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RETIREMENT SYSTEMS OF ALABAMA
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN
BOARD OF CONTROL MEETING
201 South Union Street, Room 843
Montgomery, Alabama 36104
877.517.0020

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**VIDEOCONFERENCE PUBLIC EDUCATION
EMPLOYEES' HEALTH INSURANCE PLAN BOARD OF CONTROL
MEETING** reported by Jeana S. Boggs, Certified Court
Reporter and Notary Public, in the conference room
of the Retirement Systems of Alabama, 201 South
Union Street, Montgomery, Alabama, that was held on
Tuesday, December 8th, 2020, at approximately 9:00
a.m.

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APPEARANCES

BOARD MEMBERS:

MR. JOHN R. WHALEY, VICE-CHAIRMAN

MR. KELLY BUTLER

MR. JOHN MCMILLAN

DR. ERIC MACKEY

DR. JOSEPH G. VAN MATRE

MS. KELLI SHOMAKER

DR. SUSAN WILLIAMS BROWN

MS. AMY CREW

MS. CHARLENE MCCOY

MRS. SUSAN LOCKRIDGE

MS. PEGGY MOBLEY

MS. ANITA GIBSON

MR. JEFF COLE

1 ALSO PRESENT:

2 DR. DAVID BRONNER, RSA CEO

3 MR. DON YANCEY, RSA DEPUTY DIRECTOR

4 MS. LEURA CANARY, RSA CHIEF LEGAL COUNSEL

5 MS. DIANE SCOTT, RSA CFO

6 MR. DAVE WALES, DIRECTOR PEEHIP

7 MS. ERICA THOMAS, ASST DIRECTOR PEEHIP

8 MS. EMILY EATON, RSA ASSISTANT

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CALL TO ORDER

MR. WHALEY: Okay. Good morning, and welcome to the PEEHIP Board of Control meeting this morning.

A few things that I would like to discuss with you before we get started. We would ask that you put your cell phones on silent before we start the meeting. And we have got quite a few members who are joining us. And according to the count that I have, we have nine members present, so we have a quorum established.

Okay. Those members who are joining us via WebEx, we would ask that you raise your hand or wave at us to get our attention so that we can recognize you. And if the other members of the Board would help me to recognize those members who would like to speak, we certainly will let you speak. There is just a lit bit of a lag between us. So...

1 Good morning Ms. Shomaker.

2 MS. SHOMAKER: Good morning.

3 MR. WHALEY: Okay. This morning
4 I would like to explain the absence of our
5 colleague Board member, our Board chairman,
6 Luke Hallmark is not here. And he and I
7 have served together for, I know, since
8 2008, and I have never known Luke to ever
9 miss a single meeting. But, anyway, he is
10 recovering in the hospital today. And I
11 wanted to make sure that everyone knew that
12 he is wishing all of us well today. And we
13 just want to keep him in our prayers, and
14 Sarah and Parker going forward.

15 Okay. At this time, I would
16 like to ask Emily Eaton to please call
17 the role of members.

18 **ROLL CALL**

19 MS. EATON: Luke Hallmark?

20 (No response).

21 MS. KIRK: Ricky Whaley?

22 MR. WHALEY: Here.

23 MS. EATON: Kelly Butler?

1 MR. BUTLER: Here.

2 MS. EATON: John McMillan?

3 MR. MCMILLAN: Here.

4 MS. EATON: Eric Mackey?

5 (No response.)

6 MS. EATON: Joseph Van Matre?

7 DR. VAN MATRE: Here.

8 MS. EATON: Kelli Shomaker?

9 MS. SHOMAKER: Here.

10 MS. EATON: Susan Brown?

11 DR. SUSAN BROWN: Present.

12 MS. EATON: Amy Crew?

13 MS. CREW: Here.

14 MS. EATON: Charlene McCoy?

15 MS. McCOY: Here.

16 MS. EATON: Susan Lockridge?

17 MRS. LOCKRIDGE: Here.

18 MS. EATON: Russell Twilley?

19 (No response.)

20 MS. EATON: Peggy Mobley?

21 MS. MOBLEY: Here.

22 MS. EATON: Anita Gibson?

23 MS. GIBSON: Here.

1 MS. EATON: Jeff Cole?

2 MR. COLE: Here.

3 MR. WHALEY: Okay. Thank you,
4 Emily. We do have a quorum present.

5 All right. At this time, I
6 would like to point out our agenda. And
7 hopefully everyone has had time to go
8 over and look at it, and I would like to
9 entertain a motion to approve the agenda.

10 MS. MOBLEY: So moved.

11 MR. WHALEY: Motion by
12 Ms. Mobley.

13 MRS. LOCKRIDGE: Second.

14 MR. WHALEY: A second. All in
15 favor signify by saying "aye."

16 (Board members saying "aye").

17 MR. WHALEY: The motion carries.
18 Seconded by Mrs. Lockridge.

19 **APPROVAL OF 9/15/2020 BOARD MEETING MINUTES**

20 MR. WHALEY: Okay. Item Number
21 III: Approval of the September 15, 2020,
22 minutes. Hopefully you have had time to
23 read over those. And does anyone have any

1 corrections or anything that needs to be
2 added to the minutes of the 15th meeting?

3 (No response).

4 MR. WHALEY: If not, I would like
5 to entertain a motion to approve the
6 minutes.

7 MS. GIBSON: I make a motion.

8 MR. COLE: Second.

9 MR. WHALEY: Okay. I had
10 Ms. Gibson made the motion, and second,
11 Mr. Cole. All in favor signify by saying
12 "aye."

13 (Board members saying "aye").

14 MR. WHALEY: Opposed?

15 (No response).

16 MR. WHALEY: Motion carries.

17 Okay. At this time, we would
18 move to Item IV, and that is the report
19 of the investment -- well, my bad. Item
20 IV, the Financial Update, presented by
21 Diane Scott.

22 **FINANCIAL UPDATE**

23 MS. DIANE SCOTT: Good morning,

1 Mr. Vice-President and members of the
2 Board.

3 MR. WHALEY: Thank you.

4 MS. DIANE SCOTT: If you would
5 turn to -- and I'll -- if anybody has any
6 objection for me moving my mask, just let
7 me know, and I will put it right back up
8 there. I think it might be a little easier
9 to hear me.

10 If you will turn behind tab
11 Financial Update, we will begin. This is
12 the time of the year where we have a full
13 fiscal year to report on. Okay? So, I
14 have got a lot of the charts that you are
15 used to seeing, but they are for the full
16 fiscal year. So, we will try to go over
17 those. And any time you-all have
18 questions after I get through, you know
19 that you can -- that I am always happy to
20 answer any questions that you might have.

21 So, on page 26 is the balance
22 sheet. These financial statements that I
23 am showing you here are the financial

1 statements for PEEHIP and for the Retiree
2 Trust Fund that we have provided to our
3 auditors to opine upon.

4 You will see that the balance
5 sheet is very strong. The total number
6 of value of our investments at fair
7 market value for PEEHIP, at the end of
8 September, was almost \$265 million.

9 Turning over to the next page,
10 the significance on page 27 of the income
11 statement, or the statement of revenues,
12 expenses, and changes in fund position,
13 is that we increased our fund position
14 over the course of the 12-month period
15 ended September, by a \$102 million,
16 ending our net fund position of
17 \$188 million. Again, another indication
18 of a strong set of financial statements
19 at this point in time.

20 Moving to page 28, this is the
21 budget report. You can see that for
22 fiscal '20, we had budgeted our
23 operations budget of \$6.4 million, but we

1 only spent four-point -- almost \$4.7
2 million. Again, as I always say -- and
3 you can -- I could say "go to the bank on
4 this" -- we are only going to spend it if
5 we have just got to have it. But we want
6 it there in our budget in case the
7 occasion arises.

8 One thing that you will be asked
9 to do during this presentation is to vote
10 on the proposed fiscal year 2021 budget.
11 We have budgeted \$6.6 million, with the
12 largest amounts in salaries and benefits,
13 and also in professional services.
14 Again, we will only use them if we need
15 it. So...

16 Pages 29, 30, through 32 are the
17 same graphs that you are used to seeing
18 for a full fiscal year. I won't go over
19 that. But I do want you to move on to
20 page 33.

21 This is the Retiree Trust
22 financial statements, and you can see
23 here that they also have a very, very

1 strong balance sheet. The total
2 investment value at the end of September
3 was \$1.6 billion. We had an investment
4 return of 8.17% in fiscal 2020.

