

DRAFT

MINUTES

August 16, 2023

Group Insurance Board

State of Wisconsin

Location:

Hill Farms State Office Building – CR N108
4822 Madison Yards Way, Madison, WI 53705
8:30 a.m. – 11:56 a.m.



BOARD MEMBERS PRESENT:

Herschel Day, Chair
Rachel Cissne Carabell, Vice Chair*
Nancy Thompson, Secretary
Dan Fields
Jen Fogel

Walter Jackson
Brian Pahnke
Nathan Ugoretz*
Bob Wimmer

BOARD MEMBERS ABSENT:

Erin Hillson

Katy Lounsbury

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Office of the Secretary:

John Voelker, Secretary
Shirley Eckes, Deputy Secretary
Kimberly Schnurr, Board Liaison

Department of Trust Finance:

Cindy Klimke

Office of Strategic Health Policy:

Eileen Mallow, Brian Stamm, Molly Dunks, Tom Rasmussen, Stephanie Trigsted, Xiong Vang, Renee Walk

OTHERS PRESENT:

Office of the Secretary:

Pam Henning

ETF Staff:

Kevin Acker*, Shellee Bauknecht*,
Laura Brauer, Larissa Brown-Esqueda*,
Liz Doss-Anderson*, Victor Dupuy*,
Oladipo Fadiran, Diana Felsmann, Dan
Hayes, Michelle Hoehne*, Tarna Hunter,
Bruce Johnson*, Nancy Ketterhagen*,
Joanne Klaas*, Arlene Larson, Mark
Lamkins*, Kadi Mbanefo*, Peggy
McCullick, Laura Patterson, Peter Rank,

ETF Staff (Cont.):

Jessica Rossner, Marie Ruetten, Tim
Steiner*, Yikchau Sze*, Sarat Tadi*,
Barry Tucker, Laura Vang*, Mee
Wartgow, Douglas Wendt, Korbey
White, Wade Whitmus, Amanda
Williams*, Ramona Yee*, Kathryn
Young

Anthem Blue Cross and Blue Shield:

Paul Nobile*

Benefitfocus:

Jacob Dickerson*

Board	Mtg Date	Item #
GIB	11.15.23	2

Crawford County, WI:

Rose Ziel*

Dean Health Plan:

Katie Beals, Penny Bound*, Maria Schneider*

Delta Dental of Wisconsin:

Megan Wohlfeil

Department of Administration (DOA):

Abigail Butson*, Dana Gehrmann*, Mary Hasselquist*, Joe Kelly*, Jennifer Kraus*, Meghan McKenna*, Julie Perry*, Derek Sherwin*, Danielle Tesch*, Tina Updike*

Duffy Communication Strategies:

Melissa Duffy*

Elevance Health:

Elisabeth Portz*

Group Health Cooperative of Eau Claire:

Sarah North*

HealthChoice Insurance Solutions:

Gary Praznik*

Health Partners:

Kyle Long*, Katherine Siqueiros*, Elizabeth Tobias*

Jefferson County, WI:

Terri Palm*, Jessica Tucker*

Legislative Audit Bureau (LAB):

Lauren Gingell*, Erin Scharlau*

Medical Associates Clinic and Health Plans:

Karen Brunton*

MercyCare Health:

Sherrie Sargent*

Navitus:

Laura Francois*, Karen Markstahler*

Network Health Plan:

Vanessa Cagal*, Cody LeBlanc*

Novo Nordisk:

Adam Barr*

Quartz:

Brittany Coyne*

Securian:

Susan Munson-Regala

Security Health Plan:

Beth Krull*

Segal Consulting:

Patrick Klein, Ken Vieira, Zach Vieira

Stevens Point Housing Authority:

Idowu Odedosu*

UnitedHealthcare:

De Arcy Raybuck*

UW Health:

Sara Broge*, Emily Fairchild*, Hope Jackson*, Annette Phelps Revolinski*, Olivia Talma*, Lara Wolfe*

UW-Oshkosh:

John Strous*

UW-Madison:

Deanna Deslover*, Marissa Isensee*

UW-Milwaukee:

Jeffrey Karron*

UW System Administration:

Brianne Jobke*, David Miller*, Erin Schoonmaker*, Amanda Sonnenburg*

Vilas County, WI:

Wendy Pluedeman*

Village and Town of Somers, WI:

Tanya Ealy*

Village of Blanchardville, WI:

Amy Barnes*

Village of Grafton, WI:

Ashley Voigt*

Village of Little Chute, WI:

Lisa Remiker-DeWall*

WI Association of Health Plans:

Tim Lundquist

WI Court System:

Chris Marsh*

WI Health News:

Sean Kirkby*

WPPI Energy:

Julie Zacher*

Public:

Stephanie Steel*, WisconsinEye*

Others (Unidentified):

9 individuals connected via telephone

Mr. Day, Chair, called the meeting of the Group Insurance Board (Board) to order at 8:30 a.m.

