

WE ARE STARTING OUR MAY 12, 2021 MEETING. BECAUSE THIS IS VIRTUAL, IFFURE SPEAK, IT'S HELPFUL TO SAY YOUR NAME, THE PERSON THAT IS TALKING. I WAS READING THE TRANSCRIPT FROM OUR LAST MEETING AND REALIZED I NEED TO DO A BETTER JOB OF THAT, BECAUSE THE TRANSCRIPT NEEDS THE FLAME FOR THE WEB PAGE. I THOUGHT MAYBE COURTNEY, DO YOU WANT TO DO ROLL CALL FIRST? >> YOU MEAN COURTNEY MARSH? >> YES. >> NATALIE IS HERE. HANNAH? >> HERE. BRANT? >> PRESENT. >> ALEXANDRA? >> I'M HERE. >> KRIS, KRIS GRINTER? FR KRISTY -- >> KRISTY IS HERE. LUCK? >> I THINK IT SHOULD BE LUKE. >> I'M HERE. >> DRUE? >> I'M HERE. >> JENNIFER? >> HERE. >> MARIA? MARIA BEEBE? PAM? >> HERE. >> ROBERTA? >> [ SILENCE ] >> BARBARA, I HAVE YOU AS HERE. >> YES. >> JACOB? WARREN? >> WARREN'S HERE. >> MIKE? >> I'M HERE. >> MIKE MERCER? OKAY. LAURA? LAURA HOPPAS? THEY LOOK LIKE THEY'RE ON. I'M COUNTING YOU AS HERE, BECAUSE I SEE YOU ON THERE. >> KEITH? >> KEITH IS HERE. >> OKAY. MARJORIE? STEVE? >> STEVE GREEB IS HERE. >> GLEN? GLEN AND JANET STANEK? THOSE ARE ONES I THINK ARE NOT ALWAYS GOING TO BE PRESENT. >> HERE. >> JANET'S HERE? >> YES, I'M HERE, THANK YOU. >> OKAY, I DON'T HAVE KRIS GRINTER, MARIA BEEBE, McLIN, MARJORIE NOLE, OR GLENN. >> THIS IS MARIA BEEBE. I'M HERE. >> OH, THANK YOU. ANYONE ELSE I MISSED? OKAY, THANK YOU. >> COURTNEY, I'M GOING TO TRY TO SHARE THE MEETING. AGENDA. IT'S ALWAYS HARD WHEN I'VE GOT TWO SCREENS, AND THIS PROGRAM DOESN'T BUBBLE AROUND WHAT YOU'RE SEEING. SO DO YOU GUYS SEE THE MEETING AGENDA YET OR -- NOW? >> NOW WE'VE GOT IT. YOU'RE GOOD. >> OKAY. SO OUR FIRST TWO ACTION ITEMS ARE APPROVE MINUTES FROM THE MARCH 24TH AND MARCH 31, 2021, MEETINGS. I'M GOING TO DO THOSE SEPARATELY, BECAUSE I ASKED IF ANYONE HAD CHANGES FOR THE 31ST. SO I'LL TAKE A MOTION -- WELL, WAS THERE ANYONE WHO HAD CHANGES TO THE MARCH 24TH MEETING MINUTES? HEARING NONE, I WOULD TAKE A MOTION -- >> STEVE, MOTION TO APPROVE. >> HI. >> [ INDISCERNIBLE ] FROM ALEXANDRA. >> OKAY, AND WE'LL JUST DO A VOICE VOTE. SO ALL

IN FAVOR SAY AYE. >> [ SEVERAL VOICES "AYE" ] >> AND ANY OPPOSED SAY "NAY". >> [ SILENCE ] >> WITH NO NAYS, THE MOTION PASSES. WE MOVE ON TO THE MARCH 31ST MINUTES. ARE THERE ANY CHANGES TO THOSE? I THINK MIKE MERCER ASKED THAT WE ADD -- THAT HE WAS A "NO" VOTE ON THE BILL. DID ANYONE ELSE HAVE AN ADDITION? HEARING NONE, I'LL TAKE A MOTION TO APPROVE THE DRAFT MINUTES WITH THE CHANGE REFLECTING MIKE'S "NO" VOTE. >> MOTION TO APPROVE, STEVE. >> SECOND, ALEXANDRA. >> AND, AGAIN, A VOICE VOTE. ALL IN FAVOR, SAY AYE? >> [ SEVERAL VOICES "AYE" ] >> AND ANY OPPOSED SAY "NAY". >> [ SILENCE ] >> OKAY. WITH NO OPPOSED, WE'LL APPROVE THE MARCH 31ST MEETING MINUTES. AND THE NEXT ITEM ON OUR AGENDA IS GOING TO BE A REPORT FROM ME, NATALIE YOZA, THE EAC PRESIDENT. I AM HAPPY TO REPORT THAT OUR BILL AMENDING THE ELIGIBILITY FOR THE HEALTH CARE COMMISSION FOR BOTH -- TO EXPAND IT TO BOTH CLASSIFIED AND UNCLASSIFIED EMPLOYEES ARE ELIGIBLE TO SERVE ON THE HEALTH CARE COMMISSION, AND THE ACTIVE STATE EMPLOYEE AND RETIREE ROLL WAS SIGNED BY THE GOVERNOR AND WILL TAKE EFFECT JULY 1ST. AS WE TALKED ABOUT AT OUR MARCH 31ST MEETING, THE BILL GOT BIGGER THAN WHAT WE ORIGINALLY PROPOSED, WHICH IS SOMETHING THAT ALWAYS IS A RISK OF HAPPENING IN THE LEGISLATIVE PROCESS. ULTIMATELY THE LEGISLATURE APPROVED THE ADDITION OF TWO LEGISLATIVE MEMBERS ON THE HCC GROWING THE COMMISSION TO SEVEN MEMBERS FROM FIVE, AND THEY APPROVED THE REPORTING, BUT JUST REPORTING ON THE RESERVE BALANCE INFORMATION, BUT THEY TOOK OUT THE ROTATING CHAIRMANSHIP FOR THE HCC, SO THAT WILL REMAIN [ INDISCERNIBLE ] WITH THE GOVERNOR'S APPOINTEE, AS IT IS CURRENTLY DRAFTED IN LAW. AND SO I HOPE EVERYBODY IS EXCITED ABOUT HAVING ACCOMPLISHED THAT. I THINK THAT THE CHANGE FOR OUR UNCLASSIFIED EMPLOYEE STATUS WAS SORT OF AN INEVITABLE THING THAT NEEDED TO BE UPDATED AS THE CHARACTER OF THE WORKFORCE CONTINUES CHANGING. SO WE CAN MARK THAT PROJECT OFF OUR LIST. DOES ANYONE HAVE

QUESTIONS FOR ME ABOUT THAT BILL? NO QUESTIONS? THEN I'LL MOVE ON TO AGENDA ITEM NO. 3, REPORT FROM JANETTE STANEK, DIRECTOR OF THE STATE EMPLOYEE HEALTH BENEFITS PROGRAM. >> HI. CAN YOU SEE AND HEAR ME? THANK YOU. I DON'T HAVE TOO MUCH TODAY FOR YOU. MAKE A COUPLE OF COMMENTS. AS NATALIE NOTED, WE WILL HAVE TWO ADDITIONAL COMMISSIONERS. WE ARE WAITING TO HEAR BACK ON WHICH LEGISLATORS THOSE WILL BE. IN THE MEANTIME, DR. BURNS-WALLACE ANNOUNCED AT THE LAST HCC MEETING ON APRIL 27TH THAT DR. BRURNELL BROWN BUSTIN, SHE IS A DENTIST, WILL BE ON, REPLACING DR. HUMINA, APPOINTED TO A STATE COMMISSION. MIKE MICHAEL AND I MET WITH HER THIS WEEK. SHE HAS A MOBILE DENTAL VAN IN ADDITION TO HER PRACTICE, SHE IS VERY NO PREVENTION, AND I THINK SHE WILL ADD BALANCE ON THE COMMISSION, SO THAT'S AN UPDATE THERE. THE HCC -- EXCUSE ME, THE SEHP AND HCC ARE BUSY WORKING ON VARIOUS CONTRACTS FOR THE HEALTH PLAN, FOR PLAN YEAR 22. DENTAL, VISION, AND SO FORTH ARE MOVING RIGHT THROUGH THE PIPELINE. AND WE HAVE SEVERAL PENDING THAT WILL BE DONE BEFORE THE END OF THE YEAR. SO WE'LL KEEP YOU UPDATED ON THEM, AND IF YOU WANT MORE DETAIL, I'LL BE HAPPY TO ANSWER ANY QUESTIONS THERE. THE OTHER BIG THING WE'RE WORKING ON, AND THE JCAR MET MAY 3RD WITH US, AND WE WERE ABLE TO PROVIDE FEEDBACK ON THE 30-DAY TO DAY-1 COVERAGE TRANSITION. I THINK YOU'RE ALL FAMILIAR WITH THAT. THAT WOULD MEAN A NEW EMPLOYEE WOULD HAVE THEIR BENEFITS EFFECTIVE ON THE DAY THEY START WORK. THERE WERE SEVERAL QUESTIONS RELATED TO WHY WE WERE DOING THIS, HOW IT WOULD WORK, AND SO FORTH, NOT REALLY MET WITH A LOT OF ENTHUSIASM, SO I WAS A LITTLE SURPRISED. BUT WE ARE RESPONDING TO THEIR QUESTIONS AND DRAFT LETTERS WITH DOCTOR BURNS-WALLACE RIGHT NOW TO REVIEW, AND WE'LL SEND THAT BACK TO THE LEGISLATIVE RESEARCH DEPARTMENT. AND THE PUBLIC HEARING ON THAT MATTER IS JUNE 17TH. SO, FROM THERE, WHAT WILL HAPPEN IS IT WILL GO BACK TO THE HCC FOR A FINAL REVIEW AND A FINAL VOTE TO