5 And on page 35, you can see the
6 composition of the large categories that
7 are included in the investment portfolio
8 of \$1.6 billion.

9 Before I get to the three-year
10 projection, we will see if anyone has any
11 questions, or, Mr. Vice-President, would
12 you like for them to vote on the budget
13 report?

14 MR. WHALEY: You can go ahead and
15 have a motion for that if you would like.

16 MS. DIANE SCOTT: Okay.

17 MR. WHALEY: Okay. The Chair
18 would like to ask for a motion and a second
19 to approve the operating budget.

20 MS. DIANE SCOTT: For 2021.

21 MR. WHALEY: For the 2021 year.

22 MS. MOBLEY: I'll make a motion.

23 MR. WHALEY: Okay.

1 MS. DIANE SCOTT: Page 28, \$6.6
2 million.

3 MR. WHALEY: Okay. Do I have a
4 motion to approve the operating budget for
5 2021?

6 MS. MOBLEY: I so move. Thank
7 you, Ms. Mobley.

8 MS. CREW: I make a motion. I
9 second.

10 MR. WHALEY: Thank you,
11 Ms. Mobley. I have a motion by Ms. Mobley,
12 and a second by Ms. Crew. Any discussion?

13 (No response).

14 MR. WHALEY: All in favor signify
15 by saying "aye."

16 (Board members saying "aye.")

17 MR. WHALEY: The motion carries.
18 Diane, if you would like to
19 continue.

20 MS. DIANE SCOTT: Yes, sir.
21 Let's move on to page 37. This is where I
22 get a lot of excitement about bringing
23 you-all information -- updated information

1 and to show you what's happening over --
2 what we project to happen over the next
3 three years.

4 So, on page 37 you see in fiscal
5 2020, where did our money come from that
6 we operated on? And you can see here
7 that 67.1%, or \$956 million, came from
8 our State Legislature. We received -- We
9 received \$11.3 million in coronavirus
10 relief funds through September 30th;
11 member contributions, almost
12 \$398 million, or 28% of our monies. We
13 have got a small amount of investment
14 income, \$2.6 million, in the PEEHIP Fund.
15 Our retirees, that are participating from
16 universities where the universities are
17 required by statute to pay the cost for
18 their retirees, gave us \$56.5 million.

19 So, we have got total funding of
20 \$1.4 billion in order to operate our
21 program this year.

22 Moving to page 38, you will see
23 that this is the per active employee per

1 month that we've requested from the
2 Legislature, and you will see from 2017
3 through 2021 the Legislature has granted
4 us \$800 per active per month. And we are
5 requesting in the Legislature, that will
6 begin in February for 2022, \$800 per
7 active per member -- per month there.

8 Page 39 shows you the total
9 dollar amount that that generates from
10 the Legislature. And as you can see,
11 2020, that gave us \$956 million, and I am
12 estimating we will have \$952 million for
13 '21 and '22. Still less than what the
14 Legislature granted to us in 2008.

15 All right. So, now we know
16 where we got our money from and how much
17 came from different places. We want to
18 say how did it get broken down,
19 particularly that \$956 million that came
20 from the Legislature. So, let's just
21 take a look at page 40. Okay? I am
22 telling a story here.

23 So, that \$800 per active per

1 month, whether they have any PEEHIP or
2 not, if they are eligible for PEEHIP, the
3 system -- school system has to pay us
4 \$800 per active per month. That's not
5 just for the actives. That is simply a
6 method of funding, because that goes to
7 pay for actives, dependents of actives,
8 retirees, dependents of retirees, the
9 administrative costs that you just
10 approved the budget for, anything that we
11 need for PEEHIP, it goes to pay for that.
12 Okay? We break that down for you to let
13 you know how much of the \$800 went to
14 actives.

15 So, \$350.20 of that \$800 was
16 used to pay active claims. \$236.76 was
17 used to pay the dependents. And so on
18 and so forth around that pie chart there,
19 you can see how the \$800 per active per
20 month was used.

21 MS. SHOMAKER: Diane, I have a
22 question.

23 MS. DIANE SCOTT: Okay.

1 MS. SHOMAKER: Has that -- Has
2 that pie chart distribution changed a lot
3 over the last five years?

4 MS. DIANE SCOTT: Not
5 significantly. Probably less has gone to
6 the retirees than has gone to the actives.

7 MS. SHOMAKER: Okay.

8 MS. DIANE SCOTT: Okay? But in
9 general, I think that if you looked at the
10 five years you would see that it's
11 relatively not that -- not that much
12 change. And the other thing would be, some
13 years we don't have the monies that go into
14 the working capital, because sometimes we
15 have to pull from the working capital.
16 Like, last year, we had to pull from the
17 working capital rather than restore the
18 working capital. Okay?

19 MS. SHOMAKER: Okay. All right.
20 Thank you.

21 MS. DIANE SCOTT: Yes, ma'am.

22 Okay. Moving right along to
23 page 41, so, our total program cost us

1 \$1.3 billion in 2020. And you can see
2 from this pie chart who we paid. Okay?
3 The most significant amount went to
4 hospital medical of \$819 million. And as
5 you work yourself around that pie chart,
6 you will see that -- how much we spent of
7 that \$1.3 billion on the various and
8 sundry programs that we have.

9 Page 42 is -- just shows you how
10 much the medical and pharmaceutical
11 costs, which includes the Blue Cross, the
12 MedImpact, and the Medicare Advantage
13 prescription drug program have cost us
14 over the years, from 2003 through what we
15 are projecting for 2023. That is an
16 annual growth rate of 4.5%. While that's
17 a large increase in total dollar amounts,
18 the annual growth rate of 4.5% is rather
19 reasonable there. Because we are
20 increasing, not only the number of people
21 that we have on the plan, but we are --
22 but prices of doing business are going up
23 as new therapies and new drugs come to

1 market.

2 So, let's move over to page 43.

3 The reason I like page 43 is, it tells
4 you along the way from 2003 significant
5 events in the life of PEEHIP, and where
6 the cost impacts were. For example, you
7 can see that in 2020 I have added the
8 coronavirus there. You can see when the
9 specialty drug trends went up, when we
10 had a DIVA audit, and what happened to
11 costs when we moved to an MAPDP.

12 This is a storyline here that,
13 if you wrote it all out, might take five
14 or six pages. But you can see, on one
15 picture here from 2003, the changes that
16 we have made in the program that have
17 impacted the total cost of claims.

18 So, on page 44, this is updated
19 through September 30th. And you can see
20 here that we have many more retirees that
21 we are paying a retirement benefit to
22 than retirees who are taking the hospital
23 medical coverage. So, on September the

1 30th, we were paying 100,000 retirees,
2 but only 69,000 -- or almost 69,000 were
3 taking the hospital/medical coverage.

4 We can move on now -- The same
5 thing is shown over here on page 45 with
6 the number of dependents that we have.
7 The number of dependents were moving
8 downward in '17 and '18. But as you can
9 see, the number of dependents has gone up
10 in '19 and further gone up in fiscal
11 2020.

12 Page 46: Spouses. We know that
13 we changed the methodology of premium
14 calculation effective in 2016. And we
15 wanted to show through this that as a
16 result, we have less number of spouses
17 today by almost 3,500 than we had when --
18 before we made the change in the premium
19 pricing in 2016.

20 Page 47, we have always said
21 that spouses are more expensive than
22 members. We have always said that --
23 told you that early retirees are more

1 expensive than actives. So, I like to
2 prove what we say. And this is a slide
3 that we have in here about once a year
4 that does show you that on average, for
5 the 12-month period ending July 31st,
6 that actives costs us, annual basis on
7 average, \$5,100. And spouses of actives
8 costs us just over \$6,000. Dependents,
9 non-spousal dependents, which are
10 generally children under 18, something
11 like that, their average cost was \$2,100
12 a year.

13 Now, look at your non-Medicare
14 eligible retirees, which are those
15 generally under 65-years-old who have
16 retired. They are going to cost you, on
17 average, \$9,600 a year; the spouses
18 \$8,700; and the dependents a little bit
19 more than the dependents on an active of
20 \$2,500 a year. I would like to keep this
21 in perspective when we are understanding
22 where our costs are. Okay?

