

AND THE DEVELOPMENT OF THE POLICY AND WHETHER THE WAY WE HAVE BEEN DOING IT IN THE PAST REALLY BEST HARNESSSES WHAT THE E.A.C. CAN DO TO ASSIST THE HEALTHCARE COMMISSION, SO TODAY WE HAVE COMMISSIONER BURNS-WALLACE SPEAKING FIRST, AND THEN JANET STANEK, AND DESIGNED TO FLUSH OUT WHAT OUR GOAL WILL BE IN MAY AND HOW WE ARE GOING TO APPROACH THE PLAN DESIGN DISCUSSION AND TO SORT OF BETTER UNDERSTAND HOW ALL THE ELEMENTS OF THE PLANS FIT TOGETHER. SO, COMMISSIONER BURNS-WALLACE HAS BEEN REALLY SUPPORTIVE AND HELPFUL IN BEING ABLE TO DO THE SURVEY LAST YEAR OF STATE EMPLOYEES AND RETIREES, AND WE ARE EXCITED TO HAVE HER HERE TODAY, SO I WILL HAND THE FLOOR OVER TO COMMISSIONER BURNS-WALLACE. >> GOOD MORNING. I HOPE EVERYONE IS DOING WELL. I CAN SEE A FEW FACES, AND SO I KNOW THAT YOU ARE OUT THERE, AND I SEE THAT THE NUMBERS, SO LOOKS LIKE WE ARE A LITTLE OVER 50, WHICH IS GREAT. SO, THANK YOU FOR HAVING ME AND AS ALWAYS I WANT TO START BY THANKING THE MEMBERS OF THE E.A.C. FOR YOUR SERVICE. AS YOU ALL KNOW WHEN I CAME IN AND FOR THOSE WHO WERE HERE AT THE TIME, MET WITH YOU ALL AND MET WITH THE LEADERSHIP THEN AND REALLY WANTED TO MAKE SURE THAT WE WERE LEVERAGING THE E.A.C. MORE INTO THE H.C.C. OVERALL, THAT THAT VOICE WAS COMING THROUGH, THAT THERE WERE MORE FORMALIZED MECHANISMS TO BE ABLE TO PULL THAT BACK IN TO DECISION-MAKING, TO ANALYSIS AND THINGS OF THAT NATURE. SO, I FEEL LIKE WE ARE WELL ON OUR WAY. WE STILL HAVE WORK TO DO AND WE ALWAYS WILL, WHICH IS A GOOD THING, THAT MEANS WE ARE GETTING STUFF DONE. BUT I FEEL LIKE WE ARE MAKING SOME GOOD PROGRESS IN THAT SPACE AND I WILL SAY EVEN STARTING WITH THE SURVEY ITSELF, I KNOW THAT YOU ALL HAVE KIND OF A SUBCOMMITTEE OR SUBGROUP STILL WORKING THROUGH AND PULLING THINGS OUT OF IT, AND OUR TEAM HAS BEEN DOING THE SAME, KIND OF VETTING THROUGH IT AND PULLING INFORMATION OUT AND SEEING WHAT NUANCES THAT WE CAN PULL THROUGH, AND IT IS ACTUALLY PERFECT TIMING FOR THE CONVERSATIONS THAT YOU ALL ARE GETTING READY TO START AND CONVERSATIONS THAT THE COMMISSIONERS ARE HAVING. ONE OF THE THINGS THAT WE ALSO FOUND OVER THE TIME, OVER THIS LAST YEAR, SO AS COMMISSIONERS WE CONTINUED TO WANT TO BE BETTER INFORMED AROUND THE DECISION WE ARE MAKING AND THE IMPACT THEY HAVE. AND SO WE HAVE SPENT A NUMBER OF STRATEGY SESSIONS DOING DEEP DIVES, MAKING SURE WE UNDERSTAND HOW AND WHAT IS IMPACTING OUR OVERALL RESERVE. WE JUST STARTED OUR OWN DEEP DIVES ON THE ACTUAL PLAN COMPONENTS, AND JANET

WILL SHARE A LITTLE BIT OF THAT WITH YOU LATER TODAY AND THEN WE'LL PROBABLY BE BACK TO JOIN THE CONVERSATION IN MAY TO CHAIR MORE AND KIND OF HELP TO LEVERAGE INTO THAT CONVERSATION. BUT I WANTED TO SHARE A LITTLE BIT OF WHAT WE HAVE BEEN DOING WITH THE COMMISSIONERS BECAUSE I THINK IT HELPS FRAME, AS YOU ALL HAVE YOUR CONVERSATIONS AND PREPARATION FOR MAY, YOU KNOW, WE HAVE TAKEN A STEP BACK AND REALLY ARE LOOKING AT THIS FROM A STRATEGIC STANDPOINT, LIKE WHAT ARE THE GUIDING PRINCIPLES AROUND WHAT WE WANT THE STATE EMPLOYEE HEALTH PLAN TO DO AND THE OUTCOMES WE WANT IT TO HAVE. WHAT ARE THOSE THINGS THAT ARE IMPORTANT LEVERS THAT WE WANT TO THINK ABOUT, AND NOT JUST PLUGGING IN NUMBERS AND SAYING IF WE INCREASE, YOU KNOW, EMPLOYER CONTRIBUTION BY THIS, AND EMPLOYEE CONTRIBUTION BY THIS, HOW DOES, YOU KNOW, IS THERE ENOUGH MONEY, RIGHT? BUT, WHAT IS THE LONG-TERM STRATEGY AROUND IT, WHAT ARE THE THINGS THAT ARE PRIORITIES THAT WE NEED TO BE WORKING STRATEGICALLY TO MAKE SURE THE PLAN IS REACHING FOR OR TO. AND SO IT'S THINGS LIKE MAKING SURE WE UNDERSTAND, ONE, HOW THE PLAN RESERVE WORKS, BUT ALSO WHERE IS, WHERE DO WE WANT THAT TARGET TO LAND TO MAKE SURE THAT OUR PLAN IS STRONG AND IN A GOOD PLACE, AND THAT WE UNDERSTAND WHAT IS DRIVING THOSE TARGETS AND WHEN WE HAVE SOME FLUCTUATION, WE ARE INTENTIONAL AND STRATEGIC ABOUT HOW THE FLUCTUATION IS USED OR LEVERAGED INTO FUTURE DECISIONS. WE HAVE ALSO, YOU KNOW, BEEN SPENDING SOME TIME AROUND THE VARIETY OF THE PLANS, LIKE WHAT PLANS ARE OFFERED, WHAT ARE THE DIFFERENT PLANS, THE A, THE C, WHO IS ON THEM, WHAT THE UTILIZATION IS, AND THE PERCENTAGES AND THOSE TYPES OF THINGS AND REALLY UNDERSTANDING THE PLAN VARIETY, RIGHT, AND IN EACH OF THESE AREAS WHETHER THE RESERVE OR THE VARIOUS PLAN VARIETY, WE ALSO HAVE BEEN USING OUR RESOURCES TO DO SOME BENCHMARKING, TO UNDERSTAND BOTH OUR OWN INTERNAL UTILIZATION AND IMPACT AND SATISFACTION, AND USING YOUR SURVEY AS SOME OF THAT, SO I THANK YOU AGAIN, BUT ALSO BENCHMARKING ACROSS THE PEERS AND THE NATIONS, RIGHT, AS WE LOOK AT RESERVE TARGETS, AS WE LOOK AT THE VARIETIES OF PLAN, AS WE LOOK AT THINGS LIKE OUT OF POCKET AND DEDUCTIBLES. HOW DO WE MEASURE UP KIND OF WITH REGIONAL BENCHMARKS, HOW DO WE MEASURE UP WITH THE NATIONAL BENCHMARKS, RIGHT, AND WHAT DOES THAT LOOK LIKE AND AGAIN, WHAT'S THAT UTILIZATION IN THE VARIOUS LEVELS, WHAT IS THE SATISFACTION IN THOSE VARIOUS LEVELS. AND SO WE ARE TRYING TO COME AT THIS IN AN AT LEAST