MOVE THAT FORWARD. THE SEHP STAFF HAS STARTED TO WORK WITH AND HAVE MEETINGS WITH SOME PAYROLL LEADERSHIP, HR LEADERSHIP, I'M GOING TO TALK TO THE KANSAS BOARD OF REGENTS GROUP TOMORROW, RELATED TO HOW THIS IMPACTS THEIR OPERATIONS AND WHAT WILL HAVE TO CHANGE THE COMMUNICATIONS THAT WOULD NEED TO BE DONE FOR THE EMPLOYEE TO SELECT HOW THIS MIGHT IMPACT THEIR PAYCHECK IF THEY DELAY ON SELECTING AT LEAST THEIR FIRST ONE, BECAUSE THEY WOULD GET A DOUBLE DEDUCT, THINGS LIKE THAT, SO THERE'S A LOT OF LOGISTICS TO WORK OUT, AND WE'RE DOING THAT. SO THOSE ARE KIND OF THE BIG THINGS RIGHT NOW, AND I GUESS I'LL JUST OPEN IT UP FOR QUESTIONS, FOR ANYBODY RELATED TO ANYTHING GOING ON WITH THE PLAN. THANK YOU. >> THIS IS NATALIE YOZA. ARE THERE ANY QUESTIONS FOR JANETTE OR HER TEAM? >> THIS IS HANNAH RICH. I DO HAVE ONE QUESTION ABOUT THE WAIT-PERIOD PROCESS. HAS THERE BEEN ANY DISCUSSION ABOUT WHETHER AN EMPLOYEE OR A NEW HIRE COULD ENROLL PRIOR TO THEIR START DATE IF THEY HAVE A CONTRACT ALREADY? I'M THINKING IN PARTICULAR WITH KBOR, WE HAVE A LOT OF FACULTY WHO KNOW, YOU KNOW, IN JUNE THEY'RE GOING TO BE JOINING US IN AUGUST. WOULD THERE BE A POSSIBILITY BEFORE THEIR DATE OF HIRE TO AVOID THE DOUBLE DEDUCTIONS? >> YES, WE'VE ALREADY CLEARED THAT. MAKING THAT OPERATIONAL WILL BE OUR CHALLENGE. SOME PLACES ARE ALREADY DOING THAT, THEY OPEN UP THE PORTAL, PREASSIGN A NUMBER, YES. IDEALLY, HOW WE WOULD LOVE TO SEE IT, THE MINUTE THEY'RE HIRED, THEY GET AN I.D. NUMBER, WE GET NOTIFIED, WE OPEN UP THE PORTAL, HAVE THEM GET BUSY TO PRE-SELECT, SO WHEN THEY HIT THE DOOR DAY ONE, IT WILL BE THERE, BUT THEY WON'T RUN INTO NOT HAVING I.D. CARDS OR HAVING SOMEBODY REACH OUT TO THEM AND SAY WELL YOU'RE NOT IN THE SYSTEM YET OR WHATEVER. SO IT REMAINS TO BE SEEN HOW THAT WILL PLAY OUT. BUT WE'RE STARTING EARLY. WE DON'T ANTICIPATE THIS PROBABLY GOING INTO EFFECT UNTIL THE END OF SUMMER OR THE BEGINNING OF FALL. SO, THANK YOU, THOUGH, FOR THE

QUESTION. >> THANK YOU. >> ARE THERE ANY MORE QUESTIONS FOR JANET? HEARING NONE, THANK YOU, JANET, AGAIN. >> THANK YOU. >> -- FOR ALL YOUR WORK. LET'S SEE. I'M GOING TO, AGAIN, TRY TO SHARE MY SCREEN. THE NEXT ITEM ON THE AGENDA IS REALLY THE MEAT OF OUR MEETING TODAY, AND IT IS TO ACT ON 2022 PLAN DESIGN RECOMMENDATIONS. SO THESE ARE THE RECOMMENDATIONS THAT WE WILL TAKE TO THE HEALTH CARE COMMISSION AT THEIR NEXT MEETING, IN ORDER FOR THEM TO CONSIDER AS THEY GO ABOUT DEVELOPING THE PLAN DESIGN, THE PREMIER RATES, AND ANY CHANGES WITHIN HOW THE PLANS ARE STRUCTURED. THIS YEAR WE'RE DOING IT DIFFERENTLY. AND WE ARE RELYING ON DATA WE SEE FROM THE EMPLOYEE AND RETIREE SURVEY THAT THE EAC CONDUCTED THROUGH FORT HAYS DOCKING INSTITUTE IN CONJUNCTION WITH HEALTH PLAN. AND SO WE KNOW THIS LOOKS DIFFERENT, AND WE'RE TRYING TO DO THE BEST THAT WE CAN, AND I'M JUST GOING TO BE UP FRONT THAT WE'LL WANT FEEDBACK FROM THE EAC MEMBERS ABOUT WHAT'S WORKING THIS YEAR AND HOW WE CAN MAKE IT BETTER FOR NEXT YEAR, AND FEEDBACK FROM THE HEALTH PLAN ON THE SAME THING. SO WE KNOW WE'RE IN NEW TERRITORY. WHAT WE SET UP WAS A SUBCOMMITTEE THAT REVIEWED THAT EMPLOYEE SURVEY AND DEVELOPED RECOMMENDATIONS BASED ON THAT FEEDBACK THAT WE RECEIVED, AND HANNAH, VICE-CHAIRMAN, THANK YOU FOR DIVING INTO WHAT IS A LOT OF DATA. IF IT'S OKAY WITH HANNAH, I WILL PASS OFF THE DISCUSSION AND LET HER SUMMARIZE THE EAC'S SURVEY COMMITTEE'S RECOMMENDATIONS. HANNAH, DO YOU WANT THE MEMO UP, OR DO YOU WANT ME TO STOP SHARING? >> I HAVE NOT USED THAT IN GOTO BEFORE. >> I CAN PULL IT UP. >> THAT WOULD BE GREAT. THEN I CAN SHOW THE CHARTS WE'RE REFERENCING AS WELL. >> ALL RIGHT, YOU SHOULD BE ABLE TO. THERE IS A BUTTON ON YOUR SCREEN THAT SHOULD SAY "SHOW SCREEN" AND A LITTLE DROPDOWN. >> IS IT SHOWING THE MEMO OR A PICTURE OF MY CATS? >> SUPER CUTE KITTY CAT. . >> SO EAC MEMBERS SHOULD HAVE RECEIVED THIS SUMMARY OF OUR RECOMMENDATIONS. THIS IS FEEDBACK. THEY ARE WANTING

THAT INFORMATION AS EARLY AS POSSIBLE, WHEN THEY ARE PLANNING MODELS TO LOOK AT FOR NEXT YEAR. THIS WAS PROVIDED JUST AS SOME EARLY FEEDBACK, AND NOT AS AN OFFICIAL EAC RECOMMENDATION OR ANYTHING LIKE THAT. SO THE PRIMARY SOURCES THAT WE [ INDISCERNIBLE ] ARE IN ATTACHMENT 4B, WHICH IS THE SPECIFIC CHART. WE'VE GOT THIS FIRST ONE RIGHT HERE. THIS IS A WHOLE LOT OF THE DOCKING INSTITUTE'S OVERALL SURVEY REPORT, SO EVERYONE SHOULD HAVE IT. BUT IT'S ABOUT AN 80-PAGE DOCUMENT, SO I JUST PICKED OUT THE ONES WE REFERENCED HEAVILY. THIS ONE SHOWS, FOR THE SURVEY RESPONDENTS, WHAT PERCENTAGE OF THEM WERE IN EACH PLAN, SO THERE'S A VERY HEAVY RESPONSE RATE FROM PLANS C AND A, WHICH IS PRETTY REFLECTIVE OF ACTUAL ENROLLMENT INFORMATION. ABOUT 6% IN PLAN N, SO WE'RE LOOKING AT ABOUT 55% IN THOSE HIGH-DEDUCTIBLE HEALTH PLANS, AND THEN RIGHT ABOUT 2-1/2 PERCENT TOTAL FOR PLANS J AND Q, SO THOSE WERE A VERY SMALL SEGMENT OF OUR RESPONDENTS, SO WE WANTED TO KEEP THAT IN MIND, THAT A LOT OF THIS IS GOING TO IMPACT PLANS A AND C, MORE THAN Q OR J. THIS NEXT CHART WAS ONE OF THE ONES WE REALLY WANTED TO LOOK AT. THIS IS THE QUESTION OF ASKING RESPONDENTS TO RATE THEIR SATISFACTION WITH VARIOUS HEALTH PLAN FEATURES. SO BASICALLY THE WAY THIS WORKS, ON THE LEFT SIDE, THE BLUE AND THE ORANGE IS VERY DISSATISFIED AND DISSATISFIED, AND WE WANTED TO ADDRESS THE ONES, IF POSSIBLE, THAT HAD THE HIGHEST AMOUNT OF DISSATISFACTION. SO YOU CAN SEE THAT, FOR OUT-OF-POCKET MAXIMUM, THAT CAME BACK AT 51.4% OF RESPONDENTS WHO SAID THEY WERE EITHER DISSATISFIED OR VERY DISSATISFIED WITH THAT. SO THAT'S WHERE WE IDENTIFIED THAT AS BEING ONE OF THE MOST IMPORTANT THINGS TO EMPLOYEES. THE SECOND ONE IS DEDUCTIBLE, WHICH IS ABOUT 45% DISSATISFIED OR VERY DISSATISFIED. ALL THE WAY DOWN AT THE BOTTOM, PLAN -- THE HSA/HRA, WHICH HAS A DIFFERENT NUMBER OF RESPONDENTS, ANYONE WHO SAID THEY WERE PLAN-A DID NOT GET THIS OPTION. THAT ONE HAS A VERY, VERY