23 So, page 48. Page 48 is what

1 you have really been waiting on. And
2 this is, what does the projection look
3 like? Okay. Well, we ended the year
4 with \$166 million in working capital over
5 what you, as a Board, has said we need to
6 have, which is 8% of claims. Okay?

7 Moving into 2021, my projections
8 at the end of 2021 is that we will have
9 about \$142 million more in working
10 capital than the 8%. Moving to 2022, we
11 will have an excess of \$47 million, but
12 we will need it in 2023. Okay? We will
13 need it in 2023.

14 In 2023, you can see on this
15 schedule that at this point we are going
16 to be short our working capital of almost
17 \$97 million based upon my projections.
18 Okay? Now, we are going back out to bid
19 in the spring of 2022. So, I am hoping,
20 number one, that we get some good rates
21 that will help with that.

22 Number two, I am hoping that
23 between now and then our claims

1 experience won't be as high as I
2 projected. Okay? And you know us. We
3 are always working for something to try
4 to get these claims down. All right.
5 So, that's important there.

6 Number three, the important
7 thing in 2023's projections, I have
8 included \$40 million coming from the
9 Retiree Trust. Okay? \$40 million.

10 So, we still have this
11 shortfall. At this point, I am not
12 really worried, because I know that we
13 are pulling out all the stops that we
14 have to get this down. Okay. But I just
15 want to make sure.

16 And at this point in time, in
17 previous years, we've been much worse
18 than this. Okay? So, that's another
19 good thing. But just so that you know,
20 this is how we are projecting things to
21 come down.

22 Page 49, if you will turn over
23 there, there are some assumptions and

1 some threats that I want to make sure
2 that you are aware of. And we can talk
3 about coronavirus relief funds. Through
4 September 30th, we had had \$11.3 million
5 approved and we have received. Since
6 then, we have received another \$4.5
7 million dollars, which would have been
8 for October, which brings us to 15.9,
9 because I have gotten a little bit more
10 from other areas than PEEHIP, but that is
11 mostly claims. And then today we will be
12 billing, or requesting payment, for an
13 additional \$4.3 million, which would
14 bring our total to about \$20.2 or \$20.3
15 million, which would be claims costs
16 through the end of November.

17 Dave is going to talk about this
18 in a little bit, so I am just sort of
19 teeing you up here to be in tune when
20 Dave talks about the coronavirus costs.

21 As I have already said,
22 \$40 million are in the fiscal 2023 coming
23 from the Retiree Trust. You--all know --

1 and there are some new Board members
2 here -- I can't just go over there and
3 decide I am going to pull \$40 million
4 over. You have to vote on that. I have
5 to bring it to you, and you have to vote
6 on it. Okay?

7 What am I projecting for trends?

8 I'm projecting 4% at medical and 9% on
9 pharmacy. Another key indicator -- very
10 key indicator in these projections is
11 what do I project enrollment to do?
12 What's the behavior for enrollment?
13 Basically, I am saying actives remain
14 flat. Okay? Early retirees,
15 non-Medicare eligible retirees, would
16 only increase by 0.5%. But my Medicare
17 eligible retirees I am projecting an
18 increase of 4% in those, the number of
19 those. Because think about this, we have
20 more people retiring every year. People
21 are waiting longer to retire, so they are
22 going to be more into the -- and those
23 people who are early retirees today one

1 day will be Medicare eligible retirees.
2 So, we have got them aging in. We have
3 additional people retiring that goes
4 straight into that number. Okay?

5 So, that's -- so, if I am off on
6 my enrollment, I am going to be off on
7 these projections. Okay?

8 In Congress, what is our biggest
9 threat? Drug Price Reduction Bills. At
10 this point, the landscape seems to be a
11 little bit quiet, because there are other
12 things taking their attention right now.
13 But we are ever listening to see where
14 those sorts of things may go. And as I
15 have discussed also, we will go into
16 marketing efforts and our RFPs in the
17 spring of '22.

18 So, that's the projections. I
19 think they look pretty good. Okay?

20 And in the final thing I want to
21 just bring out for you is related to the
22 Retiree Trust. Page 50 gives you a
23 little bit of history on where we have

1 come. We started this in 2007. We have
2 put two transfers into there in 2007 and
3 2008; those total \$631 million. It's
4 earned interest income. We did have a
5 few Federal programs monies that go in
6 there. We have taken out twice, only
7 twice. We took out once in 2015, \$92
8 million, and we took out \$32 million in
9 2016. The Legislature has never
10 appropriated money to this Trust, and no
11 member money has ever gone into the
12 Trust. Okay?

13 Turning the page, if you will
14 look at our OPEB liability, you can see
15 its behavior, and that the unfunded
16 liability at the end of fiscal 2019 was
17 about \$4.3 million.

18 And then finally, on page 52,
19 you can see our returns, and you can see
20 here in 2020 our return was 8.17%.

21 Does anybody have any questions?

22 DR. BRONNER: Just a couple for
23 clarification. One is, on our page 51,

1 that's \$4.2 billion.

2 MS. DIANE SCOTT: Thank you. I
3 was ambition there.

4 DR. BRONNER: I know, billions
5 and millions get mixed up. The other
6 clarification is, when she's talking about
7 '23, we have got two years. But, if
8 nothing changes, that's the number you have
9 got for a problem. Okay.

10 MR. WHALEY: Right. Okay. Thank
11 you, Dr. Bronner. The Chair would like to
12 recognize Ms. Gibson.

13 MS. GIBSON: Thank you. Through
14 the Chair to Diane, if I may -- if I may do
15 this.

16 MS. DIANE SCOTT: Good.

17 MS. GIBSON: Okay. First, just a
18 comment. In your projections on the
19 non-Medicare retirees, I am kind of
20 surprised it's -- I would have expected it
21 to be a little bit more, because everybody,
22 locally I know, has retired in droves
23 because of the things they are facing this

1 year.

2 So, hopefully that will level
3 out, and it will stay what you are
4 projecting. I hope so. I was just --
5 it's been really surprising to see the
6 number of people retire at the end of
7 last year going into this school year,
8 with all that they are facing.

9 And I am not sure if this is the
10 right time to ask this question. If it's
11 not, please just tell me.

12 MS. DIANE SCOTT: Okay.

13 MS. GIBSON: I was looking on
14 page 43, as you were going through, and I
15 noticed there are two places there that
16 references the sliding scale law. And I
17 did have a couple of questions, if I may,
18 about the sliding scale.

19 MS. DIANE SCOTT: Absolutely.

20 MS. GIBSON: Okay. Thank you.
21 First of all, do you know the -- or can you
22 give me an average increase for
23 out-of-pocket costs that those who are

1 impacted by that sliding scale this past --
2 I believe it was in October maybe -- that
3 it went in, if I am not right on that.

4 MS. DIANE SCOTT: Off the top of
5 my head, I can't. But I think I sent an
6 email out or I have some calculations back
7 in my office that I can send out to you
8 all.

9 MS. GIBSON: Okay. If you could
10 get that to me, I would appreciate it. If
11 I missed your email, I apologize.

12 MS. DIANE SCOTT: That's okay.

13 MS. GIBSON: And also, while you
14 are looking at that, if you could maybe do
15 the maximum amount that they experienced
16 and, you know, maybe the number of our
17 members who were impacted by that.

18 The reason I am asking these
19 questions, as a Board member, you know, I
20 got a lot of phone calls, and I got a lot
21 of questions, and I expected that, so I
22 am not complaining. But it was -- and I
23 appreciate the PEEHIP staff for giving me

1 some information that I could give to the
2 members.

3 My last question about that was,
4 I notice in our packet this time, there
5 is a letter -- I believe it's come out
6 from Humana -- about drug changes, and
7 how that will impact them. And one of
8 the lines said, "Helping you prepare for
9 2021." Was anything like that sent out
10 to those members who were impacted by a
11 sliding scale increase in their
12 out-of-pocket costs?

13 MS. DIANE SCOTT: The only thing
14 that went out to those members was -- would
15 have been a letter right before their
16 retirement check was deposited -- and I say
17 deposited into their account because we
18 have only 700 TRS retirees who don't use
19 direct deposit -- letting them know the
20 difference and where the difference was.
21 That calculation doesn't hit until maybe a
22 week before that.

23 So, I tried to make sure that

1 those letters went out as promptly as
2 possible, as we could get them out before
3 it hit.

