1 RETIREMENT SYSTEMS OF ALABAMA
2 PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN
3 BOARD OF CONTROL MEETING
4 201 South Union Street, Room 843
5 Montgomery, Alabama 36104
6 877.517.0020
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16 **VIDEOCONFERENCE PUBLIC EDUCATION**
17 **EMPLOYEES' HEALTH INSURANCE PLAN BOARD OF CONTROL**
18 **MEETING** reported by Jeana S. Boggs, Certified Court
19 Reporter and Notary Public, in the conference room
20 of the Retirement Systems of Alabama, 201 South
21 Union Street, Montgomery, Alabama, that was held on
22 Tuesday, February 2nd, 2021, at approximately 9:00
23 a.m.

1 APPEARANCES

2 BOARD MEMBERS:

3 MR. LUKE HALLMARK, CHAIRMAN

4 MR. JOHN R. WHALEY, VICE-CHAIRMAN

5 MR. KELLY BUTLER

6 MR. JOHN MCMILLAN

7 DR. ERIC MACKEY

8 DR. JOSEPH G. VAN MATRE

9 MS. KELLI SHOMAKER

10 DR. SUSAN WILLIAMS BROWN

11 MS. AMY CREW

12 MS. CHARLENE MCCOY

13 MRS. SUSAN LOCKRIDGE

14 MR. RUSSELL TWILLEY

15 MS. PEGGY MOBLEY

16 MS. ANITA GIBSON

17 MR. JEFF COLE

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19

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1 ALSO PRESENT:
2 DR. DAVID BRONNER, RSA CEO
3 MR. DON YANCEY, RSA DEPUTY DIRECTOR
4 MS. DIANE SCOTT, RSA CFO
5 MR. DAVE WALES, DIRECTOR PEEHIP
6 MS. ERICA THOMAS, ASST DIRECTOR PEEHIP
7 MS. EMILY EATON, RSA ASSISTANT
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1 AGENDA

2 I. CALL TO ORDER/ROLL CALL - Emily Eaton.......6
3 II. APPROVAL OF AGENDA - Luke Hallmark..........8
4 III. APPROVAL OF 12/8/2020 BOARD MEETING MINUTES
5 Luke Hallmark...........................9
6 IV. FINANCIAL UPDATES - Diane Scott............10
7 Auditors Report - Steve Williams.......12
8 V. PEEHIP BENEFIT PROGRAM UPDATES (Part 1)
9 Dave Wales.............................92
10 VI. PEEHIP BENEFIT PROGRAM UPDATES (Part 2)
11 Erica Thomas..........................115
12 VII. CLOSING COMMENTS - Don Yancey.............130
13
14
15
16
17
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19
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1 CHAIRMAN HALLMARK: I want to
2 welcome everybody for our PEEHIP Board
3 meeting this morning. Everybody should
4 have had an opportunity to look through
5 what we are going to discuss today. I
6 know the email got out last week or a week
7 and a half ago, and I hope everybody
8 browsed through it. I'm sure there will
9 be some questions today, as well.
10 Before we get started, a couple
11 of things I want to mention. I talked
12 to two of our former Board members --
13 was it this week? What's today? Today
14 is Tuesday. I guess it was last week.
15 I talked to Mr. Joe Ward to check on him
16 and see how he was doing. He does not
17 seem to be as cranky as he has been in
18 the past. But he enjoyed my call, and
19 his health sounded very good. And he's
20 -- I certainly invited him to come to a
21 Board meeting in the future, and he says
22 he will definitely do that. So,
23 hopefully we will be able to see Joe. I

1 told him we will have a muzzle on him so
2 he couldn't say anything, but we are
3 going to have him come back.
4 And then I talked to Sarah
5 Swindle. Sarah has been under the
6 weather. And, you know, she lost her
7 husband. It was probably less than a
8 month ago. And she's just dealing with
9 the new -- I guess a different
10 transition in her life.
11 And so, but, you know, think
12 about both of those people. They were
13 both excellent Board members while they
14 served here.
15 So, at this time, I am going to
16 get Emily to give us a roll call.
17 **ROLL CALL**
18 MS. EATON: Luke Hallmark?
19 CHAIRMAN HALLMARK: Here.
20 MS. EATON: Ricky Whaley?
21 MR. WHALEY: Here.
22 MS. EATON: Kelly Butler?
23 MR. BUTLER: Here.

1 MS. EATON: John McMillan?
2 MR. MCMILLAN: Here.
3 MS. EATON: Eric Mackey?
4 DR. MACKEY: Here.
5 MS. EATON: Joseph Van Matre?
6 MR. VAN MATRE: Here.
7 MS. EATON: Kelli Shomaker?
8 MS. SHOMAKER: Here.
9 MS. EATON: Susan Brown?
10 DR. BROWN: Present.
11 MS. EATON: Amy Crew?
12 MS. CREW: Here.
13 MS. EATON: Charlene McCoy?
14 MS. McCOY: Here.
15 MS. EATON: Susan Lockridge?
16 MRS. LOCKRIDGE: Here.
17 MS. EATON: Russell Twilley?
18 MR. TWILLEY: Here.
19 MS. EATON: Peggy Mobley?
20 MS. MOBLEY: Here.
21 MS. EATON: Anita Gibson?
22 MS. GIBSON: Here.
23 MS. EATON: Jeff Cole?

1 MR. COLE: Here.

2 **APPROVAL OF AGENDA**

3 CHAIRMAN HALLMARK: We have

4 everybody present. That is excellent.

5 If you will look inside your

6 program here, you will see that we have

7 our agenda there. So, at this time, I

8 will need a motion to approve our

9 agenda.

10 MS. MOBLEY: Motion.

11 CHAIRMAN HALLMARK: Ms. Mobley. I

12 need a second.

13 MR. COLE: Second.

14 CHAIRMAN HALLMARK: Mr. Cole.

15 Any discussion?

16 (No response).

17 CHAIRMAN HALLMARK: All in favor

18 say "aye."

19 (Board members saying "aye").

20 MR. HALLMARK: All opposed, like

21 sign?

22 (No response).

23 CHAIRMAN HALLMARK: Ayes carry.

1 **APPROVAL OF 12/8/2020 MEETING MINUTES**
2 CHAIRMAN HALLMARK: Next, we have
3 on Item III the approval of our December
4 8th, 2020, Board Meeting minutes. Once
5 again, I hope everybody has had an
6 opportunity to look over the minutes.
7 At this time, I will need a
8 motion to approve the minutes.
9 MR. WHALEY: Motion.
10 CHAIRMAN HALLMARK: Mr. Whaley.
11 DR. VAN MATRE: Second.
12 CHAIRMAN HALLMARK: All right.
13 Second from Mr. Van Matre. Any
14 discussion? Any corrections that may need
15 to be made at this time?
16 (No response).
17 CHAIRMAN HALLMARK: All in favor
18 say "aye."
19 (Board members saying "aye").
20 CHAIRMAN HALLMARK: All opposed,
21 like sign?
22 (No response).
23 CHAIRMAN HALLMARK: Ayes carry.

1 This carries us down to Item IV.
2 And let me mention one thing with our
3 Board and everybody here.
4 I know with this technology they
5 may be a little delayed in hearing what
6 we have to say. So, we may need to
7 pause just a second in case they have a
8 question, so that we can hear what they
9 have to say, you know, at the right
10 moment.
11 So, at this time, I am going to
12 ask Ms. Diane Scott, who is our Chief
13 Financial Officer to begin on Item IV,
14 our financial update.
15 **FINANCIAL UPDATE**
16 MS. DIANE SCOTT: Good morning,
17 Mr. Chairman and members of the Board.
18 CHAIRMAN HALLMARK: Good morning.
19 MR. WHALEY: Good morning, Diane.
20 MS. DIANE SCOTT: Before the
21 auditor comes, I wanted to kind of give
22 you the game plan here. Okay? You
23 received or you have before you several

1 reports. So you know what we are doing;
2 you have got two audit reports. And so,
3 these audit reports are not part of
4 Directorpoint. Okay? So, you will
5 need -- When he refers to the audit
6 report, you will need to look here.
7 You also have two letters. You
8 have one letter for the Retiree Trust,
9 and you have a second communication, or
10 letter, related to PEEHIP. Those are --
11 You should have a hard copy of those,
12 and those also should be on
13 Directorpoint. If you are on
14 Directorpoint for PEEHIP, those are
15 pages 24 through 39 for PEEHIP.
16 On Directorpoint for the Retiree
17 Trust, those are pages 40 through 55.
18 He is going to start with PEEHIP, and
19 then move over to the Retiree Trust.
20 So, I wanted to make sure that
21 you could follow it along, because this
22 is a lot of information.
23 Okay. With that, I will ask

1 Steve Williams, the partner with Carr,
2 Riggs and Ingram, to give you your audit
3 report for September 30, 2020.
4 **AUDIT REPORT**
5 MR. WILLIAMS: Good morning,
6 everyone.
7 As Diane said, I'll start with
8 the PEEHIP Audit Report, and then we
9 will look at the Retiree Audit Report,
10 and then we will discuss the required
11 communications letters, which she
12 referenced to you-all.
13 If you have the PEEHIP Audit
14 Report, it's page one. It covers page
15 one and two. And so, basically you can
16 see that the audit report is divided
17 into multiple paragraphs that kind of
18 lay out the report: Management's
19 responsibility, our responsibility as
20 auditors, and then the opinion, which is
21 the most important part of the audit.
22 If you start at the top there,
23 it notes that we have audited the

1 accompanying financial statements of the
2 Public Education Employees' Health
3 Insurance Fund, a component unit of the
4 State of Alabama for the year ended
5 September 30th, 2020.
6 Management is responsible for
7 preparing the financial statements in
8 accordance with Generally Accepted
9 Accounting Principles in the United
10 States of America. Our
11 responsibilities, as auditors, is to
12 opine and report on those financial
13 statements, that are in accordance with
14 those principles. And it comes down and
15 talks a little bit about what an audit
16 involves, the test procedures, sampling,
17 and things of that nature, also
18 reviewing the internal controls.
19 And then the last part there
20 says, "In your opinion, the financial
21 statements referred to above present
22 fairly in all material respects, the net
23 position of the Public Education

1 Employees' Health Insurance Fund as of
2 September 30th, 2020, and the changes in
3 net position for the year then ended in
4 accordance with accounting principles
5 generally accepted in the United States
6 of America."
7 That's basically -- In our
8 opinion, that's an unqualified opinion,
9 which means we ran into no difficulties,
10 no issues, nothing that we would need to
11 report to you-all as the Board.
12 The second page of the report
13 there covers what it calls "Other
14 matters." Basically, this is
15 supplementary information that
16 governmental accounting standards
17 require to be included in the report.
18 You will see a management discussion and
19 analysis. The management discussion and
20 analysis is kind of a great summary of
21 the financial statements, and kind of a
22 recap of what happened during the year.
23 So, if you are reading through

1 the report, I would recommend you kind
2 of start there, because it will give you
3 a great understanding of what transpired
4 from year to year, and the variances
5 from year to year.
6 And then there's some additional
7 supplementary information that GASB
8 requires related to claims and things of
9 that nature.
10 That would be our report on the
11 PEEHIP, the active portion.
12 CHAIRMAN HALLMARK: Are there any
13 questions at this time?
14 (No response).
15 MR. WILLIAMS: If you move over to
16 the Retiree Trust Report, again our report
17 will be on page one. And our report here
18 is very similar, so I will just go ahead
19 and tell you that our opinion, again, was
20 an unqualified opinion, which means that
21 we did not encounter any difficulty during
22 our audit. We did not come into anything
23 of note that we would need to report to

1 you-all as the Board. And in just a
2 minute when we look at the letters, I will
3 kind of cover the conditions that may come
4 to our attention if we were required to
5 report anything, or bring anything to your
6 attention.
7 The second page of the report
8 there also covers the other matters,
9 which is the required supplementary
10 information -- and supplementary
11 information. Potentially that's the
12 same as the PEEHIP report. The Retiree
13 report has a management discussion and
14 analysis. It gives a comparison of year
15 to year and an overview of kind of what
16 happened in the financial statements and
17 gives you a great summary.
18 And then there's some claims
19 information in the back of the report
20 that kind of gives a ten-year summary of
21 claims incurred and paid in development.
22 That would conclude the report for the
23 Retiree Trust.

1 CHAIRMAN HALLMARK: You have heard
2 Mr. Williams' report on the Retiree Trust.
3 Any questions at this time?
4 Steve, is there anything out
5 there that always you-all look at to
6 make sure everything -- anything in
7 particular, that one little item?
8 MR. WILLIAMS: Yes, sir. In our
9 required communication letters that we
10 will look at, there are several estimates
11 that we review each year in both of these.
12 The largest of which is the investment
13 portfolio, because the investments are
14 reported at fair value.
15 So, we do a lot of testing
16 around the fair value of the investments
17 to ensure that they are reasonably
18 stated in the financial statements. And
19 then you also have what's called an
20 incurred but not reported liability, an
21 IBNR liability. That's basically for
22 claims that have been incurred as of
23 yearend, but they may not have been

1 reported by September 30th. For
2 instance, someone got sick on the 28th
3 or the 29th, or they had a procedure on
4 the 30th, and the PEEHIP, or the Retire
5 Trust, doesn't find out about that until
6 October. So, the actuaries come in and
7 they prepare an analysis of claims
8 expense and expenditures, and they do
9 some triangles to show historical
10 payouts and things of that nature, and
11 they project an additional reserve to be
12 recorded by management for that
13 liability.
14 And so, those are really the two
15 biggest estimates there in the PEEHIP
16 that we kind of look at, and they also
17 carry over to the Retiree Trust each
18 year. And then there is, additionally,
19 you have the net pension liability; and
20 in the Retiree Trust, there is the net
21 OPEB, Other Post Employee Benefit Plan,
22 liability, that we look at the actuarial
23 reserves and projections around those

1 numbers and do a lot of testing.
2 Those three areas are really the
3 bulk of where we spend our time in both
4 of these audits and do a lot of testing
5 and procedures there.
6 CHAIRMAN HALLMARK: Thank you.
7 Any other questions?
8 MR. WHALEY: What was the balance,
9 again?
10 CHAIRMAN HALLMARK: What was the
11 balance again?
12 MR. WILLIAMS: The balance?
13 MR. WHALEY: Of the trust.
14 CHAIRMAN HALLMARK: Of the trust.
15 MR. WILLIAMS: Hold on just a
16 second.
17 DR. BRONNER: Mr. Chairman, you
18 had a question from the teleprompter.
19 MR. WILLIAMS: It was -- The
20 balance in net position for the Trust at
21 yearend was just over $1.6 billion.
22 CHAIRMAN HALLMARK: Okay.
23 Question, is that -- Who is that from up

1 there? Kelli. Yes, ma'am.
2 MS. SHOWMAKER: Yeah. No, I was
3 just curious if there were any postponed
4 new statements that might need to be
5 adopted in the next couple of years, as
6 well as any new statements that might have
7 an impact on the net position.
8 MR. WILLIAMS: Not that would have
9 a material affect on the net position of
10 the Retiree Trust. There are a couple of
11 statements that will be coming out over
12 the next few years. Because of COVID,
13 both the GASB and the FASB delayed
14 implementation of several new standards.
15 But there is a new leasing
16 standard that will kind of affect all
17 governmental entities, and there is also
18 a -- kind of a reporting standard that
19 is coming out that will kind of affect
20 the way the financial statements look
21 for the most part.
22 But not at this moment, not that
23 will materially affect the net position

1 in the next year or two.
2 MS. SHOWMAKER: All right. Thank
3 you.
4 CHAIRMAN HALLMARK: Thank you.
5 Any other questions?
6 (No response).
7 CHAIRMAN HALLMARK: Okay.
8 MR. WILLIAMS: The other thing
9 that we will talk about would be the
10 required communication letters. And Diane
11 mentioned that they were on the pages for
12 the -- make sure I glued that down.
13 Sorry. I have got to get back to my
14 notes.
15 For the PEEHIP, the letters are
16 on page 24 through 39 in your report.
17 And for the retirees, they are on page
18 40 through 55. And I will kind of just
19 summarize both required communication
20 letters, because they are very similar.
21 But basically, this is a letter
22 that we present to you-all as the Board
23 and to management each year. And this

1 letter is divided into multiple parts.
2 It kind of has an opening that basically
3 says, we appreciate the opportunity to
4 be of service to you-all, and kind of
5 talks about what we are required to do
6 in our engagement.
7 The first is to perform audit
8 services and report on those to you-all
9 directly as the Board; to address any
10 concerns that you, as the Board or
11 management, may bring to us; any
12 questions that you may have when you go
13 through the financials or the CAFR; and
14 then to, you know, any other items that
15 come up during our testing. For
16 instance, I mentioned the investments
17 and the claims liabilities. If we were
18 to encounter difficulties or things of
19 that nature, we might do some additional
20 testing or bring things to you-all's
21 attention.
22 So, that's kind of what we were
23 engaged to do as part of our engagement.

1 And then, when you get into the actual
2 required communications, it kind of
3 starts with what is to be communicated.
4 And there is a list of items here that's
5 pretty long. The first couple kind of
6 repeats our audit report. It's what
7 we -- what our responsibility as
8 auditors was, to opine on the financial
9 statements. And then, again, it brings
10 up the client or management's
11 responsibility to prepare those
12 financial statements.
13 And then it goes into judgments
14 and accounting estimates, potential
15 financial statements, risks to any
16 exposures there. You'll notice as you
17 go through here, we have no such risk or
18 no -- for almost all of these.
19 If you turn over a couple of
20 pages, you will see at the top, it says,
21 significant difficulties encountered in
22 the audit. You will note, "none." This
23 will be if we ran into trouble getting

1 access, or getting support for account
2 balances, or things of that nature, or
3 the actuaries were slow to respond, or
4 the investment people were slow to
5 respond and kind of delayed or postponed
6 things. So, you will see we had none
7 there. We had no disagreements with
8 management. There were no other issues
9 or findings that kind of arose to our
10 attention that we would need to
11 communicate with you-all.
12 And then there is a section that
13 says, "corrected and uncorrected
14 misstatements." It says, "refer to the
15 summary of audit adjustments."
16 And so, if you will flip over a
17 couple of more pages, you will kind of
18 see accounting policies, judgments, and
19 sensitive estimates, and CRI comments on
20 quality, and this is in both reports.
21 And, again, you will see, this kind of
22 talks about the key estimates, the key
23 areas that are presented at fair value,

1 or estimated within the financial
2 statements. And you will see
3 investments. You will see net pension
4 liability. You will see unpaid claims,
5 loss and loss adjustment expenses. You
6 will see the net OPEB liability there,
7 as I discussed just a few minutes ago.
8 Just past that, you will see the
9 summary of audit adjustments that I
10 referenced a little bit earlier. And
11 what does -- This page basically
12 describes what an audit adjustment would
13 be. So, it says, you know, during the
14 course of our audit, we accumulate
15 differences between amounts recorded and
16 amounts that we believe are required to
17 be recorded in accordance with Generally
18 Accepted Accounting Principles, and you
19 will note that we did not propose any
20 adjustments or find any differences or
21 errors during our procedures.
22 The rest of the letter kind of
23 goes through some representations that

1 management provides to us each year.
2 Basically they provided us access to
3 everything we needed for testing. They
4 responded to all of our inquiries.
5 There haven't been any issues there.
6 And then the very last page of
7 the letter kind of addresses internal
8 controls, and it would be where we noted
9 any deficiencies or problems in the
10 controls as we tested them and reviewed
11 them, and you will see there that we did
12 not note any deficiencies or items to
13 comment on in that area.
14 That would conclude the required
15 communications to you-all as the Board.
16 CHAIRMAN HALLMARK: Okay. We have
17 heard Mr. Williams' report. Are there any
18 comments or questions at this time?
19 (No response).
20 CHAIRMAN HALLMARK: I think we are
21 good.
22 MR. WILLIAMS: Thank you, Mr.
23 Chairman.

1 CHAIRMAN HALLMARK: Thank you. We
2 appreciate everything. Diane?
3 You know, being in -- like Dr.
4 Mackey and most of us in education, when
5 we have those State examiners come in
6 and they sit with your Board Members,
7 and your Board Members sometimes really
8 don't understand all the terminology,
9 and they come and they say, we are
10 having to give -- we are giving you an
11 unqualified report. I mean, really, it
12 sounds a little negative. I mean, it
13 does. But it's really the best you can
14 have. And I think once you keep, you
15 know, using that term among your Board
16 members, they do understand that when
17 you get an unqualified report, you're
18 meeting all their expectations and
19 having everything done correctly.
20 But, anyway, Diane?
21 MS. DIANE SCOTT: Yes, sir. If
22 everybody would turn to page 56 in your --
23 either on Directorreport or in your book,

1 I wanted to go over with you some items
2 today that we sometimes don't talk about
3 but to give a little education.
4 And one of these is the Cares
5 Act funding that we received. If you
6 will remember, that Alabama received
7 about $1.8 billion from the Cares Act
8 last year. And there were three
9 criteria by which you could use this.
10 And I have got those listed there. They
11 had to be incurred due to the public
12 health emergency with respect to COVID.
13 They could not have been budged as of
14 March 27th, 2020. And they had to be
15 incurred between the period of March 1st
16 and December 30th, 2020.
17 Well, PEEHIP, as well as TRS and
18 ERS, qualified for some of these, so I
19 have got a schedule here of what we
20 received through December the 30th. And
21 you can see PEEHIP received almost $24.5
22 million. By far, almost all of that was
23 related to claims that we paid because

1 someone was either tested for COVID or
2 had COVID. Okay?
3 The other items for -- a little
4 bit for PEEHIP and for TRS and ERS
5 related to equipment that we had to
6 purchase in order for people to go home
7 and work, for cleaning, and there were
8 some legitimate items related to payroll
9 and benefits that we could get
10 reimbursed for. But as you can see, we
11 received everything that I could
12 possibly get within the time limit and
13 with the funds that were available at
14 the time.
15 We have expended, through
16 January 31st, $38.7 million in
17 COVID-related medical claims, and that's
18 through January 31st. Yesterday,
19 Mr. Butler told me about the -- updated
20 me on the current bill that's been
21 passed by the House related to more
22 Coronavirus funds, and that, yes, there
23 is some money in there for State and

1 local governments. He gave me an
2 estimate of perhaps what Alabama might
3 receive, but there is -- the rules and
4 regulations have not been promulgated
5 yet. And the verbiage in the bill, as I
6 understand it, was such that we don't
7 have enough information about whether or
8 not these funds could be used for the
9 same things, that I used them for, for
10 PEEHIP.
11 But as soon as this perhaps
12 passes the Senate and becomes a law,
13 then we will be watching carefully, as I
14 know Mr. Butler and his group will be,
15 too, to see how these funds might be
16 able to benefit any of our systems.
17 Okay.
18 MR. MCMILLAN: Diane, excuse me.
19 Kelly, this might be better
20 directed at you, but I read somewhere
21 that, if we get the additional funds,
22 they are going to be through the
23 Legislature and not the Executive

1 Branch. Do you know the answer to that?
2 MR. BUTLER: Well, the funds would
3 have to be appropriated by the
4 Legislature, yes. And the bill passed by
5 the House is very similar to the Cares Act
6 Provider Relief Fund with two pretty big
7 exceptions: One, it says you can use it
8 to replace lost revenue, which was
9 absolutely not allowed last year; and
10 there is no hard deadline.
11 One of the difficulties -- and I
12 could write a book -- in administering
13 the $1.8 million was the December 30th
14 deadline, which was a hard deadline
15 until December 27th when Congress
16 extended it, which for our purposes in
17 working was too late to make a
18 difference. And I probably should stop
19 with the editorial comments.
20 But to answer your question, the
21 first step, once Congress finishes their
22 work, would be for the Legislature to
23 appropriate it. And then we would, in

1 all likelihood, be administering it.
2 Unless they decide they want somebody
3 else to, which -- here's another
4 editorial comment -- I might encourage
5 them to give it to somebody else.
6 Anyway, I am sorry.
7 MS. DIANE SCOTT: Okay. That's
8 all I have to do on the Cares Act funding.
9 If you want to turn to page 57,
10 we have talked a lot about before active
11 premiums, and we also have talked a lot
12 in previously, about how the retiree
13 premiums somewhat changed from year to
14 year based upon the sliding scale and
15 the two different kinds of sliding
16 scales. Okay?
17 So, I thought it would be
18 interesting if I looked at retiree
19 premiums on states around us and certain
20 other states just for us to get a feel
21 for what are other states doing. It's
22 always so very, very important to know
23 what is happening.

1 So, let's just take a look here
2 at what we have got on page 57. I have
3 two different groups here: I have the
4 non-Medicare eligible retiree premiums
5 and the Medicare eligibles. So, what I
6 did for the non-Medicare eligible
7 members is, I looked at someone who is
8 25 years old retiring at age 60, because
9 I wanted to get everything on a level
10 playing field for these premiums.
11 I looked at Tennessee. They
12 have two different plans: One for
13 teachers, and one for the school
14 support.
15 I looked at Kentucky, Ohio.
16 They have a plan for the school
17 employees, and then they have a plan for
18 the teachers. Mississippi and Georgia
19 and Alabama.
20 And so, I have written the
21 premiums out here, and what I did was I
22 looked for the plan, because some of
23 these retirement -- some of these states

1 have multiple plans that their retirees
2 can participate in.
3 So, I tried to find the plan
4 that was closest to our plan. Okay?
5 And in red, you can see where the
6 smallest premiums are for a person who
7 is retiring at 25 years of service at
8 age 60.
9 Okay. The same thing on the
10 Medicare eligible, except it's just 25
11 years of service. Okay? And the red is
12 the same.
13 So, if I wanted to fly up at
14 about 30,000 feet of cruising level and
15 to say, Diane, what do you want me to
16 really see here? Okay. What should we
17 really glean, rather than a bunch of
18 numbers that are either on black and red
19 on this a sheet of paper?
20 So, here's what I tried to find
21 on this. And this is what I looked at,
22 or gleaned from this. You can see
23 toward the bottom of this page 57, I

1 have told you a little bit about the
2 plans that I looked at, that I thought
3 were closest to Alabama. And most of
4 these other plans are coinsurance based,
5 not co-pay based. That's very
6 important. Very, very important.
7 Because on a coinsurance based plan,
8 your member, your retiree, does not
9 really know what their out-of-pocket is
10 going to be when they walk in that
11 doctor's office, and sometimes they can
12 get sticker shock.
13 But we know and we know that we
14 have low co-pays. But our members know
15 when they walk in the doctor's office or
16 when they go to get their prescriptions
17 what their cost is going to be.
18 Here's the second thing:
19 Alabama was the only plan that
20 calculated the premium based off a
21 subsidy amount. And they are the only
22 state that I looked at that took age at
23 retirement into consideration. Okay?

1 All the other plans looked at total
2 cost. All the other plans looked at
3 total cost. Okay? And that's important
4 here, because what we have seen based
5 upon our law is that, if my subsidy goes
6 down, the premium effect is the
7 opposite. Okay? And that's what caught
8 us in the Medicare eligible space last
9 year. Okay? It was counter-intuitive.
10 But think about this: If you --
11 the other states that work off of cost,
12 if the cost goes down, what happens to
13 the premium? The premium goes down. If
14 cost goes up, what happens? The premium
15 goes up.
16 Okay. All right. This next one
17 was a shocker to me. When I looked at
18 Tennessee, their Medicare eligible plan
19 does not include drug coverage. Okay?
20 Alabama was the only plan to calculate
21 the service adjustment based on exactly
22 how long a person worked. The other
23 states had ranges.

1 So, for example, the premium for
2 someone who worked 20 to 24.99 years was
3 this number. The premium for a person
4 who worked, let's say, 25 to 28 years
5 was this number. Not, in our case, where
6 a person who worked 300 months, which is
7 25 years, is this. A person who worked
8 301 months is this, and a person who
9 worked 303 months is that. Okay? So, I
10 saw them using ranges.
11 Okay. So, I went back and again
12 looked at what happened last year just
13 to kind of give you some more numbers.
14 So, let's think about the non-Medicare
15 eligible members now. Okay?
16 The most frequently occurring
17 premium change across all of the 11,800
18 people was $4.00. Okay? $4.00. That
19 happened 786 times. Now, these changes
20 are just based upon what the sliding
21 scale did. It takes out everything that
22 they might have gone from, single to
23 family or family to single. Perhaps

1 maybe they had a different premium
2 assistance program number. Okay. This
3 is just what did -- what effect did the
4 sliding scale have on.
5 Okay. The largest increase in
6 that group was $72.26. That happened to
7 four people. They had worked 120
8 months, and they were 60 years old when
9 they retired. Okay?
10 The average of all those
11 increases was $22.73. So, hopefully
12 that kind of brings you up. We have got
13 three different groups working in there.
14 We have got the group of people who were
15 still -- that are in the early retirees
16 that retired very young, that -- it was
17 just $4.00. Okay? We still had about
18 600 of those people.
19 We have the second, or the first
20 sliding scale group, that retired from
21 10/01/05 to 12/31/11. Okay? There was
22 about 2,200 of those.
23 And then we have got the other

1 group that retired on January 1, 2012,
2 and since then. Okay? About 9,000 of
3 those people.
4 Okay. So, that gives you a
5 perspective of what happened with that
6 group. Okay?
7 I'll go on to the Medicare
8 eligible groups.
9 CHAIRMAN HALLMARK: Okay. Diane?
10 MS. DIANE SCOTT: Yes.
11 CHAIRMAN HALLMARK: Dr. Brown has
12 a question.
13 DR. SUSAN BROWN: Can I take my
14 mask off?
15 CHAIRMAN HALLMARK: You may.
16 DR. SUSAN BROWN: Okay. Thank
17 you. I just wanted to make sure.
18 Thank you, Diane. Thank you
19 Mr. Chairman.
20 Is this an appropriate time to
21 ask questions? I don't know if you are
22 finished, but I do want to ask a few
23 questions about what you have just

1 stated.
2 MS. DIANE SCOTT: I'm not quite --
3 CHAIRMAN HALLMARK: Yeah, up to --
4 Why don't you finish the last little bit,
5 and then I will come back to Dr. Brown and
6 let her ask. Is that okay, Dr. Brown?
7 DR. SUSAN BROWN: Sure.
8 CHAIRMAN HALLMARK: Okay. Yeah.
9 MS. DIANE SCOTT: Okay. On the
10 Medicare eligible members -- okay? -- what
11 happened there? So, we have got about
12 56,000 people there. Okay? The most
13 frequently occurring premium change was
14 zero. That's because we have got 26,000
15 people in -- that retired prior to 2000 --
16 10/1/05, there was no change. Okay?
17 We have got the highest increase
18 overall was $52.99 -- $52.99; that was
19 one person. If I took all of our
20 early -- all of our Medicare eligible
21 retirees and averaged them, there was a
22 reduction of $1.51. Okay?
23 So, that kind of gives you

1 the -- it's a range. Most people was
2 nothing because they are highly weighted
3 on those earlier retirees. But, yes,
4 when it does happen to somebody, it's
5 important to them. Okay? And we want
6 to make sure that we help -- give enough
7 information, hopefully, that people
8 will, you know, understand it. Okay?
9 There was an article in the -- I
10 had told you-all that we sent out
11 letters around September 25th, which we
12 did. But I was talking to Dave
13 yesterday, and he reminded me that we
14 always have an article in the Advisor in
15 June.
16 So, we talked about, yesterday,
17 thinking about how else could we better
18 equip the members -- now, they may not
19 read it, but how can we do even better.
20 Okay? So, there -- maybe perhaps we do
21 another article in the Advisor, say, the
22 1st of September. Maybe we have the
23 calculator out earlier than we have.

