

CONNECTICUT TEACHERS' RETIREMENT BOARD
TRB BOARD MEETING
AUGUST 28, 2024

Clare B.: Okay. We're gonna call the, uh, August 28 special meeting of the board to or-, in – to order. Um, the subject today is just a single one, and that is, um, healthcare, and, uh, we're going to have Helen and, and our consultant, Terry, uh, kind of take us through all of the steps. If everybody remembers, back in June, we outlined for people kind of where we were with this, and I think we took everybody through soup to nuts of the processes that were involved. Uh, and we had almost every member of that committee speak as well as to the components that went into all of that. Um, and then we sent them on their way to, uh, to get us the best deal I guess they could, so that's where we are today. We are at the, uh, the stage in which the Board will receive the prese-, will receive the information that we need to receive in order to, um, accept the healthcare, uh, formula for – goin' forward.

Um, one reminder to board members and, uh, that, you have – you'll – any questions that you have, please ask them during this time because there's – you may have questions. Um, you're not on – all of you – on the committee, so you might have things that you don't understand and don't know, so please ask them. But when, uh, we go to the public session, remember, that's for the public members, uh, that aren't on the board but just wanna ask a question from, from whatever, uh, remember, it's gonna be healthcare. That's the only item on the agenda today. So we would assume that whatever we would hear would just be about healthcare. So, uh, just a reminder to our board members, 'cause sometimes you think you should do both. You should participate here and, and you should ask questions there. No. Y-, you're a board member. Just – and you have – you have every right to ask any question you want today right during this before the board reaches a decision. Okay? So Helen, you and Terry are up, so take it away.

Female: Helen, can you have somebody put that up?

Helen S.: Oh, I sure will.

Female: Thanks.

Helen S.: Let me know if I got the right screen. Hold on. Oh, did I do it right or no? Hold on.

Female: You did.

Male: It's good.

Helen S.: Can you guys see it?

Female: Yeah. It's nice and big.

Helen S.: Okay...

Male: Yeah

Helen S.: ...all right, 'cause I don't know what I did. I'll have to ask Naomi, but as long as everybody can see it.

Terry D.: Okay. So we already had our meeting about dental, and we know that the dental carrier and the dental rates have not changed. Today, we're gonna talk about medical, which includes prescription drug, vision, and hearing, and the final rates – final member rates for 2025 for the Medicare Advantage are \$94 per retiree per month. The final senior sup – Medicare Supplement rates for 2025 are \$269 per member per month, and on the second half of the chart, you can see what the total rates are, so you can see that the retiree is paying one-third of the MA rate and what we're contributing to the Med Sup rate. We were able to negotiate a little bit more off of the rates. Um, we had asked for something substantial on the Med Sup. We got that, and we asked for a little bit on the Med Advantage, and we got most of that, so it's been a long, hard process, but we're doin' the best we can, and please understand that, um, many – all of the changes that we're talking about here that had such an impact on these rates are Medicare, um, changes – CMS changes without any choice in the matter, so they're, they're beautiful plan enhancements for the members, but it all comes at a cost. Helen?

Helen S. Thanks, Terry. Um, what Terry's referring to is the Inflation Reduction Act, and, uh, that is what Medicare, uh, put forth in their call letter, and they're implementing those changes for 2025. Again, these are CMS changes. They're federal changes by the f-, our government, um, not, um, anything that we, uh, as a carrier agency, public member, have any control over. This was your federal government making these changes. Again, I believe it was well intended, um, but I don't, uh, know if they realized the impact that it would have on pricing and plans for members. With that being said, uh, we are proactively gonna, gonna work through this, um, even though there are no benefit changes this year ..

Female: Except for vision.

Helen S.: ...our members.

Female: Except for vision.

