

Minutes

State, Local Education and Local Government Insurance Committees May 21, 2020 9:00 Am (central)

The State, Local Education and Local Government Insurance Committees met on May 21, 2020 at 9:00 am (central) via WebEx.

State Insurance Committee members attending:

Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Justin Wilson, Comptroller of the Treasury
Rick Dubray, representing David Lillard, State Treasurer
Hodgen Mainda, Commissioner, Commerce and Insurance
Juan Williams, Commissioner, Human Resources
Vicki Burton, state employee representative
Michelle Consiglio-Young, state employee representative
Rob Chance, representing Higher Education
Randy Stamps, representing Tennessee State Employees Association
Rep. Susan Lynn, Chair, House Finance, Ways and Means Committee

Local Education Insurance Committee members attending:

Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Justin Wilson, Comptroller of the Treasury
Rick Dubray, representing David Lillard, State Treasurer
Hodgen Mainda, Commissioner, Commerce and Insurance
Maryanne Durski, Department of Education
Scott Langford, Middle Tennessee Teacher Representative
Erin Johnson, East Tennessee Teacher Representative
Jennifer White, Tennessee School Board Association

Local Government Insurance Committee members attending:

Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Justin Wilson, Comptroller of the Treasury
Rick Dubray, representing David Lillard, State Treasurer
Kevin Krushenski, Tennessee Municipal League
Nathan Brock, Tennessee County Services Association

Commissioner Eley called the meeting to order at 9:00 am (Central). A roll call attendance noted a quorum was present for each Committee. Commissioner Eley advised that Executive Order #16 signed by Governor Lee provides that a governing body may conduct essential business by electronic means without a quorum of members present in the same location, if the governing body determines that

meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans in light of the COVID-19 outbreak.

The items on the agenda for the Committees' consideration included:

- Approval of Minutes of March 26, 2020
- Contract Award for Health Savings Account (HSA)/Flexible Spending Account (FSA) Vendor
- Contract Award for Dental HMO
- 2021 Benefit Changes
- 2021 Premium Rates
- COVID-Related Authorization
- Mid-Year Plan Election

Commissioner Eley noted that the Committees needed to approve a determination that proceeding electronically without a quorum present in the same location was necessary to protect the health, safety, and welfare of Tennesseans in light of the COVID-19 outbreak.

Ms. Buckley made a motion that the State Insurance Committee approve proceeding electronically without a quorum present at the same location. Commissioner Williams seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Ms. Durksi made a motion to approve proceeding electronically without a quorum present at the same location. Mr. Langford seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion to approve proceeding electronically without a quorum present at the same location. Mr. Dubray seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Agenda Item #1 – Minutes of March 26, 2020

Representative Lynn made a motion that the State Insurance Committee approve the minutes as presented. Commissioner Mainda seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	absent
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion to approve the minutes as presented. Ms. Durski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion to approve the minutes as presented. Ms. Buckley seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	absent		

Agenda Item #2 – Contract Award for HSA/FSA Vendor

Commissioner Eley introduced Seannalynn Brandmeir, Contract Manager for Benefits Administration (BA), to present the Evaluation Team Report for the HSA/FSA. She noted that BA issued a Request for Information (RFI) in April 2019 and subsequently the Request for Proposals (RFP) with proposals due on March 3, 2020. BA received proposals from: Ameriflex, Connect Your Care, Optum, Payflex and TASC Online. Ms. Brandmeir reviewed Response Evaluation Criteria for each of the following components:

- Proposal Transmittal and Statement of Certifications and Assurances
- Section A, Mandatory Requirement Items including items such as current bank reference, positive credit ratings, independent audited financial statements and statement that total assets under management meet a minimum of \$250,000,000,
- Section B, General Qualifications including items such as references from five customers, bankruptcy filings, number of years in business, former mergers or acquisitions and current or prior contracting with the state,
- Section C, Technical Qualifications, Experience and Approach including capability and experience offering HSA investments, description of FSA set up and management, proposed account team and call center description, and experience receiving and working with eligibility and data file.

- Oral Presentations, which included live demonstrations of member tools and functionality, as well as call center assistance offered using state-provided scenarios
- Cost Proposal which involved the proposer completing tables regarding monthly HSA account maintenance fees, general purpose FSA administration fee, as well as one-time set up fee and total monthly fee for management of investments. The cost proposal also allowed the proposer to propose fees for additional debit card fees for HSA and FSA.