POSITIVE OUTCOME. IT'S AT ABOUT 75% OF RESPONDENTS THAT WERE SATISFIED OR VERY SATISFIED. SO I JUST WANTED TO TAKE AN OPPORTUNITY TO CALL THAT OUT AS A POSITIVE RESPONSE THAT WE GOT. AND RIGHT ABOVE THAT IS PREMIUMS. AND THE PREMIUMS ARE ACTUALLY PRETTY -- THEY'RE RIGHT AT 50%, ABOUT 51% OF EMPLOYEES SAID THEY WERE SATISFIED OR VERY SATISFIED WITH IT, SO THE PREMIUMS, OF COURSE, ARE THE FIXED COSTS THAT YOU PAY MONTHLY, REGARDLESS OF WHETHER OR NOT YOU USE YOUR HEALTH INSURANCE. AND YOU'LL SEE LATER THAT WE DID IDENTIFY THAT AS ONE OF THE ITEMS THAT THE HCC MIGHT WANT TO LOOK AT, AND WE'VE GOT SOME ADDITIONAL JUSTIFICATION FOR THAT. SO THIS CHART IS THE IMPORTANCE OF THOSE FEATURES. SO WE SEE THAT THE TOP THREE ARE PREMIUM DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM, AND THEY'RE ALL WITHIN 2% OF EACH OTHER, RIGHT AROUND THAT 80% MARK. SO BECAUSE "PREMIUM" WAS LISTED AS BEING VERY IMPORTANT TO EMPLOYEES, WE DID WANT TO INCLUDE IT, EVEN THOUGH EXISTING INFORMATION INDICATES THAT, YOU KNOW, PREMIUMS DO HAVE A HIGHER SATISFACTION RATING THAN SOME OF THE OTHER ELEMENTS OF THE PLANS. WE DO HAVE, FOR PLAN A, SOME OF THE PREMIUMS, SHOWED AS BEING A LITTLE BIT LESS IMPORTANT, WHICH IS NOT SURPRISING. THAT IS THE PLAN THAT HAS THE HIGHEST PREMIUMS, ESPECIALLY WHEN YOU GET INTO THE SPOUSE AND FAMILY TIERS. THE PREMIUM IS MORE OF A CONCERN WITH SOME OF THE LESS EXPENSIVE PLANS. THEN WE DO ALSO HAVE THAT PLAN-N HAS THE HIGHEST AMOUNT OF PEOPLE RATING THEIR DEDUCTIBLE AS BEING ONLY SOMEWHAT IMPORTANT. WE DO SEE A LOT OF PLAN-N ENROLLMENT WITH FOLKS WHO REALLY DON'T USE THEIR HEALTH INSURANCE VERY MUCH, GENERALLY VERY HEALTHY, AND SO FOR THOSE INDIVIDUALS, WHETHER OR NOT THEY MEET THEIR DEDUCTIBLE ISN'T GOING TO BE AS BIG A DEAL FOR THEM IN A GIVEN YEAR, WHEREAS IN OTHER PLANS, IT'S VERY IMPORTANT, WITH "A" AND "C" BEING NECK AND NECK ON THOSE RESPONSES. FIGURE 18 IS SPECIFICALLY RELATING TO THE COST OF ACCESS TO PRIMARY CARE. THIS ONE WAS NOT

RANKED PARTICULARLY HIGH ON THE IMPORTANCE, BUT IT WAS ON THE DISSATISFACTION SIDE. SO WE LOOKED AT THIS. THIS WAS ULTIMATELY NOT ONE OF THE ELEMENTS THAT WE CHOSE TO ADDRESS IN LARGE PART BECAUSE ON PLANS "C" AND "N", THE COST TO ACCESS SPECIALTY CARE IS MORE ABOUT THE PROVIDER NETWORK THAN IT IS ABOUT THE PLAN ITSELF. SO THERE AREN'T CO-PAYS ON MOST OF THOSE PLANS. THAT IS THE SAME FOR ACCESSING A SPECIALIST, SO, AGAIN, COST OF CARE IS LESS OF A PLAN DESIGN DECISION, EXCEPT FOR ON PLAN "A", OF COURSE, WHERE WE HAVE THE CO-PAYS, AND THEN COST OF E.R. VISITS, WHICH IS IMPORTANT, WHICH, AGAIN, IS GOING TO BE A-NOT A PLAN-DESIGN FEATURE. ON THIS PARTICULAR PLAN, C AND N DID HAVE A FAIRLY HIGH RANKING OF "NOT AT ALL IMPORTANT", AND, AGAIN, ON THOSE PLANS, WHEN WE'RE LOOKING AT THE HIGH DEDUCTIBLE, WHERE THEY DON'T HAVE ANY KIND OF A CO-PAY, THAT'S NOT A REALLY SURPRISING OUTCOME, SIMPLY BECAUSE THEY'RE GOING TO BE PAYING FOR THAT AMOUNT OUT-OF-POCKET, REGARDLESS OF WHAT IT COSTS, SO IT'S MORE ABOUT WHAT THEIR LOCAL EXPENSES ARE. AND I BELIEVE THIS IS THE -- YES, THE IMPORTANCE OF OUT-OF-POCKET MAXIMUM BY PLAN CHOSEN. SO FOR PLAN J, IT'S VERY IMPORTANT, WHICH PLAN J AS THE HIGHEST OUT-OF-POCKET MAXIMUM, SO NOT OVERLY SURPRISING, BUT ON ALL OF THESE, IT WAS RANKED WELL OVER 70% OF VERY IMPORTANT, SO, AGAIN, THIS IS WHERE WE REALLY SAW AN OPPORTUNITY, BECAUSE WE CAN SEE IT ON THIS ONE, THERE'S NOT A LOT OF VARIATION. A LOT OF PEOPLE SAID THIS WAS VERY IMPORTANT, BECAUSE THIS IS REALLY THE QUESTION OF "IF I HAD A WORST CASE SCENARIO MAJOR MEDICAL EVENT, WHAT IS THE MOST AMOUNT OF MONEY I MIGHT BE ON THE HOOK FOR?" SO THAT'S KIND OF WHAT THAT OUT-OF-POCKET MAXIMUM IS. AND THEN THE IMPORTANCE OF HSA AND HRA, NOT SURPRISINGLY, MANY SAID IT WAS NOT IMPORTANT, BECAUSE THEY DON'T HAVE HSA/HRA, AND NEXT, THIS WILL COME INTO PLAY WHEN WE TALK ABOUT THE DEDUCTIBLES. HERE IS A QUICK SUMMARY, IF ANYONE IS INTERESTED IN READING IT. BUT AS A WHOLE, WHAT THAT BROUGHT US DOWN TO FOR OUR

RECOMMENDATIONS WAS THAT OUR KIND OF PRIORITY ITEM THAT WE SAW WAS FOR REDUCTION OF THE OUT-OF-POCKET MAXIMUM. SO THAT'S A FEW FEATURES. IT WAS RANKED THE LOWEST IN THE SATISFACTION OF PLAN FEATURES. AND EVEN THOUGH IT'S NOT RANKED THE HIGHEST, IT WAS THE THIRD HIGHEST IMPORTANCE ON IT. SO WE FELT THAT THAT WAS A REALLY PRIME TARGET FOR ADJUSTMENTS. ADDITIONALLY, STATE EMPLOYEES, ONLY ABOUT 2 TO 4% OF PEOPLE WILL REACH THEIR OUT-OF-POCKET MAXIMUM IN A GIVEN PLAN YEAR, SO OUR HOPE IS THAT ON THE ACTUARIAL SIDE, THE COST OF PULLING THIS PARTICULAR LEVER MIGHT BE A LITTLE BIT LOWER, BECAUSE IT DOESN'T NECESSARILY TRANSLATE TO AS MUCH ADDITIONAL PLAN COST, BUT IT DOES, I THINK, YOU KNOW, ANECDOTALLY, RELIEVE SOME ANXIETY FOR PEOPLE, BECAUSE, AGAIN, IT'S THAT -- "WHAT IF THE WORST HAPPENS?" IT MAYBE HELPS PEOPLE TO FEEL A LITTLE BIT BETTER WHEN THEY'RE LOOKING AT THEIR PLANS AND SEEING THAT, YOU KNOW, HEY, THIS IS MY MAXIMUM AMOUNT OUT-OF-POCKET. SO THAT WAS WHAT WE IDENTIFIED AS KIND OF THE HIGHEST OPPORTUNITY. AND THEN WE ALSO HAD -- I [ INDISCERNIBLE ] THIS BECAUSE IT'S A VERY, VERY LONG ATTACHMENT, WE DID HAVE ONE OPEN AND DID QUESTION ESSENTIALLY WHAT OTHER COMMENTS YOU WOULD LIKE TO SHARE WITH SEHP, AND A LOT OF PEOPLE INDICATED THEY REMEMBER WHEN PLAN-C HAD A ZERO PERCENT CO-INSURANCE, OR WHEN THE DEDUCTIBLE AND THE OUT-OF-POCKET MAXIMUM WERE THE SAME, SO BASICALLY, IF YOU HIT \$2,750, YOU'RE DONE WITH YOUR COST FOR THE YEAR. THERE WERE A LOT OF PEOPLE WHO EXPRESSED A DESIRE FOR THAT. IN 2020, I BELIEVE, THE CO-INSURANCE FOR PLAN-C WAS DECREASED FROM 20% TO 10%, SO THIS KIND OF TIES IN TO THE OUT-OF-POCKET MAXIMUM QUESTION, SO I DID ALSO JUST WANT TO SHARE THAT AS WELL, THAT WE RECEIVED QUITE A BIT OF FEEDBACK FROM THE OPEN-ENDED QUESTIONS. SO OUR OVERALL RECOMMENDATION IS, DUE TO THE HIGH PROPORTION OF DISSATISFACTION IN THE FUTURE AND THE POTENTIAL TO SIGNIFICANTLY REDUCE MEMBER ANXIETY WITH POTENTIALLY A LOWER COST TO MEMBERS, THE