Helen S.: Except for vision. Vision is, um, going from \$240, uh, every 2 years to \$500, so we were able to increase that benefit. But, um, to proactively address the issue, we are going to be doing open enrollment meetings, um, in person and via Webinar, uh, throughout the State, and then again, our Webinars, uh, for our folks

nationally. Um, we're gonna try and break some of this Inflation Reduction Act changes down into layman's terms and help educate our members. Um, it does have an impact on not only our members, but the poor pharmacists throughout the country because they're gonna have to implement some changes as well, so it is a – it's a major change, um, with CMS, and, um, we're just gonna work through it together, um, and try and do the best we can to ensure that our members are receiving the correct information. Um, we do wanna emphasize to please have members, uh, refer to the Medicare website or information that they are receiving from United Healthcare or information that they're gonna be receiving, uh, that we will be able to post on the TRB website. Um, we do anticipate there'll be a lot of misinformation. Uh, it's very confusing. It's a major change, but, um, just stick with, um, Terry, United, myself, and our team, and we'll make sure that, uh, the information, uh, goes out.

Um, there's been probably a lot of questions and speculation about the health fund. Um, we absolutely can address and absorb these costs, uh, because of the changes that Terry and her team have made over the past several years to improve our benefits and our plans, so we do have money in that health fund. Um, it is funded, and we can incorporate any of these expenses that come our way, so a big kudos to, um, Segal and her team for, um, working with us for the past 5 years, so we can embrace this, um, for our members.

Female: Helen, can I just say about that for one second? You know, our...

Helen S.: Yep.

Female: ...actuaries and underwriters tore this apart, you know, step by step, and when we got the final rates, we got the final workup from United, and, um, we dug into that, so, you know, it is – it is a fair rate. It does make sense. Like I said, we had asked, um, you know – we got what we needed as far as the rate making sense, uh, and again, Helen, as you said, um, this all came from a good place for members, for retirees, for increasing their benefits, but group plans are taking a hit, and it's coming at a cost.

Clare B.: Helen, and Terry, more? Anything more?

Female: We're gonna get – we'll get into more of this, you know, at our member level. We do suggest if, you know – if the board members, um, would like to attend any of those open enrollment meetings, that'd be great. Um, again, an overall view of the Inflation Reduction Act, uh, what they did on the prescription drug side is that whole, uh, Medicare Part D with, you know, the 3 different stages and catastrophic coverage has all been removed, the maximum out-of-pocket cost for every part D recipient is \$2000. Um...

Female: Yeah

Female: ...excuse me. The bigger part of that is it's not just what the member pays out of pocket that accumulates to that \$2000. It's what the drug costs or what the plan pays that accumulates to that \$2000, so a member could hit that \$2000 max and not have to pay anything else for the rest of the year without having spent \$2000. It's, it's, it's a significant thing. It's a beautiful thing, but again, it's a plan cost.

Clare B.: Helen, you and Terry, um, and the committee that worked on this, Bill, others, uh, recommend that the Board accept the, um, uh, these premium rates going forward. Is that correct?

Female: Yes.

Helen S.: Yes, please.

Clare B.: Uh, go ahead Edwin.

Edwin V.: Yeah

Clare B.: [Inaudible]?

Edwin V.: ...my question is, um, now, was that the explanation that was given that the cost increases were driven by increases in the, uh, Medicare program, or are there other reasons for the increases?

Female: Yeah. Most – I mean, you're out of your 3-year rate guarantee, right? So now, um, you know, there's claims experience that plays into it also there's group experience, right? So, you know, you're gonna get more than a \$10 increase 'cause you're not in that rate guarantee anymore. But the bulk of it, yes, is the CMS changes and...

Female: Yes

Female: ...you know, group plan experience. Healthcare costs more today that it did 4 years ago. Claims costs are increasing. All the things that you would find in an insurance renewal.

Edwin V.: So did the team, uh, verify that, that these were accurate claims by United Healthcare?

Female: Yeah.

Female: Yes. Yes. This was all vetted by the, the actuaries, and again...

Female: ...they're...

Edwin V.: ...you know...

Female: ...they're fair rates.

Edwin V.: ...I've been reading in the newspapers about the, you know, the Reduction Act – the Inflation Reduction Act and how these costs are gonna go down and prescription...

Female: For the member, yes.

Edwin V.: ...costs are gonna go down.