1 So, we will look. We will
2 really look hard to make sure that we
3 have given the tools as early as
4 possible this year to members so that
5 they can hopefully be prepared for this.
6 Okay?
7 The other thing that I wanted
8 to -- as part of this was, not only do
9 the retirees get these premium changes,
10 and I looked at these same plans related
11 to COLAs that might -- or what else
12 might be out there in their arena to
13 close the gap on as much knowledge as I
14 can.
15 So, on page 58, I have listed
16 what we came up to with the COLAs. But
17 there is a couple of things that I
18 wanted to bring out to you.
19 Ohio teachers in 2017, their
20 Board made a decision to reduce the COLA
21 granted on or after July 1st to zero
22 percent. Okay? They will evaluate the
23 COLAs prospectively every time they have

1 an experience study. Okay? And their
2 next experience study is in 2022.
3 Kentucky TRS. Kentucky TRS has
4 been noted, as you all probably
5 remember, has not been the best -- in
6 the best shape. Okay? So, they have
7 not made their actuarial required
8 contribution. So, CavMac, who is their
9 actuary, calculated that in order for
10 the fund to be compliant with their
11 Board funding policy, the State needs --
12 needs to contribute an additional
13 $629 million in fiscal '23. Okay? In
14 2015, the State contributed only 61% of
15 their required contribution.
16 So, Kentucky, if you look at
17 both of those, did have some of the
18 lowest premiums that I showed you, but
19 their plan is coinsurance, and they do
20 have the retirees or the plan -- the
21 retirement plan is not as well funded.
22 Now, North Carolina. North
23 Carolina was not one of these that I

1 listed over here as far as premiums, but
2 I thought it was important for you to
3 know that North Carolina that covers
4 State employees and public school
5 teachers won't qualify to receive State
6 medical coverage when they retire if
7 they are hired January 1, 2021, and
8 beyond. Okay?
9 So, I tell you all of this, not
10 to scare you, but to be make sure that
11 you are seeing what's happening out
12 there. Let it scare me. Okay? Because
13 what we try to do is try to make sure
14 that our plan stays fiscally responsible
15 and provides the best health insurance
16 we can to our members for the most
17 economical cost to our members that we
18 can.
19 So, it's important that I --
20 that we all understand, and in
21 particular what's happening out there,
22 so that we can try to make sure that we
23 don't get in the same situation. Okay?

1 One of the other things as part
2 of this section is a history of the
3 active premium -- PEEHIP premiums, and
4 that's on page 60. And this just
5 basically shows how few times we have
6 raised the active premiums. And I think
7 that's something that's very important
8 for us to all remember. And there is
9 just not a whole lot I want to say about
10 that, other than this is the history,
11 and we have done them a very few
12 times -- raised them a very few times.
13 So, at this point, I would
14 entertain any questions that anyone has
15 about this.
16 CHAIRMAN HALLMARK: Questions or
17 comments. Dr. Brown?
18 DR. SUSAN BROWN: Thank you,
19 Mr. Chairman. Thank you, Diane, for your
20 report. It's very, I guess, well put
21 together. Thank you. It is interesting.
22 I would like to just, you know,
23 put in the -- on the record, on the

1 table, that historically the educators
2 in the State of Alabama have taken
3 PEEHIP coverage over pay raises --
4 MS. DIANE SCOTT: Right.
5 DR. SUSAN BROWN: -- this whole
6 time, especially when Dr. Hubbard was
7 here, and that is impacting part of this
8 now. Because if you do take PEEHIP health
9 coverage, because that was a very
10 important part of the benefits package,
11 because my whole thing this whole time is,
12 you have to look at the total benefits
13 package. And when you are looking as an
14 employee, when you are weighing whether
15 you are going to work in Alabama or
16 Georgia, or wherever, you need to look at
17 the total benefits package.
18 So, in Alabama, the educators
19 have chosen insurance as a strong part
20 of their benefits package, and that is
21 playing out here. And so, I just want
22 to put that on the record.
23 And, you know, I did not see

1 Florida in this, so I would be
2 interested in seeing how Florida would
3 compare. But also, those rates that you
4 were quoting, those were per month
5 changes. And --
6 MS. DIANE SCOTT: They are not
7 changes -- excuse me. They are not
8 changes. Those are the monthly rates.
9 DR. SUSAN BROWN: Oh, okay. So,
10 what was -- I thought that was the change,
11 the $4.00 change.
12 MS. DIANE SCOTT: Oh, excuse me.
13 Excuse me. You are talking about a $4.00
14 -- right.
15 DR. SUSAN BROWN: Right. That $72
16 change that you said four people had. Was
17 that not a change per month?
18 MS. DIANE SCOTT: Yes. Excuse me.
19 Excuse me. That is a monthly change.
20 That's right.
21 DR. SUSAN BROWN: Okay. So, I
22 just wanted to put it on the record that's
23 a huge amount of change, if you are a

1 retiree, to have -- all of a sudden you
2 are going to have to pay $72, but I know
3 you said that was only four people. And I
4 think you said there were some that were
5 $22, you know, different amounts, $52.
6 So, it varied.
7 So, I just want to put out there
8 that our retiree group, when they are
9 talking to us, and they do talk to us,
10 they are concerned that their retirement
11 check is not changing very much or at
12 all, and -- but their cost of living
13 through our insurance is going up.
14 And that's where I think they
15 are concerned about. I know that, you
16 know, we have had a lot of information
17 in the Advisor about what we can do for
18 retirees at the current time. And I
19 know we are very blessed in the State of
20 Alabama. I do thank Dr. Bronner, and I
21 thank all the staff for what you have
22 done to try to keep our costs low. But
23 I just don't want us to paint the wrong

1 picture.
2 And can you give us a nutshell
3 of what you see as change in the
4 formula? And does this change every
5 year, or does it just change when we
6 pick a new plan like Humana when we
7 changed the carrier? And just give us a
8 quick synopsis of, do you expect us to
9 change every year?
10 CHAIRMAN HALLMARK: Diane, hold on
11 just one minute. I mean, I have got a
12 question. What do you mean by "paint a
13 different picture"?
14 DR. SUSAN BROWN: Well, I was just
15 saying this is a great snapshot, and I
16 think Diane and them did a good job
17 collecting data. I just don't want it
18 to -- I mean, it is not the total picture.
19 CHAIRMAN HALLMARK: Okay. And
20 what would you think would need to be
21 included so it would be a total picture?
22 Anything in particular just --
23 DR. SUSAN BROWN: All I was just

1 saying is, every state is different,
2 because some states are Social Security
3 states, some states are not. And some
4 states do get automatic COLA, some states
5 do not. Some states pay -- I think
6 Florida pays, what, 3% into their
7 retirement. We pay, depending on which
8 tier you are in, a different rate.
9 So, that's why I am saying, you
10 need to look at the total benefits
11 package, and not just pull out certain
12 parts.
13 CHAIRMAN HALLMARK: Okay.
14 DR. SUSAN BROWN: But I think it's
15 a great place to start. I am just trying
16 to let you know why a lot of the retirees
17 are concerned.
18 MS. DIANE SCOTT: Okay. So, will
19 this occur every year? The -- I am trying
20 to make sure that I -- that I am very
21 clear rather than garble your mind any
22 more. Okay?
23 For an early retiree, for a

1 retiree who is not 65 years old, the
2 essence of the law, when we get down to
3 it, is that we shall not subsidize an
4 early retiree any more than an active.
5 Okay?
6 That calculation, basically, is
7 the confluence of a number of things.
8 What does it cost for an active? What
9 does it cost for an early retiree? What
10 is the premium for an active? And what
11 is the base premium for an early
12 retiree? Those don't change, but these
13 change, and the proportion in which they
14 change, the amount that we have to
15 adjust for is going to change. Is it
16 going to go up, or is it going to go
17 down? I don't know until I get those
18 projections back, really work through
19 them and fashion it.
20 So, yes, and it has changed
21 every year. Sometimes it's been less
22 than other years. Sometimes it's gone
23 in the intuitive direction, and

1 sometimes it has not gone in the
2 intuitive direction. In general, in
3 general, Medicare -- the non-Medicare
4 eligible retirees, the early retirees in
5 general -- now, as sure as I say that,
6 it won't be this year.
7 In general, these are going to
8 go in the intuitive direction. Okay?
9 All right. And it's all based upon the
10 cost of an individual component. Not
11 anything that's for dependents. Okay?
12 Let's go to the Medicare
13 eligibles. The Medicare eligibles, no
14 matter whether you are in the first
15 sliding scale or the second sliding
16 scale, it's only based off of cost -- I
17 mean, subsidy, subsidy. So, if your
18 cost goes down and your premium stays
19 the same, then your subsidy goes down.
20 The percent of the subsidy is the
21 discount. So, if your discount --
22 DR. SUSAN BROWN: Right. So,
23 that's why it goes up.

1 MS. DIANE SCOTT: And that's why
2 it goes up.
3 DR. SUSAN BROWN: It's counter --
4 MS. DIANE SCOTT: It's counter
5 intuitive.
6 DR. SUSAN BROWN: Right. I
7 understand that, but it's very difficult
8 to explain.
9 MS. DIANE SCOTT: It is very
10 difficult to explain. I have been in your
11 shoes. Yes. Yes. And that's why I am so
12 very careful. That's why I said, all of
13 these other plans go off of total costs.
14 DR. SUSAN BROWN: Right. And I
15 understand, and I appreciate this
16 information. I just want us to make sure
17 we look at the, you know, the total
18 package.
19 MS. DIANE SCOTT: The total
20 package. That's why I tried to put in
21 here the retiree plan COLAs, because
22 from -- in my mind, if we are going to
23 focus on retirees, their total package

1 right now is what their benefit is now,
2 and the ability for that to change plus
3 their --
4 DR. SUSAN BROWN: Right. And if
5 that is based on their -- their retirement
6 is based on their salary, which typically
7 Alabama salaries have been less, because
8 we have chosen to take the insurance as
9 part of our benefits package.
10 But thank you, Diane, and Mr.
11 Chairman.
12 CHAIRMAN HALLMARK: And following
13 up on that, I will say as far as our
14 salaries -- you know, because I think most
15 of us that are on the Board were teachers
16 at one time, you know, we were at a level.
17 But because of Dr. Hubbard and the
18 Legislature, we have been able to get pay
19 raises that have brought up our salaries.
20 And there have been many, many times that
21 we have gotten pay raises where our health
22 insurance did not increase.
23 So, I mean, it's a line that you

1 can kind of pick which side you want to
2 discuss. But I think, as a Board, we
3 always need to keep in mind our fiscal
4 responsibility, you know, that even for
5 retirees or actives is that our people
6 want a quality healthcare plan. I mean,
7 that is it.
8 And the people that I have
9 talked to when we have discussed the
10 possibility of increasing premiums, they
11 don't want to increase premiums. But
12 when you mention, well, do you want a
13 watered-down healthcare plan; do you
14 want to have to increase co-pays? You
15 know, sometimes you have to give a
16 little bit to get what you have.
17 And people say, well, I would
18 rather have to possibly pay a little
19 more to premium to keep the healthcare
20 plan that we have got, because our
21 healthcare plan is second to none. I
22 mean, it is really one of the best out
23 there.

1 So, I see where you are coming
2 from, but then I see both sides, and
3 it's just however you look at it, Dr.
4 Brown. I mean, you know, like I said, I
5 think what we have in place is really,
6 really good. I think we have been
7 really, really blessed to have a
8 healthcare plan like we have.
9 As far as our teachers'
10 salaries, they can always be better.
11 But we have come so far; and with my
12 little time, 38 years, that, you know,
13 we just -- we are very fortunate. We
14 really are. Yes, ma'am?
15 MS. GIBSON: Thank you. Ms.
16 Scott, I want to thank you for going back
17 and digging into all this and providing
18 this information. It's going to help me a
19 lot in helping retirees to understand and
20 to answer the questions that I receive.
21 I think it is sometimes a
22 catch-22, but I agree with Luke. The
23 package that we have is by far, I think,

1 the best we can possibly get. I don't
2 like for my rates to go up any more than
3 anybody else. But when you look at the
4 total package, I think we are doing an
5 awesome job providing insurance --
6 quality insurance programs.
7 I think the information and
8 being able to share specifics with the
9 people who have those questions will
10 help them to understand, and I
11 appreciate you looking at ways to get
12 that communication out to them sooner to
13 help them to understand more, and I will
14 certainly be trying to do my best to
15 help those who come to me with
16 questions, to understand what's going
17 on.
18 And I, too, have had people to
19 tell me, you know, yeah, I gave up my
20 raise all those years I was a teacher,
21 because I wanted my insurance, you know.
22 And when you can actually explain things
23 and get them to listen to what you are

1 saying, I think they do understand, and
2 they do want that quality program
3 instead of a watered-down program.
4 But I just want to tell you how
5 much I appreciate your looking at this
6 and getting this information for us.
7 MS. DIANE SCOTT: Thank you.
8 One --
9 CHAIRMAN HALLMARK: And also,
10 there are also programs out there that are
11 like automobile deductions -- I mean, a
12 deductible. I mean, you have to come up
13 out of your pocket. I think in
14 Mississippi, maybe like a $1,000, that you
15 have got to come out of your pocket a
16 $1,000 before their insurance kicks in.
17 So, going back to what Dr. Brown
18 says, I think each state -- there may be
19 some parts in there that are similar
20 that we can compare to, but there are
21 other parts of it that make them all
22 different and unique.
23 MS. DIANE SCOTT: That's exactly

1 right, and I do recognize that you-all
2 look -- like to look at the states around
3 us. But I also added Kentucky and Ohio in
4 this for a strategic reason, and that's
5 because they do tend to be innovative.
6 They do tend to be on the cutting edge.
7 And they are very active on the national
8 scene, and we have worked together with
9 Ohio and Kentucky on the national scene.
10 So, I think that's very
11 important. They are not passive. They
12 are not -- They don't accept the status
13 quo. They try to get out there and
14 doing it, and I thought -- I like to be
15 out there on the cutting edge. Maybe
16 some people say the bleeding edge.
17 But, you know, I think it's
18 important for us to also look at those
19 others that are doing different things,
20 and what have you. So...
21 CHAIRMAN HALLMARK: Well, thank
22 you. Anybody on the outside have any
23 questions up there?

1 MR. WHALEY: Dr. Mackey has one.
2 CHAIRMAN HALLMARK: Dr. Mackey?
3 Do we have somebody up there?
4 DR. MACKEY: Well, I think
5 Mr. Twilley had raised his hand. So, I
6 will defer --
7 CHAIRMAN HALLMARK: No. No, he's
8 just waving. Dr. Mackey?
9 DR. MACKEY: Thank you, Mr.
10 Chairman. I have a -- first, as others
11 have said and Dr. Brown said, I appreciate
12 you digging into this. It is helpful. I
13 will -- I do have a question we will get
14 to in a second, but I wanted to make a
15 comment first.
16 I was shocked -- truly shocked,
17 and I am sure everybody on this Board
18 was, when they saw what North Carolina
19 had done, and it's scary. And I don't
20 know how you recruit people to work for
21 your state government or teachers or
22 support employees when you say, when you
23 retire, we are going to offer you

1 nothing; you just walk away.
2 So, I appreciate you, Dr.
3 Bronner and everybody on the team for
4 making sure we have a solid system in
5 place going forward years to go.
6 But I do have -- I get emails
7 sometimes from retirees, too. I don't
8 get many calls, not that I am soliciting
9 those.
10 But I have gotten a couple in
11 the last year that -- or this school
12 year from people who retired. Like, the
13 last one was from somebody who had
14 retired with 26 years and then the next
15 month got her premium, and she said she
16 didn't have any idea it was going to be
17 so high. And now she wants to go back
18 to work, and she doesn't know what to
19 do. And I know we counsel those people.
20 I know that's something.
21 But can you go into that a
22 little bit, how we try to help them
23 figure out what their bottom line check

1 is? I mean, it's -- they can calculate
2 what their retirement checks are going
3 to be, but they also have to figure
4 out -- Dr. Brown and others have -- you
5 know, I've got to figure out not just
6 what my retirement check is going to be,
7 but what is it going to cost me to
8 retire? And this teacher, I think, had
9 not done that. I'm not blaming that on
10 the system, but just wanted to see if
11 you would go into that a little bit, the
12 counseling that we do.
13 MS. DIANE SCOTT: They have the
14 opportunity in the counseling to go over
15 that. Okay? There is another thing that
16 I would love for every retiree to -- or
17 potential retiree to do, and there is a
18 calculator out on our website. There's
19 actually two calculators. There is one
20 that you don't even have to login to the
21 member online service. You just go to it,
22 put in your information simply, and,
23 voila, here comes up your premium, single

1 or family, depending upon what kind of
2 family coverage.
3 And if the member, person, puts
4 in exactly the right information, it's
5 going to come out exactly the right. I
6 have tested it out. I have looked at
7 it, and all that sort of thing.
8 I would just -- There's articles
9 in the Advisor about these changes, but
10 they have the opportunity, right, when
11 they are going through the counseling
12 process to have that calculated for
13 them, or they can do it themselves. An
14 article in our Advisor might be a good
15 idea. Hey, if you are planning on
16 retiring and you don't know what your
17 premiums are going to be and you don't
18 want sticker shock, go to this link.
19 DR. MACKEY: I think "sticker
20 shock" is a good way to explain it.
21 MS. DIANE SCOTT: Sticker shock.
22 It is, yes.
23 DR. MACKEY: And, again, I don't

1 know how many thousands of people retired
2 in the last year, but I have gotten two
3 emails, I think, speaks highly for the
4 process we have, that most people
5 understand what they are getting into or
6 the decisions they are making. But I just
7 wanted to get into that, because I know
8 there is those tools out there, and we
9 would be glad, if we can help through
10 communications we have with teachers and
11 others to just help people understand what
12 the issues are, we would be glad to do
13 that.
14 But I appreciate as it's been
15 brought up this morning. Dr. Brown
16 brought it up. I mean, I know we have
17 retirees that don't quite understand it
18 all. But I do know this too, they
19 expect that they are going to draw a
20 check every month, and that their --
21 when they go to the doctor, their
22 insurance is going to be covered.
23 And so, again, I appreciate that

1 we have a staff that makes sure that
2 happens.
3 MS. DIANE SCOTT: Okay. Thank
4 you.
5 CHAIRMAN HALLMARK: Mr. Whaley?
6 MR. WHALEY: I would like to refer
7 back to page 60, the history of active
8 PEEHIP premiums. And looking at that, the
9 single rate stayed the same for 23
10 straight years. And we had six rate
11 increases over 37 -- over the last 37
12 years. Okay?
13 Now, from '84 to 2010, Dr.
14 Hubbard was a member of this Board. And
15 as you can see, I mean, he voted to
16 increase when the time had to be -- when
17 it had to be done in order to have what
18 you said, a quality insurance program.
19 Here's what sticks with me most
20 about PEEHIP insurance, and I try to
21 explain it this way to people.
22 Donna Joyner, or Donna Townes,
23 used to tell me, when you enter the

1 hospital, regardless, if you are going
2 in for open heart surgery, had a stroke,
3 you're going to be in there three, four,
4 or five months, you're going to pay
5 $200. You know that. And for the next
6 four days you're going to pay $25 per
7 day out the door for -- regardless of
8 how much work you had. If it's $1
9 million, you're going to pay $300
10 through PEEHIP. It would be hard to
11 beat that insurance plan.
12 So, we have got a good plan. We
13 want to keep a good plan, and we
14 appreciate all that you do, all the
15 staff does to make sure that we have a
16 good plan.
17 CHAIRMAN HALLMARK: I agree. Yes,
18 Mr. Cole?
19 MR. COLE: I would just like to go
20 back to what Dr. Mackey was talking about
21 a moment ago. You guys do a great job. I
22 so much appreciate what you've done here
23 and then what it gives us the opportunity

1 to do.
2 Retirement Systems travel around
3 the state with teachers. One day next
4 week they are in Florence, Northwest
5 Alabama.
6 And this is what I think
7 happens. I think that a teacher who is,
8 for lack of a better term, so used to
9 everything has just been here, and I go
10 to the hospital and it doesn't matter
11 what we are doing, and this is what it's
12 going to cost.
13 But I think that if they get to
14 the point that they retire or they are
15 thinking about it, they probably go to
16 one of these meetings and they probably
17 just kind of listen a little and they
18 come back, and then what they do is they
19 ask everybody else they know. And my
20 advice for everybody in my building, and
21 as a principal, everybody that will
22 listen, is this is a beautiful building.
23 And you make an appointment, and you can

1 come down here and sit down, and you can
2 know exactly what that check is going to
3 be, and there are people we pay to do
4 that.
5 And in your -- When you go
6 around, maybe if you said, listen, this
7 is your money for the rest of your life.
8 It's worth a drive to Montgomery for you
9 to sit down and do that.
10 I had an assistant principal
11 retire, took a job at a private school.
12 He called me and said, Coach, I am
13 sorry, but said, I am going to take this
14 job.
15 And I said, not yet. I said you
16 are taking off tomorrow, and you are
17 driving to Montgomery to the RSA
18 building. You call and get an
19 appointment so you know exactly how you
20 are going to -- how you're going to
21 provide for your wife and kids from here
22 on.
23 That is the biggest thing that I

1 think that probably we can do.
2 Everything that you put in the Advisor,
3 or anywhere, they are all great. But
4 people skim them a lot of times, and
5 they don't pay attention, and they don't
6 realize -- I mean, my wife is retired.
7 We came twice, because I wanted to know
8 exactly what it was going to be, and she
9 wanted to know exactly what it was going
10 to be.
11 That's my best advice to
12 anybody. It's your money the rest of
13 your life. Come and know to the penny
14 what it's going to be, and then realize
15 whatever happens after that happens, but
16 you know what you have agreed to.
17 MS. DIANE SCOTT: So, I added two
18 things here. Your know, perhaps maybe I
19 am going to work with our field services
20 to see exactly what do they say and what
21 do they ask the people. So, perhaps maybe
22 we can get it a little bit more
23 definitive, and that sort of thing.

1 And the other thing is,
2 sometimes I believe that the first place
3 that you will go to is your school
4 administration -- your school. And
5 maybe we send something out to the
6 school payroll officers, or whatever, to
7 tell them that, make sure if you are
8 thinking of retiring -- when somebody
9 comes to them, you make sure of what
10 your health insurance is going to cost,
11 and you can go out here to this online
12 calculator and doublecheck what they
13 tell you so you know exactly --
14 I am talking to the community
15 colleges tomorrow. I will reiterate
16 this that, you know, they can help us.
17 They can help us with getting this
18 message out individually to the people
19 that it really matters. Sometimes when
20 you send it out to the masses, the
21 people that really need to hear it are
22 not the ones that hear it.
23 So, targeting this would be very

1 important.
2 CHAIRMAN HALLMARK: And, now, we
3 are going to move on. But one other thing
4 that will -- may help Dr. Mackey and
5 Mr. Cole have mentioned, is that all K-12
6 schools have in-service days before school
7 actually gets going. And it may not be a
8 bad idea if we could find -- of course, a
9 lot of them are probably on the same
10 day -- is to find a way to have it
11 discussed, because you have your faculty
12 and staff together for in-service, have it
13 discussed at that time.
14 Say, you know, those people that
15 are looking at possibly retiring within
16 the next couple of years and have, you
17 know, healthcare questions, you know,
18 you can contact this person, or have
19 somebody that we have -- we have people
20 that come speak at the superintendent
21 association conferences about
22 retirement, about PEEHIP, about high
23 school athletic association.

1 But, you know, the more we can
2 get people, like Dr. Mackey and Mr. Cole
3 said, that sometimes they just skim
4 through it, but the more we can get out
5 to them, you know, the more they can
6 maybe absorb it and retain, and they
7 will drive up to Montgomery and ask you
8 a question. Ms. Gibson?
9 MS. GIBSON: Thank you. Just,
10 I'll be quick.
11 For the last couple of years,
12 I've had an opportunity to work with our
13 PEEHIP staff here and the Retirement
14 Systems' staff in doing pre-retirement
15 seminars in my county. And we have had
16 over a hundred people who were thinking
17 about retiring within the next five
18 years who attended those. And the
19 biggest topic that takes up the most
20 time in those pre-retirement seminars
21 is: Insurance, and how is it going to
22 affect my check, and what am I going to
23 bring home.

1 And we were in the planning of
2 three more this year before the pandemic
3 hit. But hopefully, we will be able to
4 get started back with that. But that
5 has been a real huge asset in our county
6 is to do those pre-retirement seminars.
7 And they sign up, and they came
8 on a Saturday before Mother's Day in the
9 pouring down rain, and they came one
10 afternoon after working all day.
11 So, they are interested, and I
12 think the more opportunities we can
13 provide for them, like you said, to get
14 that information to them and give them
15 an opportunity to ask questions is
16 beneficial to them.
17 CHAIRMAN HALLMARK: Mr. Yancey?
18 MR. YANCEY: I just wanted to
19 share a little bit more information about
20 what we do. Ms. Gibson is correct. And
21 we are -- We have resumed the
22 pre-retirement seminars. We had to stop
23 them for a while due to the restrictions

1 under COVID, but we have resumed doing
2 those pre-retirement seminars.
3 At those, you know, we have a
4 specific section devoted to health
5 insurance and how the premiums are
6 calculated. We have people that will go
7 to any in-service or group --
8 principals' group meetings,
9 superintendents' group meeting. We do
10 as many as we can, if we are invited.
11 You know, we have to have someone, you
12 know, ask us to come along. We also do
13 individual counseling sessions.
14 So, we do have counselors for
15 TRS that go out to locations throughout
16 the state, sit down one-on-one, with
17 individuals so that those that may have
18 difficulty driving to Montgomery, that
19 we can basically provide the same
20 information in that location. And,
21 again, we are resuming those. We
22 postponed those due to the COVID, but
23 those are starting back up again, also.

1 So, in addition to us being here
2 and available for in-person or telephone
3 meetings, we do go out in the field a
4 good bit and try to provide this
5 information. And we will try to broaden
6 that, and I agree with Diane. Maybe we
7 can put an article in the Advisor, you
8 know, encouraging people.
9 All of the people that we have
10 got out there, I think, encourage folks
11 to avail themselves to one of these
12 methods, at least, if not more. You
13 know, I always tell people, go to the
14 seminar and make an individual
15 appointment, you know.
16 So, it is an important decision,
17 and we will do everything we can to try
18 to make sure those people know what they
19 are doing when they get to that point of
20 retirement. So, thank you.
21 CHAIRMAN HALLMARK: All right.
22 Diane, do you want to move on?
23 MS. DIANE SCOTT: Yes, sir. Yes,

1 sir.
2 I am on page 61 now. I wanted
3 to give you a PEEHIP Legislative update
4 from the national scene. We have got
5 four items on here, and something just
6 came across my desk this morning. I
7 added number five. Okay? So, I will go
8 quickly. I think I have explained them
9 really good here.
10 The first is the Health Plan
11 Price Transparency, Final Rule. HHS
12 issued this in October of 2020, and it
13 applies to PEEHIP for our -- applies to
14 PEEHIP and is phased in over three
15 periods for planned years beginning
16 after January 1, 2022, which is 10/1/22
17 for us. We will have to have, on our
18 website, the in-network negotiated
19 rates, billed, and out-of-network
20 allowed amounts, and a prescription drug
21 file that chose negotiated rates and
22 historical net prices.
23 Then, for the following year, we

1 have got to up the game a little bit,
2 and we are going to have to have out
3 there on our website the out-of-pocket
4 costs of the 500 most shoppable items
5 and services.
6 And then the final year,
7 effective 10/1/23, '24 for us, we are
8 going to have more shopping tools out
9 there, and that will be the cost for
10 remaining procedures, drugs, durable
11 medical equipment, and any other item or
12 service they may need.
13 So, this is going to be
14 interesting, the implementation for
15 this, and I suspect two things: Number
16 one, it's going to cause a lot of
17 confusion. Okay? And number two, I
18 can't figure out whether it's going to
19 have the effect of lowering price costs
20 or increasing costs. So, we will see.
21 The next is a No Surprises Act.
22 And this was issued by -- enacted on
23 December 27th as part of the

1 Consolidated Appropriations Act, and it
2 applies to PEEHIP, except for the
3 retiree-only plan, and it's not
4 effective -- applicable to the optional
5 plans.
6 But starting for plans beginning
7 on or after January 1, 2022, which is
8 October 1st of 2022, members are going
9 to be protected from balance billing by
10 out-of-network providers related to
11 emergency services, providers at
12 in-network facilities, and air ambulance
13 services.
14 So, you are going, what in the
15 world? So, yes, this does impact some
16 of our people sometimes.
17 Emergency service: If you are
18 in an accident, and let's just say that
19 you have to go somewhere that's not an
20 in-network facility, or they have
21 providers that are not in-network, they
22 can balance bill you, and you will be
23 surprised. If you're surprised about

1 your premium when you are a retiree, you
2 will really be surprised about these
3 things. Okay? It stops that.
4 Providers at in-network
5 facilities. So, what happens a lot of
6 times and let's say you go in for a
7 surgery; and as a part of that surgery,
8 you have a CRNA or an anesthesiologist.
9 You don't know who that person is. You
10 may not even meet that person. Okay?
11 But they put you to sleep, and they are
12 out-of-network, and you get a bill.
13 Surprise, surprise. Okay? You won't be
14 balance billed on that.
15 And, of course, air ambulance
16 services. There's really not in-network
17 air ambulance services. So, you would
18 not be balance billed.
19 There is a whole lot of rules
20 around this, and I didn't go into the
21 details and what have you. But the No
22 Surprises Act, which has been out there
23 and tried to pass for a number of times,

1 has passed. Okay?
2 The third thing: The Medicare
3 Part D rebate rule. This was issued by
4 HHS on November the 20th and relates to
5 Medicare Part D drugs, and it was going
6 to be detrimental for PEEHIP. This is
7 one of the things that we had been to
8 Washington to talk about. It was
9 issued. But the Biden Administration
10 agreed to postpone this from January 1,
11 '22, to January 1, '23, while they study
12 it.
13 Now, this was the one that said
14 it couldn't go into effect if one of
15 these three -- and I hope I can remember
16 the three. It couldn't increase
17 premiums to individuals, it couldn't
18 increase the cost to the government, and
19 it couldn't do one other thing. Well,
20 it did all of those three things. And
21 there were actuarial firms that
22 confirmed that it did all of these
23 things. There were others of us with

1 common sense that knew that it would do
2 all those things, but the director of
3 HHS at the time said, I don't think it
4 will, and he implemented the rule.
5 So, thank goodness that has been
6 delayed at this point until January 1st,
7 of 2023, and hopefully it will be
8 resolved in our favor. Okay?
9 The fourth thing of the drug
10 price reduction bills in the 116th
11 Congress, there were two bills: One in
12 the House and one in the Senate that
13 were getting, you know, a lot of
14 interest, if you will. And those would
15 have hurt PEEHIP, and they --
16 particularly on the EGWP plans, on the
17 Medicare space.
18 Neither of them were enacted
19 into law. The bill that originated in
20 the House was less negative to PEEHIP,
21 if you will. So, as of February 17th,
22 neither of those had been reintroduced
23 in the 117th Congress, but we are still

1 watching those.
2 The thing that came across my
3 desk today was that the House passed the
4 American Rescue Plan Act of 2027. I
5 think it was on the 27th of February.
6 This includes a six-month federally
7 financed COBRA subsidy amounting to 85%
8 of the COBRA premium. And this would
9 just be for anyone who lost their job as
10 a result of COVID or had their hours
11 reduced so that they had to enter into a
12 COBRA rate.
13 I don't know if we have anybody
14 or if we have just a few people. If it
15 passes the Senate in the same form that
16 it passed the House, then it would be
17 effective for April 1st, 2021, and it
18 would be a look-back to November of 2019
19 for anyone who might have fallen into
20 that category. Hopefully, we have none
21 within the PEEHIP. But we had one of
22 these COBRA subsidy laws, probably ten,
23 15 -- it could be ten years ago, and it

1 was difficult to administer. But,
2 anyway, we are looking into that to see
3 how that might affect PEEHIP.
4 Any questions on the
5 legislation?
6 (No response.)
7 MS. DIANE SCOTT: Okay. Moving
8 right along to page 62 is a non-Medicare
9 eligible retiree individual coverage
10 premium. You know this premium is based
11 upon the sum -- it can't be less than the
12 sum of what we charge a Medicare eligible
13 individual for individual coverage, plus
14 the Medicare Part B premium.
15 So, last year we had to go
16 through this same exercise. Now, the
17 Medicare Part B premium has gone up
18 about $4.00. So, we are going to have
19 to, effective 10/1, raise the premium in
20 accordance with the Alabama law to the
21 sum of the Medicare rate, whatever that
22 is at -- so, it's $25 now, and the Part
23 B premium now is $148.50. The sum of

1 those are $173.50, so we will go up to
2 $174 to make it nice, even and round
3 number. Okay?
4 The same thing happened last
5 year. We had $166 for the early retiree
6 base premium. We had to raise it to
7 $170. Okay?
8 Any questions on that?
9 (No response).
10 MS. DIANE SCOTT: So, moving right
11 along to the three-year projections, for
12 the first few pages here, are the same --
13 through page 68 are the same slides that
14 you saw at September 30th. Page 65, I
15 just want to point out one thing. For six
16 years -- 2017 through 2022, which is next
17 year -- we have asked for $800 per active
18 per month from the Legislature, and that's
19 what's in the request this year. Okay?
20 So, let's go over and see on
21 page 69 where we are currently in my
22 projections. I will just cut to the
23 chase and look at the right most column.