START OUR CONVERSATION IN A MUCH MORE HOLISTIC, STRATEGIC WAY OF WHAT ARE SOME OF THESE THINGS WE KNOW ARE KEY LEVERS AND TRIGGERS AND KIND OF AREAS THAT WE NEED TO SAY HEY, THESE ARE THE AREAS THAT ARE A PRIORITY THAT HAVE GREATEST IMPACT ON OUR PLAN AND THE PLAN DESIGN THAT HAVE THE GREATEST IMPACT ON OUR EMPLOYEES, AND SO AS WE THINK ABOUT WHAT AN INDIVIDUAL YEAR'S INDIVIDUAL IS, WE WANT TO MAKE SURE WE ARE TALKING MORE STRATEGICALLY ABOUT WHAT ARE OUR OVERALL GOALS. SO, EVEN THINGS LIKE AFFORDABILITY, AND WHAT DOES THAT MEAN, RIGHT? AND SO AFFORDABILITY OF OUR PLAN IS NOT JUST THE EMPLOYEE AND THE EMPLOYER CONTRIBUTION, WE SPEND A LOT OF TIME ON THOSE PERCENTAGES, THAT'S ONE COMPONENT OF IT, RIGHT? THE THINGS LIKE THE OUT OF POCKETS AND THE DEDUCTIBLES AND OTHER BENEFITS, AND SEE JANET TALK THROUGH SOME OF THESE, THE PHARMACY BENEFITS AND OTHER BENEFITS, WELLNESS PROGRAM AND THE BENEFITS THAT COME WITH USING THOSE H.S.A. -- PROBABLY HAVE THE LETTERS WRONG, APOLOGIZE, A LOT OF LETTERS IN MY HEAD. THESE TYPES OF THINGS PLAY INTO WHEN YOU TALK ABOUT AFFORDABILITY, RIGHT. WHAT ARE THOSE DIFFERENT LEVERS AND HOW ARE THEY INTERPLAYING IN TERMS OF MAKING IT AFFORDABLE AND THE UTILIZATION OF OUR EMPLOYEES AND OUR STAFF MEMBERS, RIGHT. AND SO, AND THEN YOU KNOW, COMPARATIVE RATES. WHAT DO OUR RATES LOOK LIKE, APOLOGIES, WHAT DO THE RATES LOOK LIKE COMPARATIVELY AND WHAT DOES THAT MEAN IN TERMS OF LEVELS OF SATISFACTION, RIGHT. THE COST OF THE PREMIUMS, THE COST TO ACCESS PRIMARY CARE PROVIDERS, YOU KNOW, ALL OF THESE TYPES OF THINGS. SO THESE ARE THE THINGS WE ARE LOOKING AT AND AGAIN, NOT FOR US AS WE STARTED THE CONVERSATION, WE DIDN'T GO STRAIGHT TO THE MODELS. WE ACTUALLY ARE STARTING IN THE STRATEGIC CONVERSATION OF IDENTIFYING THESE PRIORITY AREAS AND THINGS THAT WE ARE USING AS I'VE MENTIONED, USING THE E.A.C. SURVEY RESULTS, WE ARE USING BENCHMARKING STUDIES THROUGH SIEGEL, WHO PROVIDES THOSE FOR US AND THE FISCAL REQUIREMENTS OF THE PLAN TO MAKE SURE WE ARE KEEPING THE PLAN FINANCIALLY HEALTHY AND UNDERSTANDING WHAT THAT MEANS IN TERMS OF WHAT OUR OPTIONS ARE AND WHAT THOSE LEVERS ARE. WE WILL THEN SHORTLY THEREAFTER, WE ARE GOING TO BE COMING BACK AND ARE GOING TO START TO PLAY WITH SOME OF THE MODELLING SO THAT WE UNDERSTAND WHAT SOME OF THOSE LEVERS DO, BUT WE STARTED OUR CONVERSATION MORE AT THAT HOLISTIC STRATEGIC LEVEL. SO I SAY ALL THAT TO SAY AS YOU ALL START YOUR CONVERSATION OR FORMALIZE YOUR CONVERSATION AT YOUR MAY MEETING, YOU

KNOW, THERE IS SO MANY NUANCES AND I JUST REMEMBER THE RECOMMENDATION THAT WE RECEIVED FROM YOU ALL LAST YEAR, THE PLAN HAD, YOU KNOW, RUN A COUPLE OF DIFFERENT MODELS, JUST MODELS, A COUPLE DIFFERENT SCENARIOS AND THEN PRESENTED TO YOU ALL AND YOU MADE A RECOMMENDATION ON A PARTICULAR SCENARIO. A NUMBER OF OTHER FACTORS CAME INTO PLAY AND WE ENDED UP WHERE WE LANDED LAST YEAR, I THINK WAS VERY MUCH IN THE SPIRIT OF THE SCENARIO THAT YOU ALL RECOMMENDED, IN TERMS OF THE DIRECTION OF THE EMPLOYEE CONTRIBUTION AND A FEW OTHER FACTORS, BUT IT WASN'T DEAD ON. BECAUSE THE REALITY OF WHEN WE START TO REALLY GET INTO THE CONVERSATION, WE ARE GOING TO BE MOVING MULTIPLE LEVERS AND NOT SHOW EVERY SINGLE MODEL. SO WHAT I, YOU KNOW, WOULD LIKE TO OFFER OR PROPOSE IS THAT WHAT IS REALLY HELPFUL TO THE H.C.C. IS HEARING FROM THIS GROUP WHAT ARE THOSE THINGS THAT ARE THOSE PRIORITY AREAS, WHAT ARE THOSE THINGS THAT THE SATISFACTION IS SOMETHING THAT WE REALLY NEED TO PAY ATTENTION TO. WHAT ARE THOSE THINGS THAT HAVE THE GREATEST IMPACT. YOUR SURVEY DID A REALLY GOOD JOB OF PULLING OUT SOME ASPECTS OF, YOU KNOW, THE AREAS THAT PEOPLE FELT WERE MOST IMPORTANT TO THEM, RIGHT, OR THE BIGGEST PRIORITIES. PLUS THE AREAS THAT THEY FELT THAT THEY HAD CERTAIN LEVELS OF SATISFACTION. SO THOSE ARE TWO DIFFERENT THINGS, RIGHT. WHAT'S THE IMPORTANCE AND HAS THE GREATEST WEIGHT AND THEN WHAT ARE THEY MOST SATISFIED WITH AND THOSE TYPES OF THINGS, RIGHT? SO THOSE AREAS, YOU KNOW, IN TERMS OF ISSUES THAT IMPACT AFFORDABILITY, YOU KNOW, WHETHER IT'S OUT OF POCKET AND DEDUCTIBLES, YOU KNOW, THE USE OF THE WELLNESS PROGRAMS, THOSE THINGS THAT REALLY MAKE A DIFFERENCE IN TERMS OF ENGAGEMENT, THOSE AREAS IN TERMS OF MAKING RECOMMENDATIONS OF TRYING TO KEEP PREMIUM, YOU KNOW, AS LEVEL AS POSSIBLE OR SMALL INCREASES, ENSURING THAT WE MAINTAIN THE ABILITY OF THE H.S.A. OR THE H.R.A. BECAUSE OF THE IMPACTS AGAIN OVERALL AFFORDABILITY BECAUSE IF YOU CAN'T, IF YOU ARE UTILIZING THOSE, THERE'S BENEFITS THERE. THE WELLNESS PLAN, UTILIZING THOSE, YOU CAN ALSO GET A PREMIUM REDUCTION, RIGHT. THOSE THINGS THAT YOU ALL BELIEVE ARE SOME KEY AND CRITICAL PARTS OF THE PLAN THAT ARE HAVING GOOD IMPACT AND THAT ARE PRIORITIES THAT YOU WANT US TO KEEP AT THE FOREFRONT, IF THERE ARE TRENDS OR WAYS THAT YOU WOULD RECOMMEND OR WOULD LIKE TO SEE US IN TERMS OF DOING SOME DECREASES HERE OR SOME MODIFICATIONS THERE, AND NOT EVEN FEELING LIKE YOU ALL HAVE TO GO TO THE LEVEL OF LIKE THIS MUST BE DECREASED BY X

AMOUNT BUT BRINGING THIS DOWN AT ALL OR LEVELLING THIS OFF OR REDUCING THE NUMBER IN THIS SPACE COULD BE HELPFUL AND IMPACTFUL BASED ON THE INFORMATION YOU HAVE RECEIVED. SO I THINK IT WOULD BE, WOULD HELP US TO HAVE KIND OF MORE HOLISTIC SET OF RECOMMENDATION OR AREAS THAT ARE PRIORITIZATION AREAS, AREAS THAT ARE VERY IMPORTANT TO EMPLOYEES TO KEEP, STRENGTHEN, REDUCE, YOU KNOW, HOWEVER THAT MIGHT LOOK, AND REALLY BASED ON AND TIED TO KIND OF BOTH THAT IDEA OF LIKE THE SATISFACTION AS WELL AS THE IMPORTANCE AS WE LOOK AT THE ACTUAL MODELS AND START TO PLAY WITH THOSE MODELS WHEN WE GET TO OUR JUNE MEETING. LOOKING OVER MY NOTES -- I THINK I'LL STOP THERE. IF THERE IS TIME, NATALIE, CAN I TAKE, YOU KNOW, OPEN IT UP FOR 1 OR 2 QUESTIONS? I WILL SAY JAN WILL DO MUCH MORE OF A DEEP DIVE AND TALK THROUGH ASPECTS OF THE PLAN AND SOME OF THE THINGS THAT REALLY HELP YOU UNDERSTAND THE PLAN DESIGN AND ALL THE FACTORS THAT GO INTO IT AND CAN GET MUCH MORE TECHNICAL, THAT HELPS YOU UNDERSTAND SOME OF WHAT WE ARE LOOKING AT AS WELL, BUT I JUST -- IF IT'S OK, NATALIE, TO OPEN UP FOR JUST A FEW MINUTES, I KNOW YOU GUYS HAVE A VERY FULL AGENDA, IF ANYBODY HAD A DIRECT QUESTION FOR ME. >> YEAH, THAT WOULD BE GREAT. DO ANY OF THE E.A.C. MEMBERS HAVE QUESTIONS? SO I'LL JUST SUM UP. I THINK WHAT WE ARE LOOKING TO DO IN MAY IS MAYBE COME FORTH WITH 5 OR 6 PRIORITIES OR IDEAS ABOUT THINGS THAT WE HAVE GOTTEN FROM THE SURVEY THAT SHOW ARE IMPORTANT TO STATE EMPLOYEES SO THOSE COULD THEN BE FACTORED INTO YOUR ANALYSIS AS YOU TAKE A MORE HOLISTIC VIEW OF HOW THE PLAN HAS TO WORK TOGETHER AND OPERATE AND BE SOLVENT. IS THAT A CORRECT SUMMARY? >> I THINK SO, YES. YEP. AND I WOULD SAY, YOU KNOW, AS ALWAYS, YOU KNOW, WE GET OUR MATERIALS A FEW WEEKS BEFORE, A FEW, PROBABLY A WEEK OR SO BEFORE AND SO I KNOW YOU ALL MEET IN MAY, WE'LL MAKE SURE WE COORDINATE ON TIMING SO YOU ALL HAVE TIME TO MEET AND THAT WE ACTUALLY HAVE TIME TO MAKE SURE THAT YOUR RECOMMENDATIONS ARE A PART OF THE PACKETS THAT GO OUT TO THE COMMISSIONERS, AS WE PREPARE FOR OUR JUNE MEETING, BECAUSE USUALLY YOU PRESENT YOUR MATERIALS AT THE JUNE MEETING AND SOMETIMES WE DON'T ALWAYS GET THEM AHEAD OF TIME OR GET THEM CLOSER. WE'LL WORK TO COORDINATE IT TO MAKE SURE THAT'S PART OF THE PACKET SO IT WILL GIVE THE COMMISSIONERS A LITTLE BIT OF TIME TO ALSO DIGEST AND ACTUALLY BE ABLE TO, YOU KNOW, UTILIZE IT. LAST TIME WE REALLY -- BY THE TIME WE GOT THE RECOMMENDATION AT THE JUNE MEETING WE WERE INTO THE MODELLING AND I