Female: Yeah. Just for th-, for the member it will, but, um, there's a cost to that. The rates go up when the – when you're increasing the benefits. Jon, [inaudible]

Edwin V.: ...uh, are there any changes in the, the, uh, in the language I know we ha-, we – last time we discussed this, I believed it was like a 1-year extension of the current, uh, contract. Were there any changes regarding the, uh...

Female: No. We...

Edwin V.: ...the wording...

Female: ...we...

Edwin V.: ...in the contract?

Female: ...we, we pulled the RFP, right? We canceled the RFP, and we're doing another year...

Edwin V.: Got it

Female: ...with United because there really was nothing out there, and we didn't wanna commit to anybody for another 3 years.

Edwin V.: Now, the – this was automatic, or– this year, or were there negotiations that had to take place to extend it for the year?

Female: There were negotiations that, you know, we had to come to agreement on the pricing and stuff. We had to accept these rates, but...

Female: ...as far as contract negotiations, I don't – I think Helen can address that, but I don't think there's anything different.

Helen S.: No. They're just, uh, an amendment – a contract amendment.

Clare B.: So how long does this plan go for, Helen?

Helen S.: This is from, uh, 1/1/25 to 12/31/25.

Clare B.: So this is...

Female: One year.

Clare B.: ...[Inaudible].

Helen S.: Yep . It's for 1 year. Yep. Joslyn...

Helen S.: ...I see that you had your, your hand up first too. Sorry about that.

Clare B.: Oh, sorry. Sorry.

Helen S.: That's okay, Clare.

Clare B.: Well, I'm not muted, so I just. ..

Male: [Inaudible].

Helen S.: That's okay.

Female: I've done that Clare. Don't worry about it.

Joslyn D.: Um, so my question is, um, as we kind of share this with our members, is – I know that there'll be open enrollment spaces for people to go to, but is there some sort of visual or some sort of graphic that we could put together that allows for the people currently in the plan to understand the new benefits and where they'll see cost savings? Because I think otherwise, they're not – you know, I, I just w-, would hope.

Female: Yeah. There's a – yeah. There's a – there's a...

Female: Okay.

Female: ...PowerPoint presentation that we can put on the website.

Female: Okay.

Female: And there's the open enrollment materials, Joslyn. So we'll be mailing out in the next few weeks a cover letter that has an explanation, and then members will

receive an open enrollment guide. Um, everybody – everyone will be mailed an open enrollment guide, and that'll be posted on our website as well.

Joslyn D.: Okay. So then people will be able to see where they'll actualize cost saving...

Female: Yep.

Joslyn D.: ...in the prescriptions...

Female: Yep.

Joslyn D.: ...and other places so that the extra money that they're pla-, paying in their premiums will make sense – so their monthly payment will make sense...

Female: Mm-hm.

Joslyn D.: ...even though they might be mad about it.

Female: Yeah.

Joslyn D.: Got it.

Female: Yep

Joslyn D.: Okay.

Female: Will do. Lisa, I think you had your hand up as well.

Lisa H.: Thank you. Um, I understand this is hard. I just wanna make sure I'm understanding the numbers. Um, so, for the Medicare Advantage, last year they were paying 90, this year 148. Is that right?

Female: Yep

Female: For both. Right. For medical and dental.

Lisa H.: So that's a 64 percent increase in premium?

Female: Mm-hm.

Lisa H.: Is that right?

Female: [Inaudible]

Lisa H.: And then for the Medicare Supplement, they'll actually be paying a little less?

Female: A little less, right.

Lisa H.: 9 percent down. So the dollar increase is about 58 on the Advantage a month, and the decrease is about \$9? Did I do that math right?

Female: Yep, \$9...

Female: Mm-hm.

Female: ...and that's because the differential came down a little bit...

Female: Right.

Female: ...because the Med Advantage went up more than the Med Sup. The Med Sup went up a lot, but so did the Med Advantage.

Lisa H.: Um, I, I think it would be helpful to sort of show old plan, new plan, dollar change, percent change. Is there – do you have an Excel sort of showing that so the people understand? 'Cause when you look at this, it – it's a little bit hard to see what does it mean to me. You kind of get – I paid 90 last year and now I pay 148, but it's not that clear. It took me a minute, 'cause there are 2 charts here. Then you got the TRB premium rates. I guess it goes to Joslyn's question as how we're communicating it.

