

**MEETING OF THE HEALTH BENEFITS COMMITTEE OF THE RETIREMENT BOARD OF  
THE COUNTY EMPLOYEES' AND OFFICERS' ANNUITY AND BENEFIT FUND OF COOK  
COUNTY AND EX OFFICIO FOR THE FOREST PRESERVE DISTRICT EMPLOYEES'  
ANNUITY AND BENEFIT FUND OF COOK COUNTY**

**70 West Madison, St, Suite 1925  
Chicago, Illinois 60602  
9:00 a.m.**

**Minutes for the May 18, 2021 Meeting**

*The meeting was conducted by video conference as permitted by Illinois Governor Executive Order  
Number 2020-07, as extended by Executive Order Number 2021-09 dated April 30, 2021.*

The County Employees' and Officers' Annuity and Benefit Fund of Cook County and the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County Fund are herein collectively referred to as the "Fund." All committee recommendations are preliminary in nature and subject to review and approval by the full Retirement Board.

**Call to Order and Roll Call:**

Trustee Committee Members Present: Patrick McFadden (Chair), Diahann Goode, Stephen Hughes, Bill Kouruklis, Kevin Ochalla, Lawrence Wilson

Non-Committee Trustees Present: John Blair, Joseph Nevius

Staff Present: Regina Tuczak, Executive Director; Margaret Fahrenbach, Legal Advisor; Rachelle Howliet, Senior Health Benefits Specialist, Gary LeDonne, Director, Benefits Administration; Brent Brent Lewandowski, Director, Member Services; Jodi Weinstein, IT Administrator

Others Present: Mary Pat Burns, Burke Burns & Pinelli, Ltd.; Dan Levin, Segal Consulting, Tom Wyszomirski, Segal; James Hogan, CVS, Kathrine Goerges, CVS, Michael Heck, CVS; Craig Bartholomew, UHC; Bethany Bump-White, UHC; Patti Prince, UHC, Mike Wall; UHC

Chairman McFadden asked if anyone present or participating through a video platform would like to address the Committee. There being no public comment, the meeting continued.

**1. Review and Consideration of August 18, 2020 Health Benefits Committee Meeting Minutes**

It was moved by Trustee Ochalla and seconded by Trustee Goode that the Committee approve the minutes from their meeting on August 18, 2020.

Roll Call Vote:

AYES: Goode, Hughes, McFadden, Ochalla

NAYS: None

Vote Result: MOTION ADOPTED

## 2. CVS 2020 Pharmacy Benefit Plans Performance Review

### a. Medicare

Regina Tuczak, Executive Director, stated that Michael Heck was the CVS representative who would present the Medicare performance review and James Hogan, also from CVS, would provide the non-Medicare performance review. Kathy Goerges, a clinical specialist was present to provide assistance. Mr. Heck reported with respect to the Fund's costs for Medicare participants, there was an increase of 11.9% in total costs in 2020 over the costs from 2019. The increase was somewhat higher in comparison to other CVS' clients who were similarly situated. The difference was attributed to utilization trends related to specialty drugs; the 2020 per-member-per-month ("PMPM") net drug cost increased by 10.4%. There was a review of the top 10 therapeutic classes of medications by gross cost and the top 25 medications by gross cost covered under the plan.

The trustees inquired about certain categories of medications along with implementation of programs related to the treatment of diabetes. The Executive Director stated that the Fund was investigating the implementation of such a program by a variety of vendors, but that the process had not been completed.

### b. Non-Medicare

James Hogan reported the 2020 total gross costs were \$14.6M compared to \$13.9M in 2019. The Fund received \$4.3M in rebates and after member cost of co-pays, the approximate total net cost to the Fund was approximately \$9.4M. The 2020 PMPM net cost increased by 1.8% over 2019 PMPM. It was reported that the members had a high usage of their prescribed medications, that was likely due to the plan design and the access to care through the pharmacy network and mail order supplies. There was a review of the specialty drug classes, the top 25 medications by gross cost and the top 10 therapeutic classes of medications by gross cost covered under the plan. There were not many changes in medications from the prior year, but diabetic medications ranked high in gross costs and utilization and it was expected that the use of these medications would increase.

## 3. UnitedHealthcare 2020 Medical Plan Performance Review

The Executive Director introduced the members of the UnitedHealthcare representatives. Ms. Bethany Bump-White stated that the presentation included the run-out of claims paid through January, 2021. She stated that the overall costs in 2020 decreased 3.7% in paid amount per member per month from the prior year. The 2020 costs for members who are Medicare eligible decreased from the prior year by about 7.2%, the costs for those non-Medicare under age 65 decreased by 10% and the costs for members who are non-Medicare eligible over age 65 increased by 17.1%. There was a 16.2% increase in catastrophic cases (members with claims > than \$100,000), most of which were due to cancer treatments, but also included costs for infectious and parasitic diseases related to COVID. There were declines related to inpatient admissions, emergency room visits and surgeries due to COVID. She stated that while there were declines in visits for chronic disease such as cholesterol screening, general wellness visits remained steady. Telehealth visits also increased, particularly for behavioral health. The two highest clinical conditions covered by the plan were treatments for hypertension and diabetes.

Mr. Michael Walls reported that UHC had about 24,000 interactions with members through their clinical programs. These include communications by secure email, telephone and targeted mailings and are intended to prevent unnecessary admissions and emergency room visits.

#### 4. Segal 2020 Actual Health Plan Expenses vs. Budget Projections

Mr. Dan Levin of Segal Consulting reported that the 2020 expenses were less than projected because of a decrease in claims due to lower utilization during COVID restrictions. He also presented preliminary projections for 2022. The projections showed that increases for both the Choice Plan and the Choice Plus Plan would be less than 4%, with the exception that costs for non-Medicare members choosing Choice Plus were projected to have an increase of about 6.1%.

#### 5. Review and Consideration of Imcivree, Specialty Drug, in new therapeutic class of Pharmacy Benefits

The Executive Director stated that CVS advised the Fund that there was a new therapeutic class of pharmacy benefits following the approval of Imcivree, a specialty drug to treat obesity due to rare genetic conditions. CVS estimated that there are about 150 to 2,000 people in the United States with the condition that this drug is approved to treat and has requested the Fund's direction on inclusion or exclusion of this new therapeutic class in the administered pharmacy benefit plan. The Executive Director stated that when a new therapeutic class of drug had been introduced in 2015, the Fund opted to exclude the drug until more information about its utilization became available. At the present time, no member was requesting coverage for this drug.

It was moved by Trustee Goode and seconded by Trustee Ochalla that, based upon the information provided by CVS, the Fund's Pharmaceutical Benefits Manager, and Segal, the Fund's Health Benefits Consultant, that the Health Benefits Committee recommend to the Retirement Board that the specialty drug, Imcivree, which was recently approved by the U.S. Food and Drug Administration not be included in health benefit plan coverage at the present time.

##### Roll Call Vote:

AYES: Goode, Hughes, Kouruklis, McFadden, Ochalla, Wilson

NAYS: None

Vote Result: MOTION ADOPTED

#### 6. Old Business/New Business

There was no old business or new business discussed.

#### 7. Adjournment

It was moved by Trustee Goode and seconded by Trustee Kouruklis that the Health Benefits Committee meeting be adjourned.

Vote Result: MOTION ADOPTED BY VOICE VOTE