THINK CHANGING THE MODEL THAT YOU HAD EVEN LOOKED AT, SO THAT'S ALSO WHY I WANT THIS TO BE SOMETHING THAT IS USEFUL AND HELPFUL AND SO THAT YOU ALL FEEL LIKE YOU ARE, YOU KNOW, TRULY ARE PROVIDING THAT FEEDBACK AND HAVE TIME TO INCORPORATE IT. >> THAT SOUNDS GREAT TO ME. I'LL GIVE THE MEMBERS ONE MORE CHANCE TO ASK A QUESTION. NO? THANK YOU, COMMISSIONER BURNS-WALLACE FOR BEING WITH US TODAY. >> I'LL STAY ON FOR A LITTLE BIT, AS ALWAYS, PLEASE REMEMBER THE LINES OF COMMUNICATION ARE OPEN AND THE MORE WE STRENGTHEN THOSE, THAT WE CAN GET EMPLOYEES' VOICES TO THE COMMISSIONERS, TO THE DECISIONS THE COMMISSIONERS ARE MAKING THAT, IS KEY AND CRITICAL AND AT THE HEART OF I KNOW WHAT ALL THE COMMISSIONERS WANT TO HAVE AND WANT TO SEE HAPPEN. >> OK. GREAT. THANK YOU. MOVING ON TO THE NEXT ITEM ON THE AGENDA, JANET STANEK, DIRECTOR OF THE STATE EMPLOYEE HEALTH BENEFITS PROGRAM, AND SHE'S JUST GOING TO SHARE A PRESENTATION AND SORT OF WALK US THROUGH A LOT OF THOSE ELEMENTS AND HOW THE HEALTH PLAN WORKS TOGETHER AS A FOUNDATIONAL KNOWLEDGE FOR WHAT WE'LL BE DOING IN THE FUTURE. HI, JANET. THANKS FOR JOINING US. >> I THINK YOU MIGHT STILL BE ON MUTE. >> I AM ON MUTE. SORRY. HI, EVERYONE, GREAT TO BE HERE. COURTNEY, ARE YOU ABLE TO SHARE MY SCREEN? MY PRESENTATION? >> YES, I'M TRYING TO GET THERE. WON'T LET ME CLICK THE -- >> I'LL GET IT AND SEE -- LET'S SEE -- CHANGE PRESENTER, HERE WE GO. THERE WE GO. >> WELL, THANK YOU. >> SO I WILL TAG ON TO WHAT THE SECRETARY TALKED ABOUT. THIS IS AN EXCERPT OF A DOCUMENT THAT WE SHARED WITH THE H.C.C. IN A PLANNING MEETING THAT WE HAD IN DECEMBER, AND SO THIS IS TO AGAIN EDUCATE PEOPLE ON WHAT GOES INTO THE PLAN MODELLING AND RESERVE PROCESS. NEXT SLIDE. SO THE HISTORY OF THE RESERVE, THE RESERVE REALLY IS THE AMOUNT WE NEED TO MAKE SURE THAT THE PLAN IS SUSTAINABLE SINCE WE ARE SELF-INSURED. WE NEED ENOUGH MONEY GOING OUT FOR SEVERAL YEARS TO MAKE SURE THAT WE CAN FUND THE PLAN. SO THIS IS JUST A TIMELINE FROM 2009 TO 2020 OF SOME OF THE UPS AND DOWNS THAT THE RESERVE HAS UNDERGONE. LEGISLATIVE ACTION IN 2009, FOR EXAMPLE, DELAYED OR STOPPED THE CONTRIBUTION FOR THE EMPLOYER FOR SEVEN PAY PERIODS SO THE RESULT OF THAT WAS A DECREASE OF \$64 MILLION IN THE FUND BALANCE, WHICH WAS PRETTY DETRIMENTAL. AND THEN IN 2010, REDUCED AGAIN, AND THEN WE HAD A PENALTY IMPOSED UPON US BETWEEN, FOR THE FISCAL YEAR 2014 THROUGH 2019 BECAUSE OF SOME AUDIT FINDINGS AND HOW THE INTEREST WAS ACCRUED. AND THEN IN FISCAL YEAR 2015 THE H.C.C. VOTED TO REDUCE THE EMPLOYER CONTRIBUTION BY 8.5%. BASED ON ANALYSIS,

AND HOW MUCH MONEY WAS IN THE FUND, WHICH WAS PROBABLY LOOKED AT AS A LARGE AMOUNT, AND THEN WHAT BEGAN THEN WAS TO REDUCE THE PLAN'S FUND TO MEET A TARGETED RESERVE BALANCE, AND WE WERE USING A MODEL OF A TEN-YEAR PROJECTION, WHICH KIND OF WAS UNREALISTIC AND WE'LL TALK ABOUT WHAT HAS CHANGED SINCE THEN. IN FISCAL YEAR 2016, THE H.C.C. VOTED TO HOLD THE CONTRIBUTION FLAT FOR THE EMPLOYER. AND THEN IN 2020, THE H.C.C. VOTED FOR 4.5% STATE EMPLOYER CONTRIBUTION INCREASE AND YOU KNOW YOUR INCREASE WAS RELATIVELY HELD FLAT LAST YEAR, AND THAT WAS TO MAINTAIN THE FINANCIAL STABILITY OF THE HEALTH PLAN. SO AS COMMISSIONER -- WALLACE HAS INDICATED, A LOT HAS TAKEN INTO CONSIDERATION WHEN LOOKING AT THE LONG-TERM VIABILITY OF THE PLAN. NEXT SLIDE. SO THE KEY FACTORS THAT GO INTO YOUR PROJECTION MODEL ARE SHOWN ON THIS GRAPH. CLAIMS, TREND, ENROLLMENT, BASELINE CLAIMS COST IS, ANY ADJUSTMENTS WE MAKE FOR R.F.P.s, THE CONTRACTS WE GO OUT FOR, I WON'T READ ALL OF THEM BUT IT'S EXTENSIVE. WHAT THE H.C.C. DID WAS GO OVER ALL THESE DIFFERENT THINGS IN GREAT DETAIL TO SAY HOW DO THESE IMPACT AND HOW DO WE HAVE TO CONSIDER THOSE WHEN LOOKING AT A PROJECTION MODEL FOR THE APPROPRIATE LEVEL OF RESERVE, AND FUNDING MODEL FROM BOTH THE EMPLOYER AND EMPLOYEE CONTRIBUTION PERSPECTIVE. NEXT SLIDE. SO ON CLAIMS TREND, ACTUARIAL SERVICE, REVIEWED MONTHLY BY THEM BUT QUARTERLY BY US AND THE H.C.C., AND PROJECT TOTALLY BASED ON SIMPLE MATH WHAT WAS THE TREND, WHAT DO WE EXPECT, AND HOW DO WE LOOK COMPARED TO SIEGEL IS THE NAME OF THE ACTUARIAL, HOW DO WE LOOK COMPARED TO THE INDUSTRY. SO THE TREND ASSUMPTIONS THAT TOOK PLACE FOR INFORMATION THAT WE HAD UP THROUGH DECEMBER PRETTY MUCH WERE MEDICAL CLAIMS TRENDING AT 5.5% INCREASE, PHARMACEUTICAL 8.5%, DENTAL BY 3, AND MEDICAL ADVANTAGE FOR RETIRES 6. WE COMPARE OURSELVES TO INDUSTRY TREND AND REGIONAL TRENDS AND SO FORTH. NEXT SLIDE. THIS YEAR IN GOING FORWARD WE HAVE SOMETHING CALLED COVID, WE ARE ALL TIRED OF THAT WORD, BUT UNFORTUNATELY IT DOES IMPACT THE WAY WE LOOK AT THE VALIDITY AND I GUESS VALIDITY IS A STRONG WORD, IT PUTS A LITTLE KINK IN OUR METHODOLOGY. WE KNOW OUR CLAIMS WERE DOWN ONCE COVID HIT AND STILL DOWN, SO THAT MAKES THE PLAN FINANCIALS HEALTHY. ONCE PEOPLE GET THEIR SERVICES AGAIN, IT COULD WIPE ALL THINGS IN THE FINANCIALS AND SOMETHING THE H.C.C. IS TAKING INTO CONSIDERATION AND THAT WE ARE WORKING ON WITH OUR ACTUARIALS AS WELL. SO, PRECOVID WE USED THAT PRECOVID HISTORY, FOR EXAMPLE. AND NO ADJUSTMENT FACTORS