Female: Yes. This is for – yeah. This is for the board, and, um, we'll see when you look under open enrollment material the way we post everything for our members. This is just for the board view, Lisa. The way we post it on the website is much more detailed for our members.

Clare B.: And reader friendly? I mean, user friendly in terms of members?

Female: Yeah. Absolutely. Like, if you look back at the 2024 open enrollment, the way they broke it out, I think it's like that. So as soon – we just – we, we couldn't put anything or post anything, Lisa, on our website, and so we approved...

Lisa H.: Yeah

Female: ...everything, so...

Lisa H.: ...of course

Female: ...this is basically for the Board, like this is what – this is what happened, and then we'll take this and we'll put it into a, a much clearer format as we do during open enrollment. So stay tuned. We'll get that out in the next day or two for...

Lisa H.: Thank you

Female: ...members.

Lisa H.: Thank you. I appreciate that. and I – and I...

Female: Absolutely.

Lisa H.: ...do recognize how hard this was and appreciate the work. I'm a little bit – my breath is a little bit taken away with the 64 percent increase...

Female: Mm-hm.

Lisa H.: ...and can I just– we're seeing that – you're seeing that in other states and other

Female: It's all over.

Lisa H.: ...increasing that on the health? Is that the...

Female: Oh yeah.

Female: On the Medicare Advantage, yes. Yes.

Female: Yep.

Female: And group Medicare Advantage plans. Yep.

Lisa H.: And..

Female: And half of their...

Female: ...okay.

Lisa H.: I'm sorry.

Female: Go ahead.

Lisa H.: Have we done a net cost? I mean, I – that goes to Joslyn's questions where we show the savings. So the total cost, but the net cost when you count in the prescription savings. Is there any way to calculate a net cost? Or no?

Female: I mean, there's no way to calculate a net cost on prescriptions 'cause everybody's utilization is different.

Female: Exactly.

Female: Yeah.

Lisa H.: So for some people, it might not be as bad. For other people, it could be a 64 percent if you're not taking a lot of prescriptions.

Female: Yeah.

Lisa H.: Is that fair?

Female: Mm-hm.

Lisa H.: Okay. Thank you.

Male: Just a quick, uh, quick question. Was, was the rate increase the same for both plans or was there a difference?

Female: There was a difference. So you'll see last year, the Med Sup total rate was \$350 and it went to \$456. The Med Advantage was \$109 and it went to \$281, so that's a bigger percentage increase.

Male: I was looking at the, uh, AARP, uh, website, and their, their, uh, supplement plan, and it seemed like they had a pretty good plan there, uh...

Female: Tho-, those are individual plans. They're not group plans.

Female: We actually, um, looked at what a Plan G would cost, like a group Plan G at some point in our process, and it was like \$100 more, so...

Male: So the group plan...

Female: ...'cause I know[inaudible] company.

Male: ...so the group plans are, are rated different by United Healthcare than the individual plans.

Female: So every – so every group plan like this is rated on the group's claims experience.

Male: I see.

Clare B.: Uh, but we wouldn't be eligible, would we? For a Plan G? We're not eligible for that? No?

Female: You, you were, but the, the rates were...

Female: The rates were...

Female: ...the rates were , were really, really costly. And you have to keep in mind, the gr-
, these individual plans vary by state. They're community ba-, they're community
rated, they're age banded rated. Not every state offers a Plan G. There's different
rulings, so there would be no way to offer a national plan to our group members
because each state is different, so we're not comparing apples to oranges.

Clare B.: Okay.

Female: These are customized national carved-out plans that, uh, are not available to the
individual Medicare consumer, especially with our formulary and the 60
additional noncovered Part D drugs that are on our formulary.

Female: Right.

Female: So these are very...

Female: And...

Female: ...th-, these are very rich benefit plans for, for our retired teachers.

Female: ...and if we customized your Med Sup to look like a Plan G, you know, your
group plan to look like a Plan G, it would've been much more expensive.