1 As we stand today, based upon
2 actual expenses through January 31st --
3 I don't have everything for February
4 yet, so, January 31st -- we will be
5 short of the 8% working capital that the
6 Board has said that we should have by
7 $93.1 million, by $93.1 million, as of
8 September 30th, 2023. The last time I
9 came to you, it was $96 million. So,
10 now we are at $93 million.
11 The last time I came to you, I
12 had $40 million projected in 2023 coming
13 from the Retiree Trust. I upped it to
14 $46 million this time. Okay?
15 I checked as of yesterday, the
16 fair market value of the Retiree Trust
17 was $1.8 billion. We talked about
18 earlier with Mr. Williams, that at 9/30,
19 it was $1.6 billion. It's up to $1.8
20 billion as of the close of business
21 yesterday.
22 So, let's talk about what do I
23 do? What do I do at this point? Okay?

1 So, look over to page 70, and we
2 are going to go through here. As I
3 said, we have $46 million that I have
4 already -- that I budgeted from the
5 Retiree Trust. The trends I have got in
6 here are 4% for medical and 9% to 10%
7 for pharmacy.
8 Okay. Here's my first thing:
9 Enrollment growth projections. My
10 non-Medicare retirees, I have -- are
11 projected to grow at .5%., .5%.; that's
12 just a hair. What I have experienced
13 and have been experiencing over the past
14 years is a reduction.
15 So, as you saw earlier, we had
16 about 11,800 early retirees. As of
17 January the 31st, I had about 10,600.
18 Okay? They continue to go down. Two
19 reasons: One reason is, they are aging
20 in. They are becoming 65. So, pushing
21 them all over and we have fewer coming
22 down the pipeline, because simply they
23 are either not retiring, for whatever

1 reason, or perhaps maybe they are
2 retiring and not taking the health
3 insurance because the law says either
4 that if they have, you know, other --
5 ability to cover, they go to work
6 somewhere else that has health insurance
7 that covers at least 50% of the premium,
8 they can't be on our plan, or maybe they
9 go onto a spouse's plan that's good.
10 But the bottom line is, those
11 are coming down. So, that is good news.
12 That is good news.
13 We look at every cost
14 containment strategy that we can find,
15 and this is the key. When we look at
16 cost containment strategies, they have
17 to meet or check the box for at least
18 three things to start with. First of
19 all, how is it going to affect the
20 member? How will it affect clinical
21 outcomes? And then how will it affect
22 the plan?
23 So, just to give you an idea,

1 there have been two that have come
2 across us rather recently. Okay? Both,
3 about a $3 million annual impact. We
4 are scraping the bottom here now. Okay?
5 Because we have gone everything that
6 checks those boxes and everything. But
7 we passed on them. We passed on them.
8 But they didn't check all the
9 boxes. Okay? They didn't check all the
10 boxes. One of them, it would have
11 disrupted about 25,000 members. Nope.
12 Too small of an amount for that --
13 okay? -- at this point in time. Okay?
14 The other one was a supply chain
15 issue. I would have been putting all of
16 my eggs in one basket. And when we are
17 talking about drugs, I can't do that.
18 Okay? So, you see, it didn't check all
19 of our boxes.
20 We do have a very opportunistic
21 plan related to variable co-pay that
22 checks all the boxes we think. And Dave
23 is going to talk to you-all about it.

1 Okay? It will benefit the member. It
2 will benefit the plan. And it will
3 allow for good clinical outcomes. Okay?
4 So, what's my strategy moving
5 forward, because I have to give to the
6 Legislature in July. Wait until the
7 last day, though. What do I need from
8 the Legislature for next year? Okay?
9 So, I need to get a lot of things in
10 place. So, here's the strategy.
11 I am hoping that this reduction,
12 as we get closer to retirement of -- the
13 big retirement month this year, we'll
14 see. What's going to happen to my early
15 retirees? That may give me a little bit
16 of reduction, and -- just a little bit
17 of reduction that I can lock into is a
18 big dollar amount in these projections
19 because they cost so much. Okay?
20 So, I am watching that. I am
21 watching the number of early retirees.
22 We do have marketing efforts
23 that are going to come up starting in --

1 we will start planning for them real
2 heavily in September and October for --
3 to go into effect October 1 of 2022. I
4 look closely. Where do I have the most
5 room to work? One is in the Medicare --
6 retirees for the Medicare Advantage:
7 Can I get better rates? Can I get
8 better rates? You are almost getting
9 too low to get much better rates, but we
10 will work on that. Okay?
11 The other, we may have some
12 opportunities for Rx's in the pharmacy
13 and on the medical side. We continue to
14 look for the lowest net cost. That will
15 check all these boxes, the new
16 opportunity, particularly that Dave is
17 going to go over with you-all. Okay?
18 And at that point, we will see
19 where we are. We will see what is the
20 right size and the right answer to ask
21 for from the Retiree Trust. Then, what
22 is the right amount to ask for from the
23 Legislature? And the last is: Do we

1 have to come up with something for
2 the -- of a premium increase? It would
3 take a substantial premium increase to
4 close this gap. That's not where I want
5 to go. I want to exhaust all these
6 other opportunities first. Okay?
7 So, that's my presentation, and
8 we have got a lot of work to do. The
9 gap is not closing, quite honestly, as
10 fast as it has in the past. If you
11 remember back the summer before last,
12 when we had to give back money, how much
13 did we give back because of a premium
14 increase? It was $106 million. What is
15 our shortfall looking like at this
16 point? $93 million dollars. We will
17 run and hit the wall.
18 Remember, our claims are going
19 up and our revenue is staying the same.
20 At some point, that line gets crossed so
21 we will have to -- and some component of
22 that is, I really think at some
23 component it's going to be for fiscal

1 '23. So, you have heard my strategy.
2 Anybody got any questions?
3 MS. EATON: Okay. We have heard
4 Diane's report. Any comments or questions
5 at this time?
6 (No response.)
7 CHAIRMAN HALLMARK: Okay. Thank
8 you, Ms. Scott.
9 MS. DIANE SCOTT: Thank you.
10 CHAIRMAN HALLMARK: Okay. Next on
11 the agenda is Item V. It's going to be
12 our PEEHIP Benefit Program updates from
13 Dave Wales.
14 **PEEHIP BENEFIT PROGRAM UPDATES**
15 MR. WALES: Thank you,
16 Mr. Chairman, members of the Board. I
17 have got several agenda items today. I am
18 going to move through them rather quickly,
19 one of them for your vote today.
20 Before we get into it, I just
21 want to say it's fantastic to have so
22 many of you here and be moving closer
23 towards normalcy, and I hope that we

1 continue to trend towards that
2 direction.
3 So, let's jump into it by taking
4 a look at page 75, and we are going to
5 take a look at some COVID statistics.
6 So, what this is going to
7 illustrate is that since the start of
8 the pandemic in March 2020, we have had
9 about 140,000 tests, which is a huge
10 number for our membership. Roughly 23%
11 on average of those tests have been
12 positive tests. Sadly 59 members have
13 passed away from COVID. Now, keep in
14 mind, these are our non-Medicare
15 population. Erica is going to share
16 with you the same statistics on our
17 Medicare population. You will see it
18 was more severe of an impact there, with
19 59 members deceased through the mid
20 point of February, due to COVID.
21 The couple of graphs at the
22 bottom of your slide here illustrate
23 this pictorially. You can see kind of

1 the rate of change. The percent of
2 positive, it was rather low at the start
3 of the pandemic and trending much higher
4 in terms of the tests that come back
5 positive in recent months. And then,
6 the relationship between those tested
7 and the number of positive on the right
8 graph there.
9 So, now that we have taken a
10 look at the COVID impact, let's go ahead
11 and move to Part B on page 76. And I
12 want to look back at a moment and allow
13 you to see kind of the tangible impact
14 of some of the decisions that you have
15 made here in this room from previous
16 Board meetings, because we talk about a
17 lot of complicated things here. You
18 make very measured decisions here to
19 maximize the value and the benefit of
20 this plan. And so, we thought it would
21 be good to help you see the results of
22 those decisions.
23 And so, very quickly, if you

1 remember in the May 2020 Board meeting,
2 this Board implemented two new benefits
3 around mental health and substance
4 abuse. And these were facility benefits
5 where people could go to a facility to
6 get therapy for several hours a day, for
7 several days a week, for several weeks.
8 So, not quite inpatient where they are
9 staying there all the time, but visiting
10 there during the day to get the
11 necessary treatment. And this was
12 implemented in October of 2020.
13 There was no benefit for this
14 prior to the Board rolling this out last
15 October. And already we have had about
16 250 members, as you can see on the slide
17 there, that have taken advantage of this
18 and gotten this real necessary
19 treatment. And you can also see the
20 costs. This was done in a way that did
21 not result in financial distress for the
22 plan.
23 So, very wise decision by the

1 Board that met a need for our members in
2 this mental health and substance abuse
3 space.
4 Now, moving forward, another
5 decision that I wanted to bring back to
6 you today is around Telehealth. So, on
7 page 77 in your board book, you can see
8 where Telehealth, which, again, is a way
9 for members to connect with their
10 primary care physician or with their
11 specialists remotely, either from their
12 home or wherever they may be, with
13 something that rolled out at the start
14 of the pandemic, and it was set to
15 expire at the end of 2021. This Board
16 voted to continue Telehealth
17 indefinitely after that expiration date.
18 And if you look at the graph here, you
19 can see the volatility, and the
20 in-office visits have been all over the
21 place. But the Telehealth has remained
22 largely flat indicating that it is a
23 need. It is something that month over

1 month is really being a benefit to our
2 members. And you can see January 21 is
3 the last tic mark there on that red
4 line, that it is still about 13,000
5 members utilizing this.
6 So, once again, a very good
7 decision by the Board to meet the
8 clinical needs of the membership.
9 Okay. So, we have looked back
10 to the impact of previous plan changes,
11 and I want to kind of turn our gaze
12 forward now to three enhancements that I
13 am going to talk about for the remainder
14 of my report today. One of which is
15 going to be for your Board vote, and
16 that's going to be in the pharmacy
17 space. But we will start real quick and
18 take a look at the Wellness Program for
19 our first enhancement.
20 Page 78 is simply a reminder
21 that the wellness screening is the only
22 required activity in the Wellness
23 Program. But page 79 gets into that

1 first enhancement; and that is, that
2 wellness screenings are now available
3 for our members to get them at
4 pharmacies all over the state. Blue
5 Cross Blue Shield has got a network of
6 about 350 pharmacies that they came to
7 us for our members to go on their own
8 time and get those wellness screenings
9 at their convenience at the pharmacy.
10 They can simply call, make an
11 appointment beforehand, and go and get
12 that screening.
13 This is not taking away from the
14 convenience factor of the Department of
15 Public Health. It goes into the schools
16 to give those screenings. That's a
17 great benefit to members. That's still
18 going to be out there, to meet members
19 where they are at the workplace. This
20 is simply another pathway to get that
21 done to offer greater convenience to our
22 members.
23 Okay. So, that's the first

1 enhancement that I wanted to talk to you
2 about. Before we transition over into
3 pharmacy, though, I want to stay in
4 wellness for just a second and share
5 with you a success story around our
6 health coaching programs.
7 If you remember, health coaching
8 used is to be a required activity for
9 our members. And we always kind of
10 struggled to get participation in those
11 health coaching programs. So, this
12 Board voted to reposition health
13 coaching rather than a requirement onto
14 members, but something that was
15 encouraged for our members. And I want
16 to illustrate the impact of that
17 decision.
18 So, in the previous plan year
19 when health coaching was required,
20 Naturally Slim, one of our health
21 coaching programs, had a little over a
22 thousand people sign up and say they
23 wanted to participate, even though many

1 more thousand than that were required to
2 participate. And this plan year, since
3 October, now that this is no longer a
4 requirement -- on page 82 -- we have had
5 almost an eight-fold increase of nearly
6 8,000 people that have signed up and
7 said they want to do the Naturally Slim
8 program. And it is not just a sign-up
9 and then a drop off the radar, because
10 roughly 70% of these members have
11 participated in this at least a month.
12 So, members are signing up for
13 it, and they are staying in it. And
14 they are also achieving the weight loss
15 results that they have by entering into
16 this program, and that the plan likes to
17 see, as well, because that translates
18 into a healthier overall membership.
19 So, we are hitting the target
20 there on our health coaching program.
21 Naturally Slim is not the only health
22 coaching program we have. We also have
23 Pack Health, which is a more one-on-one

1 coaching program. And if you turn to
2 page 85, I just want to pull out for you
3 today that a lot of success in the
4 outcomes of the Pack Health Program, as
5 well.
6 These four charts indicate
7 everything is trending towards better
8 clinical outcomes, reductions in stress,
9 better eating habits, reduction in pain,
10 and then, of course, reduction in body
11 wait, as well.
12 So, very good encouraging
13 results out of both of these coaching
14 programs. I have included a couple of
15 testimonials, but I will leave those for
16 you at your own time.
17 So, now that we have reviewed
18 wellness, and we talked about that first
19 enhancement, I want to shift over to
20 pharmacy and get into that second
21 enhancement and that item for your vote
22 today which Diane talked about. We are
23 very excited about checking those boxes

1 and being able to offer a program that
2 is going to be very financially
3 beneficial to the plan without
4 disrupting members, and those are rare
5 to find those kind of opportunities.
6 So, before we get to that
7 enhancement and get to that vote, I do
8 want to pause for a second on page 89.
9 This is a summary page of the work that
10 we have done in our formulary since our
11 last Board meeting.
12 So, this Board has given PEEHIP
13 the authority to be very nimble in
14 operating in real time and managing the
15 prescription drug formulary. And in
16 doing so, there is various opportunities
17 and challenges that we work with our
18 clinical pharmacists from our vendor
19 partners to address. Those include:
20 Making additions to our formulary;
21 making exclusions to our formulary; and
22 changing different management
23 techniques, such as step therapy,

1 quantity level limits, prior
2 authorization, and so forth.
3 A couple of notes about that, as
4 we have talked about in previous Board
5 meetings, any time we change something
6 on a drug a member is making, we send
7 that member a letter 60 days in advance
8 indicating that the change is coming and
9 listing an alternative that they have as
10 a result of that change.
11 And speaking of alternative, the
12 changes that we make are never done when
13 there is not a clinically therapeutic
14 alternative to a drug. So, we are very,
15 very careful and respectful of the
16 authority this Board has given us to
17 manage this formulary well, so that we
18 always offer the right drug for the
19 right member at the right time.
20 All right. So, if you will turn
21 all the way -- the page is behind here,
22 I am sorry -- indicate the details of
23 that work since the last Board meeting.

1 I always include those for you, but
2 getting into the second enhancement, if
3 you turn all the way to page 104, that's
4 going to bring us to the new program
5 that we are excited about. That's Part
6 F, New Member Savings Program.
7 And the first thing that I want
8 to say about this New Member Savings
9 Program is that we actually already do
10 this program, via Board authority, on
11 the specialty drug side. Several years
12 ago under Board approval, PEEHIP started
13 to leverage manufacturer coupons for
14 drugs to reduce the cost of drugs for
15 members and to reduce the cost of drugs
16 for the plan. This has been very, very
17 successful for both member co-pay
18 savings and for plan co-pay savings
19 since that time.
20 At the time that we did this, we
21 did not have quite the sophistication or
22 confidence in our technical abilities to
23 implement this beyond the scope of

1 specialty drugs that are administered to
2 specialty pharmacy. Now working with
3 our partners, we do believe that we have
4 got the confidence to do that and do
5 that well.
6 And so, in a nutshell, what I am
7 bringing you to a vote today is the
8 authority for the staff to take the
9 program that we already do very well on
10 specialty drugs and expand it into
11 non-specialty drugs into medical drugs,
12 as well, to result in the cost savings
13 for the plan and the cost savings for
14 the member.
15 So, that brings us to the staff
16 recommendation on page 105, which is to
17 approve the extension of variable co-pay
18 program to retail or non-specialty
19 drugs, processed through the pharmacy
20 benefit, and to eligible drugs processed
21 through the medical benefit to reduce
22 the co-pay for utilizing members and to
23 reduce costs for the plan. And this is

1 something that we believe has got so
2 much potential, and we want to work with
3 these members so -- to get them signed
4 up into these coupon programs offered by
5 the manufacturers, that we felt like it
6 would be prudent to incentivize the
7 members to sign up by offering up to $50
8 in credit per contract. And that could
9 be used to offset co-pays that they are
10 paying for other drugs that they may be
11 taking.
12 So, that's the recommendation
13 for your vote. Before any kind of
14 deliberation or questions that you may
15 have about it, I do want to mention just
16 a few additional points.
17 This is not going to require
18 members to take any specific drug. It
19 is not going to require members to
20 change a drug they are already taking.
21 This is not going to raise the co-pay
22 for any member taking any drugs. This
23 is not going to raise the cost to the

1 plan for these drugs. This is going to
2 decrease co-pays for members that are
3 taking these drugs already. This is
4 going to save money to the plan, and
5 this is not going to interfere with any
6 other PEEHIP benefit.
7 So, that's the item I have for
8 you to vote today.
9 CHAIRMAN HALLMARK: Okay. You-all
10 have heard Mr. Wales' report. Any -- we
11 will need a motion to approve, I guess,
12 the expansion of the co-pay savings
13 programs based on the staff
14 recommendation.
15 MS. MOBLEY: So moved.
16 CHAIRMAN HALLMARK: Ms. Mobley has
17 made the motion. I need a second.
18 MR. COLE: Second.
19 CHAIRMAN HALLMARK: Mr. Cole. Any
20 discussion or comments at this time?
21 Dr. Van Matre has a comment or a
22 question.
23 MR. VAN MATRE: Dave, I was

1 reading the title to these slides. The
2 adjective "new" refers to the program, not
3 to the member; is that correct?
4 MR. WALES: Yes, sir, Dr. Van
5 Matre, that's definitely correct. This
6 is -- would be a new program, not new
7 members added to the plan.
8 MR. VAN MATRE: Yeah. I just
9 wanted to confirm. Thank you.
10 MR. WALES: Yes, sir.
11 CHAIRMAN HALLMARK: Any other
12 questions or comments at this time?
13 (No response).
14 CHAIRMAN HALLMARK: Okay. We have
15 a motion. We have had a second. All in
16 favor say "aye."
17 (Board members saying "aye").
18 CHAIRMAN HALLMARK: All opposed,
19 like sign?
20 (No response).
21 CHAIRMAN HALLMARK: Ayes carry.
22 Okay. Mr. Wales?
23 MR. WALES: Yes, sir. Thank you,

1 Mr. Chairman.
2 So, to wrap things up today, I
3 am going to take us to Part G, starting
4 on page 106. So, this is the third
5 enhancement of those three that I wanted
6 to talk with you about today, and it has
7 to do with how we administer our extra
8 coverage months for employees out there
9 that work less than a 12-month contract.
10 So, many of you are likely aware
11 that PEEHIP has something called a
12 three-in-one rule, and it's exactly for
13 those individuals. And what it does is,
14 it allows them to have coverage for 12
15 months when their contract is less than
16 12 months.
17 So, per the PEEHIP member
18 handbook, a member earns one month of
19 additional insurance coverage for every
20 three months that they are in pay status
21 at least one half of the working days in
22 that month in the school year. And the
23 way that we start counting these groups

1 of three is in September. So,
2 September, October, November is a group
3 of three. If a member is in working
4 status more than the half of the days of
5 each of those months, they get a bonus
6 month. And the intent of that is to
7 carry them over the summer so that they
8 don't have to cancel PEEHIP coverage
9 during the summer, or go onto COBRA
10 during the summer.
11 Now, a little bit more
12 background: Before our system
13 modernization, we really only received
14 one piece of information about
15 employment when it relates to PEEHIP;
16 and that was, when did they start
17 employing and -- when did they start the
18 employment, and when did they stop their
19 employment. And that always fit nicely
20 with how we counted this thing starting
21 in September of every year. Now from
22 system modernization, we get a wealth of
23 additional information from the schools

1 out there, including contract schedules,
2 days worked, the available time they
3 have to work, the available time they
4 actually did work, how that relates to
5 their hours that they -- when they
6 started work, when they stopped work
7 compared to their contract.
8 So, there is a lot more
9 variables that we get today that we did
10 not get before. As a result of this
11 additional information, we have
12 discovered that there is an issue that
13 we needed to solve for where if we
14 start -- if we continue to count these
15 three months in September, members are
16 going to get short changed this summer;
17 whereas, in previous years, it was not
18 an issue for them. So, allow me to
19 illustrate that with some examples in
20 the next couple of pages.
21 If you will turn to page 107,
22 let's take a look at how this would play
23 out without the enhancement that we made

1 by changing this to an August start date
2 of counting instead of September.
3 So, imagine a community college
4 employee whose contract begins in early
5 August and wraps up in early May.
6 Remember, you have to work beyond the
7 mid point of the month for that month to
8 count in terms of counting these groups
9 of three.
10 So, if you look at the picture
11 there on page 107, their contract began
12 before the midpoint of August, but we
13 didn't start counting these groups of
14 three until September. So, September,
15 October, November is one extra month.
16 December, January, February is two extra
17 months, and March, April, May -- but we
18 don't count May because their contract
19 ended before the mid point of May.
20 So, the difference that that
21 makes is that that member would have to
22 use one of their extra months in May,
23 another one of their extra months in

1 June. And then starting in July, they
2 are either canceled or they are looking
3 at COBRA.
4 So, if you will turn forward to
5 page 108, the enhancement that we made
6 was to adjust the September to September
7 counting mechanism to August to August.
8 And I want you to see on this page how
9 it makes the member whole, and it keeps
10 us in alignment with the intent of the
11 three-in-one rule, and how it's always
12 worked for members in the past.
13 So, now, I'll take that same
14 employee whose contract begins in early
15 August, and we start counting in August.
16 August, September and October gets them
17 one extra month. November, December,
18 January gets them two extra months.
19 February, March and April gets them
20 three. And then when their contract
21 ends in early May, they use one of their
22 extra three in May. They use their
23 second of their three in June. There

1 last one in July. And then their cycle
2 starts up over again in August when they
3 restart their school contract.
4 So, this is an enhancement to
5 how we administer this three-in-one rule
6 to make sure that we aren't short
7 charging members the opportunity to
8 carry that continuous coverage
9 throughout the year when they are in
10 between their contract years.
11 And that concludes the report I
12 have for you today. I am happy to
13 answer questions about any of these
14 items. I know I have moved through them
15 rather quickly. But I do appreciate
16 your time and attention.
17 CHAIRMAN HALLMARK: Okay. We have
18 heard Mr. Wales' report. Any comments or
19 questions at this time?
20 DR. BRONNER: Do you need approval
21 on the last one?
22 MR. WALES: No, sir.
23 CHAIRMAN HALLMARK: No, sir.

1 DR. MACKEY: I'll make it quick
2 and say, a big thank you for catching
3 this. What we don't want is a bunch of
4 our employees to get COBRA bills in the
5 middle of the summer. So, thanks for
6 catching that and fixing it.
7 MR. WALES: Yes, sir. Thank you,
8 Dr. Mackey.
9 CHAIRMAN HALLMARK: All right.
10 Any other comments?
11 (No response).
12 CHAIRMAN HALLMARK: Thank you.
13 All right. Next on our agenda is the
14 PEEHIP Benefit Program updates, Part 2,
15 Ms. Erica Thomas.
16 **PEEHIP BENEFIT PROGRAM UPDATES**
17 MS. THOMAS: Good morning,
18 Mr. Chair and members of the Board.
19 CHAIRMAN HALLMARK: Good morning.
20 MS. THOMAS: Thank you-all for
21 having me today.
22 This morning I am going to give
23 you the update for the Humana Medicare

1 Advantage Plan. I am going to start off
2 with the information regarding COVID.
3 These slides do look familiar. They are
4 similar to what we presented before, but
5 we did add December and January
6 information.
7 As you can see, December was a
8 very high month for our COVID testing
9 and COVID positive cases. As you can
10 see, we also have had 7,729 confirmed
11 COVID positive cases, and we have had
12 526 deaths due to COVID.
13 So, as Dave mentioned, it did
14 impact the Medicare population a little
15 bit harder. December, of course, was
16 our highest month with the deaths. And
17 we are also still receiving data coming
18 in. So, those dates could -- those
19 numbers could potentially increase.
20 The next slide, which is on 111,
21 gives the test counts. As you can see,
22 we do have multiple members that get
23 tested multiple times. And in December,

1 we had members test at 5,851 times.
2 CHAIRMAN HALLMARK: This says,
3 2020-12. That's December 2020?
4 MS. THOMAS: That's correct.
5 CHAIRMAN HALLMARK: What do you
6 think it's going to look like for January
7 and February of 2021?
8 MS. THOMAS: Based upon what
9 Humana has informed us, the numbers are
10 decreasing, decreasing very slowly, but
11 they are decreasing.
12 So, any time we hear a decrease,
13 we like to hear that. We don't expect
14 them to be what December was, but I
15 think they still will be relatively
16 high.
17 CHAIRMAN HALLMARK: Okay. Yes,
18 Dr. Mackey?
19 DR. MACKEY: I don't want to get
20 too deep into this. But on that -- the
21 confirmed deaths, so, I notice on -- there
22 are two in -- I guess that's the first
23 month of 2020, and then 16 the third month

1 of 2020.
2 CHAIRMAN HALLMARK: Where is that,
3 Dr. Mackey? On page 110?
4 DR. MACKEY: Page 110.
5 CHAIRMAN HALLMARK: Okay.
6 DR. MACKEY: The green chart at
7 the upper right. If I am reading it
8 correctly, we had -- is that right?
9 MS. THOMAS: That's not the
10 deaths. That's the confirmed positive
11 cases.
12 DR. MACKEY: Okay.
13 MS. THOMAS: The deaths are on the
14 right-hand side.
15 DR. MACKEY: Okay. And so, those
16 were -- Well, that helps answer my
17 question. And so, those were just
18 confirmed cases?
19 MS. THOMAS: Confirmed positive
20 cases, yes, sir. As you can see, they
21 weren't tracking the deaths just yet. The
22 first time we got a death was in -- well,
23 they did start tracking them, but that

1 data came in a little bit later.
2 DR. MACKEY: Right. Right. So,
3 you actually went back, because I remember
4 we supposedly had our first confirmed case
5 in the state in the middle of March last
6 year. But they actually went back and
7 confirmed some cases two months prior.
8 MS. THOMAS: Right. They started
9 looking at the actual claims information
10 that started to come in and what was
11 listed as the cause of death.
12 DR. MACKEY: Okay. Thank you.
13 Thanks.
14 MS. THOMAS: Okay. All right. We
15 will move on to page 112.
16 Humana has partnered with
17 Walmart, and a few weeks ago here in
18 Montgomery, they did a vaccination
19 clinic where they contacted some of our
20 PEEHIP members to see if they would be
21 interested in getting their vaccine.
22 And we had 119 PEEHIP members that did
23 participate. It was a short time

1 window. And so, they started making
2 calls on that Thursday, and the
3 vaccination clinic was actually
4 scheduled for that Tuesday, but members
5 did take advantage.
6 And so, out of 200 vaccinations,
7 119 of those were PEEHIP members. So,
8 we are certainly appreciative of Humana
9 for that partnership, that they are
10 reaching out to Walmart. And the plan
11 is to schedule future clinics hopefully
12 in the near future. We have approved
13 the script for them to reach out and
14 start to contact our members to see who
15 would be interested in participating in
16 one of these vaccination clinics that
17 will be in their area.
18 They will only reach out to
19 members if they are in their area to
20 schedule these clinics.
21 All right. Moving on to slide
22 113, we did provide some information in
23 our December meeting regarding a health

1 essentials kit that members would be
2 eligible for if they simply contacted
3 Humana. We do have that 4,435 PEEHIP
4 members have taken advantage of this
5 benefit, and they still can do so today.
6 You-all will see on your tables that
7 this is the health essentials kit that
8 has the cough drops, the hand sanitizer,
9 a mask, and a few other things to ensure
10 that our members are staying and
11 remaining safe during these times.
12 Also, members have the ability
13 to take advantage of a COVID care
14 package, which is two meals for 14 days.
15 We have had 1,089 members take advantage
16 of that benefit, and it is tied
17 specifically to a COVID diagnosis.
18 So, basically, you know, to help
19 members, they don't have to worry about
20 food. They have these meals prepared,
21 and they just pop them in the microwave
22 and they are -- they do have various
23 meal options for those that are lower

1 sodium, vegetarian, kosher, and so on
2 and so forth. So, another great benefit
3 for our members.
4 MR. WHALEY: Okay. For 65 and
5 above that have tested positive?
6 MS. THOMAS: That's correct. Now,
7 if we do have any members that have had a
8 need for meals due to maybe a lack of
9 finances during this time, Humana is also
10 supplying those, as well. They are
11 eligible for 14 meals.
12 CHAIRMAN HALLMARK: Thank you.
13 MS. THOMAS: All right. On to the
14 next slide, which is on 114. This slide
15 just simply gives the Telehealth breakdown
16 with our members for COVID and non-COVID
17 services. As you can see, our members are
18 still taking advantage of the Telehealth
19 services, which gives them the opportunity
20 to have a meeting with their own personal
21 physician. And so, members are -- They
22 are not taking advantage of it like they
23 were in May, but they are still using that

1 service.
2 So, we are still glad that we
3 are able to continue to provide that
4 benefit for them. And at this time,
5 Medicare has not made any indication
6 that they are going to remove or stop
7 that benefit for our Medicare eligible
8 members at this time, and we hope they
9 don't.
10 All right. And, then, next, we
11 have the MDLive versus Telehealth. Of
12 course, the MDLive is compared to our
13 Teledoc where you have the ability to
14 contact a physician, not your own
15 personal physician, for something like a
16 cold or a rash, or something like that.
17 And so, our Medicare members do have the
18 ability to use that service, as well, if
19 they are not able to get in with their
20 own personal physician, and our members
21 are still taking advantage. Not as
22 much, because members -- our Medicare
23 population likes to have those visits

1 with their own personal physician, but
2 it is available to them, and they do
3 utilize it.
4 All right. And then the last
5 bit of information I want to provide is
6 around the Go365 Wellness Program. As
7 you-all know, this is the rewards
8 program that Humana has that rewards our
9 members for participating in the
10 preventive services and programs such as
11 the Silver Sneakers benefit. We do want
12 to make sure that our members are aware
13 of this program.
14 And so, Humana has partnered
15 with PEEHIP where we will be doing two
16 webinars in May so that members can
17 login and get firsthand information
18 about the program.
19 So, as you know, we have our
20 retirees aging into the plan, and so we
21 are going to discuss this program with
22 them because we want our members to take
23 advantage of being rewarded for taking

1 care of their health. And we will
2 announce the program and the webinars in
3 our Advisor, as well, so that members
4 will have a reminder about it.
5 And that's all I have today.
6 Are there any questions?
7 CHAIRMAN HALLMARK: All right. I
8 have a question over here.
9 Mrs. Lockridge.
10 MRS. LOCKRIDGE: Yes. Okay. So,
11 as far as the vaccinations are concerned,
12 it's my understanding there is an
13 administrative fee that PEEHIP is taking
14 care of. It's kind of a mystery to me,
15 trying to find out what that
16 administrative cost is. A lot of people
17 say I am not really sure what it is. But
18 PEEHIP will be billed, and the members
19 don't even have any part of it.
20 What is that cost, and can it
21 vary from --
22 MS. THOMAS: So, I was just going
23 to say, because on the Medicare side, it's

1 covered by Medicare.
2 MRS. LOCKRIDGE: Okay.
3 MS. THOMAS: So, our members are
4 simply just showing their Medicare red,
5 white and blue card for that vaccination.
6 Now, Diane is going to answer that
7 question regarding the Blue Cross side.
8 MRS. LOCKRIDGE: Okay. Thank you
9 so much.
10 MS. DIANE SCOTT: Okay. The HHS
11 came out with a designated fee on the
12 two -- the Moderna and the Pfizer. HHS
13 was like $16.00 on the first one, and
14 $28.00 on the second one. We had the
15 option. What was going to be better for
16 us was to do -- kind of split the
17 difference and do $22 on each one of them.
18 Okay?
19 So, we will be paying the
20 administration fee on the Blue Cross
21 side. Okay? We don't pay anything for
22 the actual medication itself. Okay?
23 And I did add a little bit in the budget

1 for that, too.
2 MRS. LOCKRIDGE: Okay. That was
3 my other question I was going to say. Is
4 that a hard cost to us? We don't get
5 reimbursed anywhere for that?
6 MS. DIANE SCOTT: No.
7 MRS. LOCKRIDGE: That's just a
8 cost?
9 MS. DIANE SCOTT: Not unless
10 something comes out in that legislation
11 where we might be able to get. But at
12 this point in time, I have nothing in the
13 projections that would get us
14 reimbursement for that.
15 MRS. LOCKRIDGE: Well, thank you
16 for that information.
17 DR. MACKEY: I have a followup
18 question to Mrs. Lockridge's question.
19 So, is that $22 per shot?
20 MS. DIANE SCOTT: Yep.
21 DR. MACKEY: And they do it twice?
22 MS. DIANE SCOTT: Yes.
23 DR. MACKEY: And so, when --

1 assuming this -- we get to do the Johnson
2 and Johnson vaccine, and that will be one
3 shot, is there a negotiated rate for that?
4 MS. DIANE SCOTT: Yes. I was
5 talking with -- the PBM the other day. I
6 can't remember the answer to that. I
7 think it might have been a little bit
8 higher. But I don't know what we, yet,
9 have landed on for that, but it wouldn't
10 be much higher.
11 DR. MACKEY: Okay. Thank you.
12 DR. BRONNER: Just so you know,
13 one of the docs-in-a-box on Vaughn Road
14 across from the Academy charges $150 per
15 shot.
16 CHAIRMAN HALLMARK: Any other
17 comments or questions?
18 (No response).
19 CHAIRMAN HALLMARK: Okay. Thank
20 you. Erica, have you got anything else?
21 MS. THOMAS: No. That's it.
22 MR. WHALEY: Thank you for the
23 package.

