



**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 W. Madison, Suite 1925  
Chicago, IL 60602**

**Minutes for the April 24, 2019, Health Benefits Committee Meeting**

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 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

**Committee Members Present:** Jack Fitzgerald (Chair); Robert DeGraff; Diahann Goode; Patrick McFadden; Kevin Ochalla

**Staff Present:** Regina Tuczak, Executive Director; Jane Hawes, Director, Health Benefits; Rachelle Howliet, Senior Health Benefits Specialist; Tonya Jackson, Benefits Specialist

**Others Present:** Daniel Levin, Segal Consulting; Tom Wysomirski, Segal Consulting; Craig Bartholomew, UnitedHealthcare; John Davren, M.D., UnitedHealthcare; Tiziana Mills, UnitedHealthcare; Patricia Prince, UnitedHealthcare; Mike Wall, Optum

Public Comment

Chairman Fitzgerald opened the meeting for public comment and no one having requested to address the Committee, the next item of business on the Agenda was considered.

1. Review and Consideration of March 21, 2019, Health Benefits Committee Meeting Minutes

It was moved by Trustee Ochalla and seconded by Trustee DeGraff that the presented minutes of the Health Benefit Committee meeting on March 21, 2019, be adopted.

**Vote Result: MOTION ADOPTED BY VOICE VOTE**

## 2. UHC 2018 Medical Plan Performance Review

The team of representatives from UnitedHealthcare (UHC) and Optum reviewed CCPF Health Plan financial and utilization results for the year 1/1/2018 through 12/30/2018.

Health Plan enrollment increased 1% from the prior year to 12,679 members. The per-member-per-month (PMPM) paid expense decreased 8.4% from 2017 resulting in an annualized 2% three year medical trend. A 20% decrease in catastrophic cases over \$50,000 contributed to the overall decrease in PMPM costs, however, a 13% decrease for non-Medicare members under age 65, and a 3% decrease for Medicare members was offset by a 4% increase for the population of non-Medicare members over the age of 65. The paid PMPM expense for non-Medicare members over the age of 65 is significantly higher than the Medicare members (\$1,318 vs. \$138).

Hypertension and diabetes were the Fund's most prevalent disease conditions with diabetes accounting for 40% of the Fund's annual medical spend. Emergency Room (ER) visits increased 5% from prior year, whereas visits to Urgent Care Centers decreased by 5%. The Health Benefits Committee requested additional analysis to determine if any ER utilization was from Urgent Care facilities billing as an ER. The Committee also recommended member communications to raise awareness of the potential confusion between ER and Urgent Care.

Cancer was the most prevalent catastrophic diagnosis in 2018. Mike Wall from Optum reviewed early results from the Cancer Support Program that was implemented in November 2018. Nine members representing \$715,000 in claim costs are currently enrolled in the program which provides telephone outreach and support to cancer patients and family members.

## 3. Segal 2018 Health Plan Budget Projections to Actual

Dan Levin compared 2018 actual expenses to what was budgeted for the 2018 calendar year. Mr. Levin stated that projections for 2018 expenses were made in August of 2017, based on 3 years of claims experience for the plan years July 1, 2014, through June 30, 2017. Actual experience was approximately 10% better than projected because PMPM claims decreased by more than 8% from 2017 to 2018 and the initial projections assumed an annual trend increase of 7% non-Medicare and 5% Medicare.

Mr. Levin reported that as a result of the Fund's favorable 2018 experience, the largest projected increase in total cost rates is projected to be 4%. Medicare total cost rates are projected to decrease, due to the savings negotiated on the EGWP pricing. Without the negotiated EGWP savings, the projected Medicare savings rates would be an additional increase of about 2% (Choice Plan) to 3% (Choice Plus). Mr. Levin and Tom Wysomirksi presented preliminary premium rates for 2020 based on claims experience through March, 2019. Final 2020 total cost rates will be updated for the Committee at the August 21, 2019 meeting.

## 4. Administrative Report

### a. CAR-T Therapy Follow-up

Ms. Hawes reviewed a letter she sent to UHC stating that no benefits for CAR-T Therapy

should be approved or paid for CCPF members at this time since the Fund has not added coverage for CART-T Therapy to the Choice or Choice Plus plans.

b. CVS ID Cards for Dependents

Effective August 1, 2019 each member in the CVS Commercial plan will be assigned their own ID number and issued a new ID card. Currently, spouses and child dependents are assigned the same ID number as the annuitant, however, this creates enrollment disconnects when the annuitant is elevated to Medicare status in the EGWP SilverScript plan. Fund staff is working with CVS to test eligibility file changes and develop communications which will be mailed to members in mid-July.

c. Blood Pressure Monitor/Scale Coupon Results

UHC received 1,639 coupons from CCPF Health Plan members: 73% of coupon requests were for a scale; 27% for blood pressure monitors. The first 200 members to submit coupons will be shipped the item they selected.

d. 2019 Wellness Budget

UHC has agreed to reimburse CCPF for 2019 expenses related to health benefits communications and Medicare/Open Enrollment events.

e. Personal Pay Policy Exceptions

Gina Tuczak discussed the need for a policy to manage hardship requests from members who want to pay Personal Pay premiums after the due date. Ms. Tuczak presented a written exception policy which would require Executive Director approval of requests made by the Health Benefits Director. Exception Requests would be kept on file for on-demand review by the Health Benefits Committee or any other Trustee.

It was moved by Trustee McFadden and seconded by Trustee Goode, to recommend the Board accept the Exception Policy.

Vote Result:      MOTION ADOPTED BY VOICE VOTE

5. Old Business/New Business

There was no old business or new business discussed.

6. Adjournment

There being no further business before the Committee, it was moved by Trustee Goode and seconded by Trustee DeGraff that the trustees adjourn the meeting.

Vote Result:      MOTION ADOPTED BY VOICE VOTE

The next Health Benefits Committee meeting is scheduled for May 22, 2019, at 9:30 a.m.