

1 they've addressed it. They've been working with, uh, Medicare every day. All
2 those claims are being reprocessed. Uh, if anybody did pay that 20% or that
3 minor charge if it was less than 20%, um, they can get reimbursed. Um, so
4 that was, that was addressed. We have, uh, there was an issue with, uh, some
5 An-, some members who were with their active employer group plans with
6 Anthem. Some of the municipalities accidentally reenrolled them into their
7 employer group plan and said and, and kind of bumped them off our plan. The
8 – when I say a few, uh, there was, uh, Amanda got a couple of phone calls but
9 I'd just like to give everyone an update.

10
11 Um, so we referred those members back to their employer group to let them
12 know that they had inadvertently reenrolled them into their plan. Uh, we have
13 a little, we had an, an issue with, um, Synthroid come up and we have
14 members who are having different experience with the same drug, um,
15 different costs and, and, and copays on our previous plan. So what we, um,
16 have done is DeDe and her team have taken a good look at that and
17 apparently, um, there was, um, a mail, uh, generic. I forgot what they, the
18 terminology they used. Uh, Terry, what was that?

19
20 Female: [Inaudible 10:24].

21
22 Female: House generic.

23
24 Helen S.: House. Thank you. Thanks, DeDe. Uh, uh, ESI had Synthroid as a house
25 generic, so if somebody ordered Synthroid through the mail order, um, they
26 would substitute the Synthroid. If it was listed as dispensed as writ-, they
27 would get – be charged a Tier 1 copay. If it was listed as dispensed as written,
28 they had a Tier 3 copay. So it was kind of all over the board. We, we've
29 discovered it was a small, um, group of members. The, uh, brand copay is a
30 Tier 2 on our current plan. Um, so the overall experience for everyone is now
31 normal and inset, um, and we are looking at that. Folks can still get the
32 generic at the generic cost share. Um, I know DeDe and her team and, and
33 Terry and I took a look at that because some of the – we had a few phone calls
34 that didn't make sense, so we researched that issue. So overall, all our
35 members are getting, uh, the, the brand at a Tier 2. Um, they can get the, uh,
36 generic at the Tier 1 5% copay. So it's consistent across the board for
37 everybody. Um, the great news about Anthem, I mean, Anthem, oh geez,
38 about UMass, uh, being, uh, the specialist in the hospital, uh, we did send out
39 a letter to anybody within a 30-mile radius of using any UMass facility to let
40 our Medicare Advantage members know that, um, the change in the network,
41 so that was, uh, great. That was in addition to our letter that we sent to the
42 Medicare supplement people and those folks who had disenrolled, um, that
43 may have been interested in coming back on the plan.

44
45 Uh, we are having a couple of issues with vision and hearing and that is left
46 over from the Anthem plan. I know that they moved to, uh, a new platform

1 and they were havin' some difficulty playing – paying claims on that
2 Medicare supplement side. Amanda has been working with members who are
3 still impacted, um, to make sure those benefits do get paid out to our
4 members. As you know, we had the – can everybody hear me? Okay. I just
5 wanted to double check 'cause Clare was having a – can you hear me now
6 Clare? Good? Okay. All right. Perfect. Just checkin'. Um, we did extend that,
7 um, open enrollment period for those members on the Medicare sup and who
8 had – may have disenrolled, uh, because of UMass. So we had 81 members
9 move over to the Medicare Advantage. We had 15 members move over to the
10 Medicare supplement. Um, I know making plan changes can be a little
11 confusing because there are a lot of rules that CMS must follow with
12 disenrollment letters, reenrollment letters, so we did try and walk, uh, those
13 members who made changes through the process. What generally happens is
14 if they make a change, um, it's processed in 24 hours and an ID card will go
15 out in the next 7 to 10 days for members. But there are, again, CMS
16 regulations where there has to be an official disenrollment even though you're
17 staying with TRB, they're enrolling into a new plan.

18
19 So we understand that it, it could have created some questions for members,
20 so, uh, the United team and, uh, Amanda and our team walked some folks
21 who had some questions through that. Uh, we do have our dedicated reps, um,
22 with OptumRx as well. Um, I'm going to go over some stats in just a bit. Um,
23 gym membership issues, um, the Renew Active benefits and national benefit,
24 it is going very, very well. Um, again, we have 32,000 members on the plan
25 nationally, so when we're talking, you know, small pockets of less than 1% of
26 the population. I really do want to let everyone know that the United team and
27 the TRB team is doing a fabulous job. Um, we did have a, an issue. There's
28 apparently two gyms in Rhode Island who, um, I think United is reaching out
29 to again, um, to see if we can get those YMCAs in the network. Um, they are
30 franchises, so they basically march to the beat of their own drum. But, um,
31 whenever we hear from members, we, uh, um, we all try to, uh, resolve any
32 issues that we have. We've had, again, we've had a handful of escalated
33 issues. Um, we've had a hearing aid issue, um, in Vermont and we worked
34 through that. United did make an exception for the member on that, so we're
35 very grateful. Again, they did reach out to, to the provider's office, to the
36 member.