SUBCOMMITTEE RECOMMENDS LOWERING THE OUT-OF-POCKET MAXIMUM BE CONSIDERED A TOP PRIORITY FOR PLAN YEAR 2022. AND I GUESS I WILL HOLD THERE, IF THERE ARE ANY QUESTIONS ON THAT PARTICULAR SECTION. ALL RIGHT, HEARING NONE, THIS WAS THE SECOND-HIGHEST LEVEL OF EMPLOYEE DISSATISFACTION WAS DEDUCTIBLE, SO, AGAIN, FOR PLANS J, Q, C, AND N, THE DEDUCTIBLE IS THE AMOUNT YOU PAY OUT OF POCKET BEFORE THE INSURANCE COMPANY STARTS PAYING ON ANY OF YOUR CLAIMS. IF YOUR DOCTOR CHARGES \$120 FOR AN OFFICE VISIT, YOU PAY \$120. FOR PLAN-A, THE DEDUCTIBLE IS FOR NON-CO-PAY-RELATED MEDICAL EXPENSES. THAT WOULD BE THINGS LIKE BASICALLY ANYTHING OTHER THAN YOUR PRIMARY OR SPECIALTY CARE PHYSICIAN, OUTPATIENT SURGERIES, THINGS LIKE THAT. ON OUR SURVEY, WE ALSO SAW THAT IT WAS RANKED THE SECOND MOST IMPORTANT FEATURE, JUST AHEAD OF THE OUT-OF-POCKET MAXIMUM, BUT, AGAIN, VERY, VERY SMALL MARGIN THERE, LESS THAN 1% DIFFERENCE IN THE RESPONSES, SO PRETTY SIMILAR NUMBER OF FEELINGS ON BOTH OF THOSE. AGAIN, AS A REMINDER, ABOUT 55% OF THESE SURVEY RESPONDENTS ARE ENROLLED IN PLANS C OR N. AND THOSE ARE THE PLANS THAT HAVE ACCESS TO AN HSA, WHICH, YOU'LL RECALL, WE HAD VERY HIGH SATISFACTION ON FROM OTHER QUESTIONS IN THE SURVEY. THESE ARE QUALIFIED, HIGH-DEDUCTIBLE HEALTH CARE PLANS, WHICH MEANS THEY HAVE FEDERALLY REGULATED MINIMUM AND INDIVIDUAL FAMILY DEDUCTIBLES. THERE IS SOME [ INDISCERNIBLE ] TO CHANGE SOME, BUT I WANT TO CALL THAT OUT, THAT THERE IS NOT A SITUATION WHERE WE COULD HAVE, YOU KNOW, A ZERO-DOLLAR DEDUCTIBLE ON PLAN C AND ALSO HAVE AN HSA. I JUST WANT TO CALL THAT OUT. BUT THOSE TWO BENEFITS ARE TIED TOGETHER. THE ABILITY TO HAVE HSA RELIES ON THE HIGH DEDUCTIBLE STATUS. WE FIND THERE IS ONLY HOW LOW THAT CAN GO. FEWER THAN 3% OF ALL RESPONDENTS ARE IN J AND Q, WITH \$500 DEDUCTIBLE FOR AN INDIVIDUAL, SO THOSE ARE NOT REALLY BEING CONSIDERED IN HERE QUITE AS MUCH. BUT THE SURVEY INFORMATION IS ALSO INCLUDED IN THE OVERALL NUMBERS. SO

OUR RECOMMENDATION ON PLAN DEDUCTIBLES IS BECAUSE THERE IS A VERY HIGH PROPORTION OF DISSATISFACTION AND RELATIVE IMPORTANCE AMONG THE SURVEY RESPONDENTS, REMAINING COGNIZANT, THE SUBCOMMITTEE RECOMMENDS LOWERING OF THE INDIVIDUAL AND FAMILY DEDUCTIBLES BE CONSIDERED A SECONDARY PRIORITY, PARTICULARLY FOR PLANS A, C, AND N. AND, ONCE AGAIN, I'LL HOLD THERE, IF THERE ARE ANY QUESTIONS. HEARING NONE, I'LL MOVE ON TO THE THIRD AND FINAL. SO REDUCTION OR MAINTENANCE OF SEMI MONTHLY PREMIUMS. SO SEMI-MONTHLY PREMIUMS WERE RANKED THE SECOND HIGHEST IN SATISFACTION FOR PLAN FEATURES ACROSS ALL PLANS, COMBINED 76.2% OF RESPONDENTS WERE EITHER SATISFIED OR VERY SATISFIED WITH THEIR PREMIUMS. BUT IT'S ALSO RANKED HIGHEST IN RELATIVE IMPORTANCE. THIS IS 99.3% OF RESPONDENTS SAID IT WAS EITHER VERY IMPORTANT OR SOMEWHAT IMPORTANT. AND A LOT OF THE REASONING BEHIND THAT IS THAT THESE ARE, AGAIN, THE FIXED COSTS. EVEN IF YOU HAVE A COMPLETELY CLEAN YEAR MEDICALLY, YOU ONLY GO TO YOUR 100% COVERED PREVENTIVE APPOINTMENTS, YOU HAVE NO PRESCRIPTIONS, NO ILLNESSES, OR ANYTHING LIKE THAT, THIS IS THE AMOUNT YOU'RE GOING TO PAY WHETHER OR NOT YOU USE THE HEALTH INSURANCE. AND AS WE KNOW AND HAVE DISCUSSED MANY TIMES IN THE PAST, OUR PREMIUMS ARE VERY CLOSELY TIED TO THE TIER OF COVERAGE, SO WHETHER IT'S EMPLOYEE-ONLY, EMPLOYEE PLUS SPOUSE, EMPLOYEE PLUS CHILDREN, EMPLOYEE PLUS FAMILY, THOSE EMPLOYEE-PLUS TIERS ARE SIGNIFICANTLY HIGHER ON THE PREMIUM SIDE OF THINGS. WHAT WE RECOGNIZE IS THAT, HISTORICALLY, WHEN WE'RE LOOKING AT MODELING FOR THE FOLLOWING PLAN YEAR AND FOR PROJECTING OUT HOW THAT WOULD AFFECT THE OVERALL PLAN IN THE COMING YEARS, IT'S TYPICALLY A 4% FLAT ANNUAL INCREASE FOR BOTH EMPLOYEE AND EMPLOYER CONTRIBUTIONS. WHEN I SAY CONTRIBUTIONS, WHAT WE MEAN THERE IS PREMIUMS. SO IT USUALLY ASSUMES A 4% FLAT ANNUAL INCREASE IN BOTH 2020 AND 2021 THE HCC WAS ABLE TO HOLD EMPLOYEE PREMIUMS STEADY, AND EVEN FOR SOME COVERAGE

TYPES, COVERAGE TIERS, RATHER, REDUCE PREMIUMS, SPECIFICALLY FOR THE SPOUSE AND FAMILY TIERS. OBVIOUSLY THAT'S EVERYBODY'S PREFERENCE, RIGHT, IS TO HAVE LOW PREMIUMS, LOW COST TO HAVE INSURANCE, AND LOW COST TO USE INSURANCE, BUT WE DO RECOGNIZE THAT IT'S A GIVE AND TAKE. EVERY LEVER THAT WE PULL TO REDUCE PRICES, THE COST OF SOMETHING GOES UP SOMEWHERE ELSE. SO WE DO JUST WANT TO ACKNOWLEDGE THAT PREMIUMS ARE CURRENTLY RANKED PRETTY HIGHLY IN TERMS OF SATISFACTION, AND WE RECOGNIZE THAT DECREASES TO OUT-OF-POCKET MAY REQUIRE HIGHER COST SHARING IN THE FORM OF HIGHER PREMIUMS. WHILE WE WOULD LIKE TO SEE EVERYTHING BE LESS EXPENSIVE, WE RECOGNIZE THAT'S NOT POSSIBLE. OUR SURVEY DATA RESULTS SHOWS WE ALSO DO HAVE ONE ANECDOTAL NOTE, WHICH IS THAT, IN 20 -- I BELIEVE 16, 17, AND 18, THERE WAS A VERY SHARP INCREASE IN CERTAIN COVERAGE TO PREMIUMS DUE TO A RECOGNITION OF THE FACT THAT SPOUSE AND FAMILY TIERS WERE BASICALLY BELOW MARKET PRICE, SO THEY WERE BROUGHT UP VERY SIGNIFICANTLY. WE DO FEEL STRONGLY IF THE OPTION IS THERE TO HOLD PREMIUMS FLAT OR EVEN TO DECREASE THEM, BUT THERE'S AN EXPECTED, SIGNIFICANT INCREASE THAT WOULD OCCUR DOWN THE ROAD TO PAY FOR THAT, BASICALLY WE'RE KICKING THAT CAN DOWN THE ROAD TO POTENTIALLY HAVE A VERY SHARP SPIKE IN A FUTURE YEAR, THAT WOULD NOT BE THE PREFERRED OUTCOME FOR PLAN PARTICIPANTS. SO THESE ARE OUR THREE RECOMMENDATIONS, AND ESSENTIALLY THE SUBCOMMITTEE RECOMMENDS THAT THESE PRIORITIES BE PRESENTED TO THE HCC AS THE AACAAC RECOMMENDATIONS FOR PLANNING FOR 2022 BASED ON THE EAC SURVEYS. THAT COMPLETES OUR REPORT. I WILL HOLD FOR ANY QUESTIONS OR, NATALIE, IF YOU WANT TO JUST OPEN IT UP FOR DISCUSSION AT THIS POINT, I'M FINE WITH WHATEVER YOU'D LIKE TO DO. >> THIS IS NATALIE YOZA. THANK YOU, HANNAH, FOR YOUR GREAT PRESENTATION. YOUR HR BACKGROUND SHINES AS YOU WALK US THROUGH THE DATA THAT WAS CONSIDERED WHEN THESE WERE PUT TOGETHER. I WOULD LIKE TO JUST OPEN IT UP TO EAC