1 MS. THOMAS: Oh, you are welcome.
2 CHAIRMAN HALLMARK: I can't speak
3 for other Board members, but I know there
4 was a tremendous amount of concern when we
5 went from UnitedHealthcare -- you know,
6 when we made the change. Has -- I haven't
7 heard anything. Has the transition
8 been -- Dave, has it been -- Has it gone
9 very well?
10 MR. WALES: Yes, sir. I would say
11 absolutely it has. And Erica really could
12 tell you more specifically, being closer
13 in touch with the Medicare eligible
14 population.
15 But I think it's safe to say
16 that we cut a new road when we went from
17 our previous Medicare plan under Blue
18 Cross to UnitedHealthcare, and we were
19 more easily able to travel that road
20 when we went from UnitedHealthcare to
21 Humana.
22 CHAIRMAN HALLMARK: Okay. I just
23 know that, you know, when it first came

1 out, there was a lot of concern. But I
2 just haven't heard, you know, many people
3 call with being displeased with what
4 they've transitioned into.
5 Last but certainly not least,
6 Mr. Yancey.
7 **CLOSING COMMENTS**
8 MR. YANCEY: Thank you,
9 Mr. Chairman. Very briefly.
10 We are pleased to be able to not
11 have to increase premiums and not go to
12 the Legislature and ask for more money
13 this year. You know, we have managed to
14 go the last seven years without
15 increasing the appropriation request
16 from the Legislature. At some point, we
17 will have to, but the longer we don't, I
18 think the better off we are for all --
19 all of Alabama citizens and taxpayers.
20 But do keep in mind Diane's
21 projection for the '23 budget. And the
22 way the budget process works, that
23 sounds like a long way off, but we have

1 to actually have a budget prepared this
2 summer to go to the budget office, which
3 will then go to the Legislature in the
4 following year, which will then take
5 effect in October.
6 So, there is about a
7 year-and-a-half year lead time, you
8 know, that we have to kind of know where
9 we are going on this thing.
10 So, we are going to do the best
11 we can. You know, we have got several
12 options that Diane is working on. We
13 are planning on taking some money from
14 the Retiree Trust, if necessary to, you
15 know, cover at least part of that
16 shortfall. If we don't need it, we
17 won't take it.
18 The real hope is that new
19 program that Dave went over, that coupon
20 program with the drug manufacturers,
21 that has a significant potential for
22 saving PEEHIP money. I think Dave
23 didn't -- he kind of downplayed it, but

1 that could be a lot of money that would
2 help offset that $93 million budget.
3 So, we hope that will work. We can go
4 ahead and, you know, crank that off, and
5 we will know a little bit more about,
6 you know, where we are going to be
7 before the next -- before the Board has
8 to make any discussions on that.
9 The other thing Diane did, and I
10 think it's important, is just simply
11 that comparison, you know, of health
12 insurance with other states, and I
13 understand Dr. Brown's concern that
14 there is more to it than just the health
15 insurance. But as far as this Board
16 and, you know, acting on the health
17 insurance, you by far have the best
18 program, you know, anywhere at the
19 lowest cost. And that's a tremendous
20 benefit for both the active and the
21 retirees, you know, in public education
22 in Alabama.
23 So, again, I thank Dave, you

1 know, for all the work he has done, and
2 Erica for all that work, and Diane and
3 all her people in accounting.
4 So, that's the way we are able
5 to continue to do this, and we will keep
6 plugging and do our best.
7 So, that's all I have to say,
8 sir.
9 CHAIRMAN HALLMARK: Okay. Any
10 other questions or comments before we end?
11 You know, me personally, I want
12 to thank Dr. Yancey and Dr. Bronner
13 while I was out with a little sickness
14 back in -- started back in November.
15 And, you know, our healthcare plan
16 really stepped up and helped me out
17 immensely, it really did, to say the
18 least. And I appreciate all the text
19 messages that I got from our Board
20 members and the cards and the calls. It
21 meant a lot. And, you know, it's just
22 hard to really put in words how much it
23 has meant to me and my family, not just

1 me. Because Dr. Yancey, I don't know if
2 he has ever met my wife, but she feels
3 like she knows him personally. And I
4 said there is not a better person to
5 have on your side than, you know, Mr.
6 Yancey and Dr. Bronner.
7 But I do want to thank you
8 personally, because, you know, it was
9 quite an interesting ride. So, but I am
10 glad to be almost back a hundred
11 percent.
12 Any other comments?
13 (No response).
14 CHAIRMAN HALLMARK: All right. We
15 have got another meeting starting back
16 in -- let's see. I have got five until
17 11. 11:15? 1:10?
18 MRS. LOCKRIDGE: 11:00 o'clock?
19 CHAIRMAN HALLMARK: I'll tell you
20 what, let's take about a five to
21 ten-minute bathroom break, and when we
22 come back and we will get this thing
23 started. Thank you, Dr. Lockridge.

1 I need a motion to dismiss.
2 MR. COLE: So move.
3 CHAIRMAN HALLMARK: Mr. Cole. I
4 need a second.
5 MS. MOBLEY: Second.
6 CHAIRMAN HALLMARK: Ms. Mobley.
7 All in favor say "aye."
8 (Board members saying "aye").
9 CHAIRMAN HALLMARK: All opposed,
10 like sign?
11 (No response).
12 CHAIRMAN HALLMARK: Ayes carry.
13
14 (Conclusion of PEEHIP Board
15 of Control meeting at 10:57
16 a.m.)
17
18
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23

1 REPORTER'S CERTIFICATE
2
3 STATE OF ALABAMA
4 COUNTY OF ELMORE
5
6 I, Jeana S. Boggs, Certified Professional
7 Reporter and Notary Public in and for the State of
8 Alabama at Large, do hereby certify on Tuesday,
9 February 2nd, 2021, that I reported the meeting of
10 the PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE
11 PLAN BOARD OF CONTROL; that the foregoing
12 colloquies, statements, questions and answers
13 thereto were reduced to 135 typewritten pages under
14 my direction and supervision; that the above is a
15 true and accurate transcription of said meeting set
16 out herein.
17 I further certify that I am neither of
18 relative, employee, attorney or counsel of any of
19 the parties, nor am I a relative or employee of
20 such attorney or counsel, nor am I financially
21 interested in the results thereof. All rates
22 charged are usual and customary.
23

1 I further certify that I am duly licensed
2 by the Alabama Board of Court Reporting as a
3 Certified Court Reporter as evidenced by the ACCR
4 number following my name found below.
5 This 2nd day of February, in the year of
6 our Lord, 2020.
7
8
9 /S/Jeana S. Boggs
10 Jeana S. Boggs, CCR
ABCR NO. 7, 9/30/2021
11 Certified Court Reporter and
Notary Public
12 Commission expires: 8/9/2022
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16
17
18
19
20
21
22
23

CHAIRMAN HALLMARK: [76] 4/14 6/19 8/3 8/11 8/14 8/17 8/23 9/2 9/10 9/12 9/17 9/20 9/23 10/18 15/12 17/1 19/6 19/10 19/14 19/22 21/4 21/7 26/16 26/20 27/1 39/9 39/11 39/15 40/3 40/8 45/16 49/10 49/19 50/13 54/12 58/9 59/21 60/2 60/7 65/5 66/17 71/2 73/17 75/21 92/7 92/10 107/9 107/16 107/19 108/11 108/14 108/18 108/21 114/17 114/23 115/9 115/12 115/19 117/2 117/5 117/17 118/2 118/5 122/12 125/7 128/16 128/19 129/2 129/22 133/9 134/14 134/19 135/3 135/6 135/9 135/12
DR. BRONNER: [3] 19/17 114/20 128/12
DR. BROWN: [1] 7/10
DR. MACKEY: [17] 7/4 60/4 60/9 63/19 63/23 115/1 117/19 118/4 118/6 118/12 118/15 119/2 119/12 127/17 127/21 127/23 128/11
DR. SUSAN BROWN: [16] 39/13 39/16 40/7 45/18 46/5 47/9 47/15 47/21 49/14 49/23 50/14 52/22 53/3 53/6 53/14 54/4
DR. VAN MATRE: [1] 9/11
MR. BUTLER: [2] 6/23 31/2
MR. COLE: [5] 8/1 8/13 66/19 107/18 135/2
MR. HALLMARK: [1] 8/20
MR. MCMILLAN: [2] 7/2 30/18
MR. TWILLEY: [1] 7/18
MR. VAN MATRE: [3] 7/6 107/23 108/8
MR. WALES: [7] 92/15 108/4 108/10 108/23 114/22 115/7 129/10
MR. WHALEY: [9] 6/21 9/9 10/19 19/8 19/13 60/1 65/6 122/4 128/22
MR. WILLIAMS: [9] 12/5 15/15 17/8 19/12 19/15 19/19 20/8 21/8 26/22
MR. YANCEY: [2] 73/18 130/8
MRS. LOCKRIDGE: [8] 7/16 125/10 126/2 126/8 127/2 127/7 127/15 134/18
MS. CREW: [1] 7/12
MS. DIANE SCOTT: [32] 10/16 10/20 27/21 32/7 39/10 40/2 40/9 46/4 47/6 47/12 47/18 50/18

MS. DIANE SCOTT:... [20] 53/1 53/4 53/9 53/19 58/7 58/23 62/13 63/21 65/3 69/17 75/23 83/7 84/10 92/9 126/10 127/6 127/9 127/20 127/22 128/4
MS. EATON: [16] 6/18 6/20 6/22 7/1 7/3 7/5 7/7 7/9 7/11 7/13 7/15 7/17 7/19 7/21 7/23 92/3
MS. GIBSON: [3] 7/22 56/15 72/9
MS. McCOY: [1] 7/14
MS. MOBLEY: [4] 7/20 8/10 107/15 135/5
MS. SHOMAKER: [1] 7/8
MS. SHOWMAKER: [2] 20/2 21/2
MS. THOMAS: [15] 115/17 115/20 117/4 117/8 118/9 118/13 118/19 119/8 119/14 122/6 122/13 125/22 126/3 128/21 129/1

$

$1 [1] 66/8
$1,000 [2] 58/14 58/16
$1.51 [1] 40/22
$1.6 [2] 19/21 85/19
$1.8 [4] 28/7 31/13 85/17 85/19
$106 [1] 91/14
$148.50 [1] 83/23
$150 [1] 128/14
$16.00 [1] 126/13
$166 [1] 84/5
$170 [1] 84/7
$173.50 [1] 84/1
$174 [1] 84/2
$200 [1] 66/5
$22 [3] 48/5 126/17 127/19
$22.73 [1] 38/11
$24.5 [1] 28/21
$25 [2] 66/6 83/22
$28.00 [1] 126/14
$3 [1] 88/3
$300 [1] 66/9
$38.7 [1] 29/16
$4.00 [6] 37/18 37/18 38/17 47/11 47/13 83/18
$40 [1] 85/12
$40 million [1] 85/12
$46 [2] 85/14 86/3
$46 million [2] 85/14 86/3
$50 [1] 106/7
$52 [1] 48/5
$52.99 [2] 40/18 40/18
$629 [1] 43/13
$629 million [1] 43/13
$72 [2] 47/15 48/2
$72.26 [1] 38/6
$800 [1] 84/17
$93 [3] 85/10 91/16 132/2
$93.1 [2] 85/7 85/7
$96 [1] 85/9

'

'22 [1] 80/11
'23 [4] 43/13 80/11 92/1 130/21
'24 [1] 77/7
'84 [1] 65/13

.

.5 [2] 86/11 86/11

0

05 [2] 38/21 40/16

1

10 [1] 86/6
10,600 [1] 86/17
10/01/05 [1] 38/21
10/1 [1] 83/19
10/1/05 [1] 40/16
10/1/22 [1] 76/16
10/1/23 [1] 77/7
104 [1] 104/3
105 [1] 105/16
106 [1] 109/4
107 [2] 111/21 112/11
108 [1] 113/5
10:57 [1] 135/15
11 [2] 38/21 134/17
11,800 [2] 37/17 86/16
110 [2] 118/3 118/4
111 [1] 116/20
112 [1] 119/15
113 [1] 120/22
114 [1] 122/14
116th [1] 81/10
117th [1] 81/23
119 [2] 119/22 120/7
11:00 [1] 134/18
11:15 [1] 134/17
12 [4] 71/5 109/14 109/16 117/3
12-month [1] 109/9
12/31/11 [1] 38/21
12/8/2020 [2] 4/4 9/1
120 [1] 38/7
13,000 [1] 97/4
135 [1] 136/13
14 [2] 121/14 122/11
140,000 [1] 93/9
15 [1] 82/23
16 [1] 117/23
17th [1] 81/21
1:10 [1] 134/17
1st [6] 28/15 41/22 42/21 78/8 81/6 82/17

2

2,200 [1] 38/22
20 [1] 37/2
200 [1] 120/6
2000 [1] 40/15
201 [2] 1/4 1/20
2010 [1] 65/13
2012 [1] 39/1
2015 [1] 43/14
2017 [2] 42/19 84/16
2019 [1] 82/18
2020 [16] 4/4 9/1 9/4 12/3 13/5 14/2 28/14 28/16 76/12 93/8 95/1 95/12 117/3 117/23 118/1 137/6
2020-12 [1] 117/3
2021 [7] 1/22 44/7 82/17 96/15 117/7 136/9 137/10
2022 [7] 43/2 76/16 78/7 78/8 84/16 90/3 137/12
2023 [3] 81/7 85/8 85/12
2027 [1] 82/4
20th [1] 80/4
21 [1] 97/2
22 [2] 56/22 76/16
23 [3] 65/9 77/7 93/10
24 [2] 11/15 21/16
24.99 [1] 37/2
25 [5] 33/8 34/7 34/10 37/4 37/7
25,000 [1] 88/11
250 [1] 95/16
25th [1] 41/11
26 [1] 61/14
26,000 [1] 40/14
27th [4] 28/14 31/15 77/23 82/5
28 [1] 37/4
28th [1] 18/2
29th [1] 18/3
2nd [3] 1/22 136/9

2

2nd... [1] 137/5

3

30 [2] 12/3 85/18
30,000 [1] 34/14
300 [1] 37/6
301 [1] 37/8
303 [1] 37/9
30th [9] 13/5 14/2 18/1 18/4 28/16 28/20 31/13 84/14 85/8
31st [5] 29/16 29/18 85/2 85/4 86/17
350 [1] 98/6
36104 [1] 1/5
37 [2] 65/11 65/11
38 [1] 56/12
39 [2] 11/15 21/16

4

4,435 [1] 121/3
40 [2] 11/17 21/18

5

5,851 [1] 117/1
50 [1] 87/7
500 [1] 77/4
526 [1] 116/12
55 [2] 11/17 21/18
56 [1] 27/22
56,000 [1] 40/12
57 [3] 32/9 33/2 34/23
58 [1] 42/15
59 [2] 93/12 93/19

6

60 [6] 33/8 34/8 38/8 45/4 65/7 103/7
600 [1] 38/18
61 [2] 43/14 76/2
62 [1] 83/8
65 [4] 51/1 84/14 86/20 122/4
68 [1] 84/13
69 [1] 84/21

7

7,729 [1] 116/10
70 [2] 86/1 100/10
75 [1] 93/4
76 [1] 94/11
77 [1] 96/7
78 [1] 97/20
786 [1] 37/19
79 [1] 97/23

8

8,000 [1] 100/6
8/9/2022 [1] 137/12
82 [1] 100/4
843 [1] 1/4
85 [2] 82/7 101/2
877.517.0020 [1] 1/6
89 [1] 102/8
8th [1] 9/4

9

9,000 [1] 39/2
9/30 [1] 85/18
9/30/2021 [1] 137/10
9:00 [1] 1/22

A

a.m [2] 1/23 135/16
ABCR [1] 137/10
abilities [1] 104/22
ability [5] 54/2 87/5 121/12 123/13 123/18
able [12] 5/23 30/16 54/18 57/8 73/3 102/1 123/3 123/19 127/11 129/19 130/10 133/4
about [73] 6/12 13/15 18/5 21/9 22/5 24/22 28/2 28/7 29/19 30/7 32/10 32/12 34/14 35/1 36/10 37/14 38/17 38/22 39/2 39/23 40/11 41/16 41/17 45/9 45/15 47/13 48/15 48/17

A

about... [45] 63/9 65/20 66/20 67/15 71/21 71/22 71/22 72/17 73/19 78/23 79/2 80/8 83/18 85/17 85/22 86/16 86/17 88/3 88/11 88/17 88/23 93/9 94/16 95/15 97/4 97/13 98/6 99/2 101/18 101/22 101/23 103/3 103/4 104/5 104/8 106/15 109/6 110/14 114/13 121/19 124/18 125/4 131/6 132/5 134/20
above [3] 13/21 122/5 136/14
absolutely [2] 31/9 129/11
absorb [1] 72/6
abuse [2] 95/4 96/2
Academy [1] 128/14
accept [1] 59/12
accepted [3] 13/8 14/5 25/18
access [2] 24/1 26/2
accident [1] 78/18
accompanying [1] 13/1
accordance [5] 13/8 13/13 14/4 25/17 83/20
account [1] 24/1
accounting [7] 13/9 14/4 14/16 23/14 24/18 25/18 133/3
ACCR [1] 137/3
accumulate [1] 25/14
accurate [1] 136/15
achieving [1] 100/14
across [5] 37/17 76/6 82/2 88/2 128/14
Act [8] 28/5 28/7 31/5 32/8 77/21 78/1 79/22 82/4
acting [1] 132/16
active [11] 15/11 32/10 45/3 45/6 51/4 51/8 51/10 59/7 65/7 84/17 132/20
actives [1] 55/5
activity [2] 97/22 99/8
actual [4] 23/1 85/2 119/9 126/22
actually [9] 57/22 62/19 71/7 104/9 111/4 119/3 119/6 120/3 131/1
actuarial [3] 18/22 43/7 80/21
actuaries [2] 18/6 24/3
actuary [1] 43/9
add [2] 116/5 126/23
added [4] 59/3 69/17 76/7 108/7
addition [1] 75/1
additional [9] 15/6 18/11 22/19 30/21 43/12 106/16 109/19 110/23 111/11
additionally [1] 18/18
additions [1] 102/20
address [2] 22/9 102/19
addresses [1] 26/7
adjective [1] 108/2
adjust [2] 51/15 113/6
adjustment [3] 25/5 25/12 36/21
adjustments [3] 24/15 25/9 25/20

A

administer [3] 83/1 109/7 114/5
administered [1] 105/1
administering [2] 31/12 32/1
administration [3] 70/4 80/9 126/20
administrative [2] 125/13 125/16
adopted [1] 20/5
advance [1] 103/7
advantage [11] 90/6 95/17 116/1 120/5 121/4 121/13 121/15 122/18 122/22 123/21 124/23
advice [2] 67/20 69/11
Advisor [8] 41/14 41/21 48/17 63/9 63/14 69/2 75/7 125/3
affect [9] 20/9 20/16 20/19 20/23 72/22 83/3 87/19 87/20 87/21
after [6] 42/21 69/15 73/10 76/16 78/7 96/17
afternoon [1] 73/10
again [16] 9/5 15/16 15/19 19/9 19/11 23/9 24/21 37/11 63/23 64/23 74/21 74/23 96/8 97/6 114/2 132/23
age [3] 33/8 34/8 35/22
agenda [8] 3/9 4/3 8/2 8/7 8/9 92/11 92/17 115/13
aging [2] 86/19 124/20
ago [7] 5/7 6/8 25/7 66/21 82/23 104/12 119/17
agree [3] 56/22 66/17 75/6
agreed [2] 69/16 80/10
ahead [3] 15/18 94/10 132/4
air [3] 78/12 79/15 79/17
ALABAMA [23] 1/1 1/5 1/20 1/21 13/4 28/6 30/2 33/19 35/3 35/19 36/20 46/2 46/15 46/18 48/20 54/7 67/5 83/20 130/19 132/22 136/3 136/8 137/2
alignment [1] 113/10
all [102] 8/17 8/20 9/12 9/17 9/20 12/12 13/22 14/11 16/1 17/5 20/16 21/2 21/22 22/4 22/8 23/18 24/11 26/4 26/15 27/8 27/18 28/22 32/1 32/8 36/1 36/2 36/16 37/17 38/10 40/19 40/20 41/10 43/4 44/9 44/20 45/8 48/1 48/12 48/21 49/23 52/9 52/9 53/12 56/17 57/20 58/21 59/1 63/7 64/18 66/14 66/14 69/3 71/5 73/10 75/9 75/21 80/20 80/22 81/2 86/21 87/19 88/8 88/9 88/15 88/18 88/22 88/23 90/15 90/17 91/5 95/9 96/20 98/4 103/20 103/21 104/3 107/9 108/15 108/18 115/9 115/13

A

all... [21] 115/20 119/14 120/21 121/6 122/13 123/10 124/4 124/7 125/5 125/7 130/18 130/19 133/1 133/2 133/3 133/7 133/18 134/14 135/7 135/9 136/21
all's [1] 22/20
allow [3] 89/3 94/12 111/18
allowed [2] 31/9 76/20
allows [1] 109/14
almost [6] 23/18 28/21 28/22 90/8 100/5 134/10
along [4] 11/21 74/12 83/8 84/11
already [6] 86/4 95/15 104/9 105/9 106/20 107/3
also [24] 2/18 11/7 11/12 13/17 16/8 17/19 18/16 20/17 32/11 47/3 58/9 58/10 59/3 59/18 62/3 74/12 74/23 95/19 100/14 100/22 116/10 116/17 121/12 122/9
alternative [3] 103/9 103/11 103/14
always [11] 17/5 32/22 41/14 55/3 56/10 75/13 99/9 103/18 104/1 110/19 113/11
am [34] 6/15 10/11 32/6 50/9 50/15 50/19 50/20 53/11 60/17 61/8 68/12 68/13 69/19 70/14 72/22 76/2 89/11 89/20 89/20 92/17 97/13 103/22 105/6 109/3 114/12 115/22 116/1 118/7 125/17 134/9 136/17 136/19 136/20 137/1
ambulance [3] 78/12 79/15 79/17
America [2] 13/10 14/6
American [1] 82/4
among [1] 27/15
amount [7] 35/21 47/23 51/14 88/12 89/18 90/22 129/4
amounting [1] 82/7
amounts [4] 25/15 25/16 48/5 76/20
AMY [2] 2/11 7/11
analysis [4] 14/19 14/20 16/14 18/7
anesthesiologist [1] 79/8
ANITA [2] 2/16 7/21
announce [1] 125/2
annual [1] 88/3
another [8] 32/3 41/21 62/15 96/4 98/20 112/23 122/2 134/15
answer [8] 31/1 31/20 56/20 90/20 114/13 118/16 126/6 128/6
answers [1] 136/12
any [55] 8/15 9/13 9/14 15/12 15/21 17/3 19/7 20/3 20/6 21/5 22/9 22/11 22/14 23/15 25/19 25/20 26/5 26/9 26/12 26/17 30/16 45/14 50/21 51/4 57/2 59/22 61/16 74/7 77/11 83/4 84/8 92/2 92/4

A

any... [22] 103/5 106/13 106/18 106/22 106/22 107/5 107/10 107/19 108/11 114/13 114/18 115/10 117/12 122/7 123/5 125/6 125/19 128/16 132/8 133/9 134/12 136/18
anybody [5] 57/3 59/22 69/12 82/13 92/2
anyone [3] 45/14 82/9 82/19
anything [11] 6/2 15/22 16/5 16/5 17/4 17/6 49/22 52/11 126/21 128/20 129/7
anyway [3] 27/20 32/6 83/2
anywhere [3] 69/3 127/5 132/18
APPEARANCES [1] 2/1
applicable [1] 78/4
applies [3] 76/13 76/13 78/2
appointment [4] 67/23 68/19 75/15 98/11
appreciate [13] 22/3 27/2 53/15 57/11 58/5 60/11 61/2 64/14 64/23 66/14 66/22 114/15 133/18
appreciative [1] 120/8
appropriate [2] 31/23 39/20
appropriated [1] 31/3
appropriation [1] 130/15
Appropriations [1] 78/1
approval [7] 4/3 4/4 8/2 9/1 9/3 104/12 114/20
approve [4] 8/8 9/8 105/17 107/11
approved [1] 120/12
approximately [1] 1/22
April [3] 82/17 112/17 113/19
April 1st [1] 82/17
are [193]
area [3] 26/13 120/17 120/19
areas [2] 19/2 24/23
aren't [1] 114/6
arena [1] 42/12
arose [1] 24/9
around [12] 17/16 18/23 32/19 41/11 59/2 67/2 68/6 79/20 95/3 96/6 99/5 124/6
article [5] 41/9 41/14 41/21 63/14 75/7
articles [1] 63/8
as [100] 5/9 5/17 5/17 12/7 12/19 13/11 14/1 14/11 16/1 16/12 17/22 20/5 20/6 21/22 22/9 22/10 22/23 23/7 23/16 25/7 26/10 26/15 28/13 28/17 28/17 29/10 30/5 30/11 30/11 30/13 42/3 42/3 42/8 42/13 42/13 43/4 43/21 44/1 44/1 45/1 46/13 46/19 49/3 52/5 52/5 54/8 54/13 54/13 55/2 56/9 56/9 60/10 64/14

A

as... [47] 65/15 67/21 74/10 74/10 77/23 79/7 81/21 82/9 85/1 85/7 85/15 85/20 86/2 86/15 86/16 89/12 91/9 91/10 95/16 100/17 101/4 101/11 102/23 103/3 103/9 105/12 111/10 116/7 116/9 116/13 116/21 118/20 119/11 122/10 122/17 123/18 123/21 124/6 124/10 124/19 125/3 125/11 125/11 132/15 132/15 137/2 137/3
ask [13] 10/12 11/23 39/21 39/22 40/6 67/19 69/21 72/7 73/15 74/12 90/20 90/22 130/12
asked [1] 84/17
asset [1] 73/5
assistance [1] 38/2
assistant [2] 3/7 68/10
association [2] 71/21 71/23
ASST [1] 3/6
assuming [1] 128/1
athletic [1] 71/23
attended [1] 72/18
attention [6] 16/4 16/6 22/21 24/10 69/5 114/16
attorney [2] 136/18 136/20
audit [19] 11/2 11/3 11/5 12/2 12/4 12/8 12/9 12/13 12/16 12/21 13/15 15/22 22/7 23/6 23/22 24/15 25/9 25/12 25/14
audited [1] 12/23
auditor [1] 10/21
auditors [4] 4/7 12/20 13/11 23/8
audits [1] 19/4
August [9] 112/1 112/5 112/12 113/7 113/7 113/15 113/15 113/16 114/2
authority [4] 102/13 103/16 104/10 105/8
authorization [1] 103/2
automatic [1] 50/4
automobile [1] 58/11
avail [1] 75/11
available [6] 29/13 75/2 98/2 111/2 111/3 124/2
average [2] 38/10 93/11
averaged [1] 40/21
aware [2] 109/10 124/12
away [3] 61/1 93/13 98/13
awesome [1] 57/5
aye [8] 8/18 8/19 9/18 9/19 108/16 108/17 135/7 135/8
Ayes [4] 8/23 9/23 108/21 135/12

B

back [29] 6/3 16/19 21/13 37/11 40/5 51/18 56/16 58/17 61/17 65/7 66/20 67/18 73/4 74/23 82/18 91/11 91/12 91/13 94/4 94/12 96/5 97/9 119/3 119/6 133/14 133/14 134/10 134/15 134/22

B

background [1] 110/12
bad [1] 71/8
balance [8] 19/8 19/11 19/12 19/20 78/9 78/22 79/14 79/18
balances [1] 24/2
base [2] 51/11 84/6
based [16] 32/14 35/4 35/5 35/7 35/20 36/4 36/21 37/20 52/9 52/16 54/5 54/6 83/10 85/1 107/13 117/8
basically [12] 12/15 14/7 14/14 17/21 21/21 22/2 25/11 26/2 45/5 51/6 74/19 121/18
basket [1] 88/16
bathroom [1] 134/21
be [115] 5/9 5/17 5/23 9/15 10/5 11/12 14/17 15/10 15/17 18/11 20/4 20/11 21/9 22/4 23/3 23/23 25/13 25/17 26/8 28/11 28/14 30/8 30/13 30/14 30/15 30/19 30/22 31/3 31/22 32/1 32/17 35/10 35/17 42/5 42/12 43/10 44/10 47/1 49/20 49/21 52/6 56/10 57/14 58/18 59/5 59/6 59/14 61/16 62/3 62/6 63/14 63/17 64/9 64/12 64/22 65/16 65/17 66/3 66/10 68/3 69/8 69/10 69/14 70/23 71/7 72/10 73/3 77/9 77/13 78/9 78/22 79/2 79/13 79/18 80/6 81/7 82/9 82/16 82/18 82/23 83/11 85/4 87/8 91/23 92/11 92/22 94/21 96/12 97/15 97/16 98/18 99/8 102/2 102/13 106/6 106/9 106/10 108/6 117/14 117/15 119/20 120/15 120/17 121/1 124/15 125/18 126/15 126/19 127/11 128/2 128/10 130/10 132/1 132/6 134/10
beat [1] 66/11
beautiful [1] 67/22
because [43] 11/21 15/2 17/13 20/12 21/20 28/23 33/8 33/22 35/7 36/4 40/14 41/2 44/12 46/8 46/9 46/11 50/2 53/21 54/7 54/14 54/17 55/20 57/21 59/5 64/7 69/7 71/11 86/22 87/3 88/5 89/5 89/19 91/13 94/16 100/9 100/17 112/18 119/3 123/22 124/22 125/23 134/1 134/8
becomes [1] 30/12
becoming [1] 86/20
been [32] 5/17 6/5 17/22 17/23 26/5 28/13 29/20 30/4 43/4 43/5 51/21 53/10 54/7 54/18 54/20 56/6 64/14 67/9 73/5 79/22 80/7 81/5 81/22 86/13 88/1 88/15 93/11 96/20 104/16 128/7 129/8 129/8