37
38 The provider's office is sometimes they don't understand our programs, so
39 they're telling the members that it's a discount program. They don't want to
40 take calls from Provider Relations from United, so, you know, at our end
41 we're doing everything we can. And they're even making these minor
42 exceptions to make sure that we, um, meet our members' needs. Um, drug
43 costs, I do want to touch on drug costs. There are a few drugs that
44 unfortunately we don't have any control over where the drug pricing, uh,
45 dramatically changed. One of them I think was Otezla. Um, it's O-t-e-z-l-a.
46 Um, it had, uh, uh – it was purchased, uh, by a different, uh, stakeholder. The

1 cost of the drug changed significantly, uh, from 2021 to 2022 but again that's
2 something that we can't control when it's a manufacturer issue but, you know,
3 we did have a – we do have a member that we're working with, um, on that
4 issue. There have been some questions about Tier 3 and Tier 4 drugs. They
5 have the same cost share, um, so it's just, it, it's just a, a little bit different. We
6 have Tier 1, Tier 2, Tier 3, Tier 4 but your Tier 3 and Tier 4 drugs are at the
7 same cost. We do continue to get questions about drug cost. And as I said, um,
8 whenever there's a question about a, a cost of a particular medication, we do
9 look that up and compare it to ESI and all of this was done during, during the
10 RFP process as well.

11
12 Uh, we're finding that members, you know, our deductible kicked over again,
13 which starts in, in, uh, 2021 in, you know, for January. And then we did have
14 some, uh, phone calls about prior authorizations. And as I mentioned in the
15 last, uh, meeting that we had, you know, everything was carried over from
16 Express Scripts. So if there was a refill left, whether it was, whether, you
17 know, for a, a medication or there was a prior authorization still, uh, active,
18 those were all moved over. But every – when they were expired, um, United
19 did mail out to all of our members, so if members were notified if, if they
20 needed to get a refill or, or contact their provider. I'm trying to think of what
21 else. Um, I can go over, uh, some stats with everybody and I'll thank Amanda
22 and the United team for, for kind of workin' through this one. Uh, internally I,
23 I can say that we're doing a-, amazing, um, with – in re-, results to our calls
24 and emails. Amanda has had about 52 emails that were sent to the escalation
25 team and this is for February and March. 28 were for prescription drug issues,
26 10 were for benefits, um, six were for network, um, three were prior
27 authorization. There was a couple of crossovers. Um, I won't, like I won't
28 bore you with every single detail. Then, we had 337 emails in our inbox,
29 which I think is a drastic change from the thousands we were getting during
30 open enrollment.

31
32 There's about 655 voicemails that, um, the United team has been working on.
33 Uh, for the stats at United Healthcare, um, the calls did drastically drop. In
34 January, uh, there was 13,702 calls to the customer service line. Uh, the
35 average answer was 41 seconds, so that was great. Uh, in February, uh, there
36 was 8000, roughly 8000 calls. Uh, the average speed time was 1.83 seconds.
37 The average call time was 11 minutes. In March, again, roughly about 8000
38 calls. Um, the average speed time was 2.94 seconds. The average call, uh, was
39 around 10 minutes. I did check with, uh, the manager over the customer
40 service team and, uh, the escalation issues, uh, were very – there were
41 approximately 10 or less issues coming in to be resolved every day. Some of
42 them were repeats of members, um, uh, with issues that they were continually
43 working on. Uh, the [inaudible 19:16] team basically, uh, is very responsive.
44 They would get to, to members probably by the end of the business day or the
45 next morning, whether it was via phone or, uh, via email. I really do want to
46 thank DeDe and her team because they are extremely responsive to members

1 and it, it's much appreciated. We get a lot of great feedback. Some of the
2 [inaudible 19:39] the concerns were just verifying benefits, questions about
3 coverage, pharmacy questions, um, mail order, drug pricing. Uh, there were
4 some hearing aid questions about providers because it is now in-network. Um,
5 again, I think we got to work through that.
6

7 I do want to touch upon I do have some pharmacy calls as well. Um, our – the
8 pharmacy is, is lumped in together from, um – for everyone. We do have a
9 dedicated team, as I said, with Optum. Uh, the total calls that went into Optum
10 were 706,000. Uh, the speed, uh, to answer was 28 seconds and the average
11 handle time was about 37 minutes if I'm reading those, those stats right.
12 DeDe, if I'm not, let me know, um, 'cause I, because I was looking at them.
13 So overall, I, I think things are goin' pretty well. I think they're actually going
14 very well. We haven't had anything [inaudible 20:38] Terry, please, if I forgot
15 something, please let me know. Um, again, we have 32,000 members on the
16 plan. And the fact that we're able to, to start working on some other projects
17 because we have such support from our escalation team and, um, they sit right
18 out here in the office and, uh, if something comes in, we do get, you know,
19 they, they do make us aware of it. And, um, I think 10, 10 a day or, or less
20 than 10 a day and these are calls that if they went to general customer service,
21 uh, the person needs just an extra step. Maybe they have a question about their
22 benefits, maybe they're stuck with their prior authorization, um, and, and
23 things like that.
24

25 Uh, the only holdup and, and the only, the, the most evident issue with, with
26 the drug prior authorizations is that, uh, the doctors, we need some more
27 information from the doctor or the doctor may, may not have responded. Um,
28 I'm looking for those stats. I thought I had'm but they were, uh, pretty good
29 and I can, I can check back with Amanda. Um, so that's my supposedly 5-
30 minute but now 10-minute review, um, because I do like to be very thorough
31 about all of our, about, about all of our health programs because they're all
32 managed, um, under, um, UHC. Bill, you had a question.
33

34 Bill: I have a couple questions, uh, Helen. Thank you for that. Uh, first, what – how
35 many people sw-, in the, in the UMass situation, how many people switched
36 over from supplement plan to the Advantage plan related to UMass?
37

38 Helen S: Uh, um, 81.
39

40 Bill: Okay.
41

42 Helen S.: 81 moved from the Med sup to the Medicare Advantage and 15 moved from
43 the Medicare Advantage to the Med sup.
44