MEMBERS FOR COMMENTS OR QUESTIONS, FOR THE COMMITTEE'S WORK. >> BRANT HAS AN OPINION. >> SURE, GO AHEAD. >> THAT WAS REALLY GOOD WORK BY HANNAH AND THAT COMMITTEE. I'M GRATEFUL THAT I WASN'T ON THAT SUBCOMMITTEE, BECAUSE THAT'S A LOT OF WORK. WHO ELSE WAS ON THAT COMMITTEE, JUST TO RECOGNIZE THEM? >> OH, THAT'S A GREAT QUESTION. UM -- WE HAVE OH, GOSH, I'M CERTAIN I'LL FORGET SOMETHING. MIKE MERCER, LAURA HOPPAS, KRISTY RIZEK, STEVE GREEB? >> GREEB [ INDISCERNIBLE ] >> AND THEN MARJORIE KNOLL ALSO, AND COURTNEY FITZGERALD WITH SEHP HAS BEEN JOINING US AND HAS BEEN PROVIDING REALLY INVALUABLE DATA FOR US FROM THE PLAN, SO THINGS LIKE THE ASSUMED ANNUAL INCREASE AMOUNTS AND THE RATES OF OUT-OF-POCKET MAXIMUMS, AND SHE VERY GENEROUSLY ALSO PROVIDED HER TIME TO MEET WITH US. AND IF I MISSED ANYONE, PLEASE FEEL FREE TO GIVE A SHOUT. >> THANKS. >> HANNAH, THIS IS WARREN WIEBE. IN LOOKING AT ALL THESE PLANS, IF YOU DID A CARTOON OR A GRAPHIC, DID YOU EVER COME ACROSS A REPRESENTATIVE STEREOTYPE FOR WHAT KIND OF PERSON, FAMILY, MEDICAL, OR HEALTH CONDITIONS WOULD BE MOST LIKELY TO GRAVITATE TOWARDS THE PLANS? LIKE WHAT SIZE SHOE WOULD FIT OR WHAT SIZE FOOT WOULD FIT IN A PLAN-J AND PLAN-A? [ INDISCERNIBLE ] BUT I ALWAYS THOUGHT FOR EMPLOYEES TO OPEN UP THE PACKET WHEN YOU ENROLL AND SAY, "HEY, HERE'S NOT A FORMULA BUT JUST A PICTURE, HERE IS A PLAN FOR SOMEBODY WHO HAS A LOT OF HIGH-COST PRESCRIPTIONS" OR SO ON, SO ON. >> YEAH, I KNOW THERE ARE SOME EXAMPLE COSTS IN THE SEHP BOOKLET THAT SAYS, YOU KNOW, "IF YOU HAVE A SURGERY THAT COSTS THIS MUCH, AND YOUR RECOVERY IS THIS MUCH, HOW MUCH ARE YOU PAYING ON EACH OF THE PLANS, SO THAT IS SOMETHING THAT COURTNEY HAS BEEN WORKING -- COURTNEY FITZGERALD HAS BEEN WORKING ON, AND THAT WILL DEFINITELY BE CONVERSATIONS WE'LL CONTINUE TO HAVE. WHEN I DESCRIBE IT DURING ORIENTATION FOR NEW EMPLOYEES, YOU HAVE FIXED COSTS AND VARIABLE COSTS. FIXED COSTS ARE PREMIUMS, VARIABLE COSTS

ARE COST TO USE. IF I SAY I WANT PLAN-A, I'M SAYING I'M WILLING TO PAY A LITTLE BIT MORE TO HAVE IT, BECAUSE I KNOW I'M GOING TO USE IT A LOT, SO I DON'T WANT TO PAY AS MUCH WHEN I'M USING IT. IF I USE PLAN-N, I'M SAYING, OKAY, I'M WILLING TO PAY A LITTLE BIT MORE IF I NEED TO USE IT, BECAUSE I DON'T NECESSARILY THINK I'M GOING TO USE IT THAT MUCH, SO I WOULD LIKE TO PAY LESS TO HAVE IT. PLAN J AND Q ARE IN THE MIDDLE. THAT'S A VAST OVERSIMPLIFICATION OF IT, BUT THAT'S ONE OF THE DESCRIPTORS THAT I USE TO, YOU KNOW, DESCRIBE THEM IN 30 SECONDS OR LESS, BASICALLY. >> ALSO -- GO AHEAD. >> GO AHEAD. >> I WAS JUST GOING TO SAY, HANNAH, THAT'S A GREAT ILLUSTRATION, BECAUSE I'VE SEEN THE CALCULATOR WHERE YOU SAY, HEY, I'M GOING TO GET A COLONOSCOPY, FOR EXAMPLE, AND HERE IS WHAT IT'S GOING TO RUN OUT, OR AN E.R. VISIT. I'M EVEN MOVING CLOSER TO PEOPLE THAT I WORK WITH THAT ARE MAKING DECISIONS, NOT THE PERSON THAT DIGESTS EVERY DETAIL; THIS IS FOR A PERSON TO BE ASSISTED THAT'S GOING TO SPEND FIVE MINUTES ON IT, AND THAT'S NOT WHAT THEY SHOULD DO, BUT THAT'S REALITY, AND YOUR -- WE MIGHT THINK ABOUT A CHART THAT JUST SHOWS YOUR FIXED VARIABLE COSTS AND PRESENT IT IN THAT MANNER, BECAUSE THAT'S REALLY THE ANALYSIS OF THE EQUATION, BUT I DON'T KNOW THAT PEOPLE TYPICALLY -- PEOPLE THAT WORK WITH YOU GET THAT BENEFIT. I'M NOT SURE THAT EVERYBODY IN THE ENTIRE POOL GOATS -- GETS SOMETHING LIKE THAT PUT IN FRONT OF THEM. SOMETHING AT THE BEGINNING OF THE BOOK, FOR PEOPLE THAT DON'T GET PAST PAGE 2 OR 3. MY GOAL IS TO HELP THEM MAKE THE BEST DECISION THEY CAN, GIVEN THEY WON'T SPEND TIME PUNCHING A CALCULATOR OR READING THE BOOK. >> THAT'S A REALLY GOOD POINT. I'VE MADE A NOTE OF THAT TO INCLUDE, SO -- I WANT TO SAY, THE SUBCOMMITTEE, WE DO PLAN TO CONTINUE MEETING ON APPROXIMATELY A BI-WEEKLY BASIS, AND WE'RE ALSO GOING TO BE WORKING DIRECTLY WITH THE SEHP TEAM THROUGHOUT THE YEAR, BECAUSE THERE ARE A LOT OF THINGS LIKE THAT, THAT YOU JUST SUGGESTED, THAT ARE -- IT DOESN'T HAVE TO GO TO

THE HCC, IT'S NOT PART OF PLAN DESIGN, IT'S SOMETHING WE CAN DO MORE IN A CUSTOMER-SERVICE METHOD. >> THAT'S GREAT, HANNAH. >> THANKS FOR ALL YOUR WORK AND THE COMMITTEE'S WORK, AND YOU DID A SUPREME JOB PRESENTING IT THROUGH THE VIRTUAL MEETING AS WELL, AS WELL AS THE MEMO THAT YOU GUYS PREPARED TO SUMMARIZE IT ALL. >> THANK YOU. >> FOR THE GOOD OF THE ORDER, THE ORDER'S EXCEPTIONALLY, I GUESS, SATISFIED, AND YOU WENT WELL ABOVE AND BEYOND WHAT EXPECTATIONS WERE, SO GOOD WORK. >> THANK YOU. >> HANNAH, THIS IS PAM BUCKHALTER. I JUST HAVE A REALLY QUICK QUESTION. SO, IN POINT B, YOU SAY HISTORICALLY IT'S A 4% ANNUAL INCREASE FOR THE PREMIUMS. AND THEN IN POINT-C, YOU SAY -- LET ME FIND IT -- IT WOULD BE A MODEST INCREASE IN PREMIUMS. ARE YOU SAYING IT'S GOING TO BE AROUND THAT 4% OR -- >> SO THE 4% IS THE BASELINE ASSUMPTION, SO BASICALLY, IT'S AN ASSUMPTION THAT, IF CLAIMS INFORMATION KIND OF TRENDS THE SAME, THE OVERALL COST OF HAVING A HEALTH PLAN WILL INCREASE BY ABOUT 4% IN A YEAR. SO IT'S KIND OF AN "ALL ELSE THE SAME" ASSUMPTION. AND THEN, AS WE START -- AS THE HCC STARTS PLAYING WITH MODEL NUMBERS AND THEY SAY, WELL, OKAY, LET'S DECREASE THE DEDUCTIBLE BY THIS AMOUNT, SO THAT'S GOING TO IMPACT THAT 4%, IT WILL GO UP A LITTLE BIT, SO IT'S REALLY JUST THE STARTING POINT. BUT IN PREVIOUS YEARS, THEY HAVE BEEN ABLE TO EITHER DECREASE THE AMOUNTS OR -- AT LEAST FULL-PREMIUM STUDY, AND THAT'S MORE OF AN INDICATOR, REALLY. I THINK THE PLAN WAS IN PARTICULARLY GOOD FINANCIAL SHAPE FOR THOSE YEARS, WHERE THOSE CHANGES WERE ABLE TO BE MADE. SO, WE'RE NOT QUITE SURE WHAT A MODEST INCREASE WOULD BE. I DO FEEL PRETTY STRONGLY THAT SOME OF THE 17% INCREASES THAT WE'VE SEEN IN YEARS PAST -- I DO NOT THINK THAT WOULD BE SIGNIFICANT CHANGES TO OUT-OF-POCKET. SO I WOULD GUESS -- I GUESS I WOULD BE THINKING MAYBE 5 TO 10% WOULD BE MODEST, BUT THAT REALLY IS UP TO THE HCC, AND IT DEPENDS A LOT ON THE MODELING TABLES. SO WE ARE COMING AT THIS WITHOUT