ANNOUNCEMENTS

Ms. Mallow provided the following updates:

- Board members Rachel Cissne Carabell and Nathan Ugoretz are attending virtually.
- WisconsinEye is live streaming the meeting.
- Survey was sent out to board members to gauge interest on educational topics.
- WebMD contract is being finalized.

CONSIDERATION OF OPEN AND CLOSED SESSION MINUTES OF MAY 17, 2023, AND OPEN AND CLOSED SESSION MINUTES OF JULY 26, 2023, MEETINGS

Mr. Day stated that he had reached out to the board liaison the day before the meeting to correct the typo “was not a good practice” to “was good practice” on page 5 of the open session meeting minutes from May 17, 2023, so the amended statement read, “Mr. Day started the discussion of these options by sharing he did not feel that Option 1, adjusting the target reserve policy, was good practice and he did not support pursuing this as a way to address the change in the reserves.” A revised draft of the “Open Session Minutes of May 17, 2023, Meeting” (Ref. GIB | 08.16.23 | 2A) was available electronically on the ETF website and at the Board members’ seats.

MOTION: Mr. Fields moved to approve the open and closed session minutes of the May 17, 2023, as amended, and the open and closed minutes of the July 26, 2023, meetings as submitted by the Board Liaison. Ms. Thompson seconded the motion, which passed unanimously on a voice vote.

GROUP HEALTH INSURANCE PROGRAM ALIGNMENT

Ms. Walk referred the Board to the “Group Health Insurance Program (GHIP) Alignment” memo during their presentation (Ref. GIB | 08.16.23 | 3). She then provided a brief overview of the evolution of the GHIP, healthcare Triple Aim and data sharing and integration for pharmacy claims, wellness, and disease management data and health plan data.

Ms. Dunks shared the ways that pharmacy claims, wellness and disease management data and health plan data are shared and aligned. She discussed opportunities for improvement such as:

- Incremental performance standards for quality.
- Increase monitoring and add requirements for data integration and use.
- Add Well Wisconsin participation as a measure to the quality credit.
- Increase consistency in data management reporting by all GHIP vendors.
- Adding a performance standard related to return-on-investment for wellness.

Ms. Dunks also discussed the following considerations:

- Staff time to monitor and enforce requirements.
- Implementation of Insurance Administration System.
- Limits to collecting and sharing information in federal and state law.
- Cybersecurity risks.

2024 GROUP HEALTH INSURANCE PROGRAM AND UNIFORM DENTAL BENEFIT RATES

Health Insurance Administrative Fees

Ms. Klimke discussed administrative fees that are added onto the premiums that are then paid by employers and members. She shared the health insurance program preliminary reserves as of December 31, 2022, as well as health program reserves as of December 31, 2021.

Ms. Klimke then discussed the following fees added to the health insurance premiums:

- ETF Administrative Costs:
 - Staff salaries
 - Compliance audits
 - Actuarial services
 - System costs
- Wellness program costs:
 - Wellness and disease management program administration
 - Coaching
 - Biometric screenings
 - Incentive payments.

2024 Plan Year Quality Credit

Mr. Stamm discussed the 2024 quality credit results. Ms. Trigsted provided background information and current scoring items. She also discussed the evaluation process and the scoring and ranking process.

Feedback collected from health plans includes:

- Council on Health Program Improvement meeting.
- Data review and feedback.
- Rate setting discussions.
- Wisconsin Association of Health Plans.

Future potential measures under evaluation were as follows:

- High performance and customer experience
- Cost/value measures
- Well Wisconsin
- Area deprivation index

- Z-code usage
- ETF member immunization measures
- WCHQ initiatives.