45 Bill: Okay. Uh, I had another question. Oh...
46

1 Helen S.: Sure.
2
3 Bill: ...the other question was when people are having a problem, uh, what is the
4 proc-, the process they're supposed to follow? Uh, I have people say they call
5 United Healthcare two or three times and I tell them, no, you should be calling
6 the TRB. I mean, what should they do? What, what should...
7
8 Helen S.: Well...
9
10 Bill: ...be the steps?
11
12 Helen S.: Okay, well, if it's an eligibility or enrollment question, if they're coming on to
13 the plan, it's related to eligibility, they can certainly call TRB. For any call
14 about benefit questions, prescriptions, whatever it may be, they should be
15 calling the, uh, general, uh, number for United Healthcare. If the rep
16 recognizes it is an escalated issue, issue, they're going to reach o-, they're
17 going to reach out to the escalation team. Uh, we get calls into our office as
18 well and then we just turn those over to the escalation team. They've been
19 helping us monitor voicemails, uh, as well.
20
21 Bill: Okay. What I tell people is they try United Healthcare first. If, if...
22
23 Helen S.: Mm-hm.
24
25 Bill: ...it's not resolved, to call the TRB.
26
27 Helen S.: They can absolutely...
28
29 Bill: But sometimes...
30
31 Helen S.: ...call TRB.
32
33 Bill: ...they feel like they're getting the run around and I...
34
35 Helen S.: Okay.
36
37 Bill: ...we don't want that to happen.
38
39 Helen S.: No. Absolutely not. And they can call TRB and/or email us. And again, we
40 have on-site folks here and myself and Amanda and generally [inaudible
41 23:40], so, uh, we're, we're pretty much on top of what, what's goin' on out
42 there and, and what we're hearing from members.
43
44 Bill: 'Cause what I tell them is that we want you to know, the TRB to know if there
45 is a problem. If there's...
46

1 Helen S.: Absolutely.
2
3 Bill: ...a processing problem, the TRB should know this.
4
5 Helen S.: Absolutely, Bill.
6
7 Bill: Okay.
8
9 Helen S.: If we don't know, you know, we don't know what we don't know. Uh, so feel
10 free to reach out. I, I know Amanda has been great, um, working with, um,
11 Danielle and Patrick. They are, they are, yeah, I can't say enough good things
12 about them and, and their responsiveness.
13
14 Female: Yeah. I just want to chime in on that. That's your A team there. Amanda...
15
16 Helen S.: Mm-hm.
17
18 Female: ...Danielle and Patrick, so thank you all, the three of you and it's just nice t-
19 to have UHC support right there at TRB.
20
21 Helen S.: Mm-hm. And it, it's, it's being well managed. Again, the escalation issues are
22 probably less than 10 a day and some of them just end up over here because
23 the member is confused about, um, how they moved over or just whatever
24 ends up over here. Uh, the only, you know – I don't, I'm trying to think if I
25 have, I think I have everything. Um, I had a lot to go over today and I still do
26 but, um, it's, it's all for, for us to have less than 15 phone calls, you know, in
27 that, in, in the voicemail at TRB. And Patrick and Danielle help us sort
28 through those calls and they'll just pull anything that they think they need to,
29 to talk to a member about, so it's really beneficial having them here.
30
31 Clare B.: Okay. Helen, how about the, uh, the legislative issue and, uh, staffing?
32
33 Helen S.: Oh, yes. Staffing. Uh, Keith, uh, did accept a position as an assistant director
34 of the comptroller's office. As you know, he was a, he's a very techie IT
35 person and, um, his background was accounts payable. And this position came
36 up, uh, as the comptroller is moving to the iClou-, to the cloud, so it was a
37 great opportunity for him, so he, uh, jumped ship and went up to the
38 comptroller's office. So we are interviewing for a new, um, fiscal person. And
39 as far as our legislation, our legislation looks as if it's going through. Uh, we
40 shouldn't have – I don't think we're experiencing any problems. There are
41 some questions coming up but I know that I have [inaudible 26:02] looking
42 for my agenda. Let me see what was next. I am not doing well technology-
43 wise today. So that is my report. I know we want to move on to the next item
44 and then I will address the Item 3, the proposed legislative change, after we do
45 the, uh, appeal.
46

1 Clare B.: Okay. Any questions? Lisa.
2
3 Lisa: Um, thanks. I, I, I – you went a little bit fast for me. Just going back to retiree
4 health insurance, can you just give a little bit of background? Uh, the drugs
5 I've seen, you know, online some teachers have expressed concern that drugs
6 that were once covered on the old plan are not covered in this plan. Is, is that,
7 are you seeing that or is that...?
8
9 Helen S.: Not at all.
10
11 Lisa: And the cost are the s-, other than the ones that are industry-driven, the costs
12 are the same, is that...?
13
14 Female: [Inaudible 27:00]?
15
16 Lisa: ...what you're seeing?
17
18 Helen S.: They are absolutely pretty much the same. Mm-hm.
19
20 Lisa: And if someone in the new plan is denied coverage for a medicine they were
21 previously covered – covered for, the process would be to call Optum or
22 United Health...
23
24 Helen S.: They're...
25
26 Lisa.: ...or TRB?
27
28 Helen S.: They're going to call the 800 number at United Healthcare and then they will
29 direct them to Optum.
30
31 Lisa: Okay. Thank you.
32
33 Helen S.: Yeah. I don't – yeah, I don't know, um, if people are posting things online,
34 they really should be contacting the office, you know. Because and then again,
35 you know, all – every time there's a question about an issue that comes up,
36 DeDe and her team pull that call and they listen to that call so we know
37 exactly what transpires because lots of times there's just misunderstanding
38 and miscommunication and interpretation. Um, so they do work through those
39 calls and, and if it is, if, if it, you know, we are – if it is explained in a way
40 that may be a little confusing, um, the, the team meets once a week and they'll
41 make an adjustment. Um, but quite often, you know, members do get a little
42 confused. They get a little confused about the prior authorization, the steps.
43 Um, as I said at the last meeting, I was at a doctor's office where they wanted
44 to charge the member \$25 for completing a prior authorization form. So it's,
45 you know, the providers, again, with, you know, telling our members that, that
46 they won't even acknowledge the hearing aid benefit because it's just a