KNOWLEDGE OF THE CURRENT PLAN FINANCIAL SITUATION, SO THERE MIGHT BE FACTORS POSITIVE AND NEGATIVE THAT COLOR HOW THE HCC LOOKS AT THIS. >> SO THE OUT-OF-POCKET MAXIMUM AND ALL THAT, WE DON'T KNOW EXACTLY WHAT THAT AMOUNT IS, AND ALSO, YOU'RE LOOKING AT DOING THE INCREASES WITH -- THEY'VE ALREADY SAID STATE EMPLOYEES ARE NOT GETTING ANY RAISES. >> MM-HMM. YES, AND THAT HAS BEEN -- THAT WAS DECIDED AFTER THIS MEMO WAS DRAFTED. SO THAT MAY ALSO SIGNIFICANTLY IMPACT WHAT THE HCC DECIDES TO DO. >> OKAY, SO THAT MAY CHANGE SOME OF THIS, SINCE THAT WAS A DECISION AFTERWARDS; CORRECT? >> IT CERTAINLY CAN. I MEAN, I THINK THAT'S PART OF THE DISCUSSION THAT WE WANT TO HAVE TODAY, IS DO -- DOES THE REST OF THE COMMITTEE AGREE WITH THIS, ARE THERE, YOU KNOW, CHANGES THAT EVERYONE FEELS SHOULD BE MADE, SO I BELIEVE -- AND NATALIE, CORRECT ME IF I'M WRONG -- I BELIEVE THAT -- THIS IS VERY OPEN TO CHANGE IF THE COMMITTEE FEELS IT'S APPROPRIATE. >> OKAY. >> YEAH, THIS IS NATALIE YOZA. I'LL QUICKLY ADDRESS HANNAH'S LAST COMMENT. THIS IS THE PROPOSAL THAT THE SUBCOMMITTEE IS BRINGING FORWARD, AND THEN WE WILL, AS THE COMMITTEE, YOU KNOW, CONTINUE TO DISCUSS IT, AND THEN EVENTUALLY TAKE A MOTION AND VOTE, SO IT IS THE FULL SUBCOMMITTEE VOTE THAT IS ULTIMATELY PROPOSED TO THE HEALTH CARE COMMISSION. IT IS HARD TO SORT OF BALANCE WHAT WE DO HAVE ARE THE SURVEY RESULTS, WHICH SORT OF OUTLINE THE IMPORTANCE AND THE SATISFACTION RATINGS, AND THEN WE ALSO HAVE, YOU KNOW, COMMON SENSE AND AS EMPLOYEES, AS WE TRY TO MANAGE HEALTH CARE COSTS FOR OUR FAMILIES. I WANTED TO PAUSE AND GO BACK A LITTLE FURTHER AND GIVE THE HEALTH PLAN AS OPPORTUNITY TO SPEAK. FOR THE MEMBERS OF THE EAC THAT HAVE BEEN ON FOR A WHILE, WHEN WE WERE REFERRING TO THAT 4% -- OR HANNAH WAS -- WE USED TO GET PROJECTIONS, AND IT'S THE COST OF THE PLAN, AND THEN HOW THEY DO THE RESERVE BALANCES, AND SO THAT 4% WAS SORT OF WHAT WE WERE SEEING YEAR TO YEAR. THE HEALTH PLAN WORKS WITH

THEIR VENDORS TO PUT TOGETHER WHAT THOSE CORRECT FIGURES ARE, AND I THOUGHT THAT IF JANET OR MIKE HAD SOMETHING THEY WANTED TO SHARE OR CLARIFY RELATIVE TO THAT, AND THEN HOW THE PROCESS WOULD WORK, I WANTED TO PAUSE AND GIVE THEM AN OPPORTUNITY TO SPEAK. >> YEAH, THIS IS JANET. CAN YOU HEAR ME? OKAY. SO THE PROJECTIONS BY THE SERVICE YOU'RE TALKING ABOUT IS THE ACTUARIAL SERVICE. THOSE ARE MOVING TARGETS. WHAT THEY DO IS LAY OUT, YOU KNOW, HERE'S WHAT THE PLAN AMOUNT LOOKS LIKE TODAY BASED ON CLAIMS ACTIVITY, INCURRED CLAIMS THAT HAVE NOT BEEN PAID, THERE'S ALWAYS A BASELINE, AND AN AVERAGE FLUCTUATION FOR PHARMACEUTICAL AND MEDICAL AND DENTAL CLAIMS, SO THEY COMPRISE THE ENTIRE WAY THE CALCULATION IS DONE. THEY PRESENT TO THE HCC, AND THEN, BASED ON OUR DATA, THIS IS WHAT YOU WOULD BE DUE FOR THESE YEARS, AND IT PROJECTS OUT THREE, THAT WILL BE FIVE WITH THE NEW LEGISLATION. IT USED TO BE TEN, AS OF DECEMBER, OKAY? SO AT THE END OF THE DAY, THE HCC'S GOING TO MAKE THE DECISION IT DOES NOT HAVE TO DO WHAT THE ACTUARIES SAY. IT'S ADVISABLE THAT WE STRONGLY CONSIDER THAT, BECAUSE ONE YEAR YOU MAY HAVE A 4% OR 2%, BUT THE NEXT YEAR YOU MIGHT HAVE A 10%, AND CAN EMPLOYEES AFFORD THAT, CAN OUR MEMBERS AFFORD THAT. SO I THINK THE STANCE OF THE ACC HAS BEEN TO KIND OF KEEP THAT MORE ON AN EVEN-KEEL BASIS SO THERE AREN'T THESE -- AND I WAS NOT AN EMPLOYEE OF THE STATE AT THE TIME, BUT THESE SURPRISES WHERE EMPLOYEES WERE LITERALLY GOUGED WITH PREMIUM PAYMENTS. I THINK THAT MY OBSERVATION AND INTERACTION WITH THE HCC TO DATE IS THEY ARE MINDFUL OF THAT AND WILL TRY TO AVOID THAT AT ALL COSTS. I WOULD LIKE TO POINT OUT THAT THE MODELING SESSION IS A PRECURSOR TO THE JUNE HCC MEETING, SCHEDULED FOR MAY 21ST, I BELIEVE NOTICE HAS ALREADY BEEN PUT OUT. THE PRIMARY PURPOSE OF THAT SESSION IS TO DO SOME MODELING. OBVIOUSLY WE WILL TAKE - - AND I HAVE SHARED YOUR INFORMATION, OR I AM SHARING IT IN THE PACKET -- FOR THE HCC COMMISSIONERS, SO THEY CAN

SEE THE TYPES OF THINGS THAT YOU'RE ALL FOCUSED ON. NO SURPRISE, BECAUSE WE DID KNOW THAT ALREADY, BASED ON THE SURVEY RESULTS, AND THAT OUT-OF-POCKET AND CO-PAYS AND SO FORTH HAVE BEEN DISCUSSED. I THINK THE NEWEST THING IS THE ACCEPTANCE OF A MODEST PREMIUM HIKE WHICH IS, AGAIN, GOING TO BE THEIR DECISION. BUT WE ARE GOING TO MODEL. SO IF ANYBODY WANTS TO LISTEN IN ON THAT MEETING TO GET BETTER EDUCATED ON HOW THAT'S DONE, AND THE TYPES OF THINGS THAT WILL BE DISCUSSED AND CONSIDERED, I WOULD RECOMMEND YOU TRY TO MAKE THE TIME. IT'S AT 2:30 ON FRIDAY, THE 21ST, AND IT'S JUST A TWO-HOUR SCHEDULED MEETING FOR RIGHT NOW. I WOULD ALSO LIKE TO MAKE A COMMENT ON THE QUESTION THAT CAME UP ABOUT A GRAPHIC ON WHICH PLAN IS BEST. WE'RE OBVIOUSLY -- WE TRY TO DO THAT IN OUR, YOU KNOW, OPEN-ENROLLMENT SESSIONS AND WHATNOT, BUT THE "ASK ALEX" TOOL -- THE PRIMARY PURPOSE IS TO HAVE THAT TOOL BE USED AS A GUIDE, AS IT ASKS THE QUESTIONS AND DOES KIND OF AN ASSESSMENT OF YOUR INSURANCE HEALTH, I GUESS, OR WHAT YOU KNOW, KIND OF WHERE YOU ARE. AND IF YOU HAVE A LOT OF MEDICATION COSTS AND SO FORTH. NORMALLY IT DIRECTS YOU TO THE RIGHT PLAN. IF SOMEONE IS NOT FAMILIAR OR THINKS THAT IS NOTHING TO BOTHER WITH, I WOULD STRONGLY RECOMMEND THAT YOU GET ACQUAINTED WITH THAT DURING OPEN ENROLLMENT TO TRY IT. THERE WAS REFERENCE TO THAT IN THE SURVEY. I DON'T KNOW THAT WE HAVE AS MUCH UPTAKE ON THAT AS WE COULD, BUT I THINK IT'S A BENEFIT TO THE EMPLOYEES TO TRY TO USE THAT, SO THEY CAN GET SOME QUESTIONS ANSWERED. I DON'T REMEMBER THE SPECIFIC ANSWER ON THE SURVEY, BUT I BELIEVE MOST PEOPLE THAT USED IT SAID THAT THEY DID GO ALONG WITH THE RECOMMENDATION OF ALEX. THAT WAS ONE OF THE RESPONSES. IS THAT CORRECT, HANNAH, DO YOU REMEMBER THAT? WE WOULD HAVE TO LOOK AT THAT ANSWER, BUT IT IS NORMALLY GOING TO GUIDE YOU TO WHETHER YOU SHOULD HAVE A PLAN-A OR HIGH-DEDUCTIBLE PLAN. SOME OF THAT IS RISK TOLERANCE, SOME OF IT IS YOU KNOW YOUR OWN HEALTH AND