APPLIED TO THE BASELINE FOR MEDICAL OR PHARMACEUTICAL CLAIMS. NEXT SLIDE. ENROLLMENT, YOU CAN SEE WE LOOK AT THAT, AND SO AS YOU ARE TALKING IN YOUR GROUP ABOUT WHAT MIGHT BE HELPFUL, YOU KNOW OUR MEMBERSHIP GROWTH IS PRETTY MUCH SEEING A LITTLE BIT OF A DECLINE, IT CONTINUES TO DO THAT. IT DOES HAVE A DIRECT CORRELATION TO REVENUE AND EXPENSES, IT'S A PER CLAIM, PER MEMBER COST TO THE PLAN AND THE EMPLOYER. NEXT SLIDE. WE COVERED THAT JUST I'LL MENTION ON ENROLLMENT ALSO, COVERED THAT WHEN WE WENT THROUGH THE OPEN ENROLLMENT HISTORY WITH YOU TO SHOW YOU HOW WE DID IN 2021 ENROLLMENT. SO YOU SAW THAT DETAIL THERE. NEXT SLIDE. CAN YOU GET THAT? NOT MOVING. >> SORRY, MY COMPUTER IS DOING SOMETHING WEIRD. >> OK. >> WHAT IS IT DOING? WHY IS MY SCREEN SHARING PAUSED? HOLD ON ONE SECOND. THAT IS SO BIZARRE. >> I CAN EITHER KEEP TALKING ON MY SLIDE OR COURTNEY, YOU CAN TELL ME -- NATALIE, WHAT'S YOUR PREFERENCE? RATHER HAVE THE SLIDES UP WHILE WE ARE TALKING? >> JANET, I THINK YOU CAN GO AHEAD AND COURTNEY WILL CATCH UP WHEN SHE CAN. >> TELL ME WHEN YOU ARE BACK UP, I HAVE MY PRESENTATION ON MY OWN COMPUTER. SO THE OTHER CONSIDERATION BASELINE COST AND CLAIMS FOR MEDICAL, PHARMACY AND DENTAL. WE DO LOOK AT EXPECTED COST PER MEMBER PER MONTH AND WE LOOK AT DIFFERENT PAY PERIODS AND THE EXPECTATION OF WHAT THE EXPERIENCE MIGHT BE OVER 12 MONTHS OF CREDIBLE CLAIMS, WITH THE TWO-MONTH LAGGED ENROLLMENT DATA. BILLS AND CLAIMS DON'T COME IN TYPICALLY FOR TWO MONTHS AFTER THEY INCUR. WE ALSO LOOK AT PHARMACY, HAS A SHORTER LAG, NORMALLY YOU ARE PAYING FOR CLAIMS AS THEY ARE INCURRED WITH THE PHARMACY AS YOU KNOW. SO WE LOOK AT THE PER MEMBER PER MONTH AND ADJUST THAT TO REFLECT HISTORICAL PLAN CHANGES. THAT'S ANOTHER CONSIDERATION. WE ALSO LOOK AT HOW THOSE COSTS ARE SPREAD ACROSS THE VARIOUS PLANS BECAUSE AS YOU KNOW, FOR PLAN A, FOR EXAMPLE, CALCULATED A LITTLE DIFFERENT FOR C, J, N AND Q, THE HIGH DEDUCTIBLE PLANS. WE LOOKED AT ANY COST ADJUSTMENTS THAT MIGHT COME FROM ANY OF OUR CONTRACTS OR FROM OUR R.F.P.s. SO WITH OUR, ONE THING WE HAD, SOMETIMES WE WILL GET A NICE SURPRISE FROM AN AUDIT THAT MIGHT BE DONE ON THE PHARMACEUTICAL CONTRACTS OR CHANGE IN DRUGS OR CHOICES, AND FOR EXAMPLE, WITH CAREMARK, OUR PHARMACY BENEFIT MANAGER, WE HAVE AN EXPECTED SAVINGS FOR THREE-YEAR PERIOD OF ABOUT \$41 MILLION BECAUSE OF A CHANGE THAT WAS DONE ON GETTING AN IMPROVED CONTRACT PRICE MID YEAR WE DID NOT ANTICIPATE. SO WE REPORT ALL OF THAT AND DISCUSS HOW THAT

MIGHT IMPACT OUR PLAN AND WHERE THAT MONEY CAN BEST BE UTILIZED. SO THE FUNDING RATES AND SO FORTH ARE, YOU KNOW, WE ARE ALWAYS -- SO THIS, IN -- THE RATES FOR THIS YEAR HAVE BEEN SET AND FOR 22 HAVE BEEN SET. WE ARE IN DISCUSSIONS ABOUT WHAT THEY MIGHT LOOK LIKE FOR, YOU KNOW, THE COST GOING FORWARD FOR JULY OF 22, FOR EXAMPLE. THE FUNDING RATES AND MEMBER CONTRIBUTIONS ARE USUALLY APPROVED BY THE H.C.C. IN JUNE OF 2020, OBVIOUSLY, THE FISCAL YEAR STARTS IN JULY AND FUTURE FUNDING RATES ARE SET, EQUALLY CASH BALANCE AND EQUAL TO A TARGET RESERVE OF 2023, SO ALWAYS KIND OF OUT THERE. AND THEN I TALKED A LITTLE ABOUT THE FACT THAT WE HAVE CHANGED OUR FUNDING AND RESERVE MODEL AND I DIDN'T PROVIDE ANY DETAILED INFORMATION ON ALL OF THE NUMBERS THAT WE LOOK AT, BUT WE WENT FROM A TEN-YEAR TO A THREE-YEAR PLUS ONE, MEANING THE CURRENT YEAR PLUS THREE YEARS OUT PROJECTION MODEL IN DECEMBER OF 2020. AGENCY VOTED TO CHANGE THE MODEL, A LONG STANDING MODEL. PART OF THAT AGAIN WAS VIEWED AND BASED ON THE FACT THAT IT WAS MORE REALISTIC AND CREDIBLE. ANYBODY CAN KEEP KICKING DOWN TEN YEARS, RIGHT, TEN YEARS DOWN THE ROAD, EASY TO DO THAT. THREE YEARS FORCES YOU TO LOOK AT A LOT OF REALTIME AND NOT GETTING TOO COMFORTABLE THINKING WE'LL CATCH THAT UP IN YEAR 8 OF 10. NOW WE ARE LOOKING SO IT'S CLOSER, AND THAT TO ME IS MORE IN LINE WITH INDUSTRY STANDARDS AND WHAT THE REST OF THE WORLD IS DOING. SO, OUR RESERVE AMOUNT CALCULATED PERCENTAGE INCREASE, WE NEED TO DO THAT SO WE KEEP IN MIND AND BACK TO THE COMMENT BY COMMISSIONER AND SECRETARY TO MAINTAIN A HEALTHY BALANCE FUND AND WE NEED TO DO THAT AND HAVE THE TERM HEALTHY BE OUT THERE, SO DON'T FIND THE \$64 MILLION DEFICIT OR ANYTHING. SO, WE ARE IN DISCUSSION ABOUT PLAN YEAR 2022 DESIGN AND THE RATE STRUCTURE AND MORE TO COME ON THAT. BUT THAT'S JUST SOME OF THE FACTORS THAT ARE BEING CONSIDERED BY THE COMMISSION. SO LET ME STOP THERE, YOU GOT IT BACK UP, THANK YOU. LET ME STOP THERE AND SEE IF THERE ARE ANY QUESTIONS FOR ME. I KNOW IT'S COMPLICATED MATERIAL. >> HI, JANET, THIS IS NATALIE YOZA, I WAS JUST WONDERING, AS WE LOOK FORWARD TO MAY, IF YOU COULD EXPLAIN SORT OF THE IMPACT OF RECOMMENDATIONS THAT WE COULD MAKE, SO IF, FOR EXAMPLE, BASED ON THE SURVEY RESULTS THAT SORT OF HIGHLIGHTED SATISFACTION WITH WHERE THE PREMIUMS ARE, BUT LOWER SATISFACTION WITH MAYBE THE OUT OF POCKET MAXIMUM, IF THE E.A.C. WAS TO SAY, YOU KNOW, ONE OF OUR PRIORITIES WOULD BE LOOKING TO TRY TO LOWER THAT OUT OF POCKET MAXIMUM, WHAT DOES THAT TRIGGER ON THE HEALTH

PLANS AND THE HEALTHCARE COMMISSION SIDE AS TO HOW ALL OF THOSE BALANCES FACTOR TOGETHER IN ORDER TO MAINTAIN LIKE A SOLVENT PLAN? >> SO, THERE'S A LOT THAT WOULD BE CONSIDERED IN THAT, AND WE HAVE DONE A DEEP DIVE ON THE TOPIC OF CO-PAYS AND OUT OF POCKET MAXIMUMS, DEDUCTIBLES BECAUSE OF SOME OF THE COMMENTS THAT CAME OUT OF SURVEY, FOR EXAMPLE. SO, THERE'S A LOT OF WAYS THIS COULD GO. A SCENARIO, NOT TO SAY THIS IS THAT, BUT LET ME TELL YOU THE TYPE OF THOUGHT THAT GOES INTO THAT. SO YOU THINK THE OUT OF POCKET IS TOO MUCH, SO WE LOOK AT THAT, WE LOOK AT THINGS LIKE OK, ON OUR END WE ARE LIKE HOW MANY PEOPLE HAVE OUT OF POCKET, HOW DO WE COMPARE TO INDUSTRY, REGIONAL, NATIONAL, ETC. WHAT COULD WE DO TO MOVE THAT. NORMALLY ANY NEEDLE YOU MOVE IS GOING TO MEAN YOU NEED TO MOVE SOMETHING ELSE. SO YOU ARE EITHER GOING TO SAY WHERE COULD WE MAKE THAT MONEY UP, WANT THE RESERVE TO BE AT X, DOES THE EMPLOYER CONTRIBUTION GO UP. DOES THE EMPLOYEE CONTRIBUTION GO UP. DO WE TAKE A BENEFIT SOMEWHERE ELSE. DO WE GO AND SAY YOU KNOW, PLAN A, PEOPLE, LOOKED PRETTY GOOD, BUT THE REST OF THE PEOPLE DON'T REALLY REALLY GOOD ON OUT OF POCKET. DO WE JUST ADJUST CERTAIN GROUPS. SO THE SKY'S THE LIMIT KIND OF ON WHERE YOU CAN PULL. BUT, IS THERE ANYTHING ELSE WE ARE WILLING TO GIVE UP OR PAY A LITTLE MORE FOR OR HAVE THE STATE CONTRIBUTE MORE TO WITHIN THEIR COMFORT LEVEL TO MAKE UP THAT IF WE WERE TO REDUCE THAT? THOSE ARE JUST SCENARIOS THAT THIS IS THE HARD WORK THE COMMISSION DOES WITH US, BECAUSE THEY ARE HARD DECISIONS AND IF YOU HAD THIS HUGE RESERVE AND YOU CAN'T HAVE ACTUARIALS SAYING YOU ARE ON THE MONEY WITH WHAT YOU NEED THREE YEARS FROM NOW, PACING IT ON CLAIMS, TRENDS AND THINGS I TALKED ABOUT, IT WOULD BE ONE THING. BUT THERE'S A VERY LITTLE PLACE TO PULL IT FROM, SO THE WORK OF YOUR GROUP IS WHAT REALLY IS THE MOST MEANINGFUL TO EVERYONE, DO YOU PULL OUT SOMETHING OUT OF ONE PLAN AND HAVE THAT OFFSET SOMETHING ELSE. SO IT'S ALL ABOUT OFFSETS, RIGHT. SO, THAT'S AN EXAMPLE OF THE DISCUSSION THAT WE ARE HAVING. DOES THAT HELP AT ALL? >> YES. YEP. AND ARE THERE ANY OTHER QUESTIONS FOR JANET IN THE COMMITTEE? >> I HAVE A COUPLE OTHER UPDATES OTHER THAN THIS PIECE OF THIS, BUT I WANTED TO MAKE SURE WE COVERED ANY QUESTIONS ON THIS REAL QUICK BEFORE I MOVE INTO THEM. FEEL FREE TO EMAIL ME ALSO. >> QUESTION, JANET. >> YES. >> THIS IS WARREN WIEBE, I'M WATCHING ON THE SCREEN BUT ON TELEPHONE BECAUSE MY COMPUTER DOES NOT HAVE A MIC. QUESTION ON THE CHART, ON THE PROJECTIONS FROM YEAR TO YEAR, THE