Mr. Ugoretz left the meeting at 9:28 a.m.

2024 Health Plan Financial Status

Ms. Mallow provided a verbal summary of the 2023 Health Plan Financial Status memo (Ref. GIB | 08.16.23 | 4C) to the Board. The Board had no questions for Ms. Mallow about this memo.

2024 Health Plan Rates and Qualifications

Ms. Walk discussed local network changes such as:

- Large increase in the number of State Maintenance Plan (SMP) counties for the Local plan for 2024.
- Fewer Tier 1 plans not meeting plan network qualifications.
- 37 counties will lose at least one Tier 1 plan.
- Four counties will lose three Tier 1 plans.
- Largest new SMP counties will be Sauk, Green, and Columbia.
- There are approximately 7,100 new SMP eligible members.

She also discussed key points regarding rate negotiations, including:

- Meetings were held during the final week of June.
- All plans and networks met Tier 1 status for the State Program.
- Only nine of the 19 available plans/networks met Tier 1 status for the Local plan.

Ms. Walk then discussed premiums over time and the reserves policy:

- Wis. Stats. §40.03(6)(e) establishes the Board's ability to create and allocate reserves for premium stabilization.
- The Board has an additional policy that establishes the target funding range of the reserve fund and how assets are applied to future rate years.
- The purpose of the reserve is to smooth annual increases.
- The current Board reserve policy does not address years where the reserve fund is below target.

Ms. Walk explained that due to poor investment returns, the reserve fund for the state pool is below the low point of the Board's target range. Under the current Board policy, this leaves no surplus funds available for reducing 2024 rates. She explained that there are four options to choose from:

- Option 1: 11.8% premium increase in 2024, future year increases to return to target midpoint.
- Option 2: 11.8% premium increase in 2024, future year increases to return to low end of target.

- Option 3: Buydown 2024 rates with remaining reserve to 8.5% increase, 8.5% increases in future years to return to low end of target.
- Option 4: Buydown 2024 rates with remaining reserve to 7.5%, with 14.8% increase in 2025 to return reserve to low end of target.

Ms. Walk stated that ETF recommends the state reserve option 1 as it stabilizes reserves at the midpoint under the current Board policy. It is also consistent with expectations set in 2022.

Mr. Klein from Segal Consulting shared an overview of the 2024 renewal process and discussed historical medical trends in comparison to ETF, fully insured renewals, and alternate plans overall renewal process.

Mr. Vieira reviewed the addendum reports and data. Similar to last year, addendum claims and capitation reports were validated using Merative data warehouse (DAISI). Network adequacy reports were submitted and utilized to determine which plans are qualified in each county.

Mr. Vieira discussed tier placement from preliminary bids. He stated that in 2019, a tier process similar to the State was implemented for the Locals. The primary difference is that Locals, due to their size, combine Dane and Non-Dane to produce one overall statewide model. The variability in size necessitates additional smoothing techniques and limitations. Catastrophic claims were given additional weight in the development consistent with last year, limitations (adjusted for quality credits) were placed on rate increases and percent of State Rate for plans to be in Tier one, two and three.

He went on to share that Dean manages the fully insured Access Plan and SMP plans, UHC manages the fully insured Medicare Plus plan for Medicare eligible retirees. Best and Final Offer (BAFO) rates from Dean resulted in a 7.4% increase to the Access Plan and SMP rates respectively. He noted that there is a risk-sharing agreement in place for the Access Plan. And lastly, UHC Medicare Plus BAFO rates resulted in an increase of 3.4%.

Mr. Vieira then shared that SMP is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan. The SMP will be offered in Florence County in 2024 for State and that SMP will be offered in 30 counties in 2023 for Local.

Mr. Vieira discussed the prescription drug plan sharing that “Top Line” claims projected trend is averaging 11.0% from 2020–2024, while Rebates and EGWP subsidies have increased on average at 18.9%. The net impact is a four-year total average increase of 6.0% annually.

Using data utilizing the most recent 12 months of claims, June 2022 through May 2023, the annual top-line claims trend of 9.7% was derived from the weighted average of the Navitus projected claims trends for 2022 and 2023 and the Segal trend survey. Segal utilized cost data for administrative expenses, expected rebates, and Medicare Part D

subsidies provided by Navitus for the rate development. As opposed to prior years, the actual net prescription costs were slightly higher than Navitus assumptions, yielding a small loss. The Navitus recast of 2023 and 2024 cost assumptions further drove the composite rate increase of 5.8%.