Female: Yeah.

Clare B.: A-, and we...

Clare B.: ...wouldn't have the coverage. You wouldn't have national coverage anyway.

Female: Well, it wouldn't – it, it would be every state would be– you, you couldn't – you
couldn't do it. It'd be – it wouldn't – it would be impossible to do because, again,
some states are age banded, some are community rated. There're so many
multiple factors, it doesn't – those are individual plans. Uh, I don't know if Mary-
Beth or Joslyn had their hand up first, so, uh, if one of you just wants to go – I'm
so sorry. I didn't catch.

Joslyn D.: Go ahead, Mary-Beth.

Mary-Beth L.: Okay. So you said that the Advantage Plan went up 64 percent and the
Supplemental Plan went...

Mary-Beth L.: ...down 9 percent, and you said it was because of the differential. And I don't
understand...

Female: Hold on one second, Mary-Beth. When you...

Female: ...looked at the 65 and the – and, uh, whatever number that was, that was total medical and dental – the total cost. So I, I think we just need to look at medical to medical. Right? Instead of throwing the dental in there, but go ahead. What was your question?

Mary-Beth L.: I don't understand what differential means.

Female: Mary-Beth, this – the contributions are based – the, the state funding is based on the state-based plan. The Medicare Advantage is the base plan. The Medicare Supplement is the additional plan that we offer.

Mary-Beth L.: Right.

Female: Because the costs were s-, there was such a differential with the Medicare Advantage Plan last year and the Medicare Supplement, it was far less of a state contribution. Now, with the increase due to CMS and the changes that they have federally passed, it drove up the rates on the Medicare Advantage and on the Medicare Sup, but it drove up the rates so significantly on the Medicare Advantage, there's a higher contribution. So that's the differential, where...

Female: ...they're balancing...

Mary-Beth L.: I got it.

Female: ...over now because – okay.

Mary-Beth L.: Yep. Thank you. Thank you.

Female: Oh, of course. Of course.

Clare B.: Joslyn?

Joslyn D.: So I know that this is strictly about approving the, um, the rates, but I, I was thinking that as we plan our legislative agenda for, um, the, the next session, you know, possibly understanding this increase and, and looking to some support through that – I don't know. I just think that that might be something that – a route that we can go on, um, just because I do know this will be quite a shock. And currently, although I'd hope it changes, you know, our members are still being impacted by WEP and GPO penalties, so I, I would hope that we take all of that into consideration as we move into whatever we're asking for from, from our state, uh, in support next year, uh, just 'cause I think it's – this is gonna be shocking to a lot of people. Uh, and I think allowing them to understand not only what they'll get from this, um, is important, but then also showing that we're

working to support them in other ways as well I think will be a critical, um, way to sho-, get support from our members for the work that we're doing. 'Cause...

Female: Right.

Joslyn D.: ...yeah.

Female: The state does fund – the state funds one-third and the, uh, the active teachers fund one-third, so two-thirds of the plans are funded. Um, we do wanna add that, you know, this is – this is all new, so we kinda wanna see how 2025 plays out. So, um, it's – I think it's great that we extended based on all the options that were out there, and I'm gonna turn it over to Bill, 'cause I know he's got probly more to add. So I think it was, uh, after we did go out to bid and we decided not to go out to bid. We can really see what's gonna happen in 2025, and you have to keep in mind, a lot of these – a lot of these carriers, um, not just with TRB, but this is a national issue where carriers are not even bidding on these plans. They're declining to bid because they don't know what is going to happen. So hopefully, we'll have a much clearer perspective for 2026, and maybe CMS will realize that some of these well-intended actions have a greater impact on the average person than first thought, but I can't speak for CMS, so I'm gonna be quiet. Right?

Female: A-, and you know, to everybody's point, you know, this all being said and done, it's still only \$94 for a group plan...

Female: Mm-hm.

Female: ...with all these added benefits and a \$10 office visit copay and a national network, you know, without referrals, and, and your bonus drugs list. It's still a very rich plan that's \$94 a month. You can't find this on the individual market.

Female: Go ahead, Bill. I know you were anxiously waiting.