Based upon the results of the evaluation, the Evaluation Team recommended that the State, Local Education and Local Government Insurance Committees enter into a contract with Optum for HSA/FSA services with a contract term date beginning July 1, 2020 and extending through June 20, 2026. Ms. Brandmeir noted that the benefit period for members would be January 1, 2021 through December 31, 2025 with the remaining months in the contract including time for implementation and the FSA run-out period.

Representative Lynn made a motion that the State Insurance Committee enter into a contract with Optum for HSA/FSA services with a contract term date beginning July 1, 2020 and extending through June 20, 2026. Mr. Chance seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	absent
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Ms. White made a motion that the Committee enter into a contract with Optum for HSA/FSA services with a contract term date beginning July 1, 2020 and extending through June 20, 2026. Ms. Durski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion that the Committee enter into a contract with Optum for HSA/FSA services with a contract term date beginning July 1, 2020 and extending through June 20, 2026. Mr. Dubray seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Agenda Item #3 – Contract Award for Prepaid Dental (DHMO)

At Commissioner Eley’s request, Ms. Brandmeir presented the Evaluation Team Report for the Prepaid Dental Plan (DHMO) noting that BA issued the Request for Proposals (RFP) with proposals due on April 13, 2020 and received proposals from Cigna and United Healthcare. Ms. Brandmeir reviewed Response Evaluation Criteria for each of the following components:

- Proposal Transmittal and Statement of Certifications and Assurances
- Section A, Mandatory Requirement Items including items such as current bank reference, positive credit ratings, independent audited financial statements, and compliance with the requirement of no minimum membership enrollment.
- Section B, General Qualifications including items such as bankruptcy filings, number of years in business, former mergers or acquisitions, documentation of URAC or other nationally-recognized quality rating report and most recent audit report for proposer as well as report for any proposed subcontractors to be utilized as part of the contract.
- Section C, Technical Qualifications, Experience and Approach including experience with large implementation projects, member communication samples, website and mobile tools description, experience processing a full standard 834 file and completion of BA’s HIPAA Business Associate.
- Network Analysis, which included detailed information regarding network proposed, disruption rates, annual network growth or decline, credentialing process and Quest Analytics Provider Accessibility Analysis.
- Cost Proposal which involved the proposer completing tables regarding premiums and payment charge schedules by zip code categories for general dentists and specialists as well as patient charge (copay) schedules by zip code categories.

Based upon the results of the evaluation, the Evaluation Team recommended that the State, Local Education and Local Government Insurance Committees enter into a contract with Cigna for voluntary Prepaid Dental Program with a contract term date beginning July 1, 2020 and extending through December 31, 2025. Ms. Brandmeir noted that the benefit period for members would be January 1, 2021 through December 31, 2025 with the months at the beginning of the contract including time for implementation activities. The Committee members were also advised the Cigna was the current vendor and the prepaid dental was an employee-pay-all benefit.

Commissioner Mainda made a motion that the State Insurance Committee enter into a contract with Cigna for Prepaid Dental services with a contract term date beginning July 1, 2020 and extending through December 31, 2025. Ms. Consiglio-Young seconded the motion. In response to member inquiry regarding premiums, Ms. Lee noted that the proposed contract would include a premium increase of 3% over the current rate which will be the first increase since 2018. The motion passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	absent
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion that the Committee enter into a contract with Cigna for Prepaid Dental services with a contract term date beginning July 1, 2020 and extending through December 31, 2025. Ms. Buckley seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion that the Committee enter into a contract with Cigna for Prepaid Dental services with a contract term date beginning July 1, 2020 and extending through December 2025. Mr. Brock seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Agenda Item #4a – 2021 Benefit Changes

Laurie Lee, Executive Director, BA, presented the recommended 2021 benefit changes which included:

- Adding osteoporosis medications to maintenance tier drugs. The maintenance tier allows members to receive a 90-day supply at a reduced cost. The estimated annual cost for all plans is estimated at \$60,000 - \$75,000.
- Adoption of the CVS/caremark Standard Control Formulary, opting-in to the excluded products that CVS/caremark has in place each year. Approval of this recommendation would impact approximately 10% of members and is estimated to save members approximately \$823,000 in out-of-pocket drug costs and an estimated \$42.3M annual savings across all three plans.