Claims data (January 2017 – April 2023) was received from Delta Dental and used in Segal's analysis. The experience period used was 2022 incurred claims (runout thru April 2023). Emerging experience aligns with prior projections; thus, the rate increase of 3% is close to the underlying trend assumption.

Aggregate renewal process resulted in a \$123.8 million Total Premium increase, a 6.7% increase from 2023 Inforce Rates (5.7% for State and 13.2% for Locals).

Segal reviewed available reserves with the Board for possible premium buy down. Last year the Board, based on the reserve at that time, approved utilizing the entire surplus and moving slightly below the midpoint.

Based on the mid-point reserve target, the State pool is \$38.7M below the midpoint of the target range. The local pool is below the target by \$4.4M. Consistent with the 2023 Board Approved Option 2, Segal recommends the State and Local plans develop a plan to restore reserves to the target ranges.

Mr. Vieira discussed the four options to the Board, and highlighted the following:

- 2024 Premium Rates — With No Reserve Draw Total Premium by Group
 - The 2024 premiums reflect a \$87.3 million buy down for State and \$4.4 million for Locals.
 - The 2024 inforce after buy-down premiums are expected to increase 11.8% in 2024 before further reserve is draw down — Locals increase is 15.1%.
 - Premiums include medical, pharmacy, dental, and administration.
- 2024 Premium Rates — No Reserve Draw — Options 1 & 2:
 - No reserve draw for State or Locals in 2024.
 - Aggregate increase remains 12.3%.
- 2024 Premium Rates — With Option 3 Reserve Draw
 - State draws down the reserve \$49.2 million in 2024 to reduce the overall increase from 11.8% to 8.5%.
 - No draw for the Locals.
 - Aggregate increase after buy-down is 9.5%.
- 2024 Premium Rates — With Option 4 Reserve Draw
 - State draws down the reserve \$65.5 million in 2024 to reduce the overall increase from 11.8% to 7.5% — leaving no balance in 2025.
 - Local draws down the reserve \$12.5 million in 2024 to reduce the overall increase from 15.1% to 10.2% — leaving no balance in 2025.
 - Aggregate increase after buy down is 7.9%.

ETF recommends the Board approve recommended health, pharmacy, and dental rates presented by Segal for plan year 2024. ETF requests Board approval to make any

additional, minor adjustments to the health plan service areas as they are finalized. ETF also recommends the Board approve State premiums under Option 1 and Local premiums without use of reserves.

Ms. Cissne Carabell stated that it's prudent to make sure we build up the reserves again, as discussed. Option 3 was more of a smoother approach. But, given that the Board is below the target, the uncertainty of the markets and drug rebates, etc., it's prudent to go with something that restores the reserves soon. There are concerns about cash flow getting too low. Mr. Day asked for a roll call vote.

MOTION: Ms. Cissne Carabell moved the motion to go with the Department's recommendation to approve the recommended health, pharmacy, and dental rates presented by the Board's actuary, Segal, for plan year 2024. ETF requests Board approval to make any additional, minor adjustments to the health plan service areas as they are finalized. ETF also recommends the Board approve State premiums under Option 1 and Local premiums without use of reserves. Mr. Pahnke seconded the motion, which passed on the following roll call vote:

Ayes: Cissne Carabell, Day, Fields, Flogel, Jackson, Pahnke, Thompson, Wimmer.

Nays: None.

Absents: Hillson, Lounsbury, and Ugoretz.

The Board took a break from 10:30 a.m. to 10:45 a.m.

PRE-TAX SAVINGS PROGRAMS AUDIT UPDATE AND CONTRACT EXTENSION NEGOTIATION STATUS

Mr. Vang discussed the pretax savings account programs audit findings. In each of the 20 findings, 14 action items are completed, and six remain in progress.

Plan Finalization Report and Business Debt Report audit finding and reporting.

Controls:

- Optum's internal staff completed a secondary review of the reports.
- Preliminary discrepancies were resolved with the employers prior to distributing the reports.
- Optum added communications to its call center to improve ETF's member experience.

Claims Substantiation audit finding, ERA and Commuter Benefit Claims Substantiation

Controls:

- Optum reviewed its internal training for claims adjudicators for processing and auditing claims based on potential risks.

