

COUNTY EMPLOYEES' ANNUITY & BENEFIT FUND OF COOK COUNTY
And Ex-Officio for the
FOREST PRESERVE DISTRICT ANNUITY & BENEFIT FUND
MEETING OF THE BOARD OF TRUSTEES
33 N. DEARBORN STREET-STE. 1000
CHICAGO, ILLINOIS 60602

Minutes for June 28, 2012 Health Benefits Committee Meeting

The County Fund and the Forest Preserve District Fund are herein collectively referred to as the "Fund".

Call to Order and Roll Call.

Trustees Present: Brent Lewandowski, Robert Benjamin, Patrick McFadden, and John E. Fitzgerald.

Staff Present: Daniel R. Degnan, Executive Director, Angela McMillin, Director of Health Benefits

Review and Consideration of May 31, 2012 Health Benefits Committee.

It was moved by Trustee Benjamin and seconded by Trustee Lewandowski that the minutes of the May 31, 2012, Health Benefits Committee be adopted.

Vote Result: MOTION ADOPTED UNANIMOUSLY BY VOICE VOTE.

1. Pharmacy Drug Audit Results

Ms. McMillin reviewed the final results from the Pharmacy Drug Audit. The report will be distributed electronically to the Health Benefits Committee and Board of Trustees.

2. Preliminary Medical Plan Renewal Results

Ms. McMillin reviewed the initial offering for the medical renewal from Blue Cross Blue Shield. Segal will present negotiated pricing and terms at the next Health Benefits Committee meeting.

3. Review of Medical Plan Offering and Cost

Ms. McMillin presented the non-Medicare and Medicare membership splits and cost associated with the different plans currently offered by the Fund. It was shown that the majority of the Fund's cost is driven by the non-Medicare HMO membership.

4. Proposed Medical Plan Design Changes

Ms. McMillin reviewed potential Medical Plan Design Changes for 2013. Office visit copays for the HMO moving from \$10/\$20 to \$15/\$25 and PPO ER copays from \$0 to \$100 were considered. It was also suggested to implement a \$20 office visit copay on top of the 90%/70% of member cost share. The matter was deferred pending further review of receipt of additional information. Other similar industry plans were reviewed for cost sharing comparisons.

5. Medical Plan Options for 2013

Splitting out HMO business to another vendor was considered. The offers were either not significantly competitive or would require the Fund to switch to a premium equivalent ASO model from the Fully Insured arrangement which exists today. It was considered that same or similar results could be achieved by extracting HMO encounter data from Blue Cross Blue Shield and potentially replace Blue Care Connections Disease & Case Management with a vendor specializing in health care advocacy and total care management for similar cost.

It was also discussed to move members not actively using the Classic network to Blue Advantage for January 1, 2013 but allow members to opt back into Classic should they choose to do so. The cost between Classic and Blue Advantage for the member and the Fund is incentive to do so.

Introducing Blue Choice PPO Network would also be considered for January 1, 2013. It was explained this is a smaller network similar to what was introduced with Blue Advantage HMO in 2012. The cost savings and disruption is being analyzed for discussion at the next Health Benefits Committee meeting.

6. New Business

Ms. McMillin will review options that could replace Blue Care Connections. This would be a vendor option which would address the gap in health care management for the whole membership both HMO and PPO.

7. Adjournment

There being no further business to come before the Committee upon a motion duly made and seconded the meeting was adjourned.

[Vote Result:](#) MOTION ADOPTED UNANIMOUSLY BY VOICE VOTE.