Bill M.: Thanks. I w-, um, I wanna say first, uh, as a member of the healthcare committee, that I'm really pleased that things, uh, aren't – that things are where they are. When we gave our report towards the end of June, we pretty much hit it on the nail. We knew that the MA plan would double, and he has gone, um, up from – and if you look down at the bottom, or – no. Where do we go? At the top...

Bill M.: ...line of the top chart, we were paying \$36 for the MA plan plus the dental for a total of 90. The dent-, the medical plan now has jumped up 94, and we knew it would probably double, and in fact that's what happened. And on the MS plan, we knew it wouldn't go up as high – it would go up about 20, 25 percent, and that's in fact what it did. So I'm really pleased that things – I'll say didn't get worse between June and now. The federal bill that we're talking about and Medicare's ability to, to negotiate prices now won't really go into effect until 2025 with nothing set in stone until 2026, and that's why we pushed out this

contract. We didn't know what was gonna happen, and our hope is that during 2025, things would calm down and prices would be able to drop. I'm thrilled that our vision doubled. It actually reflects much closer what eyeglasses and, and vision care costs, which is really great. We didn't lose anything on our drugs, which is great, and you can see that – so that whole top chart is just what it costs per member.

Female: Right.

Bill M.: Goin' back to – I think it was Ed's, uh, question about caps, the federal government's law said everyone across the country would have a \$2000 cap. Before, some plans went up as fi-, as high as \$8000 per member, so when you drop it to 2, that is good for everyone across the country, but to drop it to 2 means those costs have to be absorbed somewhere, and the costs were absorbed by raising the premium. And we knew that would happen, and the federal government will hopefully tweak their bill. They didn't expect that, uh, the way it happened, but that is what happened. And the – so the bottom chart shows what the total cost is for each of the plans, the medical and the dental, and the total price. And if you compare that total price on the bottom chart to the total price on the upper chart, you'll see that members are paying only part of the total cost because as Helen referred to, active teachers' contributions and the state contributions drop. So what we pay is really about one-third of the total cost. So I'm just – that may have made it worse for everyone. I hoped it made it better, but, uh, I'm really pleased that things didn't get worse and that what we expected to happen in fact did.

Female: Thanks, Bill.

Female: Thanks, Bill.

Female: Lisa,– you had – was your hand up from before or did you have another question? I'm sorry.

Lisa H.: Yeah, just a follow-up question. Um, Terry, I appreciate your suggestion that we look at just the medical increase, and if we do that, that's 161 percent increase.

Female: Right, It do-, it more than doubled. Yep.

Lisa H.: Tripled almost, right?

Female: Almost.

Female: Mm-hm.

Female: Yep.

Lisa H.: Yeah. So, um, I unders-, I do appreciate, Bill, your putting it in perspective in the dollar amount. Um, I – to Joslyn’s point, this is – I mean, we saw what happened with Eversource, right? The percentage increase went up so high

Female: But Eversource didn’t give us anything for it.

Lisa H.: My, my only point is...

Lisa H.: ...the communication...

Female: [Inaudible].

Lisa H.: ...challenge is going...

Lisa H.: ...to be very difficult, and even to-, tonight it will be difficult – I mean this afternoon when you – when we go to the public audience, and I’m just, uh...

Female: Well, there – uh, this is a special board meeting, so there is no public comment.

Lisa H.: Oh, we’re not going out of executive...

Lisa H.: ...session in this? I thought we were.

Female: This, this is – we’re not in executive session. This is a special board meeting w-, when it operates just as the dental where we’re just approving the rates.

Lisa H.: So at some point, um, when you – so when we go through the percentages and you do the communication to the public through the presentation of the rates, we’ll go through as to the why and go through Bill’s, um, analysis as to the benefits and why this happened.

Female: Yep 45:43]. At...

Female: Yes.