1 discount program and not taking calls from us to try and educate them. So
2 there's a lot of misinformation, so we want people to call us directly, um, or
3 United so we can get the experts to the right people.
4
5 Lisa: Okay. Now just for the record, there's been no reduction in coverage in, uh,
6 drug costs.
7
8 Helen S.: N-, no. I can't speak...
9
10 Female: Right.
11
12 Helen S.: ...to that at all. I don't know the indus-, I don't have the industry standards of,
13 uh, of what changed.
14
15 Lisa: But you're not seeing any changes in drug coverage with the new plan, right?
16
17 Helen S.: No. Is there a particular drug or something that...
18
19 Lisa: No. I just...
20
21 Helen S.: ...[inaudible 29:09]?
22
23 Lisa: ...wanted, I'm just trying to understand what the issues are. But you're
24 comfortable with that, it was just mostly the Synthroid drug and the Otezla?
25
26 Helen S.: Those were two that, those were two that were brought to our attention. As I
27 said, if we get more than three calls about something, it, it usually is a red flag
28 it's systemic. I know Amanda and we all agree and I think DeDe and Terry
29 [inaudible 29:30], if we get three calls about anything, it's like, okay, what,
30 did something go out in the mail, did something. So we did discover that
31 Synthroid issue which we're researching, which was it, it, it's just a little – for
32 the mail order. But no, our, our drug when, uh, Terry and I can comfortably
33 say when as we were going through this, it was the best match to what we
34 currently had, so. And again, we have the new diabetic preferred medications
35 for members and...
36
37 Lisa: All right. Thank you.
38
39 Clare B.: Okay. Anything else? Okay. Uh, Item 3, Proposed Language. Helen?
40
41 Helen S.: Oh, [inaudible 30:14]. Isn't – oh, was the, the appeal. Um, I don't have the
42 agenda in front of me. I'm sorry.
43
44 Clare B.: I had...
45

1 Helen S.: Oh, that's probably me. Um, regarding the proposed language, uh, an entity
2 came to us and asked us to assist them with proposing some language.
3 Unfortunately, uh, we cannot seem to, uh, come to a happy medium, so that is
4 going to be tabled. So we will table that and meet with this entity again. So I,
5 I...
6
7 Clare B.: [Inaudible 30:51].
8
9 Helen S.: ...really can't address that today.
10
11 Clare B.: Okay. So that's...
12
13 Lisa: Clare...
14
15 Clare B.: ...[inaudible 30:56].
16
17 Lisa: ...just a quick question.
18
19 Clare B.: No action on that?
20
21 Lisa: Question.
22
23 Helen S.: No.
24
25 Clare B.: Yep. Lisa? Lisa?
26
27 Lisa: Uh, yes. Uh, Helen, can we get a copy of the legislative package? Is, is – are
28 their proposals by the TRB being put before the Legislature?
29
30 Helen S.: It's, it's on the CGA website. I'd be, be happy to send you a link.
31
32 Lisa: Uh, good.
33
34 Helen S.: [Inaudible 31:21].
35
36 Lisa: That would be great.
37
38 Helen S.: [Inaudible 31:22].
39
40 Lisa: I could not find it on the CGA website.
41
42 Helen S.: It's, it's SB396 but th-, they might have changed it, Lisa, so I will send it over
43 to you.
44
45 Lisa: Okay. Thank you.
46

1 Helen S.: I'll send you the link where everything is. Absolutely. No problem...
2
3 Lisa: Okay.
4
5 Helen S.: ...at all.
6
7 Lisa: Thank you.
8
9 Clare B.: Okay. The fourth item up, Consideration and Approval of the Appeal...
10
11 Steve: Hold on. I had a...
12
13 Clare B.: ...Subcommittee...
14
15 Steve: I had a question. Clare, can I ask?
16
17 Clare B.: Oh, go ahead. Sure.
18
19 Steve: Um, I'm sorry. Um, Helen, the legislation language that you're saying is being
20 tabled, uh, does that, is that dealin' with what, um, Charlene sent out earlier
21 about the [inaudible 32:00]?
22
23 Helen S.: Yeah.
24
25 Steve: I'm just a little confused where you were...
26
27 Helen S.: Yes. Um, the – an entity came to T-, to us. Uh, they would, they would, they
28 would like us to add some language. They proposed some language to – for us
29 to add to our package and, uh, we cannot seem to agree on, uh, the details of
30 that, so we're going to have to table it for now and then regroup with them
31 and we'll circle back with everybody.
32
33 Steve: So, so that language is what Charlene sent today, would that, we're not...
34
35 Helen S.: That is not in our package. That is not. We, the TRB, did not propose that. We
36 were working with this entity to add it to our package...
37
38 Steve: Mm-hm.
39
40 Helen S.: ...but that is not in our current package currently.
41
42 Steve: But the session ends on the 4th and we don't...
43
44 Helen S.: Uh...
45

1 Steve: ...meet again until the 11th, so is this being tabled until possibly even next
2 year?
3

4 Helen S.: Uh, I don't have a, an answer for you Steve, right now. We, we could possibly
5 have a, a, a, you know, a special board meeting if need be.
6