B

before [21] 5/10 10/20 10/23 32/10 58/16 71/6 73/2 73/8 91/11 92/20 99/2 102/6 106/13 110/12 111/10 112/12 112/19 116/4 132/7 132/7 133/10
beforehand [1] 98/11
began [1] 112/11
begin [1] 10/13
beginning [2] 76/15 78/6
begins [2] 112/4 113/14
behind [1] 103/21
being [8] 27/3 57/8 75/1 97/1 102/1 124/23 129/12 130/3
believe [4] 25/16 70/2 105/3 106/1
below [1] 137/4
beneficial [2] 73/16 102/3
benefit [25] 4/8 4/10 18/21 30/16 54/1 89/1 89/2 92/12 92/14 94/19 95/13 97/1 98/17 105/20 105/21 107/6 115/14 115/16 121/5 121/16 122/2 123/4 123/7 124/11 132/20
benefits [9] 29/9 46/10 46/12 46/17 46/20 50/10 54/9 95/2 95/4
best [11] 27/13 43/5 43/6 44/15 55/22 57/1 57/14 69/11 131/10 132/17 133/6
better [13] 30/19 41/17 41/19 56/10 67/8 90/7 90/8 90/9 101/7 101/9 126/15 130/18 134/4
between [4] 25/15 28/15 94/6 114/10
beyond [3] 44/8 104/23 112/6
Biden [1] 80/9
big [4] 31/6 89/13 89/18 115/2
biggest [3] 18/15 68/23 72/19
bill [6] 29/20 30/5 31/4 78/22 79/12 81/19
billed [4] 76/19 79/14 79/18 125/18
billing [1] 78/9
billion [5] 19/21 28/7 85/17 85/19 85/20
bills [3] 81/10 81/11 115/4
bit [21] 13/15 25/10 29/4 35/1 40/4 55/16 61/22 62/11 69/22 73/19 75/4 77/1 89/15 89/16 110/11 116/15 119/1 124/5 126/23 128/7 132/5
black [1] 34/18
blaming [1] 62/9
bleeding [1] 59/16
blessed [2] 48/19 56/7
blue [6] 98/4 98/5 126/5 126/7 126/20 129/17
board [57] 1/3 1/17 2/2 4/4 5/2 5/12 5/21 6/13 8/19 9/4 9/19 10/3 10/17 14/11 16/1 21/22 22/9 22/10 26/15 27/6 27/7 27/15

B

board... [35] 42/20 43/11 54/15 55/2 60/17 65/14 85/6 92/16 94/16 95/1 95/2 95/14 96/1 96/7 96/15 97/7 97/15 99/12 102/11 102/12 103/4 103/16 103/23 104/10 104/12 108/17 115/18 129/3 132/7 132/15 133/19 135/8 135/14 136/11 137/2
body [1] 101/10
Boggs [3] 1/18 136/6 137/10
bonus [1] 110/5
book [3] 27/23 31/12 96/7
both [13] 6/12 6/13 17/11 19/3 20/13 21/19 24/20 43/17 56/2 88/2 101/13 104/17 132/20
bottom [5] 34/23 61/23 87/10 88/4 93/22
box [2] 87/17 128/13
boxes [7] 88/6 88/9 88/10 88/19 88/22 90/15 101/23
Branch [1] 31/1
break [1] 134/21
breakdown [1] 122/15
briefly [1] 130/9
bring [7] 16/5 22/11 22/20 42/18 72/23 96/5 104/4
bringing [1] 105/7
brings [3] 23/9 38/12 105/15
broaden [1] 75/5
BRONNER [5] 3/2 48/20 61/3 133/12 134/6
brought [3] 54/19 64/15 64/16
BROWN [11] 2/10 7/9 39/11 40/5 40/6 45/17 56/4 58/17 60/11 62/4 64/15
Brown's [1] 132/13
browsed [1] 5/8
budged [1] 28/13
budget [6] 126/23 130/21 130/22 131/1 131/2 132/2
budgeted [1] 86/4
building [3] 67/20 67/22 68/18
bulk [1] 19/3
bunch [2] 34/17 115/3
business [1] 85/20
BUTLER [4] 2/5 6/22 29/19 30/14

C

CAFR [1] 22/13
calculate [2] 36/20 62/1
calculated [4] 35/20 43/9 63/12 74/6
calculation [1] 51/6
calculator [3] 41/23 62/18 70/12
calculators [1] 62/19
call [8] 4/2 4/2 5/18 6/16 6/17 68/18 98/10 130/3
called [3] 17/19 68/12 109/11
calls [4] 14/13 61/8 120/2 133/20
came [12] 42/16 69/7 73/7 73/9 76/6 82/2 85/9 85/11 98/6 119/1 126/11 129/23
can [68] 10/8 12/15

C

can... [66] 27/13 28/21 29/10 31/7 34/2 34/5 34/22 35/11 39/13 41/19 42/5 42/14 44/16 44/18 44/22 48/17 49/2 55/1 56/10 57/1 57/22 58/20 61/21 62/1 63/13 64/9 65/15 67/23 68/1 69/1 69/22 70/11 70/16 70/17 71/18 72/1 72/4 72/5 73/12 74/10 74/19 75/7 75/17 78/22 80/15 87/14 89/17 90/7 90/7 93/23 95/16 95/19 96/7 96/19 97/2 98/10 116/7 116/9 116/21 118/20 121/5 122/17 124/16 125/20 131/11 132/3
can't [6] 77/18 83/11 87/8 88/17 128/6 129/2
cancel [1] 110/8
canceled [1] 113/2
capital [1] 85/5
card [1] 126/5
cards [1] 133/20
care [4] 96/10 121/13 125/1 125/14
careful [2] 53/12 103/15
carefully [1] 30/13
Cares [4] 28/4 28/7 31/5 32/8
Carolina [4] 43/22 43/23 44/3 60/18
Carr [1] 12/1
carrier [1] 49/7
carries [1] 10/1
carry [7] 8/23 9/23 18/17 108/21 110/7 114/8 135/12
case [3] 10/7 37/5 119/4
cases [6] 116/9 116/11 118/11 118/18 118/20 119/7
catch [1] 56/22
catch-22 [1] 56/22
catching [2] 115/2 115/6
category [1] 82/20
caught [1] 36/7
cause [2] 77/16 119/11
CavMac [1] 43/8
CCR [1] 137/10
CEO [1] 3/2
certain [2] 32/19 50/11
certainly [4] 5/20 57/14 120/8 130/5
CERTIFICATE [1] 136/1
Certified [4] 1/18 136/6 137/3 137/11
certify [3] 136/8 136/17 137/1
CFO [1] 3/4
chain [1] 88/14
Chair [1] 115/18
CHAIRMAN [12] 2/3 2/4 10/17 19/17 26/23 39/19 45/19 54/11 60/10 92/16 109/1 130/9
challenges [1] 102/17
change [24] 37/17 40/13 40/16 47/10 47/11 47/16 47/17 47/19 47/23 49/3 49/4 49/5 49/9 51/12 51/13 51/14 51/15 54/2 94/1 103/5 103/8 103/10 106/20 129/6
changed [4] 32/13

C

changed... [3] 49/7 51/20 111/16
changes [9] 14/2 37/19 42/9 47/5 47/7 47/8 63/9 97/10 103/12
changing [3] 48/11 102/22 112/1
charge [1] 83/12
charged [1] 136/22
charges [1] 128/14
charging [1] 114/7
CHARLENE [2] 2/12 7/13
chart [1] 118/6
charts [1] 101/6
chase [1] 84/23
check [12] 5/15 48/11 61/23 62/6 64/20 68/2 72/22 87/17 88/8 88/9 88/18 90/15
checked [1] 85/15
checking [1] 101/23
checks [3] 62/2 88/6 88/22
Chief [1] 10/12
chose [1] 76/21
chosen [2] 46/19 54/8
citizens [1] 130/19
claims [11] 15/8 16/18 16/21 17/22 18/7 22/17 25/4 28/23 29/17 91/18 119/9
cleaning [1] 29/7
clear [1] 50/21
client [1] 23/10
clinic [2] 119/19 120/3
clinical [5] 87/20 89/3 97/8 101/8 102/18
clinically [1] 103/13
clinics [3] 120/11 120/16 120/20
close [3] 42/13 85/20 91/4
closely [1] 90/4
closer [3] 89/12 92/22 129/12
closest [2] 34/4 35/3
closing [3] 4/12 91/9 130/7
co [12] 35/5 35/14 55/14 88/21 104/17 104/18 105/17 105/22 106/9 106/21 107/2 107/12
co-pay [8] 35/5 88/21 104/17 104/18 105/17 105/22 106/21 107/12
co-pays [4] 35/14 55/14 106/9 107/2
Coach [1] 68/12
coaching [10] 99/6 99/7 99/11 99/13 99/19 99/21 100/20 100/22 101/1 101/13
COBRA [7] 82/7 82/8 82/12 82/22 110/9 113/3 115/4
coinsurance [3] 35/4 35/7 43/19
COLA [2] 42/20 50/4
COLAs [4] 42/11 42/16 42/23 53/21
cold [1] 123/16
COLE [8] 2/17 7/23 8/14 66/18 71/5 72/2 107/19 135/3
collecting [1] 49/17
college [1] 112/3
colleges [1] 70/15
colloquies [1] 136/12
column [1] 84/23

C

come [25] 5/20 6/3 15/22 16/3 18/6 22/15 27/5 27/9 40/5 56/11 57/15 58/12 58/15 63/5 67/18 68/1 69/13 71/20 74/12 88/1 89/23 91/1 94/4 119/10 134/22
comes [5] 10/21 13/14 62/23 70/9 127/10
coming [8] 20/11 20/19 56/1 85/12 86/21 87/11 103/8 116/17
comment [4] 26/13 32/4 60/15 107/21
comments [14] 4/12 24/19 26/18 31/19 45/17 92/4 107/20 108/12 114/18 115/10 128/17 130/7 133/10 134/12
Commission [1] 137/12
common [1] 81/1
communicate [1] 24/11
communicated [1] 23/3
communication [5] 11/9 17/9 21/10 21/19 57/12
communications [4] 12/11 23/2 26/15 64/10
community [2] 70/14 112/3
compare [2] 47/3 58/20
compared [2] 111/7 123/12
comparison [2] 16/14 132/11
compliant [1] 43/10
complicated [1] 94/17
component [4] 13/3 52/10 91/21 91/23
concern [3] 129/4 130/1 132/13
concerned [4] 48/10 48/15 50/17 125/11
concerns [1] 22/10
conclude [2] 16/22 26/14
concludes [1] 114/11
Conclusion [1] 135/14
conditions [1] 16/3
conference [1] 1/19
conferences [1] 71/21
confidence [2] 104/22 105/4
confirm [1] 108/9
confirmed [8] 80/22 116/10 117/21 118/10 118/18 118/19 119/4 119/7
confluence [1] 51/7
confusion [1] 77/17
Congress [4] 31/15 31/21 81/11 81/23
connect [1] 96/9
consideration [1] 35/23
Consolidated [1] 78/1
contact [3] 71/18 120/14 123/14
contacted [2] 119/19 121/2
containment [2] 87/14 87/16
continue [7] 86/18 90/13 93/1 96/16 111/14 123/3 133/5
continuous [1] 114/8

C

contract [12] 106/8 109/9 109/15 111/1 111/7 112/4 112/11 112/18 113/14 113/20 114/3 114/10
contribute [1] 43/12
contributed [1] 43/14
contribution [2] 43/8 43/15
CONTROL [4] 1/3 1/17 135/15 136/11
controls [3] 13/18 26/8 26/10
convenience [3] 98/9 98/14 98/21
copy [2] 1/12 11/11
Coronavirus [1] 29/22
correct [5] 73/20 108/3 108/5 117/4 122/6
corrected [1] 24/13
corrections [1] 9/14
correctly [2] 27/19 118/8
cost [32] 35/17 36/2 36/3 36/11 36/12 36/14 44/17 48/12 51/8 51/9 52/10 52/16 52/18 62/7 67/12 70/10 77/9 80/18 87/13 87/16 89/19 90/14 104/14 104/15 105/12 105/13 106/23 125/16 125/20 127/4 127/8 132/19
costs [7] 48/22 53/13 77/4 77/19 77/20 95/20 105/23
cough [1] 121/8
could [16] 11/21 28/9 28/13 29/9 29/11 30/8 31/12 41/17 71/8 82/23 95/5 106/8 116/18 116/19 129/11 132/1
couldn't [5] 6/2 80/14 80/16 80/17 80/19
counsel [3] 61/19 136/18 136/20
counseling [4] 62/12 62/14 63/11 74/13
counselors [1] 74/14
count [3] 111/14 112/8 112/18
counted [1] 110/20
counter [3] 36/9 53/3 53/4
counter-intuitive [1] 36/9
counting [6] 109/23 112/2 112/8 112/13 113/7 113/15
counts [1] 116/21
county [3] 72/15 73/5 136/4
couple [14] 5/10 20/5 20/10 23/5 23/19 24/17 42/17 61/10 71/16 72/11 93/21 101/14 103/3 111/20
coupon [2] 106/4 131/19
coupons [1] 104/13
course [6] 25/14 71/8 79/15 101/10 116/15 123/12
Court [4] 1/18 137/2 137/3 137/11
cover [3] 16/3 87/5 131/15
coverage [12] 36/19 44/6 46/3 46/9 63/2 83/9 83/13 109/8 109/14 109/19 110/8 114/8

C

covered [2] 64/22 126/1
covers [5] 12/14 14/13 16/8 44/3 87/7
COVID [21] 20/12 28/12 29/1 29/2 29/17 74/1 74/22 82/10 93/5 93/13 93/20 94/10 116/2 116/8 116/9 116/11 116/12 121/13 121/17 122/16 122/16
COVID-related [1] 29/17
crank [1] 132/4
cranky [1] 5/17
credit [1] 106/8
CREW [2] 2/11 7/11
CRI [1] 24/19
criteria [1] 28/9
CRNA [1] 79/8
Cross [4] 98/5 126/7 126/20 129/18
crossed [1] 91/20
cruising [1] 34/14
curious [1] 20/3
current [2] 29/20 48/18
currently [1] 84/21
customary [1] 136/22
cut [2] 84/22 129/16
cutting [2] 59/6 59/15
cycle [1] 114/1

D

data [3] 49/17 116/17 119/1
date [2] 96/17 112/1
dates [1] 116/18
DAVE [12] 3/5 4/9 41/12 88/22 90/16 92/13 107/23 116/13 129/8 131/19 131/22 132/23
DAVID [1] 3/2
day [10] 66/7 67/3 71/10 73/8 73/10 89/7 95/6 95/10 128/5 137/5
days [8] 66/6 71/6 95/7 103/7 109/21 110/4 111/2 121/14
deadline [3] 31/10 31/14 31/14
dealing [1] 6/8
death [2] 118/22 119/11
deaths [6] 116/12 116/16 117/21 118/10 118/13 118/21
deceased [1] 93/19
December [15] 9/3 28/16 28/20 31/13 31/15 77/23 112/16 113/17 116/5 116/7 116/15 116/23 117/3 117/14 120/23
December 2020 [1] 117/3
December 27th [2] 31/15 77/23
December 30th [2] 28/16 31/13
decide [1] 32/2
decision [6] 42/20 75/16 95/23 96/5 97/7 99/17
decisions [4] 64/6 94/14 94/18 94/22
decrease [2] 107/2 117/12
decreasing [3] 117/10 117/10 117/11
deductible [1]

D

deductible... [1] 58/12
deductions [1] 58/11
deep [1] 117/20
defer [1] 60/6
deficiencies [2] 26/9 26/12
definitely [2] 5/22 108/5
definitive [1] 69/23
delayed [4] 10/5 20/13 24/5 81/6
deliberation [1] 106/14
Department [1] 98/14
dependents [1] 52/11
depending [2] 50/7 63/1
DEPUTY [1] 3/3
describes [1] 25/12
designated [1] 126/11
desk [2] 76/6 82/3
details [2] 79/21 103/22
detrimental [1] 80/6
development [1] 16/21
devoted [1] 74/4
diagnosis [1] 121/17
DIANE [23] 3/4 4/6 10/12 10/19 12/7 21/10 27/2 27/20 30/18 34/15 39/9 39/18 45/19 49/10 49/16 54/10 75/6 75/22 101/22 126/6 131/12 132/9 133/2
Diane's [2] 92/4 130/20
did [35] 15/21 15/22 25/19 26/11 33/6 33/21 37/21 38/3 38/3 41/12 43/17 46/23 49/16 54/22 80/20 80/22 91/13 95/20 104/20 104/21 110/16 110/17 110/18 111/4 111/9 116/5 116/13 118/23 119/18 119/22 120/5 120/22 126/23 132/9 133/17
didn't [7] 61/16 79/20 88/8 88/9 88/18 112/13 131/23
difference [3] 31/18 112/20 126/17
differences [2] 25/15 25/20
different [13] 6/9 32/15 33/3 33/12 38/1 38/13 48/5 49/13 50/1 50/8 58/22 59/19 102/22
difficult [3] 53/7 53/10 83/1
difficulties [4] 14/9 22/18 23/21 31/11
difficulty [2] 15/21 74/18
digging [2] 56/17 60/12
directed [1] 30/20
direction [5] 51/23 52/2 52/8 93/2 136/14
directly [1] 22/9
director [4] 3/3 3/5 3/6 81/2
Directorpoint [4] 11/4 11/13 11/14 11/16
Directorreport [1] 27/23
disagreements [1] 24/7

D

discount [2] 52/21 52/21
discovered [1] 111/12
discuss [4] 5/5 12/10 55/2 124/21
discussed [4] 25/7 55/9 71/11 71/13
discussion [6] 8/15 9/14 14/18 14/19 16/13 107/20
discussions [1] 132/8
dismiss [1] 135/1
displeased [1] 130/3
disrupted [1] 88/11
disrupting [1] 102/4
distress [1] 95/21
divided [2] 12/16 22/1
do [104] 5/22 17/15 18/8 19/1 19/4 22/5 22/19 22/23 27/16 31/1 32/8 34/15 39/22 41/19 41/20 42/8 43/19 44/13 46/8 48/9 48/17 48/20 49/8 49/12 50/4 50/5 55/12 55/13 57/14 58/1 58/2 59/1 59/5 59/6 60/3 60/13 61/6 61/19 62/12 62/17 63/13 64/12 64/18 66/14 66/21 67/1 67/18 68/3 68/9 69/1 69/20 69/21 73/6 73/20 74/9 74/12 74/14 75/3 75/17 75/22 80/19 81/1 85/22 85/23 85/23 85/23 88/17 88/20 89/7 89/22 90/4 90/23 91/8 100/7 102/7 104/9 105/3 105/4 105/4 105/9 106/15 109/7 114/15 114/20 116/3 116/22 117/5 121/3 121/5 121/22 122/7 123/17 124/2 124/11 126/16 126/17 127/21 128/1 130/20 131/10 133/5 133/6 134/7 136/8
docs [1] 128/13
doctor [1] 64/21
doctor's [2] 35/11 35/15
does [13] 5/16 25/11 27/13 35/8 36/19 41/4 49/4 49/5 51/8 51/9 66/15 78/15 109/13
doesn't [3] 18/5 61/18 67/10
doing [12] 5/16 11/1 32/21 57/4 59/14 59/19 67/11 72/14 74/1 75/19 102/16 124/15
dollar [1] 89/18
dollars [1] 91/16
DON [2] 3/3 4/12
don't [40] 27/8 28/2 30/6 39/21 40/4 44/23 48/23 49/17 51/12 51/17 55/11 57/1 59/12 60/19 61/7 62/20 63/16 63/17 63/23 64/17 69/5 69/5 79/9 81/3 82/13 85/3 110/8 112/18 115/3 117/13 117/19 121/19 123/9 125/19 126/21 127/4 128/8 130/17 131/16 134/1
done [12] 27/19 45/11 48/22 60/19 62/9 65/17 66/22

D

done... [5] 95/20 98/21 102/10 103/12 133/1
Donna [2] 65/22 65/22
door [1] 66/7
doublecheck [1] 70/12
down [20] 10/1 13/14 21/12 36/6 36/12 36/13 51/2 51/17 52/18 52/19 55/13 58/3 68/1 68/1 68/9 73/9 74/16 86/18 86/22 87/11
downplayed [1] 131/23
DR [36] 2/7 2/8 2/10 3/2 27/3 39/11 40/5 40/6 45/17 46/6 48/20 54/17 56/3 58/17 60/1 60/2 60/8 60/11 61/2 62/4 64/15 65/13 66/20 71/4 72/2 107/21 108/4 115/8 117/18 118/3 132/13 133/12 133/12 134/1 134/6 134/23
draw [1] 64/19
drive [2] 68/8 72/7
driving [2] 68/17 74/18
drop [1] 100/9
drops [1] 121/8
drug [11] 36/19 76/20 81/9 102/15 103/6 103/14 103/18 104/11 106/18 106/20 131/20
drugs [16] 77/10 80/5 88/17 104/14 104/14 104/15 105/1 105/10 105/11 105/11 105/19 105/20 106/10 106/22 107/1 107/3
due [6] 28/11 73/23 74/22 93/20 116/12 122/8
duly [1] 137/1
durable [1] 77/10
during [10] 14/22 15/21 22/15 25/13 25/21 95/10 110/9 110/10 121/11 122/9

E

each [7] 17/11 18/17 21/23 26/1 58/18 110/5 126/17
earlier [5] 25/10 41/3 41/23 85/18 86/15
early [16] 38/15 40/20 42/3 50/23 51/4 51/9 51/11 52/4 84/5 86/16 89/14 89/21 112/4 112/5 113/14 113/21
earns [1] 109/18
easily [1] 129/19
eating [1] 101/9
EATON [1] 3/7
Eaton.......6 [1] 4/2
economical [1] 44/17
edge [3] 59/6 59/15 59/16
editorial [2] 31/19 32/4
education [8] 1/2 1/16 13/2 13/23 27/4 28/3 132/21 136/10
educators [2] 46/1 46/18
effect [6] 36/6 38/3

E

effect... [4] 77/19 80/14 90/3 131/5
effective [4] 77/7 78/4 82/17 83/19
efforts [1] 89/22
eggs [1] 88/16
EGWP [1] 81/16
eight [1] 100/5
eight-fold [1] 100/5
either [7] 27/23 29/1 34/18 86/23 87/3 96/11 113/2
eligible [17] 33/4 33/6 34/10 36/8 36/18 37/15 39/8 40/10 40/20 52/4 83/9 83/12 105/20 121/2 122/11 123/7 129/13
eligibles [3] 33/5 52/13 52/13
ELMORE [1] 136/4
else [8] 32/3 32/5 41/17 42/11 57/3 67/19 87/6 128/20
email [1] 5/6
emails [2] 61/6 64/3
emergency [3] 28/12 78/11 78/17
EMILY [3] 3/7 4/2 6/16
employee [6] 18/21 46/14 112/4 113/14 136/18 136/19
employees [5] 33/17 44/4 60/22 109/8 115/4
EMPLOYEES' [5] 1/2 1/17 13/2 14/1 136/10
employing [1] 110/17
employment [3] 110/15 110/18 110/19
enacted [2] 77/22 81/18
encounter [2] 15/21 22/18
encountered [1] 23/21
encourage [2] 32/4 75/10
encouraged [1] 99/15
encouraging [2] 75/8 101/12
end [2] 96/15 133/10
ended [3] 13/4 14/3 112/19
ends [1] 113/21
engaged [1] 22/23
engagement [2] 22/6 22/23
enhancement [11] 97/19 98/1 99/1 101/19 101/21 102/7 104/2 109/5 111/23 113/5 114/4
enhancements [1] 97/12
enjoyed [1] 5/18
enough [2] 30/7 41/6
Enrollment [1] 86/9
ensure [2] 17/17 121/9
enter [2] 65/23 82/11
entering [1] 100/15
entertain [1] 45/14
entities [1] 20/17
equip [1] 41/18
equipment [2] 29/5 77/11
ERIC [2] 2/7 7/3
ERICA [7] 3/6 4/11 93/15 115/15 128/20 129/11 133/2
errors [1] 25/21
ERS [2] 28/18 29/4

E

especially [1] 46/6
essence [1] 51/2
essentials [2] 121/1 121/7
estimate [1] 30/2
estimated [1] 25/1
estimates [5] 17/10 18/15 23/14 24/19 24/22
evaluate [1] 42/22
even [7] 41/19 55/4 62/20 79/10 84/2 99/23 125/19
ever [1] 134/2
every [11] 42/23 49/4 49/9 50/1 50/19 51/21 62/16 64/20 87/13 109/19 110/21
everybody [12] 5/2 5/3 5/7 8/4 9/5 10/3 27/22 60/17 61/3 67/19 67/20 67/21
everyone [1] 12/6
everything [14] 17/6 26/3 27/2 27/19 29/11 33/9 37/21 67/9 69/2 75/17 85/3 88/5 88/6 101/7
evidenced [1] 137/3
exactly [11] 36/21 58/23 63/4 63/5 68/2 68/19 69/8 69/9 69/20 70/13 109/12
examiners [1] 27/5
example [1] 37/1
examples [1] 111/19
excellent [2] 6/13 8/4
except [2] 34/10 78/2
exceptions [1] 31/7
excited [2] 101/23 104/5
exclusions [1] 102/21
excuse [6] 30/18 47/7 47/12 47/13 47/18 47/19
Executive [1] 30/23
exercise [1] 83/16
exhaust [1] 91/5
expand [1] 105/10
expansion [1] 107/12
expect [3] 49/8 64/19 117/13
expectations [1] 27/18
expended [1] 29/15
expenditures [1] 18/8
expense [1] 18/8
expenses [2] 25/5 85/2
experience [2] 43/1 43/2
experienced [1] 86/12
experiencing [1] 86/13
expiration [1] 96/17
expire [1] 96/15
expires [1] 137/12
explain [5] 53/8 53/10 57/22 63/20 65/21
explained [1] 76/8
exposures [1] 23/16
extended [1] 31/16
extension [1] 105/17
extra [8] 109/7 112/15 112/16 112/22 112/23 113/17 113/18 113/22

F

facilities [2] 78/12 79/5
facility [3] 78/20

F

facility... [2] 95/4 95/5
factor [1] 98/14
faculty [1] 71/11
fair [4] 17/14 17/16 24/23 85/16
fairly [1] 13/22
fallen [1] 82/19
familiar [1] 116/3
family [5] 37/23 37/23 63/1 63/2 133/23
fantastic [1] 92/21
far [9] 28/22 44/1 54/13 56/9 56/11 56/23 125/11 132/15 132/17
FASB [1] 20/13
fashion [1] 51/19
fast [1] 91/10
favor [5] 8/17 9/17 81/8 108/16 135/7
February [10] 1/22 81/21 82/5 85/3 93/20 112/16 113/19 117/7 136/9 137/5
February 17th [1] 81/21
federally [1] 82/6
fee [3] 125/13 126/11 126/20
feel [1] 32/20
feels [1] 134/2
feet [1] 34/14
felt [1] 106/5
few [11] 20/12 25/7 39/22 45/5 45/11 45/12 82/14 84/12 106/16 119/17 121/9
fewer [1] 86/21
field [3] 33/10 69/19 75/3
figure [4] 61/23 62/3 62/5 77/18
file [1] 76/21
final [2] 76/11 77/6
financed [1] 82/7
finances [1] 122/9
financial [17] 4/6 10/13 10/14 10/15 13/1 13/7 13/12 13/20 14/21 16/16 17/18 20/20 23/8 23/12 23/15 25/1 95/21
financially [2] 102/2 136/20
financials [1] 22/13
find [9] 18/5 25/20 34/3 34/20 71/8 71/10 87/14 102/5 125/15
findings [1] 24/9
finish [1] 40/4
finished [1] 39/22
finishes [1] 31/21
firms [1] 80/21
first [23] 22/7 23/5 31/21 38/19 52/14 60/10 60/15 70/2 76/10 84/12 86/8 87/18 91/6 97/19 98/1 98/23 101/18 104/7 117/22 118/22 119/4 126/13 129/23
firsthand [1] 124/17
fiscal [3] 43/13 55/3 91/23
fiscally [1] 44/14
fit [1] 110/19
five [5] 66/4 72/17 76/7 134/16 134/20
fixing [1] 115/6
flat [1] 96/22
flip [1] 24/16
Florence [1] 67/4
Florida [3] 47/1 47/2 50/6
fly [1] 34/13
focus [1] 53/23
fold [1] 100/5

F

folks [1] 75/10
follow [1] 11/21
following [4] 54/12 76/23 131/4 137/4
followup [1] 127/17
food [1] 121/20
foregoing [1] 136/11
form [1] 82/15
former [1] 5/12
formula [1] 49/4
formulary [5] 102/10 102/15 102/20 102/21 103/17
forth [2] 103/2 122/2
fortunate [1] 56/13
forward [5] 61/5 89/5 96/4 97/12 113/4
found [1] 137/4
four [7] 38/7 47/16 48/3 66/3 66/6 76/5 101/6
fourth [1] 81/9
frequently [2] 37/16 40/13
fund [4] 13/3 14/1 31/6 43/10
funded [1] 43/21
funding [3] 28/5 32/8 43/11
funds [6] 29/13 29/22 30/8 30/15 30/21 31/2
further [2] 136/17 137/1
future [3] 5/21 120/11 120/12

G

game [2] 10/22 77/1
gap [3] 42/13 91/4 91/9
garble [1] 50/21
GASB [2] 15/7 20/13
gave [2] 30/1 57/19
gaze [1] 97/11
general [4] 52/2 52/3 52/5 52/7
generally [3] 13/8 14/5 25/17
Georgia [2] 33/18 46/16
get [68] 5/10 6/16 21/13 23/1 27/17 29/9 29/12 30/21 32/20 33/9 35/12 35/16 42/9 44/23 50/4 51/2 51/17 54/18 55/16 57/1 57/11 57/23 59/13 60/13 61/6 61/8 64/7 67/13 68/18 69/22 72/2 72/4 73/4 73/13 75/19 79/12 89/9 89/12 90/7 90/7 90/9 92/20 95/6 95/10 98/3 98/8 98/11 98/20 99/10 101/20 102/6 102/7 106/3 110/5 110/22 111/9 111/10 111/16 115/4 116/22 117/19 123/19 124/17 127/4 127/11 127/13 128/1 134/22
gets [6] 71/7 91/20 97/23 113/16 113/18 113/19
getting [9] 23/23 24/1 58/6 64/5 70/17 81/13 90/8 104/2 119/21
GIBSON [4] 2/16 7/21 72/8 73/20
give [21] 6/16 10/21 12/2 15/2 27/10 28/3 32/5 37/13 41/6 49/2 49/7 55/15 73/14 76/3 87/23 89/5 89/15

G

give... [4] 91/12 91/13 98/16 115/22
given [3] 42/3 102/12 103/16
gives [9] 16/14 16/17 16/20 39/4 40/23 66/23 116/21 122/15 122/19
giving [1] 27/10
glad [4] 64/9 64/12 123/2 134/10
glean [1] 34/17
gleaned [1] 34/22
glued [1] 21/12
go [56] 15/18 22/12 23/17 28/1 29/6 35/16 39/7 51/16 51/16 52/8 52/12 53/13 57/2 61/5 61/17 61/21 62/11 62/14 62/21 63/18 64/21 66/19 67/9 67/15 68/5 70/3 70/11 74/6 74/15 75/3 75/13 76/7 78/19 79/6 79/20 80/14 83/15 84/1 84/20 86/2 86/18 87/5 87/9 90/3 90/17 91/5 94/10 95/5 98/7 98/11 110/9 130/11 130/14 131/2 131/3 132/3
Go365 [1] 124/6
goes [12] 23/13 25/23 36/5 36/12 36/13 36/14 36/15 52/18 52/19 52/23 53/2 98/15
going [99] 5/5 6/3 6/15 10/11 11/18 30/22 35/10 35/17 46/15 48/2 48/13 51/15 51/16 51/16 52/7 53/22 56/16 56/18 57/16 58/17 60/23 61/5 61/16 62/2 62/6 62/7 63/5 63/11 63/17 64/19 64/22 66/1 66/3 66/4 66/6 66/9 67/12 68/2 68/13 68/20 68/20 69/8 69/9 69/14 69/19 70/10 71/3 71/7 72/21 72/22 77/2 77/8 77/13 77/16 77/18 78/8 78/14 80/5 83/18 86/2 87/19 88/23 89/14 89/23 90/17 91/18 91/23 92/11 92/18 93/4 93/6 93/15 97/13 97/15 97/16 98/18 102/2 104/4 106/17 106/19 106/21 106/23 107/1 107/4 107/5 109/3 111/16 115/22 116/1 117/6 123/6 124/21 125/22 126/6 126/15 127/3 131/9 131/10 132/6
gone [6] 37/22 51/22 52/1 83/17 88/5 129/8
good [24] 5/19 10/16 10/18 10/19 12/5 26/21 49/16 56/6 63/14 63/20 66/12 66/13 66/16 75/4 76/9 87/9 87/11 87/12 89/3 94/21 97/6 101/12 115/17 115/19
goodness [1] 81/5
got [35] 5/6 11/2 18/2 21/13 28/10 28/19 33/2 38/12 38/14 38/23 40/11 40/14 40/17 49/11 55/20 58/15 61/15 62/5 66/12 75/10