- Claims are being evaluated, approved, and processed correctly and in compliance with IRS regulations.
- Training curriculum includes related examples.

Mr. Vang shared the contract extension status and shared the following points:

- Board approved the final two-year extension of Optum's contract for the 2024-2025 plan years.
- ETF and Optum are in the process of amending the contracts to include audit recommendations.
- Delay in Optum's response time to the audits and disagreements over contract amendment terms
- ETF expects to have the contract amendments signed before the end of August 2023 (dependent on ongoing negotiations)

The audit continues to be on track. The remaining six action items are expected to be completed by the end of the 2023 plan year.

Ms. Mallow shared that the relationship with Optum has been a struggle. They have been unresponsive in communications. ETF may come to the board in November and ask to have the Request for Proposals authorized early.

Originally, the Board had a contract with Connect Your Care, but Optum purchased them. After the purchase, Optum re-signed the contract, agreeing to all the terms. They have not been following through with them.

GROUP LIFE INSURANCE PROGRAM ANNUAL REPORT

Mr. Rasmussen shared highlights from the State Plan:

- 86,088 covered lives.
- Total life insurance coverage in force is \$13.1 billion.
- Claims for employees higher than targeted but within normal volatility.
- Claims on Spouse and Dependent lower than targeted.
- 5% employee premium increase.
- Asset reserve of 88.5%

He shared that in 2019, the Board approved a 5% annual premium increase through April 1, 2028, and ETF doesn't recommend any changes to that plan. However, Securian and ETF are recommending reducing the Spouse and Dependent premium from \$2.26 to \$2.10 per unit effective April 1, 2024.

Mr. Rasmussen discussed the 2022 Local plan highlights including:

- 125,281 covered lives.
- 755 local governments employer participating.
- Total life insurance coverage in force is \$13.5 billion.
- Claims for employee coverage lower than targeted.

- Claims on Spouse and Dependent coverage higher than targeted.
- Asset reserve of 105.8%.

There is no recommended premium action for active employees and no premium change to Spouse and Dependent premiums. The Group Life Insurance Programs do not contain any exclusion related to pandemics. In 2022, there were 78 claims due to COVID19 with over \$2.7 million paid in claims. ETF continues to see a decrease in COVID 19 claims.

Performance Guarantees 2022 Annual Performance Standards:

- 35,523 transactions subject to performance standards.
- Overall performance success rate of 99.74%.
- Met or exceeded 8 of 9 standards.
- Achieved a 95% satisfaction score on biennial employer survey.

Ms. Munson-Regala discussed the Group Life Insurance State and Local Government Plan components. She shared the State Plan 2022 policy report and mentioned that they are recommending a rate reduction on this plan and provided the following highlights:

- Employees: 2022 Claims are higher than expected, but within normal volatility. Recent three years' mortality experience is higher than expected, mainly driven by COVID in 2020 and 2021.
- Spouse & Dependent: 2022 Claims are lower than expected. Recent three years' experience is lower than expected. Recommend rate reduction to draw down reserve.
- Aviation AD Benefit: Work-related accidental deaths, no claims in 2022.

There is an option to convert coverage, with only 310 people utilizing this option. The vast majority use this to cover health premiums vs long-term care.

Ms. Munson-Regala discussed that there is no recommendation to change the Employee Life Insurance, or to the previously approved premium increase schedule. Premium rates will increase according to schedule approved in 2019. Also, premium increases were implemented to maintain post-retirement benefit funding.

The Spouse and Dependents recommendation is for a premium rate reduction from \$2.26 to \$2.10 per unit. This plan has a stabilization reserve and allows for gradual rate reduction of this coverage.

The 2022 Local Government plan employee claims are lower than expected, with the recent last three years' experience better than expected despite COVID-19. Claims were slightly lower than expected. Spouse and Dependents recent three years' experience was higher than expected with pricing anticipates using reserves to cover excess claims.

Ms. Munson-Regala shared the following recommendations for Local plans:

- Employee Life insurance: no change to premium rates in 2024. It is prudent to hold premium rates at current levels, consistent with valuation assumption.
- State Plan: it is recommended to continue the employee premium rate increase scheduled approved in 2019. Spouse & Dependent rates are recommended to decrease from \$2.26 to \$2.10 per unit in the State Plan.
- Local Plan: No rate changes are recommended.