Female: ...at our open enrollment meetings we’re all putting that together and getting those materials out, and the open enrollment guides, the cover letters, and there’ll be open enrollment meetings again, in person, recorded, and via Webinar. And the UHC staff will be well versed in, in how to answer questions as well. We do – you know, we have our advocates. We have a special customer service team that will be able to deal with it as well. Um, it will be very confusing to members, uh, especially when they go the pharmacy and they – you know, they won’t realize they don’t have to pay that \$2000 a-, and the way the structure of the plan’s set up, so I think first of the year will definitely be an impact when, when members

go to pick up prescription drugs, and they'll find out that there's really no – there's really no cost. And there's also gonna be a payment plan, which is another whole, um, added administrative piece for United Healthcare. So as we learn more and as we set up for open enrollment, um, everything will be rolling out ta, to members.

Lisa H.: And the reason, just to reiterate, that we didn't do the 3-year plan is we felt that if we committed to 3 years at this point, it would be unnaturally high, and we're hoping the prices will come down by just committing to a 1-year plan.

Female: Yeah. That...

Female: ...we're hopin' we get you know, competition. Right?

Female: The market...

Male: [Inaudible]

Female: ...was very volatile, and carriers were in a panic. Uh, nobody knew what to expect.

Female: Everybody was...

Female: So we do hope...

Female: ...very conservative.

Female: ...for 2026 that'll co-, that, that we'll have – people will have more of a, a handle on what – what's gonna – what's gonna take place in the market.

Lisa H.: And is, is this being broadcast live, or this will be presented later?

Male: No, we're live.

Clare B.: We're live. Yeah.

Lisa H.: Okay.

Female: Go ahead, Mary-Beth.

Mary-Beth L.: Um, I just wanted to say thank you to the committee, and obviously to Terry too. Um...

Mary-Beth L.: ...this is a lot – this is a lot to take in and to, um, process, and I really appreciate their hard work.

Female: Mary, thank you so much, Mary-Beth.

Female: Yes. Thank you, and thank you to the committee. It was – the, the committee on this worked many hours with, with Terry and her team.

Female: Ed, go ahead. I didn't wanna– I saw your hand back up.

Edwin V.: Yes, I just wanted to also congratulate the committee on the hard work that they did on this, and I guess earlier in the meeting it was mentioned that after we vote on this, uh, the details will be coming out. Do y-, do you have an idea – ballpark idea when, when this'll be coming out for our members to see?

Female: Uh, probably the end of September. Um, mid to – mid to end of September. We're approving the open enrollment materials now. Open enrollment I believe starts October 7. I don't have the meeting dates right in front a me, but I think – I think it's October 7, the first few weeks in October. So we're getting a jump on it as well.

Edwin V.: Oh, that'd be great.

Female: Yep.

Female: Yeah.

Edwin V.: Because this way, people – you know, our members would ha-, have a chance to, you know, study the plans and make a decision what's best for them.

Female: Yeah

Female: You guys...

Female: ...I can't tell you the work that this committee did every time we met and we had to go through this stuff, so it wasn't – it wasn't fun. Thank you.

Clare B.: Uh, any other questions for Helen? Any other questions for Terry?

Male: [Inaudible]

Clare B.: Any other comments from board members? Uh, okay then. The chair would entertain a motion to, uh, accept the, uh, uh, the rates as proposed.

Male: Madam Chair...

Clare B.: Uh...

Male: ...could we make this a roll call vote?

Clare B.: Sure. Absolutely.

Male: That'd be great.

Clare B.: Uh...

Male: so moved and seconded on the, uh, the vote then?

Clare B.: Yeah. It's been moved and seconded. Has it? Okay. Mo-, moved and seconded. I inaudible...

Male: Well, I moved it. I thought...

Clare B.: Oh, you were moving it.

Clare B.: Edwin, were you seconding it?

Male: Second.

Edwin V.: Yeah, I'll second it.

Clare B.: Okay. Okay. We have a motion and it's seconded. Discussion. All right. All those in favor, signify by saying aye, and, uh, Helen, can you just call the names and everyone will, will render a vote, okay? Clare Barnett. I vote aye.

Helen S.: Sure. Mary-Beth?

Mary-Beth L.: Aye.

Helen S.: Bill?

Bill M.: Aye.

Helen S.: Myers?

Bill M.: Aye.

Helen S.: Jonathan?