7 Alisha: Helen, I can, I can jump...
8

9 Steve: Okay.
10

11 Alisha: ...in here. Steve, so, um, the language that you saw, as Helen mentioned, it,
12 it's not in the current legislative package. Um, so the other entity that we're
13 working with, they raised some concerns when they saw that language, so we
14 are just trying to make sure we have enough time to work through all of that.
15 Uh, so that's why we're tabling it till May just so we can have another
16 conversation with them and make sure that we're all on the same page.
17

18 Lisa: And, a-, a-, the, the legislative packet, this is not a board packet, this is a staff
19 packet? Can you just give me some background, as a new member, what this
20 is?
21

22 Alisha: Well, generally, when we put legis-, before every October if we have
23 legislation to put in, what we'll do is we provide an overview for the board to
24 have the board just approve and let everybody know what we're putting into
25 our package. This was not part of our package. This was an add-on, so it was
26 in the board's best interest to be notified about the, the add-on, uh, and just
27 discuss it because it wasn't in our original package, just to keep the lines of
28 communication open. And so that board members, you know, you know as a
29 board member, you know, what's out there, what's being proposed and to
30 keep you abreast of, of any changing situations.
31

32 Lisa: So [inaudible 34:22].
33

34 Lisa: So this was given to us in October in our, in our October meeting?
35

36 Helen: We go – we just generally provide a high-level overview. Our package has
37 been the same package for three years with nothing changed. With COVID, it
38 was broken up into several pieces, so we haven't proposed any new legislation
39 so to speak. This is something new that came up out of our original package
40 back in 2019, Lisa. It was tabled and then in 2020 we didn't know what was
41 happening with COVID. And the package was very comprehensive. We were
42 in the middle of working with, uh, some of the State reps to get it through and
43 legislation was shut down, so we, we ended up pulling it. And then again in
44 2021, at the time we had to submit it, again everything was up in the air based
45 on the pandemic. So we picked the, the, you know, the key important pieces
46 of that, of that comprehensive package to try and get it pushed through last

1 year, which we did successfully. So this is basically the other half of this
2 package that we started a few years ago until we were interrupted with the
3 pandemic. Um, this entity came to us and wanted to and asked us to, um, work
4 with them, so that's what, that's what we're trying to do. But I did want to
5 make, I did want the board to see and, and tell, and make you aware of what,
6 of what was being put on the table.
7
8 Lisa: Okay. So this is a...
9
10 Female: [Inaudible 35:46].
11
12 Lisa: ...staff initiative, not a board? Or did, did the board approve this packet back a
13 few years ago?
14
15 Helen: Yes. Back in 2019.
16
17 Lisa: Oh, so before I was there. So this is...
18
19 Helen: Mm-hm.
20
21 Lisa: ...just a continuation. That's what I was [inaudible 35:57].
22
23 Helen: Yeah. Same package, just was split up into pieces.
24
25 Lisa: Got it. And do you have any updates on legislation that was proposed, uh, to
26 move TRB to, um, the office of – is that being moved?
27
28 Female: I...
29
30 Lisa: [Inaudible 36:12].
31
32 Female: As far as I know, no. It doesn't quite make sense.
33
34 Lisa: Okay. Thank you.
35
36 Female: You bet.
37
38 Clare B.: Uh, okay. The, uh, Consideration and Approval of the, uh, the Subcommittee
39 report.
40
41 Female: Uh, where's Charlie?
42
43 Female: Oh, hi Charlie.
44
45 Male: [Inaudible 36:35].
46

1 Helen S.: Did you want me to do just a brief overview and – or just [inaudible 36:41]?
2
3 Charlie: I thought you were going to do an intro or, or I can just start.
4
5 Helen S.: I absolutely will. Um, the subcommittee met, um, last week to discuss a, a
6 situation regarding a member’s eligibility, uh, in the system. We, the, the
7 board, uh, met. They reviewed, uh, the information that was provided to them,
8 um, and they are making a recommendation. It was regarding whether
9 someone could stay in the TRS system, uh, with regards to a new position that
10 they had taken. Um, [inaudible 37:14] add some things so that Charlie and I
11 can work with you on that.
12
13 Charlie: Sure. Uh, so the appeal is, uh, from the determination by TRS that the
14 claimant did not qualify to continue to participate in TRS because, uh, they no
15 longer qualified as a defined term teacher within the meaning of the statute.
16 Uh, the claimant taught in public schools for many years. In 2021, the
17 claimant took a position in a public college or university, I’ve been asked not
18 to use any names, so I’ll just call it college...
19
20 Female: Mm-hm.
21
22 Charlie: ...uh, as an educational program assistant. Um, the subcommittee heard the
23 appeal on Zoom, um, along with Helen and our counsel was present, uh,
24 [Alisha Sullivan 38:00] and Bruce Barth. Uh, we have access to the job
25 description for the educational program assistant that the claimant now has
26 and the email traffic between, uh, TRS and the claimant and we also, uh,
27 asked legal questions, uh, to, uh, to Alicia and, and Bruce. The primary issue
28 is does the claimant continue to qualify to participate in TRC and what that
29 boils down to is whether they qualify as a teacher under the statute. The
30 statute has several categories. The obvious one is a, you know, a public school
31 teacher with a certificate obviously is a “teacher” but the claimant is trying to
32 fit under another, uh, prong in the statute that permits members of, uh,
33 professional staff of certain state boards which would include state colleges.
34 Uh, the do-, the job description for the claimant, though, specifically states
35 that it’s an entry-level administrative position and the descriptions of the
36 duties and the responsibilities bears that out. Um, so while professional staff,
37 that term is not really defined in the statute, the subcommittee believes that an
38 entry-level administrative position would not qualify. The claimant is not
39 teaching and there is no requirement that the claimant hold any kind of
40 certificate.
41
42 There were also a couple of ancillary issues the claimant, uh, claimed that, uh,
43 someone in TRS, uh, before she left her, uh, s-, uh, teaching position had
44 advised her that she would qualify, uh, continue to qualify if she worked at
45 this, um, at this, at, at this college. Uh, but the conversation when it was
46 reviewed was very general. There was no position that was identified at that