BOTTOM COLUMN, OR THE BOTTOM ROW WAS MEDICARE, INSURANCE CONTRIBUTIONS, 6%. CAN YOU ILLUSTRATE WHAT THAT 6% ACTUALLY PAYS FOR? IS IT TO PURCHASE SUPPLEMENTAL POLICIES FOR RETIRED PEOPLE? >> I'M LOOKING AT -- JUST A SECOND. >> IT'S THE SLIDE WHERE YOU HAD TWO CHARTS UP, USING TWO DIFFERENT CALCULATION METRICS FOR PROJECTIONS IN FUTURE YEARS, AND WHAT YOUR TARGETS WOULD BE, IT'S THE FOURTH ROW. >> THE ASSUMPTION IS WHAT THE CLAIMS PERCENTAGE IS GOING TO INCREASE BY. SO IN THAT CASE, WE ARE EXPECTING OUR PREMIUM TO REMAIN AT ABOUT 6%. IT LOOKS LIKE IT'S GOING TO HOLD FLAT. I'M NOT SURE THAT THAT HELPS YOU WITH THAT. I CAN'T TELL YOU WHAT IT'S USED FOR, OTHER THAN THE GROWTH RATE IN WHAT CLAIMS WILL BE, WILL BE ABOUT 6%. >> JANET, EVEN SIMPLER THAN THAT, I WANTED TO KNOW HOW YOU ARE DEFINING THE -- THAT FUNCTION, OR WHAT THAT COST GOES TO PAY, SO 6%, LET'S SAY THAT'S A MILLION DOLLARS, WHAT DOES THAT MILLION DOLLARS PURCHASE? >> OH, BOY, THAT'S A TOUGH ONE. I'M GOING TO HAVE TO GET BACK TO YOU ON THAT. BECAUSE THIS KIND OF GOES BACK TO DOES IT COVER, IS IT BASED ON A MEMBERSHIP INCREASE AND IT DOESN'T REALLY DO ANYTHING OTHER THAN BE EVENED OUT. LET ME GET BACK TO YOU ON THAT. THAT'S A GREAT QUESTION. I DON'T HAVE AN NEED ANSWER, APOLOGIZE. >> NO, AND NO MORE COMPLEX, I'M LOOKING FOR THE 10,000 FOOT OVERVIEW TO UNDERSTAND, I'M A NEW MEMBER. DON'T SPEND A HALF HOUR ON THE P.H.D. RESEARCH. >> NO, THAT'S OK, APOLOGIES. AGAIN, EMAIL ME, THIS IS KIND OF A FIRST RUN. I HOPE IT'S BEEN A LITTLE HELPFUL. SORRY THE POWER POINT DID NOT ALIGN. JUST A FEW OTHER REAL QUICK UPDATES, NATALIE, FOR THE E.A.C. OF SOME THINGS. YOU SAW THE COVID BENEFIT EXTENSION HAS GONE OUT NOW AGAIN, THAT'S BEEN GOING ON SINCE MARCH OF LAST YEAR. COVID TESTING AND SAME DAY TREATMENT ARE COVERED. NO MEMBER COST. THIS ROUND, WHEN WE SEND THE APRIL 1ST UPDATE, AND THAT EXTENSION WILL GO THROUGH MAY 28, YOU ARE GOING TO SEE A NOTE, OR YOU HAVE SEEN A NOTE ON THERE THAT ANYBODY THAT GOES TO AN OUT OF NETWORK PROVIDER WILL BE SUBJECT TO OUT OF NETWORK FEES GOING FORWARD. AT THE TIME THE FIRST EXTENSION WENT OUT, FOR EXAMPLE, THERE WERE, THERE WERE NOT A LOT OF PLACES YOU COULD GO. NOW EVERYBODY HAS COVID TESTING AND WHATNOT AND WE HAVE ENOUGH AROUND THE STATE THAT ARE IN OUR NETWORK. SO, WE ARE JUST CAUTIONING PEOPLE, IF YOU GO TO SOMEBODY THAT'S OUT OF NETWORK PROVIDER THEN YOU'LL HAVE A CHARGE THERE MOST LIKELY. AND I THINK THAT'S PRETTY STANDARD. WE ARE A YEAR INTO THIS AND THAT WAS A CHANGE. SINCE THAT MEMO HAS GONE OUT, WE HAVE

GOTTEN SEVERAL MEMBERSHIP BENEFIT BOX QUESTIONS ABOUT PEOPLE THINKING THE VACCINE IS NOT GOING TO BE COVERED BECAUSE OF THE OUT OF NETWORK COMMENT. FIRST OF ALL, THE FEDERAL GOVERNMENT MANDATES VACCINE GET COVERED, SO THAT'S A NONISSUE. SO YOU CAN GO ANYWHERE YOU WANT AND GET YOUR VACCINE, OK. I WANT YOU TO KNOW, TOO, THAT THIS OFFICE DOES NOT MANAGE THE VACCINE PROCESS NOR DOES THE H.C.C. THAT IS MANAGED BY K.D.H.E. WE ARE A COOPERATIVE PARTNER, WE HAVE NOTHING TO DO WITH THE VACCINE AS WELL. THERE IS NO CHARGE, IT'S NOT LEGAL TO DO THAT, AND WE WOULD NOT DO THAT ANYWAYS, OK. DOING A COUPLE NEW THINGS. WE HAVE A SUBCOMMITTEE HERE LOOKING AT YOUR E.A.C. COMMENTS FOR A DRILL DOWN AND THE NEXT STEP TO GET WITH NATALIE'S TEAM, THEIR SUBCOMMITTEE AND COLLABORATE WHAT THINGS WE MIGHT BE ABLE TO DO, THAT'S BEEN DONE BY OUR TEAM AND ARE READY TO MEET WHEN YOU ARE. WE ARE DOING A BRAND-NEW PROGRAM IN COOPERATION WITH THE H.R. DEPARTMENT, GETTING THE NEW LIST OF NEW EMPLOYEES TO TRY TO DO AN OUTREACH PROGRAM TO THEM, AND DO A VERY DETAILED PERSONALIZED ORIENTATION TO OUR WELLNESS PROGRAM TO TRY TO GET PEOPLE BETTER ENGAGED. BOTH OUR MANAGER AND TEAM WILL BE DOING SEPARATE OUTREACH TO THE NEW EMPLOYEES SO THEY ARE NOT LOST AND NOT LOOKING FOR THE BIG PACKET OF PAPERS THEY WERE GIVEN UPON HIRE. WE WANT TO TELL THEM THIS COULD BENEFIT THEM, NOT ONLY FROM A WELLNESS PERSPECTIVE, BUT IMPACT THEIR PREMIUM AND HELP THEM WITH THEIR H.S.A., H.R.A. SO FAR. A LIST OF NEW PLAYERS AT THE END OF EACH MONTH AND THE TEAM GOES TO WORK. SO WE ARE VERY EXCITED TO BE STARTING THIS PROCESS. I'M ALSO, HAVE ON MY TO DO LIST, WAY AHEAD OF OPEN ENROLLMENT, I WANT TO FORM OUR DEPARTMENT BUT THROUGH ME FORM A STRONGER BOND WITH H.R. LEADERS THROUGHOUT THE STATE, NOT JUST THE DEPARTMENT OF ADMINISTRATION. WE HAVE A LOT OF COMMONALITIES IN THE QUESTIONS AND THINGS THAT THE MEMBERS ASK OR NEED TO KNOW ABOUT THEIR HEALTH PLAN AND WHILE IT'S OUR JOB AT THE HEALTH PLAN TO BE THE RESPONDER AND THE PROGRAM BUILDER AND MANAGER AND SO FORTH, GETTING A TIGHTER CORRELATION TO WHAT THE H.R.s GO THROUGH AND HOW OUR WORK ALIGNS WILL BENEFIT THE MEMBERS SO I'M HOPING TO REALLY DO MY OWN OUTREACH TO THEM GOING FORWARD BECAUSE JUNE AND HAVE AT LEAST A WEBINAR OR A LISTENING SESSION OR KIND OF SHARE SOME OF WHAT I'VE SEEN SINCE I STARTED HERE IN SEPTEMBER OF THE TYPE OF THINGS WHERE H.R. PEOPLE WOULD HAVE REALLY COME IN HANDY WITH US AND HEAR BACK FROM THEM, WE COULD COME

