

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 August 6, 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; 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; Michael Maratea, Director of Finance;

Saron Tegegne, Comptroller.

Others Present: Daniel Levin, Segal Consulting; Tom Wyszomirski, Segal

Consulting; Dorothy Stawiarski, Segal Consulting.

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 May 22, 2019, Health Benefits Committee Meeting Minutes:

It was moved by Trustee Ochalla and seconded by Trustee DeGraff that the presented minutes of the Health Benefits Committee meeting on May 22, 2019, be adopted.

Vote Result: MOTION ADOPTED BY VOICE VOTE

2. Administrative Report:

- a. CVS Follow-up Value Formulary: Jane Hawes reported that changing the non-Medicare prescription drug plan formulary to the CVS Value Formulary would disrupt about 600 members. While overall savings would be in the range of \$1.2M, net savings would be approximately \$500,000 due to loss of specialty drug rebates. Members with diabetes account for 44% of the disrupted population. A comparable formulary is available for the EGWP plan, however, CMS does not allow it to be implemented alongside the WRAP plan. Ms. Hawes stated that eliminating the WRAP plan would result in significant disruption for members with diabetes because the WRAP plan covers diabetic supplies and other drugs not covered by Medicare Part D.
- b. CVS ID Card Mailings: Dependents enrolled in the CVS Commercial (non-Medicare) plan were assigned new CVS ID numbers effective August 1, 2019 and have received new CVS ID cards. Affected members have also received informational letters from the Fund.
- c. Coalition RFP: The Coalition's RFP for health plan administrative services will be released tomorrow with proposals due October 1, 2019.
- d. Medicare Eligibility Due to Disability: The Health Benefits team is working with UnitedHealthcare to identify members enrolled in Medicare Part A due to disability but not enrolled in Medicare Part B. Outreach is being conducted to these members to inform them of the Fund's requirement for Medicare Part B enrollment before March 31, 2020, for an effective coverage date of July 1, 2020, in order to continue coverage in the CCPF Health Plan.
- e. Open Enrollment Planning: The Fund has not been able to rent the Kroc Center or Lincolnwood Community Center for open enrollment events in November because both rental agreements include indemnification clauses that are unacceptable to the Fund. The Committee directed staff to ask the Fund's insurance broker if a rider can be purchased to cover excess liability. Ms. Hawes stated that alternative rental arrangements have been made at 69 West Washington, in the event rental contracts cannot be executed.
- f. UHC Rally Rewards Program: UHC will eliminate the Health Allies program at the end of 2019 and expand the Rally Rewards program which awards points to UHC members who complete certain wellness activities. CCPF Health Plan members will have access to the Rally Rewards program; however, UHC will be instructed to block any emails from myuhc.com to CCPF members promoting the program.
- 3. Segal 2019 Health Plan Performance Budget to Actual and Preliminary Rate Setting:

Dan Levin presented Segal's projections for the CCPF Health Plan 2020 costs. Based on enrollment estimates, Segal's projected expense for 2020 is \$98.2M. Mr. Levin reported that, due to favorable experience, there is an overall slight decrease of 0.3% for the combined projected costs of the Fund, annuitants and surviving spousal/child annuitants (survivors) for the 2020 plan year. After reviewing various cost share percentages modelled on different rate tiers and Medicare enrollment status, the Committee considered the impact of numerous rate changes to current premiums and agreed to recommend the following cost share percentages for 2020:

2020 Cost Share Percentages for CHOICE Participants				
		Participant	Fund	
Annuitant	Without Medicare	52%	48%	
	Medicare	62%	38%	
Survivor	Without Medicare	42%	58%	
	Medicare	52%	48%	

2020 Cost Share Percentages for CHOICE PLUS Participants			
		Participant	Fund
Annuitant	Without Medicare	57%	43%
	Medicare	66%	34%
Survivor	Without Medicare	47%	53%
	Medicare	56%	44%

It was moved by Trustee McFadden and seconded by Trustee DeGraff that the Health Benefits Committee's agreed rate cost share percentages for 2020 be recommended to the Board for approval.

Vote Result: MOTION ADOPTED BY VOICE VOTE

- 4. Close Segal's Audit of CVS Commercial Plan
 - a. Pharmacy Benefit Plan Copay Change
 - b. 2020 Co-Pay Decision for Bowel Prep Medications

Ms. Hawes explained that although the medical plan covers colonoscopies as a preventive service at 100%, the pharmacy plan requires copay for the medication to prepare for the test. Ms. Hawes recommended the pharmacy copay be changed to zero to remove any barriers to members getting colon cancer screenings.

It was moved by Trustee McFadden and seconded by Trustee DeGraff that a recommendation be made to the Board to change the pharmacy copay to zero for colon screening prep medication.

Vote Result: MOTION ADOPTED BY VOICE VOTE

5. Health Benefits Exception Policy:

Gina Tuczak informed the Committee that the policy was revised as requested by the Board of Trustees to indicate an exception dollar limit.

It was moved by Trustee McFadden and Seconded by Trustee DeGraff that a revised policy exception be presented to the Board for approval.

Vote Result: MOTION ADOPTED BY VOICE VOTE

6. Old Business/New Business

There was no old business or new business discussed.

7. Adjournment

There being no further business before the Committee, it was moved by Trustee McFadden 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 September 19, 2019, at 9:30 a.m.