1 time. This was preliminary before she left her job and there was no job
2 description provided. In fact, the employee thought it was clear from the, uh,
3 TRB employee's comments that the employee thought that the claimant would
4 be in some kind of teaching position and said that if the claimant did not
5 continue to teach, the claimant would be a deferred vested member. So pretty
6 clearly, the anticipation was that the claimant would be in some kind of
7 teaching position. Um, the claimant on the other ancillary issue is that, uh, the
8 claimant claimed that there are others at this public college that participate in
9 TRS. They provided no names, uh, or positions. Uh, the claimant provided a
10 very vague description of positions that was clear that was not the same
11 position that the claimant had and, uh, the subcommittee, uh, didn't think that
12 it justified any change in, in the determination that she didn't, uh, that the, uh,
13 claimant didn't qualify. So based on all of this, the, uh, subcommittee
14 recommended that the board uphold the, uh, TRS determination that the
15 claimant does not qualify.

16

17 Clare B.: Okay. Questions? [Inaudible 41:13] entertain a motion to [inaudible 41:15].

18

19 Lisa H: [Inaudible 41:15]. Yeah. Just, um, can you – a couple of things on, uh,
20 procedure. I didn't – where is – where was the meeting noticed and are there
21 minutes...

22

23 Female: [Inaudible 41:24].

24

25 Female: ...um, from that meeting?

26

27 Lisa H: I'm not hearing you.

28

29 Charlie: There, there are no minutes...

30

31 Clare B.: [Inaudible 41:28].

32

33 Charlie: ...from the meeting. The meeting was only noticed to the subcommittee
34 members. Um, so there are three sub-, there were three sub, um, committee
35 members, Joslyn Delancey and Bill Murray and I. Um, so there was no other.
36 Uh, and the only other information was, was it's on today's board agenda.

37

38 Automated: Recording in progress.

39

40 Lisa H: Okay. And was this the recommendation of counsel to uphold, uh, the initial
41 decision? Did counsel concur with the subcommittee's recommendation?

42

43 Charlie: Counsel was aware, uh, of the, uh, committee's recommendation and I think
44 we're all in agreement.

45

46 Female: [Inaudible 42:02].

1
2 Female: [Inaudible 42:02]. Pardon?
3
4 Alisha: Uh, yes. That's correct. It is the opinion. It is our opinion.
5
6 Lisa H: Thank you.
7
8 Clare B.: The Chair would entertain a motion.
9
10 Charlie: I move that we approve the Subcommittee report.
11
12 Clare B.: A second?
13
14 Male: Second.
15
16 Female: Second it.
17
18 Clare B.: Uh, okay. Second. All who is in favor, signify by saying aye.
19
20 Male: Aye.
21
22 Female: aye.
23
24 Female: Aye.
25
26 Charlie: Aye.
27
28 Female: Aye.
29
30 Clare B.: Opposed? Abstentions? Thank you. Uh, okay. Consideration and Approval of
31 the Administrator's actions regarding (a) retirement benefits February/March,
32 survivor benefits February/March and report and recommendation of the
33 Medical Review Committee and disability payments February/March. Chair
34 would entertain a motion.
35
36 Male: I'll move those.
37
38 Clare B.: Moved. Second?
39
40 Male: Second.
41
42 Clare B.: Second. All those – discussion? All those in favor, signify by saying aye.
43
44 Male: Aye.
45
46 Male: Aye.

1
2 Female: Aye.
3
4 Clare B.: Okay.
5
6 Female: [Inaudible 43:14].
7
8 Clare B.: Opposed? Abstentions? Thank you. And then the Matters for Board
9 Information.
10
11 Male: [Inaudible 43:23].
12
13 Clare B.: Next item, Comments from Observers.
14
15 Naomi: We have, uh, six mem-, uh, five mem-, no, now six with their hands raised.
16 Um, I will unmute my first, who is Mimi. [Inaudible 43:57]. You're unmuted,
17 Mimi.
18
19 Gail S.: Thanks, Naomi. Can you hear me? Hello?
20
21 Female: Yeah.
22
23 Gail S.: Oh, uh, my name is Gail Stewart. Sorry, my grandchildren named my
24 computer Mimi. Um, I'm having a, a, a prescription drug issue. I receive a
25 essential monthly injection in the physician's office, which is extremely
26 expensive but needed and was covered at 100% on Express Scripts. And when
27 I spoke to Optum and Medicare advocacy advocate, I was told that it under
28 this plan it's only covered possibly 60%, maybe 80%. Um, I'm hoping for
29 some help and advice on this as it's extremely expensive. Thank you.
30
31 Clare B.: Thank you.
32
33 Female: Clare, is it okay if I ask the member to please email us the information?
34
35 Clare B.: Oh, [inaudible 45:03].
36
37 Female: We don't have it.
38
39 Gail S.: Can I go back on?
40
41 Female: Yep. Can, can you email us the information?
42
43 Gail S.: I will email. At the TRB, you mean?
44
45 Female: Yeah. There's TRB...
46