G

got... [15] 76/4 77/1 86/5 91/8 92/2 92/17 98/5 105/4 106/1 118/22 128/20 131/11 133/19 134/15 134/16
gotten [4] 54/21 61/10 64/2 95/18
government [2] 60/21 80/18
governmental [2] 14/16 20/17
governments [1] 30/1
granted [1] 42/21
graph [2] 94/8 96/18
graphs [1] 93/21
great [9] 14/20 15/3 16/17 49/15 50/15 66/21 69/3 98/17 122/2
greater [1] 98/21
green [1] 118/6
group [11] 30/14 38/6 38/14 38/20 39/1 39/6 48/8 74/7 74/8 74/9 110/2
groups [6] 33/3 38/13 39/8 109/23 112/8 112/13
grow [1] 86/11
growth [1] 86/9
guess [5] 5/14 6/9 45/20 107/11 117/22
guys [1] 66/21

H

habits [1] 101/9
had [57] 5/4 9/5 18/3 19/18 24/6 24/7 28/11 28/14 29/2 29/5 36/23 38/1 38/7 38/17 41/10 47/16 48/16 57/18 60/5 60/19 61/13 62/8 65/10 65/16 65/17 66/2 66/8 68/10 72/12 72/15 73/22 80/7 81/22 82/10 82/11 82/21 83/15 84/5 84/6 85/12 86/15 86/17 91/12 93/8 95/15 99/21 100/4 108/15 116/10 116/11 117/1 118/8 119/4 119/22 121/15 122/7 126/14
hair [1] 86/12
half [4] 5/7 109/21 110/4 131/7
HALLMARK [2] 2/3 6/18
Hallmark...........................9 [1] 4/5
Hallmark..........8 [1] 4/3
hand [3] 60/5 118/14 121/8
handbook [1] 109/18
happen [2] 41/4 89/14
happened [8] 14/22 16/16 37/12 37/19 38/6 39/5 40/11 84/4
happening [3] 32/23 44/11 44/21
happens [7] 36/12 36/14 65/2 67/7 69/15 69/15 79/5
happy [1] 114/12
hard [7] 11/11 31/10 31/14 42/2 66/10 127/4 133/22
harder [1] 116/15
has [47] 5/17 6/5 9/5 16/13 22/2 39/11 43/3 43/5 45/14 51/20 52/1 60/1 67/9 73/5

H

has... [33] 79/22 80/1 81/5 83/17 85/6 87/6 91/10 96/21 98/5 102/12 103/16 104/16 106/1 107/16 107/21 109/6 109/11 117/9 119/16 121/8 123/5 124/8 124/14 129/6 129/7 129/8 129/8 129/11 131/21 132/7 133/1 133/23 134/2
have [277]
haven't [3] 26/5 129/6 130/2
having [3] 27/10 27/19 115/21
he [17] 5/16 5/16 5/17 5/18 5/21 5/22 6/2 11/5 11/18 30/1 41/13 65/15 68/12 81/4 131/23 133/1 134/2
he's [2] 5/19 60/7
health [34] 1/2 1/17 5/19 13/2 14/1 28/12 44/15 46/8 54/21 70/10 74/4 76/10 87/2 87/6 95/3 96/2 98/15 99/6 99/7 99/11 99/12 99/19 99/20 100/20 100/21 100/23 101/4 120/23 121/7 125/1 132/11 132/14 132/16 136/10
healthcare [7] 55/6 55/13 55/19 55/21 56/8 71/17 133/15
healthier [1] 100/18
hear [5] 10/8 70/21 70/22 117/12 117/13
heard [8] 17/1 26/17 92/1 92/3 107/10 114/18 129/7 130/2
hearing [1] 10/5
heart [1] 66/2
heavily [1] 90/2
held [1] 1/21
help [14] 41/6 56/18 57/10 57/13 57/15 61/22 64/9 64/11 70/16 70/17 71/4 94/21 121/18 132/2
helped [1] 133/16
helpful [1] 60/12
helping [1] 56/19
helps [1] 118/16
her [5] 6/6 6/10 40/6 61/15 133/3
here [56] 6/14 6/19 6/21 6/23 7/2 7/4 7/6 7/8 7/12 7/14 7/16 7/18 7/20 7/22 8/1 8/6 10/3 10/22 11/6 15/17 23/4 23/17 28/19 33/1 33/3 33/21 34/16 36/4 44/1 46/7 46/21 53/21 62/23 66/22 67/9 68/1 68/21 69/18 70/11 72/13 75/1 76/5 76/9 84/12 86/2 86/6 88/4 92/22 93/22 94/15 94/17 94/18 96/18 103/21 119/17 125/8
here's [6] 32/3 34/20 35/18 65/19 86/8 89/10
hereby [1] 136/8
herein [1] 136/16
Hey [1] 63/15
HHS [5] 76/11 80/4 81/3 126/10 126/12
high [4] 61/17 71/22 116/8 117/16

H

higher [3] 94/3 128/8 128/10
highest [2] 40/17 116/16
highly [2] 41/2 64/3
him [6] 5/15 5/20 6/1 6/1 6/3 134/3
hired [1] 44/7
his [3] 5/19 30/14 60/5
historical [2] 18/9 76/22
historically [1] 46/1
history [3] 45/2 45/10 65/7
hit [2] 73/3 91/17
hitting [1] 100/19
hold [2] 19/15 49/10
home [3] 29/6 72/23 96/12
honestly [1] 91/9
hope [7] 5/7 9/5 80/15 92/23 123/8 131/18 132/3
hopefully [8] 5/23 38/11 41/7 42/5 73/3 81/7 82/20 120/11
hoping [1] 89/11
hospital [2] 66/1 67/10
hours [3] 82/10 95/6 111/5
House [6] 29/21 31/5 81/12 81/20 82/3 82/16
how [30] 5/16 30/15 32/12 36/22 41/17 41/19 45/5 47/2 58/4 60/20 61/22 64/1 66/8 68/19 68/20 72/21 74/5 83/3 87/19 87/20 87/21 91/12 109/7 110/20 111/4 111/22 113/8 113/11 114/5 133/22
however [1] 56/3
Hubbard [3] 46/6 54/17 65/14
huge [3] 47/23 73/5 93/9
Humana [10] 49/6 115/23 117/9 119/16 120/8 121/3 122/9 124/8 124/14 129/21
hundred [2] 72/16 134/10
hurt [1] 81/15
husband [1] 6/7

I

I'll [6] 12/7 39/7 72/10 113/13 115/1 134/19
I'm [3] 5/8 40/2 62/9
I've [2] 62/5 72/12
IBNR [1] 17/21
idea [4] 61/16 63/15 71/8 87/23
II [1] 4/3
III [2] 4/4 9/3
illustrate [4] 93/7 93/22 99/16 111/19
imagine [1] 112/3
immensely [1] 133/17
impact [9] 20/7 78/15 88/3 93/18 94/10 94/13 97/10 99/16 116/14
impacting [1] 46/7
implement [1] 104/23
implementation [2] 20/14 77/14
implemented [3] 81/4 95/2 95/12
important [15] 12/21 32/22 35/6 35/6 36/3 41/5 44/2 44/19 45/7 46/10

I

important... [5] 59/11 59/18 71/1 75/16 132/10
incentivize [1] 106/6
include [3] 36/19 102/19 104/1
included [3] 14/17 49/21 101/14
includes [1] 82/6
including [1] 111/1
increase [14] 38/5 40/17 54/22 55/11 55/14 65/16 80/16 80/18 91/2 91/3 91/14 100/5 116/19 130/11
increases [2] 38/11 65/11
increasing [3] 55/10 77/20 130/15
incurred [5] 16/21 17/20 17/22 28/11 28/15
indefinitely [1] 96/17
indicate [2] 101/6 103/22
indicating [2] 96/22 103/8
indication [1] 123/5
individual [6] 52/10 74/13 75/14 83/9 83/13 83/13
individually [1] 70/18
individuals [3] 74/17 80/17 109/13
information [29] 11/22 14/15 15/7 16/10 16/11 16/19 30/7 41/7 48/16 53/16 56/18 57/7 58/6 62/22 63/4 73/14 73/19 74/20 75/5 110/14 110/23 111/11 116/2 116/6 119/9 120/22 124/5 124/17 127/16
informed [1] 117/9
Ingram [1] 12/2
innovative [1] 59/5
inpatient [1] 95/8
inquiries [1] 26/4
inside [1] 8/5
instance [2] 18/2 22/16
instead [2] 58/3 112/2
insurance [27] 1/2 1/17 13/3 14/1 44/15 46/19 48/13 54/8 54/22 57/5 57/6 57/21 58/16 64/22 65/18 65/20 66/11 70/10 72/21 74/5 87/3 87/6 109/19 132/12 132/15 132/17 136/10
intent [2] 110/6 113/10
interest [1] 81/14
interested [5] 47/2 73/11 119/21 120/15 136/21
interesting [4] 32/18 45/21 77/14 134/9
interfere [1] 107/5
internal [2] 13/18 26/7
intuitive [5] 36/9 51/23 52/2 52/8 53/5
investment [2] 17/12 24/4
investments [4] 17/13 17/16 22/16 25/3
invited [2] 5/20 74/10
involves [1] 13/16
is [244]
issue [3] 88/15

I

issue... [2] 111/12 111/18
issued [4] 76/12 77/22 80/3 80/9
issues [4] 14/10 24/8 26/5 64/12
it [187]
it's [47] 12/14 23/6 27/13 32/21 34/10 41/1 41/4 44/19 45/20 50/14 51/21 51/22 52/9 52/16 53/3 53/4 53/7 54/23 56/3 56/18 59/17 60/19 62/1 63/4 64/14 66/8 67/11 68/8 69/12 69/14 77/16 77/18 78/3 83/22 85/19 91/23 92/11 92/21 109/12 113/11 117/6 125/12 125/14 125/23 129/15 132/10 133/21
item [8] 9/3 10/1 10/13 17/7 77/11 92/11 101/21 107/7
items [10] 22/14 23/4 26/12 28/1 29/3 29/8 76/5 77/4 92/17 114/14
itself [1] 126/22
IV [3] 4/6 10/1 10/13

J

January [17] 29/16 29/18 39/1 44/7 76/16 78/7 80/10 80/11 81/6 85/2 85/4 86/17 97/2 112/16 113/18 116/5 117/6
January 1 [1] 80/11
January 1st [1] 81/6
January 21 [1] 97/2
January 31st [4] 29/16 29/18 85/2 85/4
January the [1] 86/17
Jeana [3] 1/18 136/6 137/10
JEFF [2] 2/17 7/23
job [6] 49/16 57/5 66/21 68/11 68/14 82/9
Joe [2] 5/15 5/23
JOHN [3] 2/4 2/6 7/1
Johnson [2] 128/1 128/2
JOSEPH [2] 2/8 7/5
Joyner [1] 65/22
judgments [2] 23/13 24/18
July [4] 42/21 89/6 113/1 114/1
jump [1] 93/3
June [3] 41/15 113/1 113/23
just [82] 6/8 10/7 15/18 16/1 19/15 19/21 20/3 21/18 25/7 25/8 32/20 33/1 34/10 37/12 37/20 38/3 38/17 39/17 39/23 45/4 45/9 45/22 46/21 47/22 48/7 48/23 49/5 49/7 49/11 49/14 49/17 49/22 49/23 50/11 50/15 53/16 56/3 56/13 58/4 60/8 61/1 62/5 62/10 62/21 63/8 64/6 64/11 66/19 67/9 67/17 72/3 72/9 73/18 76/5 78/18 82/9 82/14 84/15 84/22 86/12 87/23 89/16 92/20 99/4 100/8 101/2

J

just... [16] 106/15 108/8 118/17 118/21 121/21 122/15 125/22 126/4 127/7 128/12 129/22 130/2 132/10 132/14 133/21 133/23

K

K-12 [1] 71/5
keep [8] 27/14 48/22 55/3 55/19 66/13 93/13 130/20 133/5
keeps [1] 113/9
KELLI [3] 2/9 7/7 20/1
KELLY [3] 2/5 6/22 30/19
Kentucky [6] 33/15 43/3 43/3 43/16 59/3 59/9
key [3] 24/22 24/22 87/15
kicks [1] 58/16
kids [1] 68/21
kind [40] 10/21 12/17 14/20 14/21 15/1 16/3 16/15 16/20 18/16 20/16 20/18 20/19 21/18 22/2 22/4 22/22 23/2 23/5 24/5 24/9 24/17 24/21 25/22 26/7 37/13 38/12 40/23 55/1 63/1 67/17 93/23 94/13 97/11 99/9 102/5 106/13 125/14 126/16 131/8 131/23
kinds [1] 32/15
kit [2] 121/1 121/7
knew [1] 81/1
know [107] 5/6 6/6 6/11 10/4 10/9 11/1 22/14 25/13 27/3 27/15 30/14 31/1 32/22 35/9 35/13 35/13 35/14 39/21 41/8 44/3 45/22 46/23 48/2 48/5 48/15 48/16 48/19 50/16 51/17 53/17 54/14 54/16 55/4 55/15 56/4 56/12 57/19 57/21 59/17 60/20 61/18 61/19 61/20 62/5 63/16 64/1 64/7 64/16 64/18 66/5 67/19 68/2 68/19 69/7 69/9 69/13 69/16 69/18 70/13 70/16 71/14 71/17 71/17 72/1 72/5 74/3 74/11 74/12 75/8 75/13 75/15 75/18 79/9 81/13 82/13 83/10 87/4 114/14 121/18 124/7 124/19 128/8 128/12 129/3 129/5 129/23 129/23 130/2 130/13 131/8 131/8 131/11 131/15 132/4 132/5 132/6 132/11 132/16 132/18 132/21 133/1 133/11 133/15 133/21 134/1 134/5 134/8
knowledge [1] 42/13
knows [1] 134/3
kosher [1] 122/1

L

lack [2] 67/8 122/8
landed [1] 128/9
Large [1] 136/8
largely [1] 96/22
largest [2] 17/12 38/5

L

last [31] 5/6 5/14 13/19 26/6 28/8 31/9 36/8 37/12 40/4 61/11 61/13 64/2 65/11 72/11 83/15 84/4 85/8 85/11 89/7 90/23 91/11 95/14 97/3 102/11 103/23 114/1 114/21 119/5 124/4 130/5 130/14
late [1] 31/17
later [1] 119/1
law [6] 30/12 36/5 51/2 81/19 83/20 87/3
laws [1] 82/22
lay [1] 12/18
lead [1] 131/7
leasing [1] 20/15
least [8] 75/12 87/7 87/17 100/11 109/21 130/5 131/15 133/18
leave [1] 101/15
legislation [2] 83/5 127/10
Legislative [1] 76/3
Legislature [11] 30/23 31/4 31/22 54/18 84/18 89/6 89/8 90/23 130/12 130/16 131/3
legitimate [1] 29/8
less [7] 6/7 51/21 54/7 81/20 83/11 109/9 109/15
let [4] 10/2 40/6 44/12 50/16
let's [13] 33/1 37/4 37/14 52/12 78/18 79/6 84/20 85/22 93/3 94/10 111/22 134/16 134/20
letter [7] 11/8 11/10 21/21 22/1 25/22 26/7 103/7
letters [8] 11/7 12/11 16/2 17/9 21/10 21/15 21/20 41/11
level [4] 33/9 34/14 54/16 103/1
leverage [1] 104/13
liabilities [1] 22/17
liability [7] 17/20 17/21 18/13 18/19 18/22 25/4 25/6
licensed [1] 137/1
life [3] 6/10 68/7 69/13
like [29] 8/20 9/21 27/3 45/22 49/6 56/4 56/8 57/2 58/11 58/14 59/2 59/14 61/12 65/6 66/19 72/2 73/13 91/15 106/5 108/19 117/6 117/13 122/22 123/15 123/16 126/13 130/23 134/3 135/10
likelihood [1] 32/1
likely [1] 109/10
likes [2] 100/16 123/23
limit [1] 29/12
limits [1] 103/1
line [5] 54/23 61/23 87/10 91/20 97/4
link [1] 63/18
list [1] 23/4
listed [4] 28/10 42/15 44/1 119/11
listen [4] 57/23 67/17 67/22 68/6
listing [1] 103/9
little [28] 10/5 13/15 17/7 25/10 27/12 28/3 29/3 35/1 40/4 55/16 55/18 56/12 61/22 62/11 67/17 69/22 73/19 77/1 89/15

L

little... [9] 89/16 99/21 110/11 116/14 119/1 126/23 128/7 132/5 133/13
living [1] 48/12
local [1] 30/1
location [1] 74/20
locations [1] 74/15
lock [1] 89/17
LOCKRIDGE [4] 2/13 7/15 125/9 134/23
Lockridge's [1] 127/18
login [2] 62/20 124/17
long [3] 23/5 36/22 130/23
longer [2] 100/3 130/17
look [41] 5/4 8/5 9/6 11/6 12/9 16/2 17/5 17/10 18/16 18/22 20/20 33/1 42/1 42/2 43/16 46/12 46/16 50/10 53/17 56/3 57/3 59/2 59/2 59/18 82/18 84/23 86/1 87/13 87/15 90/4 90/14 93/4 93/5 94/10 94/12 96/18 97/18 111/22 112/10 116/3 117/6
look-back [1] 82/18
looked [15] 32/18 33/7 33/11 33/15 33/22 34/21 35/2 35/22 36/1 36/2 36/17 37/12 42/10 63/6 97/9
looking [9] 46/13 57/11 58/5 65/8 71/15 83/2 91/15 113/2 119/9
Lord [1] 137/6
loss [3] 25/5 25/5 100/14
lost [3] 6/6 31/8 82/9
lot [25] 11/22 17/15 19/1 19/4 32/10 32/11 45/9 48/16 50/16 56/19 69/4 71/9 77/16 79/5 79/19 81/13 89/9 91/8 94/17 101/3 111/8 125/16 130/1 132/1 133/21
love [1] 62/16
low [4] 35/14 48/22 90/9 94/2
lower [1] 121/23
lowering [1] 77/19
lowest [3] 43/18 90/14 132/19
LUKE [5] 2/3 4/3 4/5 6/18 56/22

M

ma'am [2] 20/1 56/14
MACKEY [12] 2/7 7/3 27/4 60/1 60/2 60/8 66/20 71/4 72/2 115/8 117/18 118/3
made [9] 9/15 42/20 43/7 94/15 107/17 111/23 113/5 123/5 129/6
make [28] 11/20 17/6 21/12 31/17 39/17 41/6 42/2 44/10 44/13 44/22 50/20 53/16 58/21 60/14 66/15 67/23 70/7 70/9 75/14 75/18 84/2 94/18 98/10 103/12 114/6 115/1 124/12 132/8
makes [3] 65/1 112/21 113/9
making [6] 61/4 64/6 102/20 102/21

M

making... [2] 103/6 120/1
manage [1] 103/17
managed [1] 130/13
management [10] 13/6 14/18 14/19 16/13 18/12 21/23 22/11 24/8 26/1 102/22
management's [2] 12/18 23/10
managing [1] 102/14
manufacturer [1] 104/13
manufacturers [2] 106/5 131/20
many [9] 54/20 54/20 61/8 64/1 74/10 92/22 99/23 109/10 130/2
March [6] 28/14 28/15 93/8 112/17 113/19 119/5
March 1st [1] 28/15
March 2020 [1] 93/8
March 27th [1] 28/14
mark [1] 97/3
market [1] 85/16
marketing [1] 89/22
mask [2] 39/14 121/9
masses [1] 70/20
material [2] 13/22 20/9
materially [1] 20/23
MATRE [5] 2/8 7/5 9/13 107/21 108/5
matter [2] 52/14 67/10
matters [3] 14/14 16/8 70/19
maximize [1] 94/19
may [30] 9/14 10/5 10/6 16/3 17/23 22/11 22/12 39/15 41/18 58/18 71/4 71/7 74/17 77/12 79/10 89/15 90/11 95/1 96/12 106/10 106/14 112/5 112/17 112/18 112/19 112/22 113/21 113/22 122/23 124/16
May 2020 [1] 95/1
maybe [14] 38/1 41/20 41/22 58/14 59/15 68/6 69/18 69/21 70/5 72/6 75/6 87/1 87/8 122/8
MCCOY [2] 2/12 7/13
MCMILLAN [2] 2/6 7/1
MDLive [2] 123/11 123/12
me [29] 10/2 29/19 29/20 30/1 30/18 34/15 36/17 41/13 44/12 47/7 47/12 47/13 47/18 47/19 56/18 57/15 57/19 62/7 65/19 65/23 68/12 89/15 111/18 115/21 125/14 133/11 133/16 133/23 134/1
meal [1] 121/23
meals [4] 121/14 121/20 122/8 122/11
mean [16] 27/11 27/12 49/11 49/12 49/18 52/17 54/23 55/6 55/22 56/4 58/11 58/12 62/1 64/16 65/15 69/6

M

means [2] 14/9 15/20
meant [2] 133/21 133/23
measured [1] 94/18
mechanism [1] 113/7
medical [7] 29/17 44/6 77/11 86/6 90/13 105/11 105/21
Medicare [38] 33/4 33/5 33/6 34/10 36/8 36/18 37/14 39/7 40/10 40/20 52/3 52/3 52/12 52/13 80/2 80/5 81/17 83/8 83/12 83/14 83/17 83/21 86/10 90/5 90/6 93/14 93/17 115/23 116/14 123/5 123/7 123/17 123/22 125/23 126/1 126/4 129/13 129/17
medication [1] 126/22
meet [4] 79/10 87/17 97/7 98/18
meeting [18] 1/3 1/18 4/4 5/3 5/21 9/1 9/4 27/18 74/9 95/1 102/11 103/23 120/23 122/20 134/15 135/15 136/9 136/15
meetings [5] 67/16 74/8 75/3 94/16 103/5
member [20] 35/8 62/21 63/3 65/14 87/20 89/1 103/6 103/7 103/19 104/6 104/8 104/17 105/14 106/22 108/3 109/17 109/18 110/3 112/21 113/9
members [84] 2/2 5/12 6/13 8/19 9/19 10/17 27/6 27/7 27/16 33/7 35/14 37/15 40/10 41/18 42/4 44/16 44/17 78/8 88/11 92/16 93/12 93/19 95/16 96/1 96/9 97/2 97/5 98/3 98/7 98/17 98/18 98/22 99/9 99/14 99/15 100/10 100/12 102/4 104/15 105/22 106/3 106/7 106/18 106/19 107/2 108/7 108/17 111/15 113/12 114/7 115/18 116/22 117/1 119/20 119/22 120/4 120/7 120/14 120/19 121/1 121/4 121/10 121/12 121/15 121/19 122/3 122/7 122/16 122/17 122/21 123/8 123/17 123/20 123/22 124/9 124/12 124/16 124/22 125/3 125/18 126/3 129/3 133/20 135/8
membership [3] 93/10 97/8 100/18
mental [2] 95/3 96/2
mention [4] 5/11 10/2 55/12 106/15
mentioned [4] 21/11 22/16 71/5 116/13
message [1] 70/18
messages [1] 133/19
met [2] 96/1 134/2
methods [1] 75/12

M

microwave [1] 121/21
mid [3] 93/19 112/7 112/19
middle [2] 115/5 119/5
midpoint [1] 112/12
might [15] 20/4 20/6 22/19 30/2 30/15 30/19 32/4 37/22 42/11 42/12 63/14 82/19 83/3 127/11 128/7
million [16] 28/22 29/16 31/13 43/13 66/9 85/7 85/7 85/9 85/10 85/12 85/14 86/3 88/3 91/14 91/16 132/2
mind [5] 50/21 53/22 55/3 93/14 130/20
minute [3] 16/2 49/11 134/21
minutes [6] 4/4 9/1 9/4 9/6 9/8 25/7
Mississippi [2] 33/18 58/14
misstatements [1] 24/14
MOBLEY [5] 2/15 7/19 8/11 107/16 135/6
Moderna [1] 126/12
modernization [2] 110/13 110/22
moment [4] 10/10 20/22 66/21 94/12
money [9] 29/23 68/7 69/12 91/12 107/4 130/12 131/13 131/22 132/1
Montgomery [7] 1/5 1/21 68/8 68/17 72/7 74/18 119/18
month [23] 6/8 47/4 47/17 61/15 64/20 82/6 84/18 89/13 96/23 97/1 100/11 109/9 109/18 109/22 110/6 112/7 112/7 112/15 113/17 116/8 116/16 117/23 117/23
monthly [2] 47/8 47/19
months [17] 37/6 37/8 37/9 38/8 66/4 94/5 109/8 109/15 109/16 109/20 110/5 111/15 112/17 112/22 112/23 113/18 119/7
more [28] 24/17 29/21 37/13 50/22 51/4 55/19 57/2 57/13 69/22 72/1 72/4 72/5 73/2 73/12 73/19 75/12 77/8 93/18 100/1 100/23 110/4 110/11 111/8 129/12 129/19 130/12 132/5 132/14
morning [10] 5/3 10/16 10/18 10/19 12/5 64/15 76/6 115/17 115/19 115/22
most [15] 12/21 20/21 27/4 35/3 37/16 40/12 41/1 44/16 54/14 64/4 65/19 72/19 77/4 84/23 90/4
Mother's [1] 73/8
motion [8] 8/8 8/10 9/8 9/9 107/11 107/17 108/15

M

motion... [1] 135/1
move [8] 11/19 15/15 71/3 75/22 92/18 94/11 119/15 135/2
moved [2] 107/15 114/14
moving [6] 83/7 84/10 89/4 92/22 96/4 120/21
MR [15] 2/3 2/4 2/5 2/6 2/14 2/17 3/3 3/5 9/10 10/17 19/17 26/22 54/10 60/9 134/5
Mr. [26] 5/15 8/14 9/13 17/2 26/17 29/19 30/14 39/19 45/19 60/5 65/5 66/18 71/5 72/2 73/17 85/18 92/16 107/10 107/19 108/22 109/1 114/18 115/18 130/6 130/9 135/3
Mr. Butler [2] 29/19 30/14
Mr. Chair [1] 115/18
Mr. Chairman [5] 39/19 45/19 92/16 109/1 130/9
Mr. Cole [6] 8/14 66/18 71/5 72/2 107/19 135/3
Mr. Joe [1] 5/15
Mr. Twilley [1] 60/5
Mr. Van [1] 9/13
Mr. Wales [1] 108/22
Mr. Wales' [2] 107/10 114/18
Mr. Whaley [1] 65/5
Mr. Williams [1] 85/18
Mr. Williams' [2] 17/2 26/17
Mr. Yancey [2] 73/17 130/6
MRS [1] 2/13
Mrs. [2] 125/9 127/18
Mrs. Lockridge [1] 125/9
Mrs. Lockridge's [1] 127/18
MS [9] 2/9 2/11 2/12 2/15 2/16 3/4 3/6 3/7 56/15
Ms. [8] 8/11 10/12 72/8 73/20 92/8 107/16 115/15 135/6
Ms. Diane [1] 10/12
Ms. Erica [1] 115/15
Ms. Gibson [2] 72/8 73/20
Ms. Mobley [3] 8/11 107/16 135/6
Ms. Scott [1] 92/8
much [14] 42/13 48/11 58/5 66/8 66/22 89/19 90/9 91/12 94/3 106/2 123/22 126/9 128/10 133/22
multiple [5] 12/17 22/1 34/1 116/22 116/23
muzzle [1] 6/1
my [36] 5/18 21/13 36/5 39/13 46/11 53/22 56/11 57/2 57/14 57/19 57/21 62/6 67/19 67/20 69/6 69/11 72/15 72/22 76/6 82/2 84/21 86/8 86/9 88/16 89/4 89/14 91/7 92/1 97/14 118/16 125/12

M

my... [5] 127/3 133/23 134/2 136/14 137/4
mystery [1] 125/14

N

name [1] 137/4
national [3] 59/7 59/9 76/4
Naturally [3] 99/20 100/7 100/21
nature [5] 13/17 15/9 18/10 22/19 24/2
near [1] 120/12
nearly [1] 100/5
necessary [3] 95/11 95/18 131/14
need [28] 8/8 8/12 9/7 9/14 10/6 11/5 11/6 14/10 15/23 20/4 24/10 46/16 49/20 50/10 55/3 70/21 77/12 89/7 89/9 96/1 96/23 107/11 107/17 114/20 122/8 131/16 135/1 135/4
needed [2] 26/3 111/13
needs [3] 43/11 43/12 97/8
negative [2] 27/12 81/20
negotiated [3] 76/18 76/21 128/3
neither [3] 81/18 81/22 136/17
net [12] 13/22 14/3 18/19 18/20 19/20 20/7 20/9 20/23 25/3 25/6 76/22 90/14
network [10] 76/18 76/19 78/10 78/12 78/20 78/21 79/4 79/12 79/16 98/5
never [1] 103/12
new [16] 6/9 20/4 20/6 20/14 20/15 49/6 90/15 95/2 104/4 104/6 104/8 108/2 108/6 108/6 129/16 131/18
news [2] 87/11 87/12
next [21] 9/2 20/5 20/12 21/1 36/16 43/2 61/14 66/5 67/3 71/16 72/17 77/21 84/16 89/8 92/10 111/20 115/13 116/20 122/14 123/10 132/7
nice [1] 84/2
nicely [1] 110/19
nimble [1] 102/13
no [37] 8/16 8/22 9/16 9/22 14/9 14/10 15/14 20/2 21/6 23/17 23/18 24/7 24/8 26/19 31/10 40/16 52/13 60/7 60/7 77/21 79/21 83/6 84/9 92/6 95/13 100/3 108/13 108/20 114/22 114/23 115/11 127/6 128/18 128/21 134/13 135/11 137/10
non [10] 33/4 33/6 37/14 52/3 83/8 86/10 93/14 105/11 105/18 122/16
non-COVID [1] 122/16
non-Medicare [7] 33/4 33/6 37/14 52/3 83/8 86/10 93/14
non-specialty [2] 105/11 105/18

N

none [4] 23/22 24/6 55/21 82/20
Nope [1] 88/11
normalcy [1] 92/23
North [4] 43/22 43/22 44/3 60/18
Northwest [1] 67/4
not [92] 5/16 11/3 15/21 15/22 17/20 17/23 20/8 20/22 20/22 25/19 26/12 28/13 30/4 30/8 30/23 31/9 35/5 35/8 36/19 37/5 40/2 41/18 42/8 43/5 43/7 43/21 43/23 44/9 45/9 46/23 47/6 47/7 47/17 48/11 49/18 50/3 50/5 50/11 51/1 51/3 52/1 52/10 54/22 59/11 59/12 61/8 62/5 62/9 62/9 68/15 70/22 71/7 75/12 78/3 78/19 78/21 79/10 79/16 79/18 86/23 87/2 91/4 91/9 95/8 95/21 98/13 100/8 100/21 103/13 104/21 106/17 106/19 106/21 106/23 107/5 108/2 108/6 111/10 111/17 118/9 122/22 123/5 123/14 123/19 123/21 125/17 127/9 130/5 130/10 130/11 133/23 134/4
Notary [3] 1/19 136/7 137/11
note [4] 15/23 23/22 25/19 26/12
noted [2] 26/8 43/4
notes [3] 12/23 21/14 103/3
nothing [4] 14/10 41/2 61/1 127/12
notice [2] 23/16 117/21
November [6] 80/4 82/18 110/2 112/15 113/17 133/14
November of [1] 82/18
November the [1] 80/4
now [31] 37/15 37/19 41/18 43/22 46/8 52/5 54/1 54/1 61/17 65/13 71/2 76/2 80/13 83/16 83/22 83/23 85/10 88/4 93/13 94/9 96/4 97/12 98/2 100/3 101/17 105/2 110/11 110/21 113/13 122/6 126/6
number [13] 37/3 37/5 38/2 51/7 76/7 77/15 77/17 79/23 84/3 89/21 93/10 94/7 137/4
numbers [5] 19/1 34/18 37/13 116/19 117/9
nutshell [2] 49/2 105/6