IN HANDY WITH THEM AS WELL. SO A BETTER EXPERIENCE FOR THE MEMBER BEING THE GOAL. SO THAT'S UNDERWAY. I'LL LET YOU KNOW MORE ABOUT THAT. THE OTHER THING WE ARE DOING TO HELP MEMBERS, NOT A LOT, WE HAD A LOT OF PEOPLE THAT COVERED BY ACCIDENT AND SAY THEY PICKED THE WRONG PLAN AND IT'S DETRIMENTAL. EVEN IF IT'S 30 PEOPLE, IT'S DETRIMENTAL TO THEIR WHOLE PLAN YEAR, WHAT IT COSTS, WHETHER THEY FORGOT TO ADD A FAMILY MEMBER OR TAKE THEM OFF, SO FORTH. WE ARE MAKING SOME CHANGES TO THE SYSTEM WHERE IT'S GOING TO BE MORE FOOLPROOF, SO IF SOMEONE CLICKS WAIVE COVERAGE, THEY ARE FORCED TO ANSWER WHY THEY WANT TO WAIVE COVERAGE AND REALLY THINK ABOUT WHAT THAT MEANS, WE ARE ALSO DEFINING WHAT WAIVE COVERAGE MEANS, FOR EXAMPLE. SO WE ARE DOING A LOT OF Q-A ON OUR OWN LANGUAGE AND HOW THE MAP SYSTEM READS AND THE TYPES OF THINGS TO MAKE IT MORE FOOLPROOF SO THERE AREN'T THE ACCIDENTAL WAIVES, OR THE ACCIDENTAL I FORGOT TO ADD MY WIFE THIS YEAR AND NOW IT'S FEBRUARY AND JUST FOUND THIS OUT WHEN SHE WENT TO THE DOCTOR. SO I GUESS THE OVERALL THEME IS WE CONTINUE TO HONE OUR CUSTOMER SERVICE SKILLS AND PUT OURSELVES IN THE PLACE OF A MEMBER TO TRY TO MAKE THIS VERY COMPLICATED AND IMPORTANT LIFE DECISION ABOUT HEALTH INSURANCE AND ALL THAT GOES WITH IT EASIER FOR THEM AND LESS STRESSFUL. THAT'S SOME OF THE WORK OUR TEAM IS DOING, IN ADDITION TO THE PLAN DESIGN AND EVERYTHING ELSE WE DO. OH, ONE LAST THING. I FORGET WORKMAN'S COMP, EVEN THOUGH IT'S THE HEALTH PLAN, THE WORKMAN'S COMP IS UNDERGOING SOME CHANGES, AND WE ARE ABOUT TO LAUNCH A 24-7 NURSE CALL SYSTEM SO THAT EMPLOYEES JUST DON'T HAVE 8 TO 5 MONDAY THROUGH FRIDAY IN A PHONE CALL TO VOICE MAIL IF AN INJURY OCCURS OR THEY WANT TO REPORT SOMETHING AFTER HOURS. WE WILL, THE BEGINNING OF APRIL, COMMUNICATIONS OUT ABOUT THIS, CONTRACT WITH THE 24/7 SERVICE SO THEY WILL GET A NURSE CALL, TRIAGE DONE THERE, DIRECTED WHETHER TO GO TO THE E.R. OR WHAT TO DO AND THE STAFF WILL NOT PICK UP VOICE MAILS THE NEXT MORNING OR MONDAY, BUT IT'S REALTIME, AND HOPEFULLY AVOIDABLE E.R. VISITS AND SO FORTH. SO WE ARE EXCITED ABOUT THE WORK WORKMAN'S COMP IS DOING, EVEN THOUGH IT'S NOT PART OF THE FORMAL E.A.C. OR H.C.C. JURISDICTION, IT IS PART OF OUR MEMBERS' BENEFITS AND PROGRAMS. SO, I'LL STOP THERE, YOU HAVE A LOT ON YOUR AGENDA. OPEN TO QUESTIONS. >> ARE THERE ANY QUESTIONS BY THE E.A.C. MEMBERS? >> THIS IS HANNAH RICH. I HAVE ONE QUESTION ON THE WORKER'S COMPENSATION FEATURES. IT'S PART OF WHAT I DO AS PART OF MY ROLE OUTSIDE THE E.A.C. DO

YOU KNOW WHEN OR HOW THE H.R. OFFICES WILL GET THAT NEW CONTACT INFORMATION SO WE CAN UPDATE OUR WEBSITES FOR DOCUMENTS AND THINGS LIKE THAT? >> YES, AND COURTNEY IS ON, AND I INVITE HER TO MENTION THIS AS WELL, SHE'S BEEN WORKING WITH OUR TEAM. ONE OF THE THINGS WE HAVE DONE IS H.R. IS GOING TO GET THIS AHEAD OF THE GENERAL POPULATION. IF YOU HAVEN'T NOTICED, THAT IS ONE THING FOR THOSE THAT ARE NOT H.R., WE ARE TRYING TO BE VERY DILIGENT ABOUT GIVING ALL THE H.R. LEADERS A HEAD'S UP BEFORE THE GENERAL FLASH GOES OUT AND THEN CONFRONTED BY AN EMPLOYEE AND HAVE NOT READ THEIR EMAIL. SO, IT WILL GO TO YOU FIRST. A VERY DETAILED POWER POINT AND COMMUNICATION EMAIL COMING OUT. COURTNEY FITZGERALD, DO YOU WANT TO MENTION ANYTHING ABOUT THAT? >> SURE. H.R. WILL GET NOTICE ALONG WITH AVAILABLE TRAINING OPPORTUNITIES TO REGISTER FOR, A MEMO HERE, PROBABLY THURSDAY. THURSDAY OR FRIDAY TO GET INFORMATION HOW TO CONNECT WITH THE TRAINING. >> THAT'S AWESOME. THANK YOU SO MUCH. >> WE ARE EXCITED. >> YES, THANK YOU. >> THANK YOU ON BEHALF OF H.R. >> SEND ME AN EMAIL ANY TIME, ANYONE, IF YOU HAVE ANY SPECIFIC QUESTIONS, I'LL BE GLAD TO HELP. AND THANKS FOR LETTING ME PRESENT TODAY. >> GOOD TO HAVE YOU. >> MOVING ON TO THE NEXT ITEM ON THE AGENDA, REPORT FROM ME, NATALIE YOZA, A QUICK UPDATE ON THE LEGISLATION THAT THE E.A.C. HAS BEEN SUPPORTING. HOUSE BILL, E.A.C. STARTED LAST YEAR LOOKING TO MODIFY MEMBERSHIP OF THE RETIREE, AND OTHER MEMBERS OF THE HEALTHCARE COMMISSION TO CLASSIFIED AND UNCLASSIFIED EMPLOYEES, RETIREES THAT ARE ON THE HEALTH PLAN WOULD BE ELIGIBLE TO SERVE IN THAT POSITION. IT HAS PASSED FROM THE HOUSE 123-0, AND THIS MONDAY IT HAD A HEARING IN THE SENATE WAYS AND MEANS. THEY, THE COMMITTEE PASSED IT OUT FAVORABLY AND SO IT'S NEXT STEP IS THE SENATE FLOOR. I DON'T KNOW WHEN THAT WILL HAPPEN, BUT BOTH THE EMPLOYEE ADVISORY COMMITTEE AND THE KANSAS ORGANIZATION OF STATE EMPLOYEES HAVE BEEN SUPPORTING THIS LEGISLATION, AND WE HAVE GOTTEN SOME POSITIVE FEEDBACK ON IT. THAT WAS MY UPDATE ON THAT ACTION ITEM, AND I'LL TURN THE FLOOR OVER TO HANNAH RICH, WHO IS OUR VICE PRESIDENT, AND SHE HAS BEEN WORKING ON THE SUBCOMMITTEE TO GIVE US AN UPDATE ON THE SURVEY. >> THANK YOU. YES, THE SUBCOMMITTEE FOR SURVEY RESPONSES, WE WERE TASKED WITH GOING THROUGH SEVERAL HUNDRED PAGES OF THE FANTASTIC DATA OUTPUTS THAT WE RECEIVED. WE HAD OUR FIRST MEETING YESTERDAY WHERE WE DID DISCUSS SIMILAR TO WHAT SECRETARY BURNS-WALLACE SHARED ABOUT THE DESIRE TO BE