YOUR FAMILY'S HEALTH AND WHETHER YOU CAN AFFORD THE OUT-OF-POCKET FOR A HIGH DEDUCTIBLE, AND IN THE LONGRUN, IT'S CHEAPER, DEPENDING ON WHAT YOUR SITUATION IS. I'LL STOP THERE AND SEE IF THAT HELPS ANSWER ANY QUESTIONS OR THAT RESULTS IN MORE QUESTIONS. >> THIS IS HANNAH. I WANT TO ADD, YOU'RE CORRECT, I DON'T HAVE THE ANSWERS OR THAT PARTICULAR [ INDISCERNIBLE ] PULLED UP, BUT OF THOSE WHO PARTICIPATED IN ALEX, I BELIEVE THE MAJORITY WENT WITH THE PLAN THAT ALEX SUGGESTED. >> IS THERE ANY ADDITIONAL DISCUSSION OR QUESTIONS FROM EAC MEMBERS ABOUT THE SUBCOMMITTEE'S RECOMMENDATIONS? >> THIS IS MARJORIE KNOLL, I'M ON THE SUBCOMMITTEE, AND I JUST WANT TO THANK HANNAH, BECAUSE SHE WAS A GREAT LEADER, AND WITHOUT HER, WE WOULDN'T HAVE BEEN ABLE TO DO THIS. SHE DID A GREAT JOB, AND MAKE IT MUCH EASIER FOR THE REST OF US ON THE COMMITTEE. THANK YOU, HANNAH. GREAT JOB. >> THANK YOU. IT'S MY PLEASURE. >> THIS IS NATALIE YOZA. I THINK JUMPING AHEAD, THE THING THAT WE'RE REALLY GOING TO SORT OF STRUGGLE WITH, AND THEN I THINK PART OF IT MAY BE HOW IT'S JUST ARTICULATED, IS WHAT TO DO ABOUT ANY PREMIUM CHANGES, AND HOW WE ARTICULATE WHAT THE EAC THINKS EMPLOYEES FEEL ABOUT THAT. I THINK THAT IT'S SORT OF A GIVEN THAT THAT IS AN OUT-OF-POCKET COST THAT YOU PAY EACH MONTH, AND IT REDUCES YOUR PAYCHECK, AND SO IT IS REALLY IMPORTANT TO NOT HAVE SPIKES, AND IT'S ALSO REALLY IMPORTANT TO KEEP THOSE PREMIUMS REASONABLE AND AFFORDABLE FOR ALL OF OUR MEMBERS, DEPENDING ON, YOU KNOW, WHAT THEIR DIFFERENCES IN INCOME MAY BE. AND SO I DON'T THINK ANYONE WOULD EVER SAY, "YES, WE WANT TO PAY MORE!" [ LAUGHS ] -- "FOR OUR PREMIUMS." I THINK KEEPING THOSE AFFORDABLE AND PLAN HIGH-QUALITY ARE SORT OF THE BENCHMARKS, THE MOST BROAD WAY WE WOULD TALK ABOUT THE HEALTH PLAN. AND THEN I THINK THE QUESTION IS HOW DO YOU ARTICULATE OR WHERE DO YOU FALL ON WHETHER YOU VALUE KEEPING THE PREMIUMS AS CONSTANT AS POSSIBLE VERSUS MAKING SOME OTHER CHANGES TO HOW THE PLAN

DESIGN WORKS. AND I THINK WHAT THE SUBCOMMITTEE DID -- YOU CAN CORRECT ME -- IS THEY WENT THROUGH WHAT THOSE RESPONSES WERE, AND THE RESPONSES SEEMED TO BE "WE'RE OKAY WITH WHERE THE PREMIUMS ARE, AND IT'S DEFINITELY IMPORTANT THOSE STAY IN THE OKAY CATEGORY, BUT WE ARE NOT AS SATISFIED WHERE THE OUT-OF-POCKET MAXIMUM IS OR WHERE THE DEDUCTIBLES ARE." SO I THINK THE GOAL OF THE MEMO AND THE SUBCOMMITTEE'S TALK WAS TO TRY TO ARTICULATE THAT WE DON'T WANT HIGH SPIKES TO THE PREMIUMS, BUT THERE MAY BE A LITTLE BIT OF WIGGLE ROOM AS YOU TRY TO ALTER ANOTHER FEATURE. BUT, YOU KNOW, THAT IS A VERY REAL COST THAT COMES OUT OF YOUR PAYCHECK. TO PAM'S POINT, TRYING TO UNDERSTAND HOW WE WILL ARTICULATE OUR PRIORITIES TO THE HCC IS IMPORTANT. SO IF ANYONE ELSE HAS COMMENTS OR SOMETHING THEY WANT TO ADD TO THAT DISCUSSION, I WOULD INVITE THAT NOW SO THAT WE CAN KIND OF GET A CONSENSUS AS TO WHERE THE GROUP IS, AND THEN WE COULD MOVE TO A MOTION. >> THIS IS BRANT. IF I CAN JUST POINT OUT WHAT HANNAH POINTED OUT, PLAN-C IS THE HIGH-DEDUCTIBLE PLAN, WHICH, TO ME, MEANS A LOW PREMIUM. AND THEN PLAN-A WOULD BE A LOW-DEDUCTIBLE PLAN, WHICH WOULD ME MEANS A HIGHER PREMIUM. JUST POINTING THAT OUT. I MEAN, WHEN YOU'RE CHOOSING A PLAN, IF YOU WANT TO PAY A LOWER PREMIUM, YOU WOULD CHOOSE PLAN-C GENERALLY, AND IF YOU WANT A LOW DEDUCTIBLE, YOU WOULD CHOOSE PLAN-A, WITH A HIGHER PREMIUM, GENERALLY. >> BUT THERE'S TIMES FOR -- I KNOW YOU CAN'T ALWAYS CHOOSE A PLAN BASED ON THE PREMIUM AMOUNT; YOU HAVE TO LOOK AT OTHER THINGS WITHIN IT, JUST FOR MYSELF, MY SON'S MEDICINE, ON PLAN-C, IT WAS ALMOST \$500 A MONTH. ON PLAN-A, IT WAS -- HE'S NOT ON IT ANYMORE -- IT WAS LIKE \$28 A MONTH. SO THERE'S OTHER ASPECTS YOU HAVE TO LOOK AT, OH, THIS HAS A HIGHER DEDUCTIBLE, LOWER DEDUCTIBLE, OR HIGHER OR LOWER PREMIUM; YOU HAVE TO ENCOURAGE PEOPLE TO DO THE RESEARCH ON THE POLICIES THAT THEY'RE GOING TO CHOOSE. >> WELL, THIS IS KRISTY, AND SPEAKING TOWARDS

THAT, THIS IS THE ONE THING THAT'S KIND OF FRUSTRATING: THERE IS NO WAY TO KNOW IN ADVANCE IF I CHOOSE PLAN-C, WHAT IS THAT MEDICINE GOING TO COST, VERSUS PLAN-A, UNTIL YOU'RE ON THAT MEDICINE IN THOSE PLAN YEARS. IT WOULD BE NICE IF THERE WAS A TOOL WE COULD HAVE TO FIGURE THAT OUT. >> THERE ACTUALLY IS A TOOL THAT SEHP PROVIDES US, AND IT'S ON THEIR -- I THINK IT'S WITHIN THE VENDOR PAGE UNDER CAREMARK, AND YOU CAN SEE AN ESTIMATE OF COST OF MEDICINE WILL BE. THAT'S HOW I DETERMINED WHICH ONE I WAS GOING TO GO TO, BECAUSE I LEARNED THE HARD WAY, BEING ON PLAN-C, WHAT HIS MEDICINE WAS. >> EVEN WHEN YOU'RE NOT IN THE -- I MEAN, I'VE DONE THE CAREMARK PRESCRIPTION COSTS, BUT THAT'S REFLECTING THE PLAN THAT I'M ON CURRENTLY. IS THERE A WAY TO REFLECT IT IF I'M ON A DIFFERENT -- CHOOSE A DIFFERENT PLAN INSTEAD? >> YES, THERE IS. >> OKAY. THANK YOU. >> I HAVE A QUESTION FOR JANET, AND THIS IS DRUE, AND I DON'T REMEMBER. DOES "ASK ALEX" HAVE THE OPTION TO PLUG IN PRESCRIPTION INFORMATION AND GET A COST FOR THE DIFFERENT PLANS? IS THAT SOMETHING THAT CAN BE BUILT IN TO HELP? >> WE CAN LOOK INTO THAT. THAT'S NOT IN THERE CURRENTLY, AS FAR AS RELATED TO THE PREVIOUS QUESTION. I DON'T REMEMBER SPECIFICALLY WHAT IT IS. I THINK IT IS SOMETHING ALONG THE LINES OF THEY'RE ALL GENERAL, GETTING THE FEEL FOR HOW MUCH MEDICATION, MAYBE. THERE'S A COMPARISON TOOL -- I'M GETTING A NOTE FROM PAUL -- WHERE YOU CAN COMPARE A PLAN-A AND PLAN-C IN CAREMARK. BUT IN "ASK ALEX", THAT HAS TO DO WITH THE VENDOR. I'LL FOLLOW UP ON THAT AND GET BACK TO YOU. >> THANK YOU. >> THIS IS HANNAH, JUST TO ADD, WITHIN "ASK ALEX" IT ASKS "AS A WHOLE, HOW MANY ONGOING PRESCRIPTIONS DO YOU AND YOUR FAMILY TAKE?" AND THEN IT ASKS YOU TO IDENTIFY HOW MANY OF THOSE ARE GENERIC PRESCRIPTIONS, SO IT DOES ASK, BUT THERE'S A VERY, VERY BIG DIFFERENCE BETWEEN, YOU KNOW, DO I HAVE A CHILD WHO TAKES GENERIC ADHD MEDICATIONS VERSUS DO I HAVE, YOU KNOW -- I MEAN, EVEN WITH GENERIC, WE CAN BE TALKING