Ms. Lee advised members that currently the State Plan uses CVS/caremark’s Standard Control Formulary without exclusions (opt-out) which means that all drugs are covered except those specifically excluded in the Plan Documents. BA reviewed the impact of other formulary options including the Value Formulary, which is mostly a generics-only formulary, and the Advanced Control Formulary, which would contain a larger number of excluded products with a higher disruption rate. BA determined that the Standard Control Formulary would reduce the cost for the plan and its members with the least disruption of the formulary options while providing significant savings to the Plan and its members.

Additionally, BA evaluated increasing the member cost-share for Tier 3 copays and specialty drugs; however, the estimated savings were only \$791,400 by shifting the expense to the affected members. The estimated savings with this option was less than 2% of the savings achieved by adoption of the Standard Control Formulary.

Ms. Lee noted that physicians could utilize a medical exception process should they choose to prescribe an excluded medication. Dr. Kurt Neuenfeld, RPh, Clinical Advisor, CVS/caremark, explained the medical exception process where a message would be sent to the pharmacy with the preferred drug and a phone number provided for the physician to call to seek a medical exception.

In response to member inquiry regarding communication/outreach efforts, Ms. Lee responded that in addition to our BA specific communications and annual enrollment communications, CVS/caremark would send communications to affected members and their physicians 45 days prior to the formulary change. The letters would continue specific information regarding prior authorization and the medical necessity process.

Dr. Neuenfeld advised that for members utilizing affected test strips, a letter would be sent which included a form to show members how to obtain a free preferred meter. Additionally, Dr. Neuenfeld noted that members utilizing insulin pumps would continue to be approved to use FreeStyle and Contour meters.

The Committees were advised that higher premium increases would be necessary if the Standard Control Formulary was not adopted. Ms. Lee noted that Aon forecasts plan costs and premiums on a rolling three-year basis. Insurance Committee members were advised of the estimated impact of not adopting the formulary recommendation on each plan over the three-year time period.

Colleen Huber, Aon Consulting, verified the forecasts presented and the premium setting considerations and noted that for the State Plan specifically, the premium increase that would be required if the formulary change were not adopted would exceed the 4% cap in the budget. Ms. Lee noted that the Standard Formulary was the most widely used formulary and referenced that Kentucky had moved to Standard Formulary three years ago with a smooth transition.

Following a lengthy discussion, Representative Lynn made a motion that the State Insurance Committee approve the recommended 2021 Benefit Changes. Ms. Buckley seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Ms. Durski made a motion that the Committee approve the recommended 2021 Benefit Changes. Ms. Buckley seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion that the Committee approve the recommended 2021 Benefit Changes. Mr. Brock seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Agenda Item #4b – 2021 Population Health Incentives (STATE Only)

Ms. Lee shared statistics on the 2019 population health incentives noting that \$2,642,225 had been paid to 14,096 members. Of those amounts, 57% of employees and 59% of spouses had earned the maximum incentive amount.

For 2021, Ms. Lee recommended the following incentives:

- Continue the dollar amount of \$250 per head of contract and spouse (\$500 maximum payment)
- Add lung cancer screening to the preventive exam listing if the United States Preventive Services Task Force (USPSTF) provides an “A” or “B” rating/recommendation by December 31, 2020 with a \$50 incentive
- Change eligibility for first class to a one-time payment per year for the Weight Management Program
- Add “Healthy You” group coaching sessions with single topic session incentives of \$50 per session with a maximum of three sessions (\$150) over the program year

Mr. Stamps made a motion to approve the recommended 2021 Population Health Incentives. Commissioner Williams seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

Ms. Lee informed members that the USPSTF had issued new guidelines on required coverage for pre-exposure prophylaxis (PrEP) for HIV prevention under the Affordable Care Act. Coverage, for prevention only, with no cost sharing for members will begin January 1, 2021. The estimated annual cost of \$3.9M has been factored into the premium rate recommendations. No Committee action was required on this item.

Agenda Item #5 – Premium Rates

At Commissioner Eley’s direction, Ms. Huber reviewed the following premium rate setting guidelines:

- Price the plan option in accordance with its actuarial value; the richest plan options having the highest premiums
- Historical performance of each plan and forecasted medical trend in each plan
 - Forecast includes impact of COVID-19; highly dependent on mitigation efforts and infection rate
- Aggregate rate increases for active and retiree combined, all products and all coverage tiers for Local Education and Local Government plans
- Separate active and retiree premium rates in the State Plan due to OPEB trust
- Spend down excess reserves over a three-year period to avoid fluctuations in premium increases

Each Plan’s healthcare trend was reviewed with emphasis on medical and pharmacy, both separately and combined. Ms. Huber noted that the effect of postponed elective surgeries would not be reflected in the data as it was current through March 2020. The estimated current medical trend is 6.5% and all premium recommendations are below that amount.