MORE STRATEGIC, MAKING SURE, I DESCRIBED IT AS MAKING QUALITY RECOMMENDATIONS OVER QUANTITATIVE. DISCUSSED BIG THEMES THROUGHOUT IT AND ESTABLISHED A STANDING BIWEEKLY MEETING. WE WERE ONLY ABLE TO DISCUSS ABOUT ONE AND A HALF OF THE REPORTS YESTERDAY BECAUSE WE HAD QUITE A LOT OF MATERIAL. SO WE HAVE STANDING BIWEEKLY MEETINGS SET UP SO WE CAN CONTINUE TO WORK THROUGH THOSE REPORTS. >> THANK YOU, HANNAH. IT IS A LOT OF INFORMATION TO DIGEST, BUT I THINK IT WILL GIVE US A GREAT OPPORTUNITY TO REALLY INCORPORATE A WIDE NET OF EMPLOYEE FEEDBACK. SO THANKS. AND THEN THE LAST SORT OF LARGE ITEM ON OUR AGENDA IS AN OPPORTUNITY FOR COMMITTEE MEMBER COMMENTS OF THINGS THAT EITHER THE E.A.C. MEMBER OR EMPLOYEE HAS SHARED WITH THEM AND I THOUGHT I WOULD JUST OPEN THAT WITH A FEW COMMENTS I HAVE RECEIVED. AS WE WENT THROUGH THE SURVEY, SEVERAL E.A.C. MEMBERS MENTIONED THAT THE OPEN ENROLLMENT USED TO HAVE EXAMPLE IN THE BACK, YOU KNOW, LIKE OK, HERE IS ONE CONDITION, I'M PREGNANT AND WOULD DO SORT OF A FINANCIAL COMPARISON OF PLAN A, PLAN C, SO THE MEMBER COULD SEE HOW THE DIFFERENT FACTORS WOULD IMPACT THEIR DONATIONS UNDER THE PLAN AND I DON'T THINK THAT THOSE WERE INCLUDED MORE RECENTLY IN THE OPEN ENROLLMENT BOOK. IT LOOKS FROM THE SURVEY RESULT IT'S THE NUMBER ONE FOR THE EMPLOYEES. I HAVE GOTTEN SEVERAL COMMENTS THAT SORT OF TANGIBLE ILLUSTRATION HOW THE PLANS WORK, AND TO SEE IF THE HEALTH PLAN WOULD CONSIDER ADDING SOMETHING BACK INTO THE BOOK THIS YEAR. THE THING I HAD WAS SORT OF A QUESTION FOR THE HEALTH PLAN, I'VE NOTICED THE STATE HAS A LOT OF REALLY GREAT INFORMATION ABOUT HEALTH SAVINGS ACCOUNTS AND HEALTH, THE H.R.A.s, AND WHICH ALLOWS YOU TO DO WHAT, AND THEN THERE'S A LOT OF INFORMATION ON THE LINE ABOUT SYNERGY, OR FROM NEW SYNERGY THAT TALKS ABOUT H.S.A. CAN BE LOOKED AT AS A RETIREMENT VEHICLE AND HOW IT CAN BE SPENT LONG-TERM AND SO THERE'S AN OPTION TO MOVE SOME OF YOUR H.S.A. DOLLARS IN INVESTMENTS AND A VERY NICE BROCHURE THAT TALKS ABOUT HOW YOU GO ABOUT SETTING UP THAT INVESTMENT ACCOUNT ASSOCIATED WITH YOUR H.S.A. BUT I WAS WONDERING IF THE HEALTH PLAN KNOWS OR COULD ADD -- I COULDN'T FIND ANYTHING THAT TALKS ABOUT FEES OR EXPENDITURES IN THE INVESTMENT ACCOUNT AND I WAS WONDERING IF IT'S SOMETHING THAT COULD BE ADDED TO THAT PAGE THAT TALKS ABOUT THE H.S.A., AS I'M TRYING TO COMPARE MY HUSBAND'S H.S.A. INVESTMENT OPPORTUNITIES AND MINE, I REALLY NEED TO EVALUATE WHERE IT'S BEST TO ADD

MORE MONEY IN. >> NATALIE, I THINK YOUR MIC WAS GIVING SOME FEEDBACK. >> SORRY ABOUT THAT. >> YEAH, IT'S YOURS. >> OKAY. I CAN EMAIL JANET ABOUT IT AND MAYBE WE CAN CONTINUE THAT DISCUSSION OFFLINE. I KNOW THAT JENNIFER DALTON ALSO HAD A COMMENT SHE WANTED TO SHARE FROM AN EMPLOYEE AS WELL SO I'LL HAND THE FLOOR OVER TO JENNIFER. >> ALL RIGHT. THANK YOU, NATALIE. I HAD A PERSON COME TO ME REGARDING THE BOOK ABOUT A ROUTINE HEARING EXAM, IT SAYS COVERED IN FULL, AND SO HE WENT TO A PLACE AND THEN HE WAS SURPRISED WHEN THEY GAVE HIM A BILL BECAUSE HE DIDN'T KNOW THE DIFFERENCE BETWEEN A DIAGNOSTIC AND A ROUTINE HEARING EXAM, AND I GUESS HE DIDN'T GET THE ROUTINE HEARING EXAM AND SO THEN HE RECEIVED A BILL, AND SO HE'S WANTING TO JUST SEE IF WE CAN PUT SOME INFORMATION IN THE BOOK FOR THE NEXT YEAR BECAUSE THE PLACE HE WENT TO SAID THEY ALWAYS GET MULTIPLE QUESTIONS ON THAT AND THAT THEY ARE ALWAYS THERE TO INFORM DISAPPOINTED KANSAS CLAIM MEMBERS THEIR HEARING EXAM IS NOT ROUTINE, AND SO HE DID EMAIL -- WHO DID HE EMAIL, HE EMAILED PAUL ROBERT AND A FOLLOW-UP EMAIL FROM HIM SAID THAT THIS WILL BE A KEY BULLET POINT DURING OPEN ENROLLMENT. THANK YOU. >> THANK YOU, JENNIFER. AND THEN LUKE MCCLURG, DID YOU HAVE A COMMENT YOU WANTED TO MAKE? I'M NOT SURE IF THAT WAS RESOLVED. >> YES, THIS IS LUKE MCCLURG. IT IS RESOLVED IN A FASHION, RUNNING INTO AN ISSUE NEEDING SPECIAL LENSES DUE TO EYE SURGERY THAT DON'T FIT INTO THE NORMAL CONTACT LENS RANGE, WENT TO SOMEONE WHO PROVIDED THE SERVICE HERE IN TOPEKA, ONLY TO FIND OUT THAT THEY WERE NOT IN THE INSURANCE PROVIDER PROGRAM. MY BIG CONCERN IS I CAN'T REMEMBER THE LAST TIME I HAD ANY INFORMATION COME TO -- WE HEAR FROM BCS EVERY YEAR, FROM DELTA DENTAL AND THE PRESCRIPTION PEOPLE, BUT I CAN'T REMEMBER THE LAST TIME WE HAD INFORMATION AS TO WHAT THEY COVER, WHO IS THEIR IN-NETWORK PROVIDERS, AND I DIDN'T EVEN HAVE A CARD, I HAD TO GO ONLINE AND PRINT OFF A CARD, AND TOOK TWO DAYS TO GET INTO THAT AND GET IT RESOLVED. RIGHT NOW I'M DEALING WITH THE ISSUE, NOW I HAVE TO FIND MEDICAL RECORDS AND SEND THEM TO BCBS AND I'M NOT SURE WHAT MEDICAL RECORDS THEY NEED BECAUSE OF THIS OUT OF NETWORK PROVIDER SITUATION. AND IT'S VERY POSSIBLE THAT THE SITUATION IS SUCH THAT I MAY HAVE TO TRY AND FIND SOMEBODY WELL OUT OF TOWN BECAUSE I MAY NOT BE ABLE TO FIND A CORRECT LENS HERE IN THE AREA BY ANYBODY. SO, AGAIN, I THINK INSURANCE NEEDS TO STEP UP THEIR GAME AND PROVIDE MORE INFORMATION TO THE PEOPLE. AND THAT'S BASICALLY MY CONCERN RIGHT NOW. >> CAN WE GET ALL OF

OUR MEMBERS ON THE PHONE TO MUTE THEIR LINE, PLEASE? JACOB, IT MIGHT BE YOURS THAT'S COMING THROUGH. AWESOME. I THINK THAT WORKED. >> COURTNEY, I THINK JANET IS MUTED, IT DOES NOT LOOK LIKE I CAN UNMUTE HER. IS THAT SOMETHING YOU CAN DO? >> ATTENDEE IS SELF-MUTED. I CAN'T. TRY NOW. >> OK. I'M UNMUTED. CAN YOU HEAR ME NOW? >> UH-HUH. >> YEAH, IT KEPT SAYING THE ORGANIZER HAD ME MUTED BUT I WAS UNMUTED, SORRY, I DIDN'T MEAN TO BE LIKE -- I WAS WAVING. I DIDN'T WANT PEOPLE TO THINK I WAS IGNORING THEIR COMMENTS. WE WILL FOLLOW UP ON EACH OF THESE THINGS. I WOULD SAY RELATED TO THE COMMENTS ABOUT SIRENCY, AND HIGH LEVEL TOPIC, WE HAVE A LOT OF THINGS THAT ARE OUTLINED IN THE BOOK ABOUT BENEFITS AND HOW THEY WORK-RELATED TO, YOU KNOW, CERTAIN EXAMS AND HEARING AIDS AND THINGS LIKE THAT, AND ONE OF THE ASSIGNMENTS WE ARE WORKING ON AND COURTNEY IS COORDINATING THIS ALONG WITH THE MANAGEMENT TEAM, TO PULL THESE THINGS OUT AND A SPECIAL SECTION IN THE BOOK OR SECTION TO SAY HERE ARE OTHER BENEFITS YOU HAVE AND THE CAVEATS THAT GO WITH THEM. I DON'T WANT TO COMMENT TOO MUCH ON THE GENTLEMAN THAT SPOKE ABOUT THAT ISSUE WITHOUT KNOWING MORE FROM PAUL AND OTHERS WHO I KNOW THAT ADDRESS THESE, BUT THE COMMENTS ARE TAKEN SERIOUSLY, SO I DIDN'T WANT YOU TO SAY I WAS BEING SILENT. I WANTED YOU TO KNOW I'M ACKNOWLEDGING THAT AND WE WILL FOLLOW UP AND GET BACK TO YOU ALL ON ALL OF THESE THINGS, OK? AND YOUR COMMENTS, TOO, NATALIE, RELATED TO ADDING THAT ADDITIONAL INFORMATION ON THE H.S.A., H.R.A. INVESTMENTS, WE WILL LOOK AT THAT AS WELL, OK? >> THANK YOU, JANET. AND THEN ARE THERE ANY OTHER E.A.C. MEMBERS THAT DID HAVE A COMMENT THAT THEY WANTED TO SHARE? >> I JUST HAVE A REALLY QUICK ONE. I'VE HAD IT ASKED A COUPLE OF TIMES AND I KNOW I EMAILED YOU NATALIE. GETTING THE COVID VACCINE, WE GET POINTS ON THE HEALTHQUEST FOR THE FLU SHOT. ARE THEY GOING TO OFFER FOR THE COVID VACCINE. >> THIS IS JANET. NOT AT THIS TIME, AND I DON'T KNOW THAT THAT WILL HAPPEN THIS YEAR. THAT'S BEEN BROUGHT UP BY THE COMMISSION, AND THEY ARE GOING TO CONTINUE TO DISCUSS IT. BECAUSE OF THE -- I WOULD JUST COMMENT THAT BECAUSE OF THE NEWNESS OF THE VACCINE AND SOME OF THE RESISTANCE AND CONTROVERSY THAT CONTINUES TO SURROUND PEOPLE'S WILLINGNESS TO TAKE IT, IT'S A TOUCHY SUBJECT IN THE WHOLE INDUSTRY ABOUT MANDATING THAT OR INCENTIVISING PEOPLE, BUT IT IS ON THE LIST AND WILL BRING IN LEGAL COUNSEL RELATED TO OUR ABILITY TO DO THAT. SO, THANK YOU, THOUGH, FOR THE QUESTION. >> THIS IS HANNAH RICH. I HAVE ONE MEMBER COMMENT THAT I