ABOUT EXTREMELY WIDE BREAKS IN PRICES. >> THIS IS JANET. I'M GETTING THE MESSAGE IT DOESN'T GO THAT DEEP EVEN IN THERE AT THIS POINT, SO WE CAN WORK ON THAT. BUT I WOULD RECOMMEND LOOKING AT THE CAREMARK TOOL, AND THEN WE WILL BE GLAD TO TALK TO ANYBODY ABOUT WALKING THROUGH THAT, TO HELP YOU WITH THAT IF YOU NEED. HANNAH, WORKING WITH THE SEHP GOING FORWARD, THESE ARE THE TYPES OF THINGS I THINK THAT WE HAVE A LOT OF OPPORTUNITY TO TIGHTEN UP, TO EDUCATE AND GET OUT THERE A LITTLE BIT BETTER BETWEEN OUR TWO GROUPS. SO LET'S KEEP THAT ON OUR TO-DO LIST, OKAY? >> ABSOLUTELY. I KNOW OUR HR TEAM HAS BEEN REALLY LOOKING FORWARD TO WORKING WITH OUR TEAM ON THINGS LIKE THAT. >> THIS IS NATALIE YOZA. I WOULD ADD, THAT AS THE EAC HISTORICALLY WE HAVEN'T DONE MUCH OUTREACH AND COMMUNICATION WITH EMPLOYEES, BUT THAT IS A POSSIBILITY FOR OUR ORGANIZATION, TOO, THAT AS WE WORK WITH THE HEALTH PLAN, GET INFORMATION, AND SEE THINGS WE THINK WOULD HELP, WE CAN ALSO ASSIST IN COMMUNICATION WITH THAT, IF THAT'S SOMETHING THAT THE EAC IS INTERESTED IN DOING. BUT WE'VE SORT OF DRIFTED AWAY, AND I WANT TO PULL US BACK TO THE RECOMMENDATIONS THAT WE NEED TO MAKE TO THE HEALTH CARE COMMISSION. SO I'M GOING TO JUST GIVE US ONE MORE OPPORTUNITY FOR SOMEONE, IF YOU WANT TO ADD A COMMENT OR IF YOU WANT TO SORT OF ARTICULATE HOW YOU FEEL AS WE TRY TO BALANCE THIS PREMIUM ISSUE WITH THE OTHER PLAN CHANGES, THE FLOOR IS YOURS, AND THEN I THINK WE NEED TO MOVE TO TRY TO MAKE A MOTION AND OUR VOTE SO WE KNOW HOW TO MAKE OUR RECOMMENDATION TO THE HEALTH CARE COMMISSION. ANY OTHER COMMENTS? LAST CALL. HEARING NONE, I GUESS MY RECOMMENDATION WOULD BE TO SEE IF THERE IS A MOTION TO ACCEPT THE RECOMMENDATIONS AS PRESENTED BY THE SUBCOMMITTEE -- >> THIS IS [ INDISCERNIBLE ] I WOULD MAKE THAT MOTION. >> IS THAT ALEXANDRA? >> I'LL SECOND THAT MOTION -- MICHAEL. >> SO WE HAVE A MOTION AND A SECOND. IS THERE ANY DISCUSSION ON THAT MOTION? >> THIS IS PAM. I WOULD JUST

PUT IN THERE, OR AT LEAST BRING IT UP AS A POINT OF DISCUSSION WHEN YOU DO PRESENT IT, ABOUT THE -- THERE'S NOT GOING TO BE ANY PAY RAISES, JUST SO THEY -- AND I KNOW THEY KNOW THAT, BUT PUT IT IN THERE AS A -- MAKE SURE YOU CONSIDER THAT POINT OF IT, TOO. >> AND IS COURTNEY MARSH STILL ON? I THINK IF WE COULD DO A ROLL-CALL VOTE ON THIS ISSUE -- I GUESS, IF NOT, WE CAN DO THE -- >> I AM. I CAN GO THROUGH. >> OKAY, THAT WOULD BE GREAT. SO THE MOTION IS TO -- TO RECAP, SORRY, COURTNEY, IS TO ADOPT THE RECOMMENDATIONS OF THE SUBCOMMITTEE, AND I THINK THAT HANNAH AND I ALSO AGREE THAT MENTIONING, YOU KNOW, THE FACT THAT WE'RE NOT GETTING PAY RAISES IS ALSO IMPORTANT FOR THE HCC TO FACTOR IN. AND SO I WOULD BE IN FAVOR OF THE RECOMMENDATIONS IN THE MEMO, AND THEY WOULD BE [ INDISCERNIBLE ] SO, HAND IT OVER TO COURTNEY. >> NATALIE, THIS IS ALEXANDRA. IF I COULD JUST MAKE ONE COMMENT REAL QUICK, I DON'T HAVE ANY CONCERN ABOUT PAM'S COMMENTS; I THINK THEY'RE WARRANTED. I JUST WONDER IF WE COULD BE CAREFUL ABOUT OUR PHRASEOLOGY AND USE WORDS LIKE "COST OF LIVING ADJUSTMENT" RATHER THAN "PAY RAISES". I THINK THERE IS IMPORTANCE IN THE LANGUAGE WE'RE CHOOSING. THE MAGNITUDE OF THIS CONCERN. AND I THINK THAT IT'S IMPORTANT FOR ALL OF THE PARTIES TO RECOGNIZE THAT, GENERALLY, THAT ASPECT IS CONSIDERED A COST OF LIVING ADJUSTMENT, NOT NECESSARILY LIKE A MERIT-BASED INCREASE, BUT I THINK PAM'S COMMENT IS WELL POSITIONED IN THIS RECOMMENDATION. >> EXCELLENT. OKAY, I THINK WE'RE READY FOR YOU, COURTNEY. >> OKAY, GREAT. SO NATALIE? >> AYE. >> HANNAH? >> AYE. >> COURTNEY MARSH IS AYE. BRANT BARBER? >> AYE. >> [ INDISCERNIBLE ] >> AYE. >> KRIS GRINTER? I DON'T THINK SHE'S HERE. KRISTY RIZEK? >> AYE. >> LUKE McCLURG. >> AYE. >> DRUE CAMPBELL. >> AYE. >> JENNIFER DALTON? >> AYE. >> MARIA BEEBE. >> AYE. >> PAM BUCKHALTER? >> YES. >> ROBERTA ROBINSON IS NOT HERE; IS THAT CORRECT? >> YES, I'M HERE, AND, YES, YES, GREAT M. >> BARBARA BARTO? >> AYE. >> JACOB McLIN IS NOT HERE, FROM

WHAT I KNOW. WARREN WIEBE? >> WIEBE, YES. >> MIKE MERCER? >> AYE. >> LAURA HOPPAS? >> AYE. >> AYE IN THE CHAT. >> YES. >> MARJORIE KNOLL? >> AYE. >> STEVE GRIEB. >> AYE. >> JANET STANEK? >> I DON'T VOTE. >> SHE'S NOT GOING TO VOTE, RIGHT? >> THANK YOU, THOUGH. >> IS THERE ANYONE ELSE, SPECIFICALLY KRIS GRINTER OR JACOB McLIN, THAT YOU JOINED AND I MISSED YOU? LOOKS LIKE A UNANIMOUS AYE. >> THANK YOU, AND THANK YOU, HANNAH AND THE SUBCOMMITTEE, I THANK YOU, YOU NAILED IT. THE NEXT ITEM ON OUR AGENDA IS COMMENT FROM EMPLOYEES. I HAVEN'T GOTTEN COMMENTS THAT THEY HAD TOPICS, BUT I WANT TO GIVE YOU A MOMENT TO SPEAK UP IF YOU HAD SOMETHING THAT YOU WANTED TO SHARE. I THINK THAT'S A "NO." THE LAST ITEM WAS JUST TO REMIND YOU OF THE UPCOMING MEETING DATES. AUGUST 19TH AT 11:30 A.M., I'M HAVING A BABY, AND HANNAH HAS PROVED THAT SHE IS MORE THAN CAPABLE OF FILLING IN FOR ME DURING THAT MEETING, AND SO I'LL WORK WITH HER TO GET THE MEETING SET UP, BUT HANNAH WILL BE COMMUNICATING WITH YOU ABOUT IT, AND SHE WILL BE RUNNING THE MEETING. I'LL STILL BE OUT ON LEAVE AT THAT POINT. I WILL BE BACK FOR THE NOVEMBER 10TH MEETING AT 11:30 A.M. AND SO THAT'S ON OUR SCHEDULE. AND AS JANET HELPFULLY MENTIONED, THE HEALTH CARE COMMISSION IS GOING TO BE MEETING MAY 21, AND WE CAN ALL LISTEN TO THOSE MEETINGS. HANNAH AND I WILL MAKE SURE WE GET A MEMO TO THEM ON THE EAC'S DECISION TODAY, AND WE'LL ALSO BE AVAILABLE FOR QUESTIONS AND PRESENTATION. SO THANK YOU, EAC MEMBERS, FOR COMING, AND SUBCOMMITTEE, FOR YOUR HARD WORK. >> I HAVE A QUESTION. >> SURE. >> WILL THOSE UPCOMING EAC MEETINGS BE IN PERSON OR THEY WILL BE VIRTUAL STILL? >> WE WILL HAVE A VIRTUAL COMPONENT. SO WE HAVEN'T WORKED OUT THE DETAILS AS TO WHETHER THERE WILL ALSO BE AN IN-PERSON COMPONENT. THERE IS A CHALLENGE FOR OUR ORGANIZATION, BECAUSE WE ARE SO BIG THAT IT'S HARD TO FIND SPACE THAT ALLOWS BOTH THE VIRTUAL COMPONENT AND THE IN-PERSON COMPONENT TO HAPPEN

SIMULTANEOUSLY, AND SO THAT'S SOMETHING THAT WE'RE TALKING TO THE HEALTH PLAN AND THE DEPARTMENT ADMINISTRATION ABOUT, BUT WE'LL MAKE SURE THAT THERE IS - - YOU'RE DEFINITELY VIRTUAL, QUESTION OF WHETHER THERE WILL BE AN IN-PERSON OPTION. ANYTHING ELSE? >> NATALIE? >> YES. >> STEVE GRIEB. CONGRATULATIONS. >> OH, THANK YOU. >> THAT'S COOL. >> YES. WE'RE EXCITED AS A FAMILY. PREPARED -- NOT SURE. EXCITED, DEFINITELY. >> YOU'RE NEVER PREPARED. >> [ LAUGHTER ] OKAY, WELL, I WILL CALL THE MEETING TO A CLOSE, AND WE CAN STOP RECORDING, AND WE WILL TALK TO YOU SOON. >> THANK YOU, EVERYONE. >> THANK YOU, EVERYONE. CAPTIONING PROVIDED BY CAPTION SOLUTIONS LLC [www.captioningsolutions.com](http://www.captioningsolutions.com)