4 MS. GIBSON: Okay. I was just
5 trying to help them, you know, to better
6 prepare for -- I've had some people tell me
7 they had as much as \$90 more taken out, and
8 that's why I was asking what the maximum
9 was. You know, I'd really like you to look
10 at that and maybe, you know, just get that
11 to me so I could look at it and see.

12 MS. DIANE SCOTT: Okay. Because
13 I am surprised at the \$90.

14 MS. GIBSON: Yeah, I was too.

15 MS. DIANE SCOTT: But -- and if
16 you know who that person is, I can check
17 and see. We did go through everything that
18 was on Facebook and look to see -- on those
19 people that was saying they had a lot. And
20 actually, some of them had changed
21 coverages, too.

22 MS. GIBSON: Something else that
23 made that?

1 MS. DIANE SCOTT: There was
2 something else.

3 MS. GIBSON: And that's what I
4 was trying to get you to look at.

5 MS. DIANE SCOTT: That's not
6 everything --

7 MS. GIBSON: Right.

8 MS. DIANE SCOTT: -- but, you
9 know, some of those things we did find.
10 So, we tried to make sure that, you know,
11 we didn't have any blips.

12 MS. GIBSON: Right. I just -- I
13 am trying, I guess, to find an easier way
14 to help our members to understand when we
15 sit here and say, there will be no
16 out-of-pocket expenses, and then all of a
17 sudden they are getting, you know, an
18 out-of-pocket expense. But it does help to
19 know that they were sent notification.
20 It's just maybe not in enough time that
21 they are really prepared for it. And I
22 don't know how you prepare them for that.
23 I am just --

1 MS. DIANE SCOTT: And think about
2 this, too: Open enrollment cuts off on
3 September the 10th. They have up until
4 September the 10th to make any kinds of
5 changes that they want to.

6 So, after that, we only have a
7 very small window for -- to run all the
8 jobs to get everything ready for their
9 new premium. Okay? So, it's -- there is
10 not a lot of time in between that --

11 MS. GIBSON: It's a catch-22 for
12 you.

13 MS. DIANE SCOTT: -- to even be
14 able to say, oh, let's give them an
15 estimate two months in advance. Well, they
16 have up until September the 10th to make
17 any change that they want to. So, that
18 would determine also what their premium
19 would be coming out of their September
20 retirement check for October.

21 MS. GIBSON: Okay. Well, I will
22 look forward to just the average and the
23 max --

1 MS. DIANE SCOTT: Right.

2 MS. GIBSON: -- figures. Thank
3 you.

4 MS. DIANE SCOTT: Yes. Thank
5 you.

6 MR. WHALEY: Any other questions
7 for Diane?

8 (No response).

9 MR. WHALEY: Okay. Diane, thank
10 you. Outstanding job, as always.

11 MS. DIANE SCOTT: Thank you, so
12 much.

13 MR. WHALEY: We appreciate you.

14 Dave, before we start, I would
15 like to recognize the fact that Dr.
16 Mackey came in and joined us shortly,
17 Emily, after role, and he is at home
18 today quarantining. He does not have a
19 positive test. He is doing fine, but he
20 was around someone who did have a
21 positive test.

22 So, we welcome you, Dr. Mackey.
23 Thank you for joining us.

1 Okay. At this time, we will
2 have the PEEHIP Benefit Program updates
3 by our new Executive Director of PEEHIP,
4 Mr. Dave Wales.

5 **PEEHIP BENEFIT PROGRAM UPDATES**

6 MR. WALES: Thank you very much,
7 Mr. Whaley. And glad to hear that Dr.
8 Mackey is doing well, and, of course,
9 thoughts and prayers to Mr. Hallmark, and
10 we certainly hope for a speedy recovery
11 from him.

12 I am going to also lower my
13 mask, but, again, please let me know if
14 it makes anyone uncomfortable. I am more
15 than happy to replace it.

16 So, I have a few agenda items
17 for you today, one of which I will ask
18 for a vote as an expansion to PEEHIP
19 benefits. It's going to be around
20 Telehealth. In addition to talking about
21 Telehealth, we will take a quick update
22 at our non-Medicare COVID-19 numbers that
23 our members have experienced during this

1 pandemic. And then we will look at what
2 has been going on in our Wellness Program
3 since we last met, and we will wrap it up
4 by taking a look at the moving parts on
5 our prescription drug formulary, again,
6 for our non-Medicare population.

7 So, jumping right into it, if
8 you will turn to page 54, we will start
9 by talking about Telehealth. And the
10 first thing that I want to talk about
11 when we speak about Telehealth is that it
12 is not the same thing as Teladoc. So,
13 Teladoc is a vendor that PEEHIP offers.
14 It's a service that PEEHIP through Blue
15 Cross Blue Shield where members can use
16 their phone. They can use video chat to
17 connect with a licensed physician
18 wherever they happen to be in the
19 country, if they need to seek care and
20 can't get to a doctor's office.

21 Telehealth is very similar in
22 the modality of that in that you can
23 connect to a doctor virtually by phone,

1 or by video chat. But the difference is
2 that, when you use Teladoc, you are
3 speaking to a doctor that is arranged for
4 you from Teladoc, a doctor you have never
5 seen before. Telehealth actually
6 connects you with your own personal
7 primary care physician, with your own
8 specialist.

9 And so, Telehealth was something
10 that came about through the COVID-19
11 pandemic. It came out -- There was a
12 mandate from the federal government, from
13 the Families First Act, and then later
14 amended by the CARES Act to provide
15 Telehealth at 100% for members so that
16 there was an avenue for members to
17 continue to get the care from their own
18 doctors that they see without actually
19 having to get inside the doctor's office.
20 So, the idea was to limit potential
21 exposure to the COVID-19 virus.

22 PEEHIP, since Telehealth came
23 out in this legislation, has demonstrated

1 a commitment to provide over and above
2 what the bare minimum was in terms of
3 Telehealth coverage. So, not only did we
4 provide it for COVID-19 services, but we
5 also provided it for non-COVID-19
6 services for physical therapy, speech
7 therapy, occupational therapy, and
8 behavioral health, as well.

9 Moving forward, if you will turn
10 to page 55, you can see graphically
11 depicted there the uptake of Telehealth
12 in relation to in-office visits and in
13 Teladoc, as well.

14 So, what I want to draw your
15 attention to here is the correlation or
16 the differences between the green line,
17 which is the in-office visits and the red
18 line, which is the Telehealth visits.
19 And you can see the green line had a
20 significant decrease early in the --
21 early in 2020 when the pandemic really
22 kicked off. But when it spiked back up
23 and resumed levels that were similar to

1 pre-pandemic totals there in July, you
2 can see that Telehealth did not
3 completely irradicate or become
4 unutilized.

5 So, what this tells me is that
6 Telehealth, while a good substitute for
7 in-office visits, is not only a
8 substitute but is also complimentary to
9 in-office visits and serves to fill in a
10 gap of care for members to connect with
11 their doctors, connect with their care
12 team, in addition to going to the
13 doctor's office. Because it's not only
14 about wanting to avoid potential exposure
15 to COVID-19, but sometimes it's just more
16 convenient to talk to your doctor by
17 phone or by video chat and remove that
18 barrier of actually having to get inside
19 the building.

20 So, now that we have taken a
21 look at the uptake of Telehealth, and we
22 have kind of defined what Telehealth is
23 in relation to Teladoc and the other

1 benefits, we have to make a decision on
2 where Telehealth fits in PEEHIP benefits
3 going forward. So, right now, due to the
4 pandemic, we are under what's called a
5 Declared Public National Emergency.
6 That's set to end at the end of this
7 calendar year. It could possibly be
8 extended into 2021, if the federal
9 government decides to do so. But in
10 regards of Telehealth, what that means
11 for us is that, if no action is taken
12 right now, Telehealth will stop for our
13 members at the end of this calendar year.
14 And even if the Declared Public National
15 Emergency continues, Telehealth for those
16 non-COVID-19 services would stop at the
17 end of this year, as well.

18 So, the question is: Are we
19 going to condition Telehealth for our
20 members, and that's going to be the item
21 that I'll bring to you for a vote here in
22 just a moment.

23 So, Blue Cross Blue Shield came

1 to us and asked us, what would you like
2 to do with your Telehealth benefit? You
3 have significant engagement in this
4 benefit as illustrated in the page we
5 just saw a moment ago. And so, they
6 provided to us the parameters on which we
7 could continue this moving into 2021 and
8 beyond with no end date.