Jonathan J.: Aye.

Helen S.: Edwin?

Edwin V.: Aye.

Helen S.: Jon? I think Jon Moss is still – he was on earlier. I can't see everyone. All right. Did I miss anybody? 'Cause I – my screen's off.

Female: Lisa?

Clare B.: Joslyn?

Male: Missed Lisa.

Helen S.: Joslyn? Sorry. Lisa, Joslyn, so sorry. I can't see everybody.

Lisa H.: Lisa is aye.

Joslyn D.: Joslyn is aye. Carrie Cassady's on as well.

Helen S.: Oh, hi Carrie. I couldn't see ya. Sorry...

Carrie C.: Hi.

Helen S.: ...about that.

Carrie C.: That's all right. Um, I vote aye.

Clare B.: Uh, did we have Keith vote? – did we get that, Keith?

Keith N.: Aye.

Helen S.: Thanks, Keith.

Clare B.: Do we have anybody on here who didn't vote? Okay.

Helen S.: Think we're good.

Clare B.: Uh, well, all those voting nay? Do we have any nay votes? Any abstainers? Anybody abstaining? All right. All those in favor – we, we, we polled everybody here, so we know what the vote is. Um, I thank all the members. Uh, this was a special meeting, but also it was an awful lot of work for Helen, for Terry, for their teams, for Bill Myers, for all the people – for all of our members. Kathleen Holt 51:28] – she's not here today, um, but I noted she was involved in this, and I know she's going to be involved in the – working on that language piece, Lisa, that you've mentioned too. How are we going to – uh, how are we gonna com-, how are we gonna, um, communicate this in a way that, uh, the members will more readily understand? Uh, th-, they may not – we might not be able to put smiley faces on it, but at least we'll be able to dig deeper in there and, and make it much more understandable to people. Uh, I think that she has a, a talent as well

for that as ma-, as many of the members of the committee do because she's worked a long time in this area of healthcare.

So, uh, I think that that's somethin' that, that will go a long way to, uh, at, at least, uh, making the members feel that, um, that they're, they're having a deeper understanding of what has happened and why it's happened and what that's going to mean for them individually. And of course, as I said, Helen's, uh, the open enrollment meetings are open to all board members as well, but we'll – we do get a lot of very good feedback at the open enrollment meetings, 'cause people do – they have a lot of questions. I mean, it's – and it's gonna be confusing, and, um, but, but we have a good team of people that, that field those questions and then bring'm back to the Board too so that we understand in our September meeting. You know, we'll have a – we'll have a handle on some things at our September meeting and, and probably that language and how that's gonna be all rolled out, 'cause that'll be helpful too to the Board to know.

Female: Yes. It's pretty – it – it's – there's some very complete drafts that, that we've all worked to, um, get into layman's terms as well. And I know Amanda's been working on it with Terry and United and all of us and really trying to break it down and simplify it, um, for members, so a big shout out to, to that team who's been working on the health side of things with us.

Clare B.: Okay. Are we all set? And then I would, uh, yeah, recommend that we – we'll see all of you guys again in, um, on September 25. That'll be our next meeting. Okay? That'll be a full board meeting.

Female: Mm-hm.

Female: Yes.

Clare B.: Okay. Thank you all today. Thank you all for your support today.

Female: Thank you.

Male: Clare, I think you...

Female: Do we have to adjourn Clare?

Male: ...I think you have to have a motion to adjourn the meeting.

Female: Adjourn.

Male: I move...

Female: [Inaudible].

Male: ...I move we adjourn.

Male: Second.

Male: Second.

Clare B.: Aw [inaudible] [inaudible]. See ? You looked away. You looked away. You missed it. Okay. So moved and seconded. All those in favor, signify with saying aye.

Attendees: Aye.

Clare B.: Opposed?

Male: Thank you, everyone.

Clare B.: Abstentions?

Female: Inaudible.

Clare B.: Thank you. Thank you all today.

Female: Thank you.

Female: Thank you.

Female: Thank you, everyone. Great questions.

Clare B.: Thank you.

Female: Thank you.

Female: Thank you.

/tw