1 Gail S.: Okay.
2
3 Female: ...health insurance.
4
5 Gail S.: Okay. [Inaudible 45:14].
6
7 Female: Yep. If you want to just send it to us, we can, we'll jump in and help.
8 Absolutely. Thank you. And I'm sorry, Clare, I just wanted – I didn't want to
9 lose this.
10
11 Clare B.: No. It's okay. Thank you.
12
13 Gail S.: Thanks for your help.
14
15 Male: [Inaudible 45:30].
16
17 Female: [Inaudible 45:33].
18
19 Naomi: Next is, um, [Bill Myers 45:38]. You're unmuted.
20
21 Bill M.: Thank you. I'd like to express my appreciation for the board and for the TRB
22 and their staff and for the subcommittee in particular. I've served on many
23 subcommittees. I know you take your work seriously. It's nice that you also
24 have counsel and I appreciate you explaining the process that you went
25 through. And as far as healthcare goes, United Healthcare, I've had nothing
26 but a wonderful experience with them and I hope anyone who hasn't will let
27 the TRB or the health, uh, health, United Healthcare know right away so they
28 can work on your case. Thank you very much.
29
30 Clare B.: Thank you.
31
32 Naomi: Oh, sorry. I was muted myself.
33
34 Female: That's, that's okay, Naomi. Thank you. You're doing a great job...
35
36 Naomi: I was just talking, um.
37
38 Female: ...for your first meeting, by the way. Thank you.
39
40 Naomi: Thanks. Uh, so Walt, you are unmuted. You're next.
41
42 Walt C.: Okay. Thank you very much. Um, my name is [Walt Ciplinski 47:06]. Uh, can
43 everyone hear me?
44
45 Clare B.: Yes.
46

1 **Walt C.:** Okay. That's great. Uh, thank you for the opportunity to speak today and, um,
2 actually, uh, [Bill Myers 47:18] said to let you know about the situation. So I
3 have one I'd like to let you know about. And, uh, during the fall open
4 enrollment and on the TRB website, um, I heard and read that the, uh, United
5 Healthcare health insurance plans would have the same coverages as Anthem
6 the plans did but with a few more benefits for the Advantage plan. So, um, I
7 checked the TRB United Healthcare website regarding my prescriptions and I
8 wanted to know if they were listed, what level they were on and, uh, do a cost
9 check. So, uh, I looked them up and yes, uh, my prescription was listed and
10 yes, it was on the same level but there was no cost information available until
11 I had joined the plan, which would be some months away in January. Well, I
12 received that information from United Healthcare last month. Um, I have a
13 generic, uh, prescription and, um, I wanted to refill it, so it's the same quantity
14 and strength. And with Express Scripts I was paying less than \$30 for the
15 prescription, which is pretty cheap but with the new United Healthcare, um,
16 prescription Rx plan, uh, it was now going to cost me over \$100 for exactly
17 the same thing.

18
19 And, um, obviously I had questions, so I called United Healthcare and I spoke
20 with a couple of people over different times and I was told that my situation
21 would be escalated and when I asked what that meant, um, I was given no
22 information. There was no timetable. There was no one who was going to be
23 on that. But I have to say, it's been several weeks and I've never heard
24 anything back regarding my escalation in this matter. So, um, that is a concern
25 to me and from what I hear, hear from Bill Myers, that's a concern for him
26 and he asked and I'm letting you know, um, that's my situation here. And, and
27 I will have to say, um, because I do talk with other retired teachers, um, I'm
28 not alone, so, um, I do want to bring this to the attention of the TRB. And if
29 you have any suggestions or advice, uh, I'm open to that.

30
31 **Clare B.:** Okay. Helen?

32
33 **Helen S.:** Oh, there's supposed to be no comment. I, I don't have any. Uh, we'll, we'll
34 have one of the – we'll have someone reach out directly.

35
36 **Walt C.:** Okay. Thank you.

37
38 **Naomi:** There is also one question in the chat. Um, I don't know if you guys want to
39 answer that one right now.

40
41 **Female:** Oh, sure. Thanks, Naomi. Uh, who is the entity? Um, I, I can't discuss this,
42 the legislative.

43
44 **Naomi:** No. That's not the question. The question says AARP but from Susan.
45

1 Helen S.: Uh, this, this isn't generally a, a Q&A. So if there's a comment that needs to
2 be made, members can make a comment. So do they need to be unmuted?
3

4 Naomi: If they want to do that, they can raise their hand but I don't see them on the
5 call.
6

7 Helen S.: Okay.
8

9 Naomi: [Inaudible 50:59] they're there. Yeah, um.
10

11 Female: Again, we'll find you.
12

13 Naomi: So we go on to our next raised hand, which is Jane. Jane, you're unmuted.
14

15 Jane W.: Am I unmuted now so you can hear me?
16

17 Female: Mm-hm, yeah.
18

19 Jane W.: Um, good afternoon. Um, I'm Jane Wilson and as a TRB member, I am
20 requesting a breakdown of cost for the TRB insurance plans as has been
21 provided in previous years and in particular, the cost of the drug plans. I've
22 heard from many of my retired friends that are experiencing serious issues
23 with the United Healthcare prescription drug plans with denials of
24 prescriptions or being asked to try a different drug and to provide evidence
25 that that other substitution drug is not working or experiencing rising cost
26 shares. Um, I know that we have been told that these cost breakdowns are
27 unavailable because the plans are bundled; however, the fact that the – those
28 on the supplement plan have a separate prescription drug card indicates
29 otherwise. All costs are negotiated and the fact that we retired teachers pay the
30 overwhelming majority, nearly the entire cost of our healthcare premiums, I
31 believe that we're entitled to transparent information about what we're paying
32 for these UHC Medicare Part D drug plans. Thank you.
33