For the Local Government Plan, data indicated a spike in the medical trend. It was noted that the Local Government Plan has more variability/fluctuation in claims given the size of the population. Ms. Huber noted that after an extensive review of the data, it was determined that there was a large increase in high cost claimants but only 15% of those claimants were expected to have recurring high cost claims.

Ms. Huber recommended maintaining the current surcharges for the broad network, Cigna Open Access Plus (OAP) of \$40/\$80. This recommendation was based upon the fact that 2021 will be the last year of the medical third-party administrator (TPA) contract and there is some uncertainty on potential changes to the Cigna OAP network.

Mr. Huber noted that the recommended premium increases considered increased claims in response to COVID-19, the adoption of the Standard Control Formulary and the lower than emerging trends. For the State Plan, Ms. Huber recommended at 2.8% increase for active employees and a retiree rate increase of 3.6% which was the lower of the retiree and combined active/retiree trend. The recommended premium increase for the Local Education Plan was 2% and the recommended premium increase for the Local Government Plan was 5.4%. In response to member questions, Ms. Lee verified that Aon’s forecasting was for a three-year period and that these recommendations were made to level the premium increases over that time period.

Representative Lynn made a motion to approve the recommended premium rates for the State Plan for active employees and retirees. Commissioner Williams seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion that the Committee approve the recommended 2021 premium rates. Ms. Durski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion that the Committee approve the recommended 2021 premium rates. Commissioner Eley seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	no		

Agenda Item #6 – COVID Related Authorizations

Ms. Lee noted that the Secretary of Department of Health and Human Services had renewed the declaration that a public health emergency exists due to the COVID-19 pandemic through the end of July 2020. At their March 26, 2020 meeting, the Committees approved the following actions through May 31, 2020 regarding the COVID-19 public health emergency:

1. Delegated authority to BA to take emergency action to modify healthcare benefits and services include coverage for benefits services not provided for in the plan documents. BA has used this authority once to waive member cost-sharing for COVID-19 related treatment.
2. Waive member cost-sharing for all visits conducted through carrier-sponsored medical telehealth programs (MDLive/AmWell/PhysicianNow)
3. Waive member cost-sharing on in-network COVID-19 testing and in-network outpatient visits when the visit leads to a COVID-19 test, as well as services performed at the visit during which a COVID-19 test was performed.
4. For the Tennessee Plan (Supplemental Medical Insurance for Retirees with Medicare), pay any Part B deductible expenses (up to \$198) incurred by members for telehealth visits related to COVID-19 when the provider chooses not to waive member cost-sharing.
5. Waived of Plan Document which excludes payment for “telephone consultants except as administered through vendor programs and approved by the Plan
6. Suspended plan document provisions regarding termination of coverage for non-payment of premiums and instituted a moratorium on termination of coverage for non-payment of premium
7. Approved BA’s authority to suspend plan document provisions related to collection of funds owed to the state and initiated a moratorium on new debt collections.

Ms. Lee recommended that items 1- 4, which includes the waiver of cost-sharing for treatment of COVID-19 (initially approved under the delegation of authority) be extended through the federal

declaration of public health emergency. For item 5, BA recommends that this waiver for telephone consultants be approved through December 31, 2020. For items 6-7, BA recommends that these approvals not be extended beyond May 31, 2020.

Representative Lynn made a motion that the State Insurance Committee approve the staff recommendations regarding COVID-19 related issues. Commissioner Mainda seconded the motion.

Representative Lynn expressed concern that payment of claims for individuals who had succumbed to COVID-19 and whose cause of death was listed as COVID-19 would create future liability. Ms. Consiglio-Young expressed concern about the COVID-19 recommendation being adopted as one action since the delegation of authority had been approved separately at the March 26, 2020 meeting. Additionally, she expressed concern about extending the delegation of authority through the current federal declaration of public health emergency.