9 And so, if we were to continue
10 Telehealth services, non-coronavirus
11 Telehealth services would be covered at
12 PEEHIP's current level of benefits. So,
13 the exact same quality of benefits
14 members have when they get inside a
15 doctor's office would be replicated if
16 they do so by phone or by video chat. It
17 would be a direct duplication of that
18 quality of PEEHIP benefits.

19 COVID Telehealth services would
20 continue to be covered at 100% per the
21 national mandate as long as there is a
22 declared public national emergency, which
23 very likely could get extended into 2021.

1 Once that declared national emergency
2 ends, it would not mean an end of
3 COVID-related services, it would simply
4 put them into alignment with all of the
5 other PEEHIP benefits. So, members would
6 be able to have the same access to the
7 quality of their PEEHIP benefits on the
8 telephone, on the video chat, and in the
9 office building.

10 And then, in and out of network
11 benefits would be just like the regular
12 PEEHIP benefits. So, again, it mirrors
13 what we have established for our members
14 in office and creates it for this virtual
15 path of seeking care with their own
16 primary care physicians and their own
17 specialists.

18 So, that brings us to the item
19 that I have for your vote. The staff
20 recommendation is to approve the
21 continuance of Telehealth under our Blue
22 Cross Blue Shield group 14,000 medical
23 plan beyond December 31st, 2020, as

1 offered by Blue Cross Blue Shield in
2 accordance with the guidelines we just
3 discussed in the previous slide. In
4 doing so, you would continue to provide a
5 convenient avenue for members to seek
6 care from their own doctors without
7 having to risk potential exposure to
8 COVID-19, but you would also allow them
9 to seek care with the simple convenience
10 factor of not having to leave their home,
11 not having to get inside the office
12 building, which can be a barrier for some
13 members.

14 And then, from the provider's
15 perspective you would continue to allow
16 providers to see their patients and
17 continue business operations when,
18 otherwise, they might have a dropoff in
19 their business patients not feeling
20 comfortable coming inside their office.

21 MR. WHALEY: Okay. Thank you,
22 Dave. What I would like to do at this time
23 is entertain a motion to approve your

1 recommendation regarding Telehealth and
2 then get a second. And if there is
3 discussion at that point, we will discuss
4 it. Okay?

5 MRS. LOCKRIDGE: I so move.

6 MS. CREW: Second.

7 MR. WHALEY: Thank you, very
8 much. Mrs. Lockridge makes the motion.
9 And the second is --

10 MS. CREW: Second.

11 MR. WHALEY: -- Amy Crew. Thank
12 you, Amy.

13 Okay. So, we have a motion. We
14 a second. Now we have an opportunity to
15 discuss this matter. Are there any
16 discussion at this time? Is there any
17 discussion at this time?

18 (No response).

19 MR. WHALEY: I think this is a
20 great thing, Dave, particularly during
21 these perilous times that we are living in.

22 MR. WALES: I agree. Thank you
23 for saying that.

1 MR. WHALEY: And I thank you and
2 the staff for working on this and getting
3 it to a point to where we could present it
4 today.

5 MR. WALES: Yes, sir.

6 MR. WHALEY: If there are no
7 questions, we would go ahead and vote. All
8 in favor of this proposal, please say
9 "aye."

10 (Board members saying "aye").

11 MR. WHALEY: Any opposed?

12 (No response.)

13 MR. WHALEY: Dr. Mackey? Did you
14 have a question, Dr. Mackey? Okay.

15 DR. MACKEY: No, I was just muted
16 trying to show support. Thank you.

17 MR. WHALEY: Okay. Thank you,
18 Dr. Mackey. Thank you. Okay. Dave? Yes,
19 ma'am.

20 MRS. LOCKRIDGE: I do have kind
21 of an unrelated question -- well, it
22 relates to it. But in reference to, you
23 know, everything that's happened this past

1 year in 2020, I know that the federal
2 government passed the FFCRA that is good
3 through the end of December. I really
4 haven't heard a lot of communication and
5 talk about what, if anything, they plan to
6 do in 2021. Are you kind of up on that
7 information? Do you have anything you
8 could share with us today about that?

9 MR. WALES: So, quite honestly,
10 yes and no, the question of what kind of --
11 would come out of Congress or the federal
12 government in terms of coronavirus relief
13 or impact. I don't have any information
14 that you don't have currently, but we are
15 constantly checking with Blue Cross Blue
16 Shield, Humana, our consultants, Segal, to
17 see when that update comes out, how it will
18 affect PEEHIP, how it will affect our
19 members, how we can take advantage of it.
20 So, as soon as we know, we will share that
21 with you, but I don't have any information
22 today.

23 MRS. LOCKRIDGE: Do you think

1 there could be a possibility with the
2 upcoming holidays and the transition in the
3 federal government that it could be that
4 they won't actually do something until the
5 2021 year and make it retro to go back to
6 January 1st? Do you think that's a
7 possibility?

8 MR. WALES: I think it's
9 certainly a possibility. However, I don't
10 have any kind of assurance I can give you
11 one way or another. I think that, you
12 know, your insight on that would be every
13 bit as valuable as mine, quite frankly.

14 So, I think we are all just
15 waiting to see and unsure. It's
16 certainly an unprecedented time, so there
17 is not a lot to look back on and make a
18 good guess on what to expect coming
19 forward.

20 MRS. LOCKRIDGE: Okay. Thank
21 you.

22 MR. WHALEY: Thank you, Ms.
23 Lockridge.

1 Anything else today, Dave?

2 MR. WALES: Yes, sir. So, I have
3 a few more agenda items --

4 MR. WHALEY: Okay.

5 MR. WALES: -- to quickly walk
6 through.

7 So, next, we will take a look at
8 some data regarding COVID-19 for our
9 members. And if you will turn to -- I
10 believe it is page 58. I'm sorry. Mine
11 are not numbered here on my handout. But
12 it's a graph that will say "COVID-19
13 Update."

14 So, this is going to give you,
15 broken down, the number of members that
16 have been tested since the beginning of
17 the pandemic, the number of members that
18 have been confirmed positive, the number
19 of members that don't have a hard and
20 fast indicator of COVID-19 but, through
21 who their claims data, it looks like they
22 likely do have it, just not a definitive
23 result. And then the far right sums it

1 up.

2 So, if you will draw your
3 attention to the leftmost graph there,
4 you can see a very steep upward curve of
5 testing. I have an updated stat that we
6 will look at on the next page, but we are
7 approaching 100,000 tests being issued
8 for our members. Directly to the right
9 of that, you see the positive cases that
10 go along with those tests.

11 And then, as Diane alluded to
12 earlier, underneath that, you can see the
13 financial impact of almost \$9.9 million
14 in the testing of this COVID-19 pandemic.
15 Now, that \$9.9 million is something that
16 is relieved by the Coronavirus Relief
17 Fund that Diane was talking about
18 earlier. However, it's a significant
19 expenditure that has experience from this
20 virus.

21 So, moving forward, if you will
22 look at page 59, it will further break
23 out the test and show you graphically the

1 rate of change that testing has occurred
2 since the beginning of the pandemic to
3 today. One thing that stood out on this
4 to us was the recent decrease from the
5 month of October to November in the
6 testing. And I believe that -- I am
7 sorry. On my material, I have the
8 November number, which totals 14,312. I
9 think your slide as of the date of this
10 being uploaded to Director Point only
11 went through October.

12 But there was a decline of about
13 7,000 tests from October to November.
14 So, we asked Blue Cross Blue Shield: Was
15 there anything in the PEEHIP benefit, or
16 was there any reason for a barrier of
17 testing? And they said that there was
18 nothing that they were aware of that
19 existed in our benefits or anything we
20 were doing or not doing. It was simply
21 the experience of behavior of the
22 providers ordering these tests.
23 Altogether, we are approaching about

1 100,000 tests for coronavirus for our
2 members.

3 Okay. That's going to wrap up
4 the look at the COVID-19 numbers. And
5 so, if there are no questions there, I'll
6 move on to the next agenda item, which is
7 the Wellness Program update.

8 Mr. Vice-Chair, I believe Dr.
9 Brown may have had a question, but I'm
10 not sure the audio came through.

11 MR. WHALEY: Okay. I'm sorry.
12 Thank you. Dr. Brown? Dr. Brown, do you
13 have a question?

14 DR. SUSAN BROWN: I typed the
15 question in the chat. But does the
16 Telehealth --

17 MR. WHALEY: I'm sorry. You are
18 going to have to speak up just a little
19 bit. We can't -- we can't hear you.

20 DR. SUSAN BROWN: Okay. I typed
21 a question in the chat. Does the
22 Telehealth apply to all retirees, or just
23 the -- under Medicare eligible retirees?