O

o'clock [1] 134/18
occur [1] 50/19
occurring [2] 37/16 40/13
October [12] 18/6 76/12 78/8 90/2 90/3 95/12 95/15 100/3 110/2 112/15 113/16 131/5
off [11] 35/20 36/11 39/14 52/16 53/13 68/16 100/9 116/1 130/18 130/23 132/4

O

offer [4] 60/23 98/21 102/1 103/18
offered [1] 106/4
offering [1] 106/7
office [4] 35/11 35/15 96/20 131/2
Officer [1] 10/13
officers [1] 70/6
offset [2] 106/9 132/2
Oh [3] 47/9 47/12 129/1
Ohio [4] 33/15 42/19 59/3 59/9
okay [120] 10/22 11/4 11/23 19/22 21/7 26/16 29/2 30/17 32/7 32/16 34/4 34/9 34/11 34/16 35/23 36/3 36/7 36/9 36/16 36/19 37/9 37/11 37/15 37/18 38/2 38/5 38/9 38/17 38/21 39/2 39/4 39/6 39/9 39/16 40/6 40/8 40/9 40/10 40/12 40/16 40/22 41/5 41/8 41/20 42/6 42/22 43/1 43/6 43/13 44/8 44/12 44/23 47/9 47/21 49/19 50/13 50/18 50/22 51/5 52/8 52/11 62/15 65/3 65/12 76/7 77/17 79/3 79/10 79/13 80/1 81/8 83/7 84/3 84/7 84/19 85/14 85/23 86/8 86/18 88/2 88/4 88/9 88/13 88/13 88/18 89/1 89/3 89/8 89/19 90/10 90/17 91/6 92/3 92/7 92/10 97/9 98/23 107/9 108/14 108/22 114/17 117/17 118/5 118/12 118/15 119/12 119/14 122/4 125/10 126/2 126/8 126/10 126/18 126/21 126/22 127/2 128/11 128/19 129/22 133/9
old [3] 33/8 38/8 51/1
once [4] 9/4 27/14 31/21 97/6
one [67] 10/2 11/8 12/14 12/15 15/17 17/7 28/4 31/7 31/11 33/12 33/13 36/16 40/19 43/23 45/1 49/11 54/16 55/22 58/8 60/1 61/13 62/19 67/3 67/16 71/3 73/9 74/16 74/16 75/11 77/16 80/7 80/13 80/14 80/19 81/11 81/12 82/21 84/15 86/19 88/10 88/14 88/16 90/5 92/19 97/14 99/20 100/23 100/23 109/12 109/18 109/21 110/14 112/15 112/22 112/23 113/11 113/17 113/21 114/1 114/5 114/21 120/16 126/13 126/14 126/17 128/2 128/13
ones [1] 70/22
online [2] 62/21 70/11
only [12] 35/19 35/21 36/20 42/8 43/14 48/3 52/16 78/3 97/21 100/21

O

only... [2] 110/13 120/18
OPEB [2] 18/21 25/6
open [1] 66/2
opening [1] 22/2
operating [1] 102/14
opine [2] 13/12 23/8
opinion [6] 12/20 13/20 14/8 14/8 15/19 15/20
opportunistic [1] 88/20
opportunities [5] 73/12 90/12 91/6 102/5 102/16
opportunity [11] 5/4 9/6 22/3 62/14 63/10 66/23 72/12 73/15 90/16 114/7 122/19
opposed [4] 8/20 9/20 108/18 135/9
opposite [1] 36/7
option [1] 126/15
optional [1] 78/4
options [2] 121/23 131/12
order [4] 4/2 29/6 43/9 65/17
ORDER/ROLL [1] 4/2
originated [1] 81/19
other [44] 14/13 16/8 18/21 19/7 21/5 21/8 22/14 24/8 29/3 32/20 32/21 35/4 36/1 36/2 36/11 36/22 38/23 42/7 45/1 45/10 51/22 53/13 58/21 70/1 71/3 77/11 80/19 87/4 88/14 90/11 91/6 106/10 107/6 108/11 115/10 121/9 127/3 128/5 128/16 129/3 132/9 132/12 133/10 134/12
others [5] 59/19 60/10 62/4 64/11 80/23
our [119] 5/2 5/12 8/7 8/8 9/3 10/2 10/12 10/14 12/19 13/10 14/7 15/10 15/16 15/17 15/19 15/22 16/4 17/8 19/3 22/6 22/15 22/23 23/6 23/7 24/9 25/14 25/21 26/4 30/16 31/16 34/4 35/14 36/5 37/5 40/19 40/20 44/14 44/16 44/17 48/8 48/13 48/22 54/9 54/13 54/19 54/21 55/3 55/5 55/20 56/9 62/18 63/14 69/19 72/12 73/5 76/13 76/17 77/3 78/16 81/8 87/8 88/19 91/15 91/18 91/19 92/12 93/10 93/14 93/16 96/1 97/1 97/11 97/19 98/3 98/7 98/21 99/5 99/9 99/15 99/20 100/20 102/10 102/10 102/17 102/18 102/20 102/21 104/22 105/3 109/7 110/12 115/4 115/13 116/8 116/16 119/4 119/19 120/14 120/23 121/10 122/3 122/16 122/17 123/7 123/12 123/17

O

our... [13] 123/20 123/22 124/8 124/12 124/19 124/22 125/3 126/3 129/17 133/6 133/15 133/19 137/6
out [69] 5/6 12/18 17/4 18/5 20/11 20/19 33/21 35/9 37/21 41/10 41/23 42/12 42/18 44/11 44/21 46/21 48/7 50/11 55/22 57/12 58/10 58/13 58/15 59/13 59/15 61/23 62/4 62/5 62/18 63/5 63/6 64/8 66/7 70/5 70/11 70/18 70/20 72/4 74/15 75/3 75/10 76/19 77/2 77/3 77/8 77/18 78/10 79/12 79/22 84/15 95/14 96/13 98/18 101/2 101/13 109/8 111/1 111/23 120/6 120/10 120/13 120/18 125/15 126/11 127/10 130/1 133/13 133/16 136/16
outcomes [4] 87/21 89/3 101/4 101/8
outside [1] 59/22
over [31] 9/6 11/19 15/15 18/17 19/21 20/11 23/19 24/16 28/1 44/1 46/3 62/14 65/11 65/11 72/16 76/14 84/20 86/1 86/13 86/21 90/17 96/20 96/23 98/4 99/2 99/21 101/19 110/7 114/2 125/8 131/19
overall [2] 40/18 100/18
overview [1] 16/15
own [6] 98/7 101/16 122/20 123/14 123/20 124/1

P

Pack [2] 100/23 101/4
package [13] 46/10 46/13 46/17 46/20 50/11 53/18 53/20 53/23 54/9 56/23 57/4 121/14 128/23
page [42] 12/14 12/14 14/12 15/17 16/7 21/16 21/17 25/11 26/6 27/22 32/9 33/2 34/23 42/15 45/4 65/7 76/2 83/8 84/13 84/14 84/21 86/1 93/4 94/11 96/7 97/20 97/23 100/4 101/2 102/8 102/9 103/21 104/3 105/16 109/4 111/21 112/11 113/5 113/8 118/3 118/4 119/15
pages [8] 11/15 11/17 21/11 23/20 24/17 84/12 111/20 136/13
paid [2] 16/21 28/23
pain [1] 101/9
paint [2] 48/23 49/12
pandemic [4] 73/2 93/8 94/3 96/14
paper [1] 34/19
paragraphs [1] 12/17
part [26] 4/8 4/10 11/3 12/21 13/19 20/21 22/23 42/8 45/1 46/7 46/10

P

part... [15] 46/19 54/9 77/23 79/7 80/3 80/5 83/14 83/17 83/22 94/11 104/5 109/3 115/14 125/19 131/15
participate [4] 34/2 99/23 100/2 119/23
participated [1] 100/11
participating [2] 120/15 124/9
participation [1] 99/10
particular [3] 17/7 44/21 49/22
particularly [2] 81/16 90/16
parties [1] 136/19
partner [1] 12/1
partnered [2] 119/16 124/14
partners [2] 102/19 105/3
partnership [1] 120/9
parts [4] 22/1 50/12 58/19 58/21
pass [1] 79/23
passed [8] 29/21 31/4 80/1 82/3 82/16 88/7 88/7 93/13
passes [2] 30/12 82/15
passive [1] 59/11
past [5] 5/18 25/8 86/13 91/10 113/12
pathway [1] 98/20
pause [2] 10/7 102/8
pay [22] 35/5 46/3 48/2 50/5 50/7 54/18 54/21 55/18 66/4 66/6 66/9 68/3 69/5 88/21 104/17 104/18 105/17 105/22 106/21 107/12 109/20 126/21
paying [2] 106/10 126/19
payouts [1] 18/10
payroll [2] 29/8 70/6
pays [5] 35/14 50/6 55/14 106/9 107/2
PBM [1] 128/5
PEEHIP [57] 3/5 3/6 4/8 4/10 5/2 11/10 11/14 11/15 11/18 12/8 12/13 15/11 16/12 18/4 18/15 21/15 28/17 28/21 29/4 30/10 45/3 46/3 46/8 65/8 65/20 66/10 71/22 72/13 76/3 76/13 76/14 78/2 80/6 81/15 81/20 82/21 83/3 92/12 92/14 102/12 104/12 107/6 109/11 109/17 110/8 110/15 115/14 115/16 119/20 119/22 120/7 121/3 124/15 125/13 125/18 131/22 135/14
PEGGY [2] 2/15 7/19
penny [1] 69/13
pension [2] 18/19 25/3
people [49] 6/12 24/4 29/6 37/18 38/7 38/14 38/18 39/3 40/12 40/15 41/1 41/7 47/16 48/3 55/5 55/8 55/17 57/9 57/18 59/16 60/20 61/12 61/19 64/1 64/4 64/11 65/21 68/3

P

people... [21] 69/4 69/21 70/18 70/21 71/14 71/19 72/2 72/16 74/6 75/8 75/9 75/13 75/18 78/16 82/14 95/5 99/22 100/6 125/16 130/2 133/3
per [9] 47/4 47/17 66/6 84/17 84/18 106/8 109/17 127/19 128/14
percent [4] 42/22 52/20 94/1 134/11
perform [1] 22/7
perhaps [7] 30/2 30/11 37/23 41/20 69/18 69/21 87/1
period [1] 28/15
periods [1] 76/15
person [13] 34/6 36/22 37/3 37/6 37/7 37/8 40/19 63/3 71/18 75/2 79/9 79/10 134/4
personal [4] 122/20 123/15 123/20 124/1
personally [3] 133/11 134/3 134/8
perspective [1] 39/5
Pfizer [1] 126/12
pharmacies [2] 98/4 98/6
pharmacists [1] 102/18
pharmacy [8] 86/7 90/12 97/16 98/9 99/3 101/20 105/2 105/19
phased [1] 76/14
physician [6] 96/10 122/21 123/14 123/15 123/20 124/1
pick [2] 49/6 55/1
pictorially [1] 93/23
picture [5] 49/1 49/13 49/18 49/21 112/10
piece [1] 110/14
pipeline [1] 86/22
place [6] 50/15 56/5 61/5 70/2 89/10 96/21
plan [56] 1/2 1/17 10/22 18/21 33/16 33/17 33/22 34/3 34/4 35/7 35/19 36/18 36/20 43/19 43/20 43/21 44/14 49/6 53/21 55/6 55/13 55/20 55/21 56/8 66/11 66/12 66/13 66/16 76/10 78/3 82/4 87/8 87/9 87/22 88/21 89/2 94/20 95/22 97/10 99/18 100/2 100/16 102/3 104/16 104/18 105/13 105/23 107/1 107/4 108/7 116/1 120/10 124/20 129/17 133/15 136/11
planned [1] 76/15
planning [4] 63/15 73/1 90/1 131/13
plans [11] 33/12 34/1 35/2 35/4 36/1 36/2 42/10 53/13 78/5 78/6 81/16
play [1] 111/22
playing [2] 33/10 46/21
pleased [1] 130/10
plugging [1] 133/6
plus [2] 54/2 83/13
pocket [4] 35/9 58/13 58/15 77/3
point [15] 45/13 67/14 75/19 81/6 84/15 85/23 88/13

P

point... [8] 90/18 91/16 91/20 93/20 112/7 112/19 127/12 130/16
points [1] 106/16
policies [1] 24/18
policy [1] 43/11
pop [1] 121/21
population [5] 93/15 93/17 116/14 123/23 129/14
portfolio [1] 17/13
portion [1] 15/11
position [6] 13/23 14/3 19/20 20/7 20/9 20/23
positive [9] 93/12 94/2 94/5 94/7 116/9 116/11 118/10 118/19 122/5
possibility [1] 55/10
possible [1] 42/4
possibly [4] 29/12 55/18 57/1 71/15
Post [1] 18/21
postpone [1] 80/10
postponed [3] 20/3 24/5 74/22
potential [4] 23/14 62/17 106/2 131/21
potentially [2] 16/11 116/19
pouring [1] 73/9
pre [5] 72/14 72/20 73/6 73/22 74/2
pre-retirement [5] 72/14 72/20 73/6 73/22 74/2
premium [31] 35/20 36/6 36/13 36/13 36/14 37/1 37/3 37/17 38/1 40/13 42/9 45/3 51/10 51/11 52/18 55/19 61/15 62/23 79/1 82/8 83/10 83/10 83/14 83/17 83/19 83/23 84/6 87/7 91/2 91/3 91/13
premiums [18] 32/11 32/13 32/19 33/4 33/10 33/21 34/6 43/18 44/1 45/3 45/6 55/10 55/11 63/17 65/8 74/5 80/17 130/11
prepare [2] 18/7 23/11
prepared [3] 42/5 121/20 131/1
preparing [1] 13/7
prescription [2] 76/20 102/15
prescriptions [1] 35/16
present [5] 3/1 7/10 8/4 13/21 21/22
presentation [1] 91/7
presented [2] 24/23 116/4
pretty [2] 23/5 31/6
preventive [1] 124/10
previous [6] 94/15 97/10 99/18 103/4 111/17 129/17
previously [1] 32/12
price [3] 76/11 77/19 81/10
prices [1] 76/22
primary [1] 96/10
principal [2] 67/21 68/10
principals' [1] 74/8
principles [4] 13/9 13/14 14/4 25/18
prior [4] 40/15 95/14 103/1 119/7
private [1] 68/11
probably [8] 6/7

P

probably... [7] 31/18 43/4 67/15 67/16 69/1 71/9 82/22
problems [1] 26/9
procedure [1] 18/3
procedures [4] 13/16 19/5 25/21 77/10
process [3] 63/12 64/4 130/22
processed [2] 105/19 105/20
Professional [1] 136/6
program [37] 4/8 4/10 8/6 38/2 58/2 58/3 65/18 92/12 92/14 97/18 97/23 100/8 100/16 100/20 100/22 101/1 101/4 102/1 104/4 104/6 104/9 104/10 105/9 105/18 108/2 108/6 115/14 115/16 124/6 124/8 124/13 124/18 124/21 125/2 131/19 131/20 132/18
programs [9] 57/6 58/10 99/6 99/11 99/21 101/14 106/4 107/13 124/10
project [1] 18/11
projected [2] 85/12 86/11
projection [1] 130/21
projections [7] 18/23 51/18 84/11 84/22 86/9 89/18 127/13
promulgated [1] 30/4
proportion [1] 51/13
propose [1] 25/19
prospectively [1] 42/23
protected [1] 78/9
provide [7] 68/21 73/13 74/19 75/4 120/22 123/3 124/5
provided [1] 26/2
Provider [1] 31/6
providers [4] 78/10 78/11 78/21 79/4
provides [2] 26/1 44/15
providing [2] 56/17 57/5
prudent [1] 106/6
public [12] 1/2 1/16 1/19 13/2 13/23 28/11 44/4 98/15 132/21 136/7 136/10 137/11
pull [2] 50/11 101/2
purchase [1] 29/6
purposes [1] 31/16
pushing [1] 86/20
put [11] 45/20 45/23 46/22 47/22 48/7 53/20 62/22 69/2 75/7 79/11 133/22
puts [1] 63/3
putting [1] 88/15

Q

qualified [1] 28/18
qualify [1] 44/5
quality [5] 24/20 55/6 57/6 58/2 65/18
quantity [1] 103/1
question [15] 10/8 19/18 19/23 31/20 39/12 49/12 60/13 72/8 107/22 118/17 125/8 126/7 127/3 127/18 127/18
questions [29] 5/9 15/13 17/3 19/7 21/5 22/12 26/18

Q

questions... [22] 39/21 39/23 45/14 45/16 56/20 57/9 57/16 59/23 71/17 73/15 83/4 84/8 92/2 92/4 106/14 108/12 114/13 114/19 125/6 128/17 133/10 136/12
quick [4] 49/8 72/10 97/17 115/1
quickly [4] 76/8 92/18 94/23 114/15
quite [6] 40/2 64/17 91/9 95/8 104/21 134/9
quo [1] 59/13
quoting [1] 47/4

R

radar [1] 100/9
rain [1] 73/9
raise [5] 57/20 83/19 84/6 106/21 106/23
raised [3] 45/6 45/12 60/5
raises [3] 46/3 54/19 54/21
ran [2] 14/9 23/23
range [1] 41/1
ranges [2] 36/23 37/10
rare [1] 102/4
rash [1] 123/16
rate [7] 50/8 65/9 65/10 82/12 83/21 94/1 128/3
rates [9] 47/3 47/8 57/2 76/19 76/21 90/7 90/8 90/9 136/21
rather [8] 34/17 50/21 55/18 88/2 92/18 94/2 99/13 114/15
reach [2] 120/13 120/18
reaching [1] 120/10
read [2] 30/20 41/19
reading [3] 14/23 108/1 118/7
real [6] 73/5 90/1 95/18 97/17 102/14 131/18
realize [2] 69/6 69/14
really [29] 18/14 19/2 27/7 27/11 27/13 34/16 34/17 35/9 42/2 51/18 55/22 56/5 56/6 56/7 56/7 56/14 70/19 70/21 76/9 79/2 79/16 91/22 97/1 110/13 125/17 129/11 133/16 133/17 133/22
reason [3] 59/4 86/19 87/1
reasonably [1] 17/17
reasons [1] 86/19
rebate [1] 80/3
recap [1] 14/22
receive [3] 30/3 44/5 56/20
received [7] 10/23 28/5 28/6 28/20 28/21 29/11 110/13
receiving [1] 116/17
recent [1] 94/5
recently [1] 88/2
recognize [1] 59/1
recommend [1] 15/1
recommendation [3] 105/16 106/12 107/14
record [3] 45/23 46/22 47/22
recorded [3] 18/12

R

recorded... [2] 25/15 25/17
recruit [1] 60/20
red [5] 34/5 34/11 34/18 97/3 126/4
reduce [5] 42/20 104/14 104/15 105/21 105/23
reduced [2] 82/11 136/13
reduction [8] 40/22 81/10 86/14 89/11 89/16 89/17 101/9 101/10
reductions [1] 101/8
refer [2] 24/14 65/6
referenced [2] 12/12 25/10
referred [1] 13/21
refers [2] 11/5 108/2
regarding [3] 116/2 120/23 126/7
regardless [2] 66/1 66/7
regulations [1] 30/4
reimbursed [2] 29/10 127/5
reimbursement [1] 127/14
reintroduced [1] 81/22
reiterate [1] 70/15
related [10] 11/10 15/8 28/23 29/5 29/8 29/17 29/21 42/10 78/10 88/21
relates [3] 80/4 110/15 111/4
relationship [1] 94/6
relative [2] 136/18 136/19
relatively [1] 117/15
Relief [1] 31/6
remainder [1] 97/13
remained [1] 96/21
remaining [2] 77/10 121/11
remember [11] 28/6 43/5 45/8 80/15 91/11 91/18 95/1 99/7 112/6 119/3 128/6
reminded [1] 41/13
reminder [2] 97/20 125/4
remotely [1] 96/11
remove [1] 123/6
repeats [1] 23/6
replace [1] 31/8
report [38] 4/7 11/6 12/3 12/4 12/8 12/9 12/14 12/16 12/18 13/12 14/11 14/12 14/17 15/1 15/10 15/16 15/16 15/17 15/23 16/5 16/7 16/12 16/13 16/19 16/22 17/2 21/16 22/8 23/6 26/17 27/11 27/17 45/20 92/4 97/14 107/10 114/11 114/18
reported [5] 1/18 17/14 17/20 18/1 136/9
Reporter [4] 1/19 136/7 137/3 137/11
REPORTER'S [1] 135/18
reporting [2] 20/18 137/2
reports [4] 11/1 11/2 11/3 24/20
reposition [1] 99/12
representations [1] 25/23
request [2] 84/19 130/15
require [3] 14/17 106/17 106/19

R

required [16] 12/10 16/4 16/9 17/9 21/10 21/19 22/5 23/2 25/16 26/14 43/7 43/15 97/22 99/8 99/19 100/1
requirement [2] 99/13 100/4
requires [1] 15/8
Rescue [1] 82/4
reserve [1] 18/11
reserves [1] 18/23
resolved [1] 81/8
respect [1] 28/12
respectful [1] 103/15
respects [1] 13/22
respond [2] 24/3 24/5
responded [1] 26/4
response [16] 8/16 8/22 9/16 9/22 15/14 21/6 26/19 83/6 84/9 92/6 108/13 108/20 115/11 128/18 134/13 135/11
responsibilities [1] 13/11
responsibility [5] 12/19 12/19 23/7 23/11 55/4
responsible [2] 13/6 44/14
rest [3] 25/22 68/7 69/12
restart [1] 114/3
restrictions [1] 73/23
result [5] 82/10 95/21 103/10 105/12 111/10
results [4] 94/21 100/15 101/13 136/21
resumed [2] 73/21 74/1
resuming [1] 74/21
retail [1] 105/18
retain [1] 72/6
retire [6] 18/4 44/6 60/23 62/8 67/14 68/11
retired [9] 38/9 38/16 38/20 39/1 40/15 61/12 61/14 64/1 69/6
retiree [34] 11/8 11/16 11/19 12/9 15/16 16/12 16/23 17/2 18/17 18/20 20/10 32/12 32/18 33/4 35/8 48/1 48/8 50/23 51/1 51/4 51/9 51/12 53/21 62/16 62/17 78/3 79/1 83/9 84/5 85/13 85/16 86/5 90/21 131/14
retiree-only [1] 78/3
retirees [23] 21/17 34/1 38/15 40/21 41/3 42/9 43/20 48/18 50/16 52/4 52/4 53/23 55/5 56/19 61/7 64/17 86/10 86/16 89/15 89/21 90/6 124/20 132/21
retirement [21] 1/1 1/20 33/23 35/23 43/21 48/10 50/7 54/5 62/2 62/6 67/2 71/22 72/13 72/14 72/20 73/6 73/22 74/2 75/20 89/12 89/13
retiring [8] 33/8 34/7 63/16 70/8 71/15 72/17 86/23 87/2
revenue [2] 31/8 91/19
review [1] 17/11

R

reviewed [2] 26/10 101/17
reviewing [1] 13/18
rewarded [1] 124/23
rewards [2] 124/7 124/8
Ricky [1] 6/20
ride [1] 134/9
Riggs [1] 12/2
right [45] 9/12 10/9 21/2 36/16 46/4 47/14 47/15 47/20 52/9 52/22 53/6 53/14 54/1 54/4 59/1 63/4 63/5 63/10 75/21 83/8 84/10 84/23 90/20 90/20 90/22 94/7 103/18 103/19 103/19 103/20 115/9 115/13 118/7 118/8 118/14 119/2 119/2 119/8 119/14 120/21 122/13 123/10 124/4 125/7 134/14
right-hand [1] 118/14
risk [1] 23/17
risks [1] 23/15
road [3] 128/13 129/16 129/19
roll [3] 4/2 6/16 6/17
rolled [1] 96/13
rolling [1] 95/14
room [4] 1/4 1/19 90/5 94/15
roughly [2] 93/10 100/10
round [1] 84/2
RSA [5] 3/2 3/3 3/4 3/7 68/17
rule [6] 76/11 80/3 81/4 109/12 113/11 114/5
rules [2] 30/3 79/19
run [1] 91/17
RUSSELL [2] 2/14 7/17
Rx's [1] 90/12

S

Sadly [1] 93/12
safe [2] 121/11 129/15
said [24] 12/7 47/16 48/3 48/4 53/12 56/4 60/11 60/11 61/15 65/18 68/6 68/12 68/13 68/15 68/15 72/3 73/13 80/13 81/3 85/6 86/3 100/7 134/4 136/15
salaries [4] 54/7 54/14 54/19 56/10
salary [1] 54/6
same [18] 16/12 30/9 34/9 34/12 42/10 44/23 52/19 65/9 71/9 74/19 82/15 83/16 84/4 84/12 84/13 91/19 93/16 113/13
sampling [1] 13/16
sanitizer [1] 121/8
Sarah [2] 6/4 6/5
Saturday [1] 73/8
save [1] 107/4
saving [1] 131/22
savings [7] 104/6 104/8 104/18 104/18 105/12 105/13 107/12
saw [4] 37/10 60/18 84/14 86/15
say [32] 6/2 8/18 9/18 10/6 10/9 27/9 34/15 37/4 41/21 45/9 52/5 54/13 55/17 59/16 60/22 69/20 71/14 78/18 79/6 92/21 99/22 104/8 108/16 115/2

S

say... [8] 125/17 125/23 127/3 129/10 129/15 133/7 133/17 135/7
saying [8] 8/19 9/19 49/15 50/1 50/9 58/1 108/17 135/8
says [11] 5/21 13/20 22/3 23/20 24/13 24/14 25/13 31/7 58/18 87/3 117/2
scale [6] 32/14 37/21 38/4 38/20 52/15 52/16
scales [1] 32/16
scare [2] 44/10 44/12
scary [1] 60/19
scene [3] 59/8 59/9 76/4
schedule [3] 28/19 120/11 120/20
scheduled [1] 120/4
schedules [1] 111/1
school [12] 33/13 33/16 44/4 61/11 68/11 70/3 70/4 70/6 71/6 71/23 109/22 114/3
schools [3] 71/6 98/15 110/23
scope [1] 104/23
SCOTT [4] 3/4 10/12 56/16 92/8
Scott............10 [1] 4/6
scraping [1] 88/4
screening [2] 97/21 98/12
screenings [3] 98/2 98/8 98/16
script [1] 120/13
second [25] 8/12 8/13 9/11 9/13 10/7 11/9 14/12 16/7 19/16 35/18 38/19 52/15 55/21 60/14 99/4 101/20 102/8 104/2 107/17 107/18 108/15 113/23 126/14 135/4 135/5
section [3] 24/12 45/2 74/4
Security [1] 50/2
see [55] 5/16 5/23 8/6 12/16 14/18 23/20 24/6 24/18 24/21 25/2 25/3 25/4 25/6 25/8 26/11 28/21 29/10 30/15 34/5 34/16 34/22 46/23 49/3 56/1 56/2 62/10 65/15 69/20 77/20 83/2 84/20 88/18 89/14 90/18 90/19 93/17 93/23 94/13 94/21 95/16 95/19 96/7 96/19 97/2 100/17 113/8 116/7 116/10 116/21 118/20 119/20 120/14 121/6 122/17 134/16
seeing [2] 44/11 47/2
seem [1] 5/17
seen [1] 36/4
seminar [1] 75/14
seminars [5] 72/15 72/20 73/6 73/22 74/2
Senate [3] 30/12 81/12 82/15
send [3] 70/5 70/20 103/6
sense [1] 81/1
sensitive [1] 24/19
sent [1] 41/10
September [19] 12/3 13/5 14/2 18/1 41/11 41/22 84/14 85/8 90/2 110/1 110/2 110/21

S

September... [7] 111/15 112/2 112/14 112/14 113/6 113/6 113/16
September 25th [1] 41/11
September 30 [1] 12/3
September 30th [4] 13/5 14/2 18/1 85/8
served [1] 6/14
service [12] 22/4 34/7 34/11 36/21 62/21 71/6 71/12 74/7 77/12 78/17 123/1 123/18
services [10] 22/8 69/19 77/5 78/11 78/13 79/16 79/17 122/17 122/19 124/10
sessions [1] 74/13
set [2] 96/14 136/15
seven [1] 130/14
several [9] 10/23 17/10 20/14 92/17 95/6 95/7 95/7 104/11 131/11
severe [1] 93/18
shall [1] 51/3
shape [1] 43/6
share [4] 57/8 73/19 93/15 99/4
she [9] 6/6 12/11 61/15 61/15 61/17 61/18 69/8 134/2 134/3
she's [1] 6/8
sheet [1] 34/19
Shield [1] 98/5
shift [1] 101/19
shock [4] 35/12 63/18 63/20 63/21
shocked [2] 60/16 60/16
shocker [1] 36/17
shoes [1] 53/11
SHOMAKER [2] 2/9 7/7
shoppable [1] 77/4
shopping [1] 77/8
short [4] 85/5 111/16 114/6 119/23
shortfall [2] 91/15 131/16
shot [3] 127/19 128/3 128/15
should [6] 5/3 11/11 11/12 31/18 34/16 85/6
show [1] 18/9
showed [1] 43/18
showing [1] 126/4
shows [1] 45/5
sick [1] 18/2
sickness [1] 133/13
side [8] 55/1 90/13 104/11 118/14 125/23 126/7 126/21 134/5
sides [1] 56/2
sign [8] 8/21 9/21 73/7 99/22 100/8 106/7 108/19 135/10
sign-up [1] 100/8
signed [2] 100/6 106/3
significant [2] 23/21 131/21
signing [1] 100/12
Silver [1] 124/11
similar [5] 15/18 21/20 31/5 58/19 116/4
simply [9] 62/22 86/22 97/20 98/10 98/20 121/2 122/15 126/4 132/10
since [6] 39/2 93/7 100/2 102/10 103/23 104/19
single [4] 37/22 37/23 62/23 65/9

S

sir [13] 17/8 27/21 75/23 76/1 108/4 108/10 108/23 114/22 114/23 115/7 118/20 129/10 133/8
sit [4] 27/6 68/1 68/9 74/16
situation [1] 44/23
six [3] 65/10 82/6 84/15
six-month [1] 82/6
size [1] 90/20
skim [2] 69/4 72/3
sleep [1] 79/11
slide [6] 93/22 95/16 116/20 120/21 122/14 122/14
slides [3] 84/13 108/1 116/3
sliding [7] 32/14 32/15 37/20 38/4 38/20 52/15 52/15
Slim [3] 99/20 100/7 100/21
slow [2] 24/3 24/4
slowly [1] 117/10
small [1] 88/12
smallest [1] 34/6
snapshot [1] 49/15
Sneakers [1] 124/11
so [210]
Social [1] 50/2
sodium [1] 122/1
soliciting [1] 61/8
solid [1] 61/4
solve [1] 111/13
some [35] 5/9 15/6 16/18 18/9 22/19 25/23 28/1 28/18 29/8 29/23 33/22 33/23 37/13 43/17 48/4 50/2 50/3 50/3 50/4 50/5 58/19 59/16 78/15 90/11 91/20 91/21 91/22 93/5 94/14 111/19 119/7 119/19 120/22 130/16 131/13
somebody [7] 32/2 32/5 41/4 60/3 61/13 70/8 71/19
someone [5] 18/2 29/1 33/7 37/2 74/11
something [14] 45/7 61/20 70/5 76/5 91/1 96/13 96/23 99/14 103/5 106/1 109/11 123/15 123/16 127/10
sometimes [13] 27/7 28/2 35/11 51/21 51/22 52/1 55/15 56/21 61/7 70/2 70/19 72/3 78/16
somewhat [1] 32/13
somewhere [3] 30/20 78/19 87/6
soon [1] 30/11
sooner [1] 57/12
sophistication [1] 104/21
sorry [4] 21/13 32/6 68/13 103/22
sort [2] 63/7 69/23
sounded [1] 5/19
sounds [2] 27/12 130/23
South [2] 1/4 1/20
space [4] 36/8 81/17 96/3 97/17
speak [2] 71/20 129/2
speaking [1] 103/11
speaks [1] 64/3
specialists [1] 96/11
specialty [6] 104/11 105/1 105/2 105/10 105/11 105/18