The Board asked questions regarding the assumptions and evaluations.

Mr. Day asked for a motion to approve the 2022 Securian Financial Experience Reports and approve a premium reduction for the state Spouse and Dependent coverage from \$2.26 to \$2.10 per unit, effective April 1, 2024.

MOTION: Ms. Thompson moved the motion to approve the 2022 Securian Financial Experience Reports and approve a premium reduction for the state Spouse and Dependent coverage from \$2.26 to \$2.10 per unit, effective April 1, 2024. Ms. Flögel seconded the motion, which passed on a voice vote.

UNIFORM DENTAL PROGRAM EXPERIENCE REPORT

Megan Wohlfeil provided an overview of Delta Dental's company values and discussed the plan design, which is focused on member experience, population health, provider experience, and controlling costs.

She gave a brief history of changes by year, highlighting that in 2021, there were no changes except a deductible waiver on supplemental dental and wellness program credit for preventive dental. In 2022, white posterior fillings were added. There were no changes in 2023 and 2024. She then discussed claims by coverage, claims utilization, and normative data and network utilization.

There are 24 performance standards that Delta Dental must report on every quarter, and they must meet or exceed each standard or be assessed a financial penalty. The standards include timeliness, accuracy of enrollment, claims, reporting, customer service, and satisfaction. Delta Dental met or exceeded every standard during the plan year 2022.

2022 WELL WISCONSIN EXPERIENCE REPORT

Ms. Dunks introduced Well Wisconsin representative, Ms. Rosetter and shared that today's discussion was informational only, and no board action is required.

Ms. Rosetter shared the program background and discussed 2022 key findings. A total of 47,925 GHIP members (approximately 31% of those eligible) earned the \$150 incentive in 2022. This is up slightly from 2021 and is approaching overall pre-pandemic participation levels. The top three risk areas were weight, exercise, and nutrition. Among repeat 2021 and 2022 participants, there was a 7.4% reduction in health risks.

For those who also participated in health coaching, there was a 10.4% reduction in health risks. For those who participated in at least three condition management calls, there was a 12.2% reduction in health risks. WebMD met all performance guarantees in 2022, including risk change related standards.

She shared the focus for 2023 to build participation and engagement in the Well-Being Program by:

- Continue to address the high weight risk by organizing and promoting all weight management resource options available to participants, including the Diabetes Prevention Program and Positively Me.
- Implement a targeted approach in collaboration with Navitus to engage more asthmatic participants into the Chronic Condition Management Program.
- Continue to plan to execute the Culture of Health survey for key locations/ agencies.
- Work to spread the word on the Well Wisconsin program through engaging onsite events (e.g., raffles for small item giveaway items, etc.).
- Increase the number of participants who are utilizing the app. Current engagement is 2,481 unique users.
- Address the mental health risk by organizing and promoting all mental health resource options available to the population. Collaborate with health plans to mention benefit options available to participants.
- Increase collaboration with and impact of the Wellness Champion Network.
- Maximize the engagement number of those eligible for the meQ, stress, and resiliency program.

OPERATIONAL UPDATES

Ms. Mallow highlighted a couple of items, such as a regular update on the Insurance Administration System that identifies new risks. Quarterly Health Plan Performance Reports show that overall, plans are generally doing a good job at complying with the contract. She also shared the following memos: Data dashboards, Board Correspondence, Quarterly Audit Report of all ETF programs, Alternative Supplemental Plans and Accident Plan Premium Reduction.

TENTATIVE NOVEMBER 2023 AGENDA

Ms. Mallow highlighted the November 2023 agenda items including 2025 Benefit Changes, Bureau of Information Security Management Update, Market Update and/or Targeted Educational Topics, Audit Reports: Pharmacy Benefit Manager (PBM), Approval for Requests for Proposals: Medicare Plus, Medicare Advantage, PBM, and Flexible Spending Accounts along with the Board Initiatives.

ADJOURNMENT

MOTION: Ms. Thompson moved to adjourn the meeting. Mr. Wimmer seconded the motion, which passed unanimously on a voice vote.

The meeting adjourned at 11:56 p.m.

Date Approved: _____

Signed: _____

Nancy Thompson, Secretary
Group Insurance Board