1 MR. WALES: Yeah, good question.
2 So, the Telehealth is -- obviously our
3 Medicare retirees have a different plan
4 than our non-Medicare retirees. However,
5 Humana is continuing Telehealth into 2021,
6 as well, just like this Board has now
7 approved it for our non-Medicare retirees
8 and our actives in the Blue Cross Blue
9 Shield plan.

10 And then, furthermore, our VIVA
11 plan, the fully insured plan that we
12 offer actives, as well, is also
13 continuing Telehealth. So, no matter
14 what was kind of hospital medical plan
15 you have with PEEHIP, you have Telehealth
16 into 2021.

17 MR. WHALEY: Okay.
18 Mrs. Lockridge?

19 MRS. LOCKRIDGE: Okay. I have a
20 couple of questions in relationship to
21 COVID-19.

22 So, what are we doing, as
23 PEEHIP, to educate our members as far as

1 what they are eligible for, what's
2 available to them, what they should be
3 doing as far as testing and how often,
4 and that sort of thing?

5 And also, how are we coming with
6 information about the vaccine, and how is
7 that going to roll out, and where are we
8 with that plan?

9 MR. WALES: So, I'll address the
10 second question first regarding the vaccine
11 because that's been the most top of mine --
12 or the most current question for us, as
13 well, because there's been a lot of talk in
14 the news about, you know, different groups
15 that are different risks kind of lining up
16 for the vaccine, right? But the question
17 has been: What is the practicality for
18 administering that?

19 And unfortunately, just like the
20 last question regarding legislation,
21 there is not a firm answer yet as to the
22 nuts and bolts of how that's going to be
23 distributed. So, that's something else

1 that we are staying on top of with all of
2 our vendors. As soon as we learn
3 something, you know, we will pass it
4 along to you, because I know that is
5 extremely important, interesting
6 information that, not just the Board, but
7 all the members want to know, as well.
8 So --

9 MRS. LOCKRIDGE: And also, how is
10 that going to impact our costs, you know,
11 for budgeting purposes, and that sort of
12 thing? So, it's kind of a nonissue at this
13 point in time, because we don't really have
14 enough information?

15 MR. WALES: Well, I believe
16 the -- and Diane is more of the expert in
17 the Coronavirus Relief Fund, but I believe
18 the vaccine is going to be completely
19 offset by that fund just like the testing
20 and treatment is today.

21 Would that be accurate, Diane?

22 MS. DIANE SCOTT: At this point,
23 I believe that we won't be incurring the

1 cost for the vaccine. This vaccine will be
2 provided by the federal government at this
3 point. I'm sure after that works its way
4 out, then there will be whatever comes
5 after getting through this national
6 emergency and getting herd immunity. But,
7 at this be point, I'm not -- I don't feel
8 like we are going to have an expense of a
9 vaccine.

10 The Moderna and, particularly,
11 the Pfizer one, the Pfizer one has to be
12 kept at -72 degrees. I mean, that just
13 can't be going to a doctor's office or
14 something like that. So, I think that,
15 you know, it's going to be the public
16 health departments and those sorts of
17 things, nationally, and what have you,
18 are going to be the impetus to moving
19 that vaccine out and getting it to where
20 people can get it. It's going to be -- I
21 think it's projected that perhaps maybe
22 it won't be until the spring or late
23 spring when people who are not at risk

1 will be able to get the virus -- not the
2 virus, the vaccine.

3 MR. WALES: Thank you, Diane.

4 MR. WHALEY: Okay. Ms. Shomaker
5 has a question for you, Dave.

6 MR. WALES: Okay.

7 MS. SHOMAKER: I don't have a
8 question. It's a follow-up on Diane's.

9 Over here at Auburn, we have
10 been informed that the vaccine will be
11 free but that the provider, whoever is
12 delivering that vaccine, may be able to
13 charge an administrative fee, Diane. So,
14 there may be some costs. I don't know
15 the range of that fee. That has not been
16 communicated to me, yet.

17 MR. WHALEY: Okay. All right.
18 Thank you, Ms. Shomaker.

19 All right, Dave.

20 MR. WALES: Okay. So, I believe
21 you had one more question, Mrs. Lockridge,
22 that I wanted to address, as well, as far
23 as efforts we have made to educate our

1 members around COVID-19. We have actually
2 put some material on our website and also
3 on our Advisor about all of the expansion
4 of benefits that is available to them,
5 which are considerable. We removed a lot
6 of co-pays and provided coverage at 100%
7 throughout the pandemic season to continue
8 to try to get them the best care as
9 possible without any barriers.

10 So, that's been the efforts, or
11 the responses, that PEEHIP has had both
12 on the non-Medicare side and the Medicare
13 side in response to COVID-19.

14 MRS. LOCKRIDGE: And do we
15 anticipate that we are going to continue
16 that through 2021?

17 MR. WALES: Much of that is set
18 or tied to the end of the declared public
19 national emergency. So, as of right now,
20 that's set to expire at the end of this
21 calendar year. I personally would expect
22 that to get extended beyond the end of this
23 calendar year, but that's just my

1 expectation.

2 So, it will run with that
3 wherever that goes.

4 MRS. LOCKRIDGE: Thank you.

5 MR. WHALEY: Okay, Dave.

6 MR. WALES: Okay. If there are
7 no more questions, we can move on to the
8 next agenda item, which is the Wellness
9 Program update.

10 So, if you will turn to page 60
11 in your Board book, we will take a quick
12 look at this reminder graph that simply
13 indicates there is only one required
14 activity in the Wellness Program, which
15 is the wellness screening. In years
16 past, there was also a required activity
17 of health coaching for some members. If
18 you remember in previous Board meetings,
19 we came to you with an idea to kind of
20 repackage health coaching away from being
21 a required activity to being an optional
22 activity to reposition it in minds of
23 folks as a benefit, as something there to

1 help them, as an enrichment to their
2 PEEHIP benefits instead of as a burden,
3 something they have to do.

4 So, hang on to that thought for
5 one second, because we have got some
6 numbers to illustrate what that change
7 did here in a moment. But the only
8 required activity in our Wellness Program
9 is the Wellness screening.

10 So, speaking of health coaching,
11 if you will turn to page 61, I want to
12 just let you know what a couple of
13 providers of health coaching we have.
14 You have heard of these companies, these
15 names before, but I like to include it so
16 that, if you have conversations with
17 members, you have the comfort and the
18 knowledge of what is going on there with
19 these companies.

20 But Pack Health is a company
21 that provides a dedicated health adviser,
22 so you get somebody that is dedicated to
23 you, who talks to you throughout the

1 week, and sets small goals around your
2 health. And the idea is that those goals
3 add up to real behavior change and better
4 health.

5 There are some statistics on
6 page 61 that indicate the results of
7 people that are participating in Pack
8 Health. I want to draw your attention to
9 the top left, which is the weight loss
10 for before and after participating in
11 this program, because the clinicians that
12 are partners are always telling us that,
13 if we can achieve 3% to 5% weight loss in
14 a health improvement program, we have
15 very significantly reduced the risk of
16 diabetes, high blood pressure, heart
17 disease, kidney disease, so on and so
18 forth.

19 So, that's really the strike
20 zone that we are trying to hit is that 3%
21 to 5%. And if you do the math here on
22 the pre- and post-weight assessment, you
23 can see that Pack Health is hitting that

1 target. So, this is a program that
2 works, and we are very encouraged to see
3 that.

4 Moving forward on page 62, it is
5 going to give you some information about
6 another coaching program we have called
7 Naturally Slim. Unlike Pack Health,
8 Naturally Slim is a video-based program
9 where you watch videos that teach you
10 more about the behaviors around eating,
11 the behaviors around ordering food, and
12 how to engage in different behaviors that
13 will naturally reduce your weight.

14 And what I am going to draw your
15 attention to is the bottom set of bar
16 graphs. Look at the far right. That,
17 again, is the weight reduction broken
18 down for both male and female. And once
19 again, that is hitting the target of what
20 we are hoping these programs are doing.