Ms. Consiglio-Young made a motion to amend the previous motion to delete the approval of the delegation of authority from the other COVID-19 recommendations and vote on the delegated authority separately. Mr. Stamps seconded the motion which failed with the following roll call vote:

Eley	no	Buckley	no
Dubray	no	Mainda	no
Williams	no	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	no	Lynn	no

Ms. Consiglio-Young made a motion to approve the original motion with an amendment to only extend the delegation of authority to June 30, 2020. Mr. Stamps seconded the motion which failed with the following roll call vote:

Eley	no	Buckley	no
Dubray	no	Mainda	no
Williams	no	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	no	Lynn	no

The State Insurance Committee's attention was directed to the original motion made by Representative Lynn and seconded by Commissioner Mainda that the State Insurance Committee approve the staff recommendations regarding COVID-19 related issues as presented by Ms. Lee. Commissioner Eley called for the vote with the motion passing with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

Ms. Consiglio-Young requested that the minutes reflect that while she is voting in favor of the action, she is not in favor of the delegation of authority extending through the current federal declaration of public health emergency.

On behalf of the Local Education Insurance Committee, Ms. Durski made a motion that the Committee approve the staff recommendations regarding COVID-19 activities. Mr. Langford seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Brock made a motion that the Committee approve the staff recommendations regarding COVID-19 activities. Mr. Krushenski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Agenda Item #7 – Mid-Year Plan Election

Ms. Lee advised that the State Insurance Plans are considered “cafeteria plans” under federal tax law and therefore cannot permit members to make mid-year benefit election changes. The Internal Revenue Service (IRS) issued guidance on May 12, 2010 permitting employers to amend their cafeteria plans to allow special mid-year elections for the 2020 plan year, including allowing members to elect to change to a different health coverage plan sponsored by the same employer. Benefits Administration is recommending that the Committee authorize an amendment to the plan document to allow members in one of the narrow network plans (BCBST Network S or Cigna Local Plus) to elect to change to the broader Cigna Open Access Plus network if the member is on a network that has lost five or more hospital providers from January 1, 2020 – June 30, 2020.

Ms. Lee noted that most members affected live in the Chattanooga and Middle Tennessee area and represent approximately 6% of the enrollment. In response to member inquiry regarding monthly cost to change from the narrow network to the Cigna Open Access Plus network, Ms. Lee responded the surcharge was \$40 for employee only and employee plus child and \$80 for employee plus spouse and employee plus spouse plus children. It was noted that that surcharge was necessary because the best pricing contracting involved utilization of a narrow network.

Ms. Lee advised members that a provision existed in the Cigna Open Access Plus contract that would allow the State to request a Client Specific Network which included specific providers be added to the network. BA has been in discussions with Cigna to invoke the contract provision and have Cigna add the HCA TriStar facilities to the Open Access Plus network. Ms. Lee recommended that the Committee’s authorization of a Mid-Year Plan Election be contingent upon BA’s receipt of written confirmation from

Cigna that HCA shall remain on the Cigna Open Access Plus Network from August 1, 2020 through December 31, 2020. If confirmation is received, Finance and Administration legal counsel will finalize the plan document amendment to comply with the Committees' grant of authority, and BA will prepare for the enrollment period. Ms. Lee noted that if the written confirmation is not received by BA, the plan document would not be amended, and this matter would be brought to the Committees at its June meeting.

Representative Lynn made a motion that the State Insurance Committee authorize a Mid-Year Plan Election contingent upon written confirmation from Cigna that HCA will remain on the Cigna Open Access Plus Network from August 1, 2020 through December 31, 2020. Mr. Stamps seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Williams	yes	Burton	yes
Consiglio-Young	yes	Stamps	yes
Chance	yes	Lynn	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion that the Committee authorize a Mid-Year Plan Election contingent upon written confirmation from Cigna that HCA will remain on the Cigna Open Access Plus Network from August 1, 2020 through December 31, 2020. Ms. Durski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Mainda	yes
Durski	yes	Langford	yes
Johnson	yes	White	yes

On behalf of the Local Government Insurance Committee, Mr. Brock made a motion that the Committee authorize a Mid-Year Plan Election contingent upon written confirmation from Cigna that HCA will remain on the Cigna Open Access Plus Network from August 1, 2020 through December 31, 2020. Mr. Krushenski seconded the motion which passed with the following roll call vote:

Eley	yes	Buckley	yes
Dubray	yes	Krushenski	yes
Brock	yes		

Commissioner Eley noted that the next meeting of the State, Local Education and Local Government Insurance Committees will be held on June 25, 2020 at 1:00 pm. There being no additional items for Committee consideration, the meeting was adjourned at 11:25 pm.

Respectfully submitted,



Laurie S. Lee