUIRED FOR THE HRA/HSA TO 25 AND THAT WOULD INCREASE THE AMOUNT THAT YOU EARN PER CREDIT BY \$10 TO \$20 IN YOUR HRA/HSA AGAIN RETRO ACTIVELY TO JANUARY 1ST.

>> THIS IS HANNAH, I STILL MOVE TO SUPPORT ALL OF THE ABOVE.

>> THANK YOU.

>> THIS IS JENNIFER, I SECOND IT.

>> ALEXANDRA, CAN YOU DO A ROLL CALL VOTE, PLEASE?

>> YES, THIS IS ALEXANDRA.

BRANT.

>> I'LL VOTE YES.

>> BARBARA.

>> YES.

>> HANNAH.

>> YES.

>> MARIA.

>> YES.

>> I VOTE YES.

DAVID DROPPED OFF.

SHARON I DON'T THINK HAS AUDIO.

JENNIFER.

>> YES.

>> BETH DROPPED OFF.

CHRIS.

>> YES.

>> KAREN.

>> YES.

>> MARJORY.

>> YES.

>> CHRISTY.

YES IS WHAT SHE VOTED.

STEVE.

>> YES.

>> AND NATALIE.

>> YES.

>> THAT WAS UNANIMOUS.

>> OKAY, GREAT.

THANK YOU.

I THINK THAT WE ARE ALL HAVING MEETING FATIGUE.

WE HAD FOUR ITEMS ON THE NEW BUSINESS SECTION OF THE AGENDA.

IN YOUR PACT YOU RECEIVED SOME WORK THAT HANNAH BATES HAD DONE TO UPDATE THE FORMS FOR THE STATE EMPLOYEE AND THE RETIREE NOMINATION FORMS TO SERVE ON THE EAC.

IF YOU HAVE ANY COMMENTS OR SUGGESTIONS FOR THOSE FORMS PLEASE EMAIL ME DIRECTLY AND I WILL BE HOLDING THOSE FOR A LITTLE BIT AND THEN SENDING THEM TO THE HEALTH PLAN SO THAT THEY CAN POST THEM ON THE EAC'S PORTION OF THE WEBSITE.

AS MARIA MENTIONED EARLIER WE HAVE BEEN TALKING ABOUT IN THE NEXT YEAR TRYING TO HAVE A SURVEY OF STATE EMPLOYEES.

IT SEEMS LIKE A LOT OF THAT WOULD TALK ABOUT THE HEALTHQUEST PROGRAM.

WE'VE HAD SOME DISCUSSIONS WITH MIKE AND THE HEALTH PLAN ABOUT IT AND IT SEEMED FEASIBLE BUT WE WOULD NEED TO WORK OUT THE QUESTIONS THAT WE WANT TO ASK.

SO JUST PUT THAT ON YOUR THINGS TO THINK ABOUT IN THE FUTURE LIST.

LEGISLATIVE ITEMS, I MENTIONED IN MY APPLICATION MATERIALS FOR PRESIDENT, SOME INTEREST IN LOOKING INTO HOW MANY EMPLOYEES CONTINUE TO BE ON CLASSIFIED PUBLIC SERVANTS BECAUSE THAT IS A REQUIREMENT TO SERVE IN THE STATE EMPLOYEE ROLE ON THE HEALTH CARE COMMISSION.

IF YOU HAVE ANY THOUGHTS OR QUESTIONS ABOUT THAT, WE CAN DISCUSS IT MORE AT OUR NEXT MEETING.

AND I AM LOOKING TO JULY WHICH IS ATYPICAL FOR WHAT WE'VE DONE IN THE PAST.

BUT I'M HOPING THAT WE CAN SCHEDULE A JULY MEETING THAT IS FAR ENOUGH INTO JULY THAT MIKE AND HIS TEAM HAVE AN OPPORTUNITY TO MOVE THEIR SPACE TO THE DEPARTMENT OF ADMINISTRATION BUT ALSO EARLY ENOUGH IN JULY THAT WE COULD REPORT OUT OUR ACTIONS TO THE AUGUST HTC MEETING.

AND WE WOULD BE LOOKING AT WHAT THE SUB COMMITTEE RECOMMENDS, ANY LEGISLATIVE ITEMS, AND THEN A COUPLE OF OTHER INFORMATIONAL MATERIALS AT THAT MEETING.

SO THAT IS WHAT I HAVE TODAY.

I KNOW IT'S BEEN A LONG, LONG MEETING.

BUT THANK YOU FOR PARTICIPATING AND THANK YOU TO THE HEALTH PLAN FOR GETTING US ORGANIZED TODAY.

ANY OF YOU HAVE COMMENTS?

>> THANKS, NATALIE.

AND THANKS TO STATE EMPLOYEE HEALTH PLAN.

EMPLOYEES, WE APPRECIATE IT.

AND MEMBERS OF THE EAC, EVERYBODY STAY SAFE, PLEASE.

>> YOU TOO.

>> YOU MENTIONED JULY, DID YOU SAY A DATE IN JULY?

>> YEAH, I DON'T HAVE A DATE YET.

I'LL HAVE TO WORK WITH MIKE AND THE HEALTH PLAN ABOUT WHEN THEY THINK THEY MIGHT BE ABLE TO BE SETTLED ENOUGH IN THEIR OFFICES TO SET IT.

>> OKAY, THANKS.

>> HEY, NATALIE, OUR TRAVEL BUDGET WAS JUST CUT TO ZERO.

SO I WOULD HAVE TO DO ANY KIND OF ZOOM OR IF IT ENDS UP BEING AN IN PERSON MEETING, I'LL HAVE TO DO IT REMOTELY JUST SO YOU KNOW.

>> OKAY.

THAT'S A GREAT THOUGHT.

AND WE WILL DEFINITELY PLAN ON HAVING WAYS FOR PEOPLE IF WE'RE ABLE TO MEET IN PERSON TO ALSO HAVE VIRTUAL OPTIONS AND I DON'T KNOW IF YOU'VE NOTICED BUT WE'VE HAD BETWEEN 120 NOW AND 200 PEOPLE THAT HAVE BEEN ABLE TO LISTEN IN AND THAT IS A LOT MORE THAN WE NORMALLY GET IN OUR IN PERSON MEETINGS.

SO I THINK THAT HAS BEEN A GREAT THING FOR THIS VIRTUAL SET UP.

OKAY, IF THERE ARE NO OTHER COMMENTS I WILL CALL THIS MEETING TO A CLOSE.

THANK YOU.

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