21 So, we know that these programs
22 work, and now let's talk about how many
23 people are participating in these

1 programs. For quick review, last year
2 when we had required health coaching, we
3 asked over 6,000 people to participate in
4 one of these two programs; and we said if
5 you don't participate, there will be a
6 \$50 per month additional Wellness
7 premium. That was the incentive to
8 participate in the program. We waived
9 all that in light of COVID-19. However,
10 throughout the year, we only had a little
11 over a thousand people to sign up for the
12 program.

13 This year, we have presented
14 this program only a couple of months into
15 the plan year as a benefit, a limited
16 time opportunity with limited spots
17 available. We had 7,982 people sign up
18 in a one-week time period for this
19 program. And over 5,300 of them are
20 still participating today.

21 So, we have a very dramatic
22 increase in the number of people who are
23 participating, and we know that they are

1 getting the goal that -- not only PEEHIP
2 would like to see, but that they would
3 like to see, as well --

4 MR. WHALEY: That's great.

5 MR. WALES: -- the whole reason
6 they are participating in it.

7 MR. WHALEY: That's great news.

8 MR. WALES: So, we are very
9 excited about what this program is doing
10 for us. We have Pack -- the Naturally Slim
11 program is unique in that it's a class
12 program; it's a 10-week program. We kicked
13 one off in October. There's going to be
14 another opportunity for members to join up
15 in January, another one in April. And
16 then, depending upon the interest,
17 depending upon how many people have done
18 it, we can have another one that will kick
19 off next summer if we need to flex and have
20 one then, as well.

21 So, a few more opportunities for
22 members to take advantage of this
23 program. No cost to them. No commitment

1 to them. If they join it and drop out of
2 it, there is no negative impact to them
3 it. It has nothing to do with their
4 PEEHIP benefits. It's simply a layered
5 on benefit if they want to take advantage
6 of it.

7 Moving forward, I have included
8 some slides from the Alabama Department
9 of Public Health. I include these every
10 year, so I have got this here for you as
11 a reference. I am not going to go
12 through them, but they are data from the
13 result of the biometric screening work
14 that they provide for our members. So,
15 if you would like to ask any questions
16 about that, I am certainly available to
17 answer, or we can meet afterwards if you
18 want to dab deeper into that. But it's
19 simply a reference item that I include
20 for you in this Wellness Program update.

21 So, that concludes the update I
22 have for the Wellness Program. If there
23 are no questions, we will move into the

1 last agenda item, which is an update on
2 the MedImpact Prescription Drug
3 Formulary.

4 MR. WHALEY: Any questions for
5 Dave at this time?

6 (No response).

7 MR. WHALEY: All right. Dave,
8 great job. Thank you.

9 MR. WALES: Okay. And just one
10 last agenda item. So, we will take a quick
11 look at page 71, which is giving you the
12 summary or kind of the scoreboard of what's
13 going on in our formulary, the prescription
14 drug formulary, for non-Medicare PEEHIP
15 members. Again, these are not the Humana
16 members. These are not the Medicare
17 Advantage members. These are the actives
18 and their spouses and their children and
19 the early retirees.

20 So, this breaks it down between
21 the additions to the formulary, the
22 exclusions to the formulary, and then
23 changes in what we call utilization

1 management. So, sometimes drugs have
2 something called "step therapy" where
3 it's before this drug is covered, please
4 try this other one first. Sometimes they
5 have a prior authorization which says,
6 before this drug is covered, it has very
7 significant risks or side effects, so we
8 need to work with your physician to make
9 sure that this is going to be appropriate
10 and safe for you.

11 And so, this chart will break
12 down what those changes are to the
13 formulary. The pages behind give the
14 detail and go by the drug and give you
15 the justification for why those changes
16 where made. Most often it is -- you will
17 see here that it's coinciding to be
18 covered on the medical side. So, we
19 already offer that drug, that benefit on
20 the medical side, so it makes no sense to
21 duplicate it on the pharmacy side.

22 There is also -- you will see in
23 the justification that there are

1 equivalents to that drug at much lower
2 cost. And so, what I will say about all
3 these justifications and the decisions on
4 changes to the formulary is that the
5 Board has given PEEHIP the authority to
6 manage this in real time. And with the
7 drugs coming to market, literally, every
8 day and with the cost of drugs increasing
9 almost every day, it's very important to
10 be timely and to be nimble on a
11 formulary.

12 And so, we have a team of
13 pharmacists at both MedImpact and a team
14 of pharmacists independent from a
15 pharmacy consulting firm called Artemetrx
16 that we work with so that every single
17 one of these changes in here is
18 doublechecked by pharmacists, by clinical
19 professionals, so that we can work with
20 the finite resources we have to offer the
21 absolute best possible prescription drug
22 benefit to our members.

23 And that concludes my update for

1 the drug formulary.

2 MR. WHALEY: Okay. Any questions
3 regarding the drug formulary for Dave?

4 (No response).

5 MR. WHALEY: Okay. Dave, we are
6 glad that you are our new director. We
7 know that you are going to do a great job
8 for us, and we appreciate this presentation
9 you have given to us today. You did a
10 great job.

11 MR. WALES: Thank you, Mr.
12 Whaley. I really appreciate that. If you
13 don't mind, I have 30 seconds just to give
14 you a proper introduction to Erica
15 Thomas --

16 MR. WHALEY: Sure. Absolutely.

17 MR. WALES: -- who is next on the
18 agenda.

19 So, Erica, we are very
20 excited -- has accepted the role of
21 assistant director at PEEHIP. And she
22 doesn't need me to help her demonstrate
23 her quality or worth to PEEHIP and its

1 members, but she is a very highly
2 educated, highly skilled individual that
3 I think you are going to enjoy hearing
4 from. So, please meet Erica Thomas.

5 MR. WHALEY: Thank you. Thank
6 you. Okay. At this point, we will move to
7 Item VI, and that's going to be a Humana
8 MAPD Update by Ms. Erica Thomas.

9 **HUMANA MAPD UPDATE**

10 MS. THOMAS: Good morning.

11 MR. WHALEY: Good morning, Erica.

12 MS. THOMAS: Thank you. It's a
13 pleasure to be here with you-all.

14 So, this morning I am going to
15 present the Humana MAPD update for you,
16 and I want to start with some good news
17 regarding the Go365 Wellness Program.
18 That is simply a rewards program offered
19 by Humana just to incentivize members to
20 take care of their health.

21 As of October 31st, 2020, we had
22 over 6,471 members to redeem gift cards
23 and rewards through that program. Total

1 amount redeemed was over \$400,000. So,
2 we did see an uptick in members redeeming
3 those rewards in October and November.
4 We have heard from our members that they
5 actually save their rewards and start to
6 give them out as Christmas gifts.

7 MR. WHALEY: Nice.

8 MS. THOMAS: So, definitely glad
9 to see the members taking advantage of this
10 additional benefit.

11 As you can see, Walmart was the
12 highest redeemed gift card, and then
13 Amazon was next. Last month -- In
14 September, we did advise that right now
15 they only have a limited amount of
16 companies that they can redeem for, and
17 so next year that will be increased. And
18 so, they will have more options to redeem
19 their gift cards for.

20 All right. On to the next item
21 is the COVID-19 update. And so, as of
22 November 2020, we had 168 confirmed cases
23 in the month of November. Our numbers,

1 just like Dave mentioned on the Blue
2 Cross Blue Shield side, seemed to be a
3 little bit lower. I'm not sure if that's
4 regarding claims, lag, or anything like
5 that, but we are closely monitoring that.
6 But there are no barriers limiting
7 members from getting those tests, as Dave
8 mentioned earlier.

9 Year-to-date, as of November
10 '20, we did have 2,931 members that have
11 actually taken the test for COVID-19.

12 MR. WHALEY: A total of how many
13 people have tested positive?

14 MS. THOMAS: The total for --
15 let's see -- that may be on my next slide.

16 MR. WHALEY: Okay.

17 MS. THOMAS: Yes. So, on the
18 next slide, it gives the total breakdown
19 for the positive tests: Distinct members,
20 and then the COVID tests. Yes. Do you see
21 that?

22 MR. WHALEY: Yes. Thank you.

23 MS. THOMAS: Okay. And then, as

1 of November, we had 371 members to take the
2 test, but then we actually had 403 tests
3 given. So, that means, basically, you have
4 more tests given because some members have
5 to take the test more than one time,
6 whether that's to be released from a
7 hospital --

8 MR. WHALEY: Right.

9 MS. THOMAS: -- or to be released
10 to a skilled nursing facility. So, that's
11 why the numbers are not the same.

12 On to the next slide, which is
13 page 94, I just wanted to give the
14 breakdown with Telehealth regarding the
15 primary care physician for COVID and
16 non-COVID services.