34 Female: Naomi, was there – were there more hands raised?
35

36 Naomi: Uh, yes. We also have, uh, Melinda. You are unmuted.
37

38 Clare B.: Melinda, did you want to make a comment to the board?
39

40 Melinda: Hello, can you hear me?
41

42 Clare B.: Yes.
43

44 Female: Mm-hm.
45

1 Melinda: Okay. I sent an email back in June of 2021 because I had gotten an almost
2 \$200 increase in my, uh, medical insurance. I never got a response. I also sent
3 another email about a month ago and I still did not get a response. In listening
4 to, uh, the discussion, it really sounds like you're only concerned with the
5 people who are Medicare and that's very disillusioning for me. Um, I really
6 think that the TRB should be working with the Legislature to increase the
7 offset because t-, \$220 is really not helping. I'm paying close to \$1000 a
8 month. Um, anyway, that's what I wanted to say.
9

10 Clare B.: Thank you.

11

12 Naomi: Next, we have Jane. Jane, you're unmuted. Well, next we have Susan.

13

14 Susan: Hi. Um, this is the same issue that I wrote in the chat but I'm seeing that
15 somebody sent me a number. Um, every time I use my or I have a question
16 about it, they say that I'm on the AARP UH-, UHC supplement and not the
17 TRB and I'm wondering whether I'm being covered differently. That's, that's
18 my comment because it's happening consistently but I will call the number
19 that Amanda just put in the [inaudible 56:16].
20

21 Female: Thank you, Amanda.

22

23 Naomi: And the only person with their hand still up is Jane. We'll try once again to
24 unmute you.
25

26 Female: Right. It's, it's one, one member, one member comment per, per, per meeting.
27 I don't know if we have two Janes.
28

29 Jane: I...

30

31 Female: Do we?

32

33 Naomi: [Inaudible 56:47].
34

35 Jane: I already spoke. I don't...
36

37 Naomi: Oh, okay.
38

39 Jane: I don't intend to speak again.
40

41 Female: Okay. We're just checking to make sure we got you.
42

43 Naomi: All right then.
44

45 Clare B.: My screen shows [Mary Hendrickson 56:59].
46

1 Naomi: Oh, one more person.
2
3 Female: Oh, Mary. Yeah.
4
5 Naomi: All right, Mary, you are unmuted.
6
7 Mary H.: Very good. Thank you. Hi. My name is **Mary Hendrickson**. I'm a retired
8 teacher from Simsbury, Connecticut. I have submitted testimony to the
9 Appropriations Committee this session to amend the following bills: SB396,
10 SB405 and SB107. Some members of this board know that I have actively
11 been appearing here since 2018 to secure fair pricing for the health insurance
12 for retired teachers. My testimony for the above three bills is what I have been
13 advocating about for almost these past four years. My requests have been very
14 basic. (1) I advocate that all retired teachers retain their right to have original
15 Medicare for their healthcare with a supplement provided by the TRB. (2) The
16 right to retain original Medicare must be made available at a fair price.
17 Remember, this is only a 20% coverage from the supplement that the TRD –
18 TRB negotiates for us. Medicare pays 80% after the deductible. And (3) –
19 well, everybody should also know that in 2022, those of us who insist on
20 maintaining our right to original Medicare are being charged four times what
21 other retired teachers pay. I pay \$319 a month versus \$80 for those who want
22 to be on the Advantage plan. This is punitive. And finally, (3) I will continue
23 to ask this board to open lines of communications with retired teachers of
24 Connecticut. I am weary of offering comments at the end of each board
25 meeting. These comments remain as comments on paper in a file.
26
27 Retired teachers need to have input before the decisions are made. The two
28 retired teachers sitting on this board cannot sufficiently and fairly represent
29 the almost 40,000 retired teachers in this state. Thank you.
30
31 Clare B.: **[Inaudible 59:02]**.
32
33 Naomi: No one else with their hand raised at the moment.
34
35 Female: Was there anybody on the phone line, Naomi? And again, you're doing a
36 great job, um, jumpin' in for Pete, so kudos.
37
38 Naomi: Um, I don't...
39
40 Female: If it was me...
41
42 Naomi: ...see...
43
44 Female: ...who reset the webinars on you, sorry about that.
45

1 Naomi: It's okay. I don't see anyone calling in but if you are dialed in on the phone,
2 dial *9 and that will raise your hand. And I'm not seeing anything pop up. I
3 think we're good.
4
5 Female: Great.
6
7 Clare B.: Okay. [Inaudible 60:02]. All right. Chair would entertain a motion to adjourn.
8
9 Male: Move to adjourn.
10
11 Clare B.: Second? All those in favor?
12
13 Male: Aye.
14
15 Female: Aye.
16
17 Male: Aye.
18
19 Female: Aye.
20
21 Clare B.: Opposed? Abstentions? Um, our next meeting is May 11th. And Helen, any of
22 these legislative issues that are urgent or anything...
23
24 Helen S.: I will reach out.
25
26 Clare B.: ...[inaudible 60:30].
27
28 Helen S.: I will reach out to, to the board. Absolutely.
29
30 Clare B.: [Inaudible 60:35].
31
32 Female: Clare, I think the next time if you lower your volume I think it might help,
33 um, with the, the ba-, the, um, you know...
34
35 Clare B.: [Inaudible 60:43].
36
37 Female: ...reverberation that's going on.
38
39 Clare B.: The thing about that is...
40
41 Female: I'm just saying.
42
43 Female: I'm showin', yeah, and I'm showin' you in twice. It's just something funky.
44
45 Female: Oh, that's probably why.
46

1 Clare B.: That's the only way I could hear.
2
3 Female: No worries.
4
5 Female: [Inaudible 60:57].
6
7 Clare B.: All set? Ha-, happy Easter. And [inaudible 61:02].
8
9 Female: Oh, that's right. Happy Easter.
10
11 Clare B.: We'll see all of you in May. Thank you.
12
13 Female: Bye.
14
15 Female: Have a good day. Thanks everybody.
16
17 Male: Thanks, Clare.
18
19 Male: Bye.
20
21
22 /mlc