S

specific [2] 74/4 106/18
specifically [2] 121/17 129/12
specifics [1] 57/8
spend [1] 19/3
split [1] 126/16
spouse's [1] 87/9
staff [9] 48/21 65/1 66/15 71/12 72/13 72/14 105/8 105/15 107/13
stand [1] 85/1
standard [2] 20/16 20/18
standards [2] 14/16 20/14
start [21] 11/18 12/7 12/22 15/2 50/15 87/18 90/1 93/7 94/2 96/13 97/17 109/23 110/16 110/17 111/14 112/1 112/13 113/15 116/1 118/23 120/14
started [9] 5/10 73/4 104/12 111/6 119/8 119/10 120/1 133/14 134/23
starting [7] 74/23 78/6 89/23 109/3 110/20 113/1 134/15
starts [2] 23/3 114/2
state [19] 13/4 27/5 29/23 35/22 43/11 43/14 44/4 44/5 46/2 48/19 50/1 58/18 60/21 67/3 74/16 98/4 119/5 136/3 136/7
stated [2] 17/18 40/1
statements [16] 13/1 13/7 13/13 13/21 14/21 16/16 17/18 20/4 20/6 20/11 20/20 23/9 23/12 23/15 25/2 136/12
states [16] 13/10 14/5 32/19 32/20 32/21 33/23 36/11 36/23 50/2 50/3 50/3 50/4 50/4 50/5 59/2 132/12
statistics [2] 93/5 93/16
status [3] 59/12 109/20 110/4
stay [1] 99/3
stayed [1] 65/9
staying [4] 91/19 95/9 100/13 121/10
stays [2] 44/14 52/18
step [2] 31/21 102/23
stepped [1] 133/16
Steve [3] 4/7 12/1 17/4
sticker [4] 35/12 63/18 63/19 63/21
sticks [1] 65/19
still [12] 38/15 38/17 81/23 97/4 98/17 116/17 117/15 121/5 122/18 122/23 123/2 123/21
stop [4] 31/18 73/22 110/18 123/6
stopped [1] 111/6
stops [1] 79/3
story [1] 99/5
straight [1] 65/10
strategic [1] 59/4
strategies [1] 87/16
strategy [4] 87/14 89/4 89/10 92/1
Street [2] 1/4 1/21
stress [1] 101/8

S

stroke [1] 66/2
strong [1] 46/19
struggled [1] 99/10
study [3] 43/1 43/2 80/11
subsidize [1] 51/3
subsidy [8] 35/21 36/5 52/17 52/17 52/19 52/20 82/7 82/22
substance [2] 95/3 96/2
substantial [1] 91/3
success [2] 99/5 101/3
successful [1] 104/17
such [5] 23/17 30/6 102/23 124/10 136/20
sudden [1] 48/1
sum [4] 83/11 83/12 83/21 83/23
summarize [1] 21/19
summary [6] 14/20 16/17 16/20 24/15 25/9 102/9
summer [7] 91/11 110/7 110/9 110/10 111/16 115/5 131/2
superintendent [1] 71/20
superintendents' [1] 74/9
supervision [1] 136/14
supplementary [4] 14/15 15/7 16/9 16/10
supply [1] 88/14
supplying [1] 122/10
support [3] 24/1 33/14 60/22
supposedly [1] 119/4
sure [24] 5/8 11/20 17/6 21/12 39/17 40/7 41/6 42/2 44/10 44/13 44/22 50/20 52/5 53/16 60/17 61/4 65/1 66/15 70/7 70/9 75/18 114/6 124/12 125/17
surgery [3] 66/2 79/7 79/7
surprise [2] 79/13 79/13
surprised [3] 78/23 78/23 79/2
Surprises [2] 77/21 79/22
SUSAN [4] 2/10 2/13 7/9 7/15
suspect [1] 77/15
Swindle [1] 6/5
synopsis [1] 49/8
system [4] 61/4 62/10 110/12 110/22
systems [4] 1/1 1/20 30/16 67/2
Systems' [1] 72/14

T

table [1] 46/1
tables [1] 121/6
take [20] 33/1 39/13 46/8 54/8 68/13 91/3 93/5 97/18 105/8 106/18 109/3 111/22 113/13 120/5 121/13 121/15 124/22 131/4 131/17 134/20
taken [4] 46/2 94/9 95/17 121/4
takes [2] 37/21 72/19
taking [14] 68/16 87/2 93/3 98/13 106/11 106/20 106/22 107/3

T

taking... [6] 122/18 122/22 123/21 124/23 125/13 131/13
talk [10] 21/9 28/2 48/9 80/8 85/22 88/23 94/16 97/13 99/1 109/6
talked [11] 5/11 5/15 6/4 32/10 32/11 41/16 55/9 85/17 101/18 101/22 103/4
talking [7] 41/12 47/13 48/9 66/20 70/14 88/17 128/5
talks [3] 13/15 22/5 24/22
tangible [1] 94/13
target [1] 100/19
targeting [1] 70/23
taxpayers [1] 130/19
teacher [3] 57/20 62/8 67/7
teachers [8] 33/13 33/18 42/19 44/5 54/15 60/21 64/10 67/3
teachers' [1] 56/9
team [1] 61/3
technical [1] 104/22
techniques [1] 102/23
technology [1] 10/4
Teledoc [1] 123/13
Telehealth [7] 96/6 96/8 96/16 96/21 122/15 122/18 123/11
telephone [1] 75/2
teleprompter [1] 19/18
tell [10] 15/19 44/9 57/19 58/4 65/23 70/7 70/13 75/13 129/12 134/19
ten [4] 16/20 82/22 82/23 134/21
ten-minute [1] 134/21
ten-year [1] 16/20
tend [2] 59/5 59/6
Tennessee [2] 33/11 36/18
term [2] 27/15 67/8
terminology [1] 27/8
terms [2] 94/4 112/8
test [3] 13/16 116/21 117/1
tested [6] 26/10 29/1 63/6 94/6 116/23 122/5
testimonials [1] 101/15
testing [7] 17/15 19/1 19/4 22/15 22/20 26/3 116/8
tests [4] 93/9 93/11 93/12 94/4
text [1] 133/18
than [16] 6/7 34/17 41/23 45/10 50/21 51/4 51/22 57/2 83/11 99/13 100/1 109/9 109/15 110/4 132/14 134/5
thank [44] 19/6 21/2 21/4 26/22 27/1 39/16 39/18 39/18 45/18 45/19 45/21 48/20 48/21 54/10 56/15 56/16 58/7 59/21 60/9 65/3 72/9 75/20 81/5 92/7 92/9 92/15 108/9 108/23 115/2 115/7 115/12 115/20 119/12 122/12 126/8 127/15 128/11 128/19 128/22

T

thank... [5] 130/8 132/23 133/12 134/7 134/23
thanks [2] 115/5 119/13
that [481]
that's [58] 14/7 14/8 16/11 17/21 22/22 23/4 29/17 29/20 32/7 35/5 36/3 36/7 40/14 45/4 45/7 45/7 47/20 47/22 48/14 50/9 52/11 52/23 53/1 53/11 53/12 53/20 58/23 59/4 59/10 61/20 69/11 78/19 84/18 86/11 87/9 91/4 91/7 97/16 98/16 98/17 98/23 104/3 104/5 106/12 107/7 108/5 117/3 117/4 117/22 118/9 118/10 122/6 125/5 127/7 128/21 132/19 133/4 133/7
their [60] 27/18 31/21 34/1 35/9 35/16 35/17 36/18 42/12 42/19 43/1 43/7 43/8 43/10 43/15 43/19 46/20 48/10 48/12 50/6 53/23 54/1 54/3 54/5 54/5 54/6 58/16 61/23 62/2 64/20 64/21 82/9 82/10 96/9 96/10 96/11 98/7 98/9 109/15 110/18 111/5 111/7 112/11 112/18 112/22 112/23 113/20 113/21 113/22 113/23 114/1 114/3 114/10 119/21 120/17 120/19 122/20 123/19 124/1 125/1 126/4
them [55] 26/10 26/11 30/9 32/5 37/10 40/21 41/5 45/11 45/12 49/16 51/19 57/10 57/12 57/13 57/23 58/21 61/22 63/13 69/4 70/7 70/9 71/9 72/5 73/13 73/14 73/14 73/16 73/23 76/8 81/18 86/21 88/7 88/7 88/10 90/1 92/18 92/19 98/3 106/3 109/14 110/7 111/18 113/16 113/18 113/19 114/14 117/14 118/23 120/13 121/21 122/19 123/4 124/2 124/22 126/17
themselves [2] 63/13 75/11
then [45] 6/4 11/19 12/8 12/10 12/20 13/19 14/3 15/6 16/18 17/19 18/18 22/14 23/1 23/9 23/13 24/12 26/6 30/13 31/23 33/17 38/23 39/2 40/5 52/19 56/2 61/14 66/23 67/18 69/14 76/23 77/6 82/16 87/21 90/21 94/5 100/9 101/10 113/1 113/20 114/1 117/23 123/10 124/4 131/3 131/4
therapeutic [1] 103/13
therapy [2] 95/6 102/23
there [105] 5/8 8/7 12/22 13/19 14/13 15/2 15/12 16/8

T

there... [97] 17/4 17/5 17/10 18/15 18/18 18/20 19/5 20/1 20/3 20/10 20/15 20/17 23/4 23/16 24/7 24/8 24/12 25/6 26/5 26/5 26/11 26/17 28/8 28/10 29/7 29/22 29/23 30/3 31/10 38/13 38/21 40/11 40/12 40/16 40/21 41/9 41/20 42/12 42/17 44/12 44/21 45/8 48/4 48/7 54/20 55/23 58/10 58/10 58/18 58/19 58/20 59/13 59/15 59/23 60/3 62/15 62/17 62/19 64/8 64/8 66/3 68/3 75/10 77/3 77/9 79/19 79/22 80/21 80/23 81/11 88/1 93/18 94/8 95/9 95/10 95/13 95/17 97/3 98/18 100/20 102/16 103/13 109/8 111/1 111/8 111/12 112/11 113/23 117/21 125/6 125/12 128/3 129/3 130/1 131/6 132/14 134/4
there's [5] 15/6 16/18 62/18 63/8 79/16
thereof [1] 136/21
thereto [1] 136/13
these [49] 11/3 17/11 19/4 23/18 28/4 28/18 30/8 30/15 33/10 33/23 33/23 35/4 37/19 42/9 42/10 43/23 51/12 52/7 53/13 63/9 67/16 75/11 79/2 80/15 80/22 82/22 89/18 90/15 91/5 93/14 95/4 100/10 101/6 101/13 106/3 106/4 107/1 107/3 108/1 109/23 111/14 112/8 112/13 114/13 116/3 120/16 120/20 121/11 121/20
they [188]
they've [1] 130/4
thing [24] 10/2 21/8 34/9 35/18 42/7 46/11 62/15 63/7 68/23 69/23 70/1 71/3 80/2 80/19 81/9 82/2 84/4 84/15 86/8 104/7 110/20 131/9 132/9 134/22
things [26] 5/11 13/17 15/8 18/10 22/18 22/20 24/2 24/6 30/9 42/17 45/1 51/7 57/22 59/19 69/18 77/15 79/3 80/7 80/20 80/23 81/2 87/18 89/9 94/17 109/2 121/9
think [47] 6/11 26/20 27/14 36/10 37/14 45/6 48/4 48/14 49/16 49/20 50/5 50/14 54/14 55/2 56/5 56/6 56/21 56/23 57/4 57/7 58/1 58/13 58/18 59/10 59/17 60/4 62/8 63/19 64/3 67/6 67/7 67/13 69/1 73/12 75/10 76/8 81/3 82/5 88/22 91/22 117/6 117/15 128/7 129/15 130/18

T

think... [2] 131/22 132/10
thinking [4] 41/17 67/15 70/8 72/16
third [3] 80/2 109/4 117/23
this [179]
THOMAS [2] 3/6 115/15
Thomas.........................115 [1] 4/11
those [75] 6/12 11/10 11/11 11/12 11/14 11/17 13/12 13/14 18/14 18/23 19/2 22/8 23/11 27/5 28/10 38/10 38/18 38/22 39/3 41/3 43/17 47/3 47/4 47/8 51/12 51/17 57/9 57/15 57/20 59/18 61/9 61/19 64/8 71/14 72/18 72/20 73/6 74/2 74/3 74/17 74/21 74/22 74/23 75/18 80/20 81/2 81/14 81/22 82/1 84/1 87/10 88/6 93/11 94/6 94/22 98/8 98/16 99/10 101/15 101/23 102/4 102/5 102/19 104/1 109/5 109/13 110/5 116/18 116/18 118/15 118/17 120/7 121/23 122/10 123/23
though [3] 89/7 99/3 99/23
thought [6] 32/17 35/2 44/2 47/10 59/14 94/20
thousand [2] 99/22 100/1
thousands [1] 64/1
three [25] 19/2 28/8 38/13 66/3 73/2 76/14 80/15 80/16 80/20 84/11 87/18 97/12 109/5 109/12 109/20 110/1 110/3 111/15 112/9 112/14 113/11 113/20 113/22 113/23 114/5
three-year [1] 84/11
through [30] 5/4 5/8 11/15 11/17 14/23 21/16 21/18 22/13 23/17 25/23 28/20 29/15 29/18 30/22 48/13 51/18 63/11 64/9 66/10 72/4 83/16 84/13 84/16 85/2 86/2 92/18 93/19 105/19 105/21 114/14
throughout [2] 74/15 114/9
Thursday [1] 120/2
tic [1] 97/3
tied [1] 121/16
tier [1] 50/8
time [49] 6/15 8/7 9/7 9/15 10/11 15/13 17/3 19/3 26/18 29/12 29/14 39/20 42/23 46/6 46/11 48/18 54/16 56/12 65/16 71/13 72/20 81/3 85/8 85/11 85/14 88/13 92/5 95/9 98/8 101/16 102/14 103/5 103/19 104/19 104/20 107/20 108/12 111/2 111/3 114/16 114/19 117/12 118/22 119/23 122/9 123/4 123/8 127/12 131/7

T

times [11] 37/19 45/5 45/12 45/12 54/20 69/4 79/6 79/23 116/23 117/1 121/11
title [1] 108/1
today [22] 5/5 5/9 5/13 5/13 28/2 82/3 85/1 92/17 92/19 96/6 97/14 101/3 101/22 105/7 107/8 109/2 109/6 111/9 114/12 115/21 121/5 125/5
together [3] 45/21 59/8 71/12
told [4] 6/1 29/19 35/1 41/10
tomorrow [2] 68/16 70/15
too [9] 30/15 31/17 57/18 61/7 64/18 88/12 90/9 117/20 127/1
took [3] 35/22 40/19 68/11
tools [3] 42/3 64/8 77/8
top [2] 12/22 23/20
topic [1] 72/19
total [12] 36/1 36/3 46/12 46/17 49/18 49/21 50/10 53/13 53/17 53/19 53/23 57/4
touch [1] 129/13
toward [1] 34/23
towards [3] 92/23 93/1 101/7
Townes [1] 65/22
tracking [2] 118/21 118/23
transcription [1] 136/15
transition [3] 6/10 99/2 129/7
transitioned [1] 130/4
translates [1] 100/17
Transparency [1] 76/11
transpired [1] 15/3
travel [2] 67/2 129/19
treatment [2] 95/11 95/19
tremendous [2] 129/4 132/19
trend [1] 93/1
trending [2] 94/3 101/7
trends [1] 86/5
triangles [1] 18/9
tried [4] 34/3 34/20 53/20 79/23
trouble [1] 23/23
TRS [5] 28/17 29/4 43/3 43/3 74/15
true [1] 136/15
truly [1] 60/16
trust [18] 11/8 11/17 11/19 15/16 16/23 17/2 18/5 18/17 18/20 19/13 19/14 19/20 20/10 85/13 85/16 86/5 90/21 131/14
try [10] 44/13 44/13 44/22 48/22 59/13 61/22 65/20 75/4 75/5 75/17
trying [4] 50/15 50/19 57/14 125/15
Tuesday [4] 1/22 5/14 120/4 136/8
turn [9] 23/19 27/22 32/9 97/11 101/1 103/20 104/3 111/21 113/4
twice [2] 69/7 127/21
TWILLEY [3] 2/14 7/17 60/5
two [26] 5/12 11/2

T

two... [24] 11/7 12/15 18/14 21/1 31/6 32/15 33/3 33/12 62/19 64/2 69/17 77/15 77/17 81/11 86/18 88/1 95/2 112/16 113/18 117/22 119/7 121/14 124/15 126/12
typewritten [1] 136/13
typically [1] 54/6

U

uncorrected [1] 24/13
under [5] 6/5 74/1 104/12 129/17 136/13
understand [16] 27/8 27/16 30/6 41/8 44/20 53/7 53/15 56/19 57/10 57/13 57/16 58/1 64/5 64/11 64/17 132/13
understanding [2] 15/3 125/12
Union [2] 1/4 1/21
unique [1] 58/22
unit [1] 13/3
United [2] 13/9 14/5
UnitedHealthcare [3] 129/5 129/18 129/20
unless [2] 32/2 127/9
unpaid [1] 25/4
unqualified [4] 14/8 15/20 27/11 27/17
until [7] 18/5 31/15 51/17 81/6 89/6 112/14 134/16
up [45] 19/23 22/15 23/10 34/13 36/14 36/15 38/12 40/3 42/16 48/13 51/16 52/23 53/2 54/13 54/19 57/2 57/19 58/12 59/23 60/3 62/23 64/15 64/16 72/7 72/19 73/7 74/23 77/1 83/17 84/1 85/19 89/23 91/1 91/19 99/22 100/6 100/8 100/12 106/4 106/7 106/7 109/2 112/5 114/2 133/16
update [4] 10/14 10/15 76/3 115/23
updated [1] 29/19
updates [7] 4/6 4/8 4/10 92/12 92/14 115/14 115/16
upon [8] 32/14 36/5 37/20 52/9 63/1 83/11 85/1 117/8
upon the [1] 83/11
upped [1] 85/13
upper [1] 118/7
us [40] 6/16 10/1 22/11 26/1 26/2 27/4 32/19 32/20 36/8 45/8 48/9 48/9 48/23 49/2 49/7 49/8 53/16 54/15 58/6 59/3 59/18 66/23 70/16 70/17 74/12 75/1 76/17 77/7 80/23 88/2 98/7 103/16 104/4 105/15 109/3 113/10 117/9 126/16 127/4 127/13
use [6] 28/9 31/7 112/22 113/21 113/22 123/18
used [6] 30/8 30/9 65/23 67/8 99/8 106/9

U

using [3] 27/15 37/10 122/23
usual [1] 136/22
utilize [1] 124/3
utilizing [2] 97/5 105/22

V

vaccination [4] 119/18 120/3 120/16 126/5
vaccinations [2] 120/6 125/11
vaccine [2] 119/21 128/2
value [5] 17/14 17/16 24/23 85/16 94/19
VAN [5] 2/8 7/5 9/13 107/21 108/4
variable [2] 88/21 105/17
variables [1] 111/9
variances [1] 15/4
varied [1] 48/6
various [2] 102/16 121/22
vary [1] 125/21
Vaughn [1] 128/13
vegetarian [1] 122/1
vendor [1] 102/18
verbiage [1] 30/5
versus [1] 123/11
very [44] 5/19 15/18 21/20 26/6 31/5 32/22 32/22 35/5 35/6 35/6 38/16 45/7 45/11 45/12 45/20 46/9 48/11 48/19 50/20 53/7 53/9 53/12 56/13 59/7 59/10 70/23 88/20 94/18 94/23 95/23 97/6 101/12 101/23 102/2 102/13 103/14 103/15 104/16 104/16 105/9 116/8 117/10 129/9 130/9
VI [1] 4/10
via [1] 104/10
VICE [1] 2/4
VICE-CHAIRMAN [1] 2/4
VIDEOCONFERENCE [1] 1/16
VII [1] 4/12
visiting [1] 95/9
visits [2] 96/20 123/23
voila [1] 62/23
volatility [1] 96/19
vote [7] 92/19 97/15 101/21 102/7 105/7 106/13 107/8
voted [3] 65/15 96/16 99/12

W

wait [2] 89/6 101/11
WALES [3] 3/5 92/13 108/22
Wales' [2] 107/10 114/18
Wales.............................92 [1] 4/9
walk [3] 35/10 35/15 61/1
wall [1] 91/17
Walmart [2] 119/17 120/10
want [47] 5/1 5/11 32/2 32/9 34/15 39/22 41/5 45/9 46/21 48/7 48/23 49/17 53/16 55/1 55/6 55/11 55/12 55/14 56/16 58/2 58/4 63/18 66/13 75/22 84/15 91/4 91/5 92/21 94/12 97/11 99/3 99/15 100/7 101/2 101/19

W

want... [12] 102/8 104/7 106/2 106/15 113/8 115/3 117/19 124/5 124/11 124/22 133/11 134/7
wanted [22] 10/21 11/20 28/1 33/9 34/13 39/17 42/7 42/18 47/22 57/21 60/14 62/10 64/7 69/7 69/9 73/18 76/2 96/5 99/1 99/23 108/9 109/5
wants [1] 61/17
Ward [1] 5/15
was [104] 1/21 5/13 5/14 5/16 6/7 15/19 19/8 19/10 19/19 19/21 20/2 23/8 28/22 29/1 30/6 31/8 31/13 31/14 31/17 33/21 34/4 35/19 36/9 36/17 36/20 37/2 37/5 37/18 38/6 38/11 38/16 38/21 40/13 40/16 40/18 40/18 40/21 41/1 41/9 41/12 42/8 43/23 44/2 46/6 46/9 47/10 47/10 47/16 48/3 49/14 49/23 57/20 60/16 60/18 61/13 61/16 65/14 66/20 69/8 69/9 77/22 80/3 80/5 80/8 80/13 81/20 82/3 82/5 83/1 85/9 85/17 85/19 88/14 91/14 93/18 94/2 95/11 95/13 95/20 96/14 99/14 99/19 107/23 110/16 111/17 113/6 116/7 116/15 117/14 118/22 119/10 119/23 120/3 125/22 126/13 126/15 126/16 127/2 127/3 128/4 129/4 130/1 133/13 134/8
Washington [1] 80/8
watching [4] 30/13 82/1 89/20 89/21
watered [2] 55/13 58/3
watered-down [2] 55/13 58/3
waving [1] 60/8
way [12] 20/20 63/20 65/21 71/10 95/20 96/8 103/21 104/3 109/23 130/22 130/23 133/4
ways [1] 57/11
we [377]
we'll [1] 89/13
wealth [1] 110/22
weather [1] 6/6
webinars [2] 124/16 125/2
website [3] 62/18 76/18 77/3
week [6] 5/6 5/6 5/13 5/14 67/4 95/7
weeks [2] 95/7 119/17
weighing [1] 46/14
weight [1] 100/14
weighted [1] 41/2
welcome [2] 5/2 129/1
well [27] 5/9 20/6 28/17 28/17 31/2 43/21 45/20 49/14 55/12 55/17 59/21 60/4 80/19 100/17 101/5 101/11 103/17 105/5 105/9 105/12 118/16 118/22 122/10

W

well... [4] 123/18 125/3 127/15 129/9
wellness [8] 97/18 97/21 97/22 98/2 98/8 99/4 101/18 124/6
went [7] 37/11 119/3 119/6 129/5 129/16 129/20 131/19
were [36] 6/12 16/4 20/3 21/11 22/17 22/22 24/3 24/4 24/8 28/8 29/7 29/13 35/3 38/8 38/14 47/4 47/4 48/4 48/4 54/15 54/16 72/16 73/1 80/21 80/23 81/11 81/13 81/18 95/4 100/1 118/16 118/17 120/7 122/23 129/18 136/13
weren't [1] 118/21
WHALEY [4] 2/4 6/20 9/10 65/5
what [120] 5/5 10/5 10/8 11/1 13/15 14/13 14/22 15/3 16/15 19/8 19/10 22/5 22/22 23/3 23/6 23/7 25/11 25/12 28/19 30/2 32/21 32/23 33/2 33/5 33/21 34/15 34/16 34/20 34/21 35/9 35/17 36/4 36/7 36/12 36/14 37/12 37/20 38/3 38/3 39/5 39/23 40/10 42/11 42/16 44/13 47/10 48/17 48/21 49/3 49/12 49/20 50/6 51/8 51/8 51/9 51/10 54/1 55/16 56/5 57/23 58/17 59/20 60/18 61/18 61/23 62/2 62/6 62/7 63/1 63/16 64/5 64/11 65/17 65/19 66/20 66/22 66/23 67/6 67/11 67/11 67/18 68/2 69/8 69/9 69/14 69/16 69/20 69/20 70/9 70/12 72/22 73/20 75/18 78/14 79/5 79/21 83/12 85/22 85/23 86/12 89/7 90/19 90/21 91/14 93/6 105/6 109/13 115/3 116/4 117/5 117/8 117/14 119/10 125/15 125/17 125/20 126/15 128/8 130/3 134/20
what's [8] 5/13 17/19 44/11 44/21 57/16 84/19 89/4 89/14
whatever [4] 69/15 70/6 83/21 86/23
when [60] 11/5 16/2 22/12 23/1 27/4 27/16 31/15 35/10 35/15 35/16 36/17 38/8 41/4 44/6 46/6 46/13 46/14 48/8 49/5 49/6 51/2 55/9 55/12 57/3 57/22 60/18 60/22 60/22 63/10 64/21 65/16 65/16 65/23 68/5 70/8 70/19 75/19 79/1 87/15 88/16 91/12 99/19 103/12 109/15 110/15 110/16 110/17 110/18 111/5 111/6 113/20 114/2 114/9 127/23 129/4 129/6 129/16 129/20

W

when... [2] 129/23 134/21
where [23] 19/3 26/8 34/5 37/5 48/14 54/21 56/1 84/21 90/4 90/19 91/4 95/5 95/8 96/8 98/19 111/13 118/2 119/19 123/13 124/15 127/11 131/8 132/6
whereas [1] 111/17
wherever [2] 46/16 96/12
whether [4] 30/7 46/14 52/14 77/18
which [33] 12/11 12/20 14/9 15/20 16/9 17/12 28/9 31/8 31/14 31/16 32/3 37/6 41/11 50/7 51/13 54/6 55/1 76/16 78/7 79/22 84/16 93/9 96/8 97/14 100/23 101/22 105/16 116/20 121/14 122/14 122/19 131/2 131/4
while [4] 6/13 73/23 80/11 133/13
white [1] 126/5
who [23] 10/12 19/23 33/7 34/6 37/2 37/4 37/6 37/7 37/8 38/14 43/8 51/1 57/9 57/15 61/12 61/13 67/7 72/16 72/18 79/9 82/9 82/19 120/14
whole [6] 45/9 46/5 46/11 46/11 79/19 113/9
whose [2] 112/4 113/14
why [8] 40/4 50/9 50/16 52/23 53/1 53/11 53/12 53/20
wife [3] 68/21 69/6 134/2
will [113] 5/8 5/22 5/23 6/1 8/5 8/6 8/8 9/7 11/4 11/6 11/23 12/9 12/10 14/18 15/2 15/17 15/18 16/2 17/10 20/11 20/16 20/19 20/23 21/9 21/18 23/20 23/22 23/23 24/6 24/16 24/17 24/21 25/2 25/3 25/4 25/6 25/8 25/19 26/11 28/6 30/13 30/14 40/5 41/8 42/1 42/1 42/22 50/18 54/13 57/9 57/13 60/6 60/13 60/13 67/21 70/3 70/15 71/4 72/7 73/3 74/6 75/5 75/17 76/7 76/17 77/9 77/20 78/22 79/2 81/4 81/7 81/14 81/21 84/1 84/22 85/4 87/20 87/21 89/1 89/2 89/2 90/1 90/10 90/14 90/18 90/19 91/16 91/21 93/17 97/17 101/15 103/20 107/11 111/21 113/4 117/15 119/15 120/17 120/18 121/6 124/15 125/1 125/4 125/18 126/19 128/2 130/17 131/3 131/4 132/3 132/5 133/5 134/22
WILLIAMS [3] 2/10 12/1 85/18
Williams' [2] 17/2 26/17
Williams.......12 [1] 4/7

W

window [1] 120/1
wise [1] 95/23
within [5] 25/1 29/12 71/15 72/17 82/21
without [3] 102/3 111/23 130/14
won't [4] 44/5 52/6 79/13 131/17
words [1] 133/22
work [27] 29/7 31/22 36/11 46/15 51/18 60/20 61/18 66/8 69/19 72/12 87/5 90/5 90/10 91/8 102/9 102/17 103/23 106/2 109/9 111/3 111/4 111/6 111/6 112/6 132/3 133/1 133/2
worked [10] 36/22 37/2 37/4 37/6 37/7 37/9 38/7 59/8 111/2 113/12
working [8] 31/17 38/13 73/10 85/5 105/2 109/21 110/3 131/12
workplace [1] 98/19
works [1] 130/22
world [1] 78/15
worry [1] 121/19
worth [1] 68/8
would [53] 14/10 15/1 15/10 15/23 16/22 20/8 21/9 24/10 25/12 26/8 26/14 27/22 31/2 31/22 31/23 32/17 45/13 45/22 47/1 47/2 49/20 49/20 49/21 55/17 62/11 62/16 63/8 64/9 64/12 65/6 66/10 66/19 70/23 79/17 81/1 81/14 82/8 82/16 82/18 88/10 88/15 91/2 94/20 106/6 108/6 111/22 112/21 119/20 120/15 121/1 127/13 129/10 132/1
wouldn't [1] 128/9
wrap [1] 109/2
wraps [1] 112/5
write [1] 31/12
written [1] 33/20
wrong [1] 48/23

Y

YANCEY [6] 3/3 73/17 130/6 133/12 134/1 134/6
Yancey.............130 [1] 4/12
yeah [5] 20/2 40/3 40/8 57/19 108/8
year [51] 13/4 14/3 14/22 15/4 15/4 15/5 15/5 16/14 16/15 16/20 17/11 18/18 21/1 21/23 26/1 28/8 31/9 32/13 32/14 36/9 37/12 42/4 49/5 49/9 50/19 51/21 52/6 61/11 61/12 64/2 73/2 76/23 77/6 83/15 84/5 84/11 84/17 84/19 89/8 89/13 99/18 100/2 109/22 110/21 114/9 119/6 130/13 131/4 131/7 131/7 137/5
yearend [2] 17/23 19/21
years [28] 20/5 20/12 33/8 34/7 34/11 37/2 37/4 37/7 38/8 51/1 51/22 56/12 57/20 61/5 61/14 65/10 65/12 71/16 72/11

Y

years... [9] 72/18 76/15 82/23 84/16 86/14 104/11 111/17 114/10 130/14
Yep [1] 127/20
yes [27] 17/8 20/1 27/21 29/22 31/4 39/10 41/3 47/18 51/20 53/11 53/11 56/14 63/22 66/17 75/23 75/23 78/15 108/4 108/10 108/23 115/7 117/17 118/20 125/10 127/22 128/4 129/10
yesterday [5] 29/18 41/13 41/16 85/15 85/21
yet [5] 30/5 68/15 85/4 118/21 128/8
you [367]
You'll [1] 23/16
you're [7] 27/17 66/3 66/4 66/6 66/9 68/20 78/23
you've [1] 66/22
you-all [17] 12/12 14/11 16/1 17/5 21/22 22/4 22/8 24/11 26/15 41/10 59/1 88/23 90/17 107/9 115/20 121/6 124/7
you-all's [1] 22/20
young [1] 38/16
your [50] 8/5 12/2 13/20 16/5 21/16 27/6 27/7 27/15 27/22 27/23 31/20 35/8 35/8 45/19 50/21 52/17 52/18 52/19 52/21 53/10 58/5 58/13 58/15 60/21 62/22 62/23 63/16 68/5 68/7 68/7 68/21 69/12 69/13 69/18 70/3 70/4 70/10 71/11 79/1 92/19 93/22 96/7 97/15 101/16 101/21 106/13 114/16 121/6 123/14 134/5

Z

zero [2] 40/14 42/21