WAS ASKED TO SHARE. SO THIS IS SPECIFICALLY IN REGARD TO ASK ALEX, AND I DID LET THE EMPLOYEE I WAS SPEAKING WITH KNOW THAT WE DON'T OWN THAT AT THE STATE LEVEL AND SO I WAS NOT SURE WHAT OUR CAPABILITIES ARE FOR, YOU KNOW, COORDINATING THE QUESTIONS THAT IT ASKS. BUT, THIS EMPLOYEE WAS CONCERNED WITH THE FACT THAT ASK ALEX DOESN'T ASK ANY MENTAL HEALTH QUESTIONS. IT ASKS HOW OFTEN YOU SEE YOUR PRIMARY OR SPECIALIST PHYSICIAN, AND SO WHAT THIS EMPLOYEE TOLD ME WAS THAT WHEN THEY WERE FIRST HIRED THEY THOUGHT PLAN A, THE ONE I NEED. THEN THEY DID ASK ALEX SEVERAL TIMES AND IT SAID PLAN C, SO THE EMPLOYEE SAID OK, I'LL ENROLL IN THAT. BUT WHAT THE EMPLOYEE WAS NOT PUTTING IN WAS THE FACT THAT THEY SEE A THERAPIST, I THINK TWICE EVERY OTHER WEEK AND SO PLAN C THAT IS A VERY, VERY EXPENSIVE ONGOING COST. AND SO THE QUESTION WAS RAISED ESSENTIALLY, YOU KNOW, IF YOU DO SEE A THERAPIST OR MEDICATION MANAGEMENT, CAN SOME LANGUAGE ALONG THOSE LINES BE ADDED TO ASK ALEX.

>> GOOD POINT, WE JUST MET WITH THEM AND DEEP DIVE INTO THE PRODUCT AND WHERE THEY ARE GOING, I WILL TALK TO PAUL, I GUESS ANY EXPENSE THAT MIGHT RESULT AND IN TODAY'S WORLD AND BACK TO MENTAL HEALTH, WE KNOW A LOT OF PEOPLE ARE SEEING MENTAL HEALTH PROVIDERS MORE SO WITH COVID THIS YEAR. SO, THANKS FOR BRINGING IT UP. IT'S A GREAT QUESTION WHOEVER RAISED IT AND SORRY THEY ARE GOING THROUGH THAT. WE'LL TRY TO ADDRESS IT.

>> THANK YOU. >> HI THIS IS KRISTY, AND I HAD SOME KUDOS FOR THE HEALTH PLAN. SEVERAL CO-WORKERS CAME TO ME AND TALK ABOUT THE MARATHON CLINIC AND ABOUT HOW THEY LOVED IT, HOW THEY GOT IN RIGHT AWAY, HOW THEY WERE A GREAT RESOURCE FOR THEM. AND I MUST ADMIT, I'M GOING TO INCLUDE MYSELF INTO THAT GROUP. MY DAUGHTER HAD A RASH AND I COULD NOT GET INTO THE PRIMARY CARE OR THE NURSE PRACTITIONER OR ANYBODY, I CALLED MARATHON, I WAS IN THE NEXT MORNING AND I WAS CALLING LATE IN THE EVENING, I WAS CALLING LIKE AT 4:00 THAT AFTERNOON, AND I WAS ABLE TO GET AN 8:00, 8:15 APPOINTMENT FOR THE NEXT MORNING AND WE WERE ABLE TO GET MEDICATION AND GET EVERYTHING RESOLVED. SO, IT WAS PHENOMENAL. >> WELL, THAT'S GREAT TO HEAR. APPRECIATE THAT FEEDBACK. WE ARE WORKING WITH MARATHON HOW TO, NOW THAT COVID IS MAYBE SUBSIDING, YOU KNOW, WE HIT A GLITCH, WE WERE TRACKING AND THEN COVID THREW EVERYTHING OFF WITH EVERYTHING LEAVING THE STATE GROUNDS AND WHATNOT. BUT RECENTLY, TOO, THEY HAVE EXTENDED HOURS, COMMUNICATION WENT OUT, SOME EARLY MORNING AND LATER INTO THE EVENING HOURS TO ACCOMMODATE PEOPLE'S

WORK SCHEDULES. SO HOPEFULLY FOR ESPECIALLY WORKING MOMS OR WORKING PARENTS, NOT JUST MOMS, THAT WILL COME IN HANDY. SO, WE'LL PASS THAT ON. THANKS SO MUCH. >> HI, THIS IS MARIA BEEBE. I HAD A COUPLE OF EMPLOYEES TALK TO ME ABOUT THE HOME TESTING KIT FOR GOING LIKE YOUR BIOMETRICS. ONE PERSON SAID THAT SHE DID HER BLOOD AND THEN SENT IT IN BECAUSE IT SAID THAT IT HAD TO BE SENT IN WITHIN 24 HOURS, BUT IT ACTUALLY DIDN'T ARRIVE AT THE LAB FOR TEN DAYS, AND THEN HER BLOOD RESULTS SHOWED THAT SHE HAD A HIGH GLUCOSE LEVEL WHICH NEVER BEFORE HAS SHE EVER HAD A HIGH GLUCOSE LEVEL AND HAD BLOOD TESTED FOR OTHER REASONS AND IT NEVER SHOWED THAT. SHE TRIED TO CONTACT THEM TO FIND OUT IF THE SAMPLE WAS STILL GOOD, HAVING IT SIT FOR TEN DAYS, AND SHE GOT ABSOLUTELY NO RESPONSE WHATSOEVER. AND I HAD A SIMILAR COMPLAINT WITH SOMEBODY ELSE WHO SENT HER BLOOD WORK IN AND AGAIN WAS OUT OF THE HEALTHY RANGE BUT ONLY WITH THAT PARTICULAR TEST. SHE'S HAD ONLY TESTS THAT SHE WAS NEVER OUT OF THE HEALTHY RANGE. SO I DON'T KNOW IF THERE'S OTHER REPORTS OF ISSUES AT THE HOME HEALTH TEST KITS, BUT SOMETHING WE SHOULD PROBABLY BE AWARE OF. >> IF YOU ARE ABLE TO SEND PAUL ROBERTS THE NAME OF THOSE PEOPLE SO WE CAN TRACK IT DOWN, WE WOULD LOVE TO DO THAT AND I HAVE NOT PERSONALLY BEEN REPORTED BY MY TEAM THAT THAT'S BEEN AN ISSUE. BUT I WILL FOLLOW BACK UP WITH PAUL WHO MANAGES THAT. BUT IF YOU COULD SHARE THOSE TWO EXAMPLES, IF THEY ARE WILLING TO, WE WOULD LIKE TO LOOK INTO THAT. >> OK. I'LL ASK THEM AND NATALIE, CAN I GET THE EMAIL ADDRESS FROM YOU? YEAH, OK. OK. >> THANK YOU SO MUCH. >> THANK YOU. >> THANK YOU FOR REPORTING THAT ALSO. >> ARE THERE ANY OTHER E.A.C. MEMBER COMMENTS? WELL AGAIN, THANK YOU, JANET, FOR LISTENING TO OUR COMMENTS AND WORKING THROUGH THEM WITH YOUR TEAM. THE LAST ITEM ON OUR AGENDA IS UPCOMING E.A.C. MEETING DATES. I AM GOING TO TOUCH BASE WITH THE HEALTH PLAN AND THE HEALTHCARE COMMISSION TO IDENTIFY WHEN THE JUNE MEETING FOR THE H.C.C. WILL BE SO WE CAN BACKLOG AND GIVE TIME FOR THE E.A.C. TO DO THEIR RECOMMENDATIONS AND FOR ME TO PUT WRITTEN MATERIALS IN TO THE H.C.C.'S RECORD. I HAVE BEEN TRYING TO SHORTEN THE MEETING TIMES, ESPECIALLY IN THIS VIRTUAL WORLD. I'M ASSUMING OUR MAY MEETING WILL ALSO BE VIRTUAL, AND AS WE CONVERT BACK TO HOPEFULLY IN-PERSON MEETINGS AT SOME POINT WE MIGHT WANT TO RETHINK IF PEOPLE ARE COMMUTING TO TOPEKA IN ORDER TO ATTEND, WHETHER A LONGER MEETING, FEWER TIMES IS BETTER, BUT WE WILL LOOK AT THAT AND TRY TO BE AS PRAGMATIC AS POSSIBLE AS WE

HOPEFULLY AT SOME POINT TRANSITION BACK TO BEING ABLE TO HAVE SOME IN-PERSON CAPABILITY SO I WILL TRY TO GET OUT THAT MAY MEETING DATE AS SOON AS I CAN. AND IF YOU HAVE ANY QUESTIONS AND COMMENTS FOR ME, E.A.C. MEMBERS IN THE MEANTIME, FEEL FREE TO EMAIL ME. AND I THANK YOU FOR ATTENDING TODAY, AND LOOK FORWARD TO THE WORK THE SUBCOMMITTEE IS DOING TO HELP US UTILIZE THOSE SURVEY RESULTS. THANKS, GUYS. I THINK WE ARE DONE TODAY. >> THANK YOU, NATALIE. >> THANK YOU. >> UNTIL NEXT TIME. >> THANKS, EVERYONE.