17 So, as you can see, the
18 Telehealth benefit is definitely being
19 used by this membership, and it's being
20 used more so for the non-COVID-related
21 services than COVID-related services.
22 So, we are definitely excited that CMS
23 has allowed this benefit for our Medicare

1 population, and our hope is that they
2 will continue to allow this benefit going
3 forward.

4 On to page 95, this was the drug
5 list change, and there is actually the
6 full verbiage on page 96. It starts with
7 the actual letter that was mailed to our
8 members. And basically, 3,347 letters
9 were mailed to members. 3,447 letters
10 were mailed to providers just advising
11 them of the changes to the drug coverage
12 for the new year in 2021.

13 So, we did -- we did speak to
14 Humana, and most members have been quite
15 receptive to this. They have called and
16 asked questions regarding the changes,
17 but they are working with their providers
18 to ensure that there are no service
19 interruptions in January. And they have
20 made the necessary changes to the
21 medications that will no longer be
22 covered or whether or not there was a
23 prior authorization needed. Those prior

1 authorizations are now on file so that
2 there are no service interruptions. And
3 the actual letter is what is included on
4 page 96, 97 and 98.

5 And then my last update is
6 simply just the articles that will be
7 provided in the January 2021 Advisor.
8 And this is simply just information for
9 our Medicare members. We will be
10 advising that the Medicare Part B
11 deductible will be increasing. We have
12 been advising our members since the
13 summer that this change will be coming,
14 but this is simply just a reminder that
15 the Medicare Part B deductible will be
16 going from \$185 to \$198, and this
17 deductible is set by Medicare yearly.

18 The next two items are the
19 evidence of coverage and the annual
20 notice of change. The evidence of
21 coverage will be sent to all new members
22 that will be joining the plan for the
23 first time in January. And the annual

1 notice of change is -- will be sent to
2 all existing members, and it's simply
3 just a notification of anything different
4 that they can expect in the new year for
5 their benefits. And as I mentioned,
6 there are not many changes this year in
7 the 2021 benefit.

8 The last article will be the
9 Humana health essentials kit that will be
10 given to our members. This is a kit that
11 members will have to call and request.
12 But we are putting it here in the Advisor
13 so that members have this information
14 readily available, that they can call and
15 request these kits after January 1st.
16 This kit will include a face mask, cough
17 drops, hand sanitizer, deposable gloves,
18 and an oral thermometer. So, definitely
19 some -- some very good items that members
20 can use at this time, and so we wanted to
21 put it out there, so members that want to
22 take advantage of this, they have it
23 firsthand. They have the phone number

1 that they can call to redeem -- to
2 request that this item be sent to them.

3 Are there any questions
4 regarding the Humana update?

5 MR. WHALEY: Okay. The Chair
6 recognizes Ms. Gibson.

7 MS. GIBSON: Hey, Erica.

8 MS. THOMAS: Hey.

9 MS. GIBSON: Just remind me
10 again. I know Dave talked about it. The
11 Telehealth for our Medicare eligibles,
12 that's not set to end in January as the
13 other was. This will continue, right?

14 MS. THOMAS: Yes. The Telehealth
15 with the Humana Medicare Advantage Plan, we
16 have to really go by CMS guidelines,
17 because they set the standard for that.
18 And so, as of right now, there is no end
19 date set for it.

20 And so, we are continuing to
21 watch that, because once it is no longer
22 available, then we do want to notify our
23 members. But right now, I have -- that's

1 kind of one of my weekly items that I
2 check with Humana to make sure that there
3 are no updates around ending that
4 benefit.

5 MS. GIBSON: Thank you.

6 MR. WHALEY: Okay. Any other
7 questions for Ms. Thomas?

8 (No response).

9 MR. WHALEY: Okay. Thank you so
10 much. And welcome aboard.

11 MS. THOMAS: Thank you.

12 MR. WHALEY: Okay. At this time,
13 I would like to call on Mr. Yancey for
14 closing comments.

15 **CLOSING COMMENTS**

16 MR. YANCEY: Thank you,
17 Mr. Whaley.

18 Very briefly, you know, overall
19 I think it's a very positive report to
20 the Board from PEEHIP for this last year.
21 The plan is in good shape financially.
22 There's been no recommended across-the-
23 board premium increase for the members.

1 Again, there were some changes caused by
2 the statutory language, you know,
3 surrounding the way the premiums are
4 allocated. And hopefully, we are going
5 to look at that and see if we can come up
6 with a better method to determine those
7 premiums, give the Board a little more
8 authority. But based on statute, we have
9 to follow that at the present time.

10 Two pages in the report that,
11 you know, Diane went over, pages 38 and
12 39, talk about historically funding the
13 plan. On page 38, you know, we've been
14 at \$800 per month per member, active
15 member, for five years now, that we have
16 maintained that level. And if you
17 actually go back and look at 2008, it was
18 \$825 per member per month. So, over 14
19 years, we are \$25 a month less than we
20 were in 2008.

21 Page 39 just totals that number
22 up. Right now we are at \$952 million
23 cost to the State. In 2008, it was

1 \$962 million. So, we are \$10 million
2 less 14 years later as far as cost to the
3 State.

4 So, it's very good job by the
5 staff and by the Board in being fiscally
6 responsible, you know, for the monies
7 that are used in this plan.

8 Lastly, as you are all aware,
9 Donna Townes retired as of December 1. I
10 want to just personally thank her for all
11 her dedicated and loyal service to PEEHIP
12 and the things that she brought to this
13 program and wish her the best in a long
14 and happy retirement.

15 And also, I recognize Dave Wales
16 and Erica Thomas, the new director and
17 assistant director. They are both
18 extremely qualified, and you will see
19 that they will do an excellent job going
20 forward in maintaining this program.

21 And that's really all I had to
22 say, Mr. Chairman.

23 MR. WHALEY: Thank you,

1 Mr. Yancey.

2 Are there any other questions
3 from any member before we adjourn today?

4 (No response).

5 MR. WHALEY: Hearing no other
6 questions, at this time, I would like to
7 entertain a motion to adjourn.

8 MR. COLE: So moved.

9 MRS. LOCKRIDGE: Second.

10 MR. WHALEY: Thank you, Mr. Cole.
11 And a second? Okay. Thank you,
12 Mrs. Lockridge.

13 Before we actually adjourn, let
14 me say that we are going to take a ten --
15 minute break, and we will come back in
16 and start our Retirement Board meeting.
17 Okay? So, that would be -- let's try to
18 start back around 10:25. Okay?

19 All right. All in favor of
20 adjournment, signify by saying "aye."

21 (Board members saying "aye").

22 MR. WHALEY: Thank you. Motion
23 passes.

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(Conclusion of PEEHIP Board
of Control meeting at 10:15
a.m.)

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 December 8th, 2020, 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 83 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.

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 8th day of December, in the year of
6 our Lord, 2020.

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15/Jeana S. Boggs

Jeana S. Boggs, CCR
ABCR NO. 7, 9/30/2021
Certified Court Reporter and
Notary Public
Commission expires: 8/9/2022

DR. BRONNER:

[2] 28/22 29/4

DR. MACKEY:

[1] 47/15

DR. SUSAN

BROWN: [3] 7/11

53/14 53/20

DR. VAN

MATRE: [1] 7/7

MR. BUTLER: [1]

7/1

MR. COLE: [3]

8/2 9/8 82/8

MR.

MCMILLAN: [1]

7/3

MR. WALES: [20]

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48/9 49/8 50/2 50/5

54/1 55/9 56/15

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70/17

MR. WHALEY:

[64] 5/2 6/3 6/22

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72/7 73/12 73/16

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MR. YANCEY: [1]

79/16

MRS.

LOCKRIDGE:

[11] 7/17 8/13 46/5

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MS. CREW: [4]

7/13 14/8 46/6

46/10

MS. DIANE

SCOTT: [28] 9/23

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MS. EATON: [14]

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MS. GIBSON: [20]

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78/9 79/5

MS. KIRK: [1]

6/21

MS. McCOY: [1]

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MS. MOBLEY: [4]

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MS.

SHOMAKER: [7]

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MS. THOMAS:

[10] 71/10 71/12

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