Washington State Health Care Authority

Public Employees Benefits Board
Meeting Minutes - Corrected

April 15, 2015
Health Care Authority
Sue Crystal Rooms A & B
Olympia, Washington
1:45 p.m. – 3:30 p.m.

Members Present:
Dorothy Teeter, Chair
Greg Devereux, State Employees
Yvonne Tate, Benefits Management / Cost Containment
Harry Bossi, Benefits Management / Cost Containment
Gwen Rench, State Retirees
Mary Lindquist, K-12 Retirees
Marc Provence, Benefits Management / Cost Containment
Marilyn Guthrie, Benefits Management / Cost Containment
Myra Johnson, K-12 Employees
Katy Hatfield, Legal Counsel

Call to Order
Dorothy Teeter, Chair, called the meeting to order at 1:45 p.m. Sufficient members were present to allow a quorum. Board and audience self-introductions followed. Myra Johnson, the new PEB Board member, was introduced. Ms. Johnson is President of the Clover Park Education Association.

Approval of PEBB Meeting Minutes
It was moved and seconded to approve the July 16, 2014 PEB Board meeting minutes as written. Minutes approved by unanimous vote.

It was moved and seconded to approve the July 31, 2014 PEB Board meeting minutes as written. Minutes approved by unanimous vote.

It was moved and seconded to approve the October 22, 2014 PEB Board meeting minutes as written. Minutes approved by unanimous vote.

Lou McDermott, PEB Division Director and **Mary Fliss,** PEB Division Deputy Director provided a legislative update. Mary reported that after seven years of effort, Senate Bill 5466 was passed and on its way to the Governor for signature. SB 5466 is the PEBB Technical Correction bill that clarified employee eligibility for benefits from the PEBB Program and conforming the eligibility provisions to federal law.

Lou updated the Board on other PEBB Program impacted high priority bills. House Bill 1740 would change how we currently review counties wishing to join the PEBB Program. Today when a county applies, we have a Litmus test based on the size of the county. For smaller counties, we look at age and sex for a risk adjustment factor. Are they more expensive to insure than the average PEBB member, just as expensive, or less expensive. If they're just as expensive or less expensive, they are approved. If they are more expensive, they are not approved. HB 1740 would remove that Litmus test and allow all counties with under 5,000 employees into the PEBB Program, which is all counties except King. It also allows HCA to charge the difference. We would determine how much additional money the counties are costing the agency over the average PEBB member and then create a surcharge to those counties so they carry their own weight. That bill is in the House budget and considered Necessary to Implement the Budget (NTIB). We are monitoring this bill.

Senate Bill 6096 would take the $25 tobacco surcharge currently assessed and increase it to $100. That money would go to cancer research. This would have a substantive impact on some of our members. We are monitoring this bill.

ESSB 5077 is the Operating Appropriations Budget out of the Senate and is including a proviso that basically removes spouses from PEBB Program eligibility if they have other insurance available to them. It is in the Senate budget but not the House budget.

Gwen Rench asked about ESSB 5077 which also includes a $40 reduction in the Medicaid premium, reducing the current premium of $150 to $110. Lou indicated it's too difficult to predict if we think it will pass or not.

Senate Bill 5976 would bring all retiree and active K-12 employees into the PEBB Program. It would create another board called SEBB. There would be infrastructure requirements within PEBB to be able to facilitate this effort. The effective date would be January 1, 2017. This would be a huge workload for the agency. HCA is closely monitoring this bill.

Lou McDermott also provided an update on the Accountable Care Program (ACP). HCA is negotiating with three vendors, Puget Sound High Value Network (Virginia Mason plus other partners), the Providence network, and the University of Washington. We are looking at clinical and quality goals and trend guarantees. There are many details in each one of those concepts. There is a lot to do to get from general framework to the final product.

Greg Devereux: Are these three vendors part of UMP? How do they function?

Lou McDermott: Yes, they are currently part of the Regence network, but as an Accountable Care Program (ACP). They are affiliated with Regence by contract. The ACP product is a tighter network. The plan design would discourage members from going out of network. The member signs up for the ACP product, understands the network and the restrictions, and the financial benefits and consequences of in network versus out of network. The goal is to create a premium differential to encourage members to select the ACP. The vendor then controls trend, high quality, and ensures that Bree criteria are being implemented. There are more requirements with the ACP and a stiff penalty for going outside the network. Services covered will be the same.

Greg Devereux: How does this impact self-funding?

Lou McDermott: HCA will still write the checks, however with the trend guarantee, there will be upside and downside risk to the delivery system. As an example, if the delivery system spent $100 last year, and then through this arrangement we determined they are going to spend $110 the next year, but they actually spend $115, then the delivery system would owe us $5. They would have to pay the amount that they were over. That's the downside risk. The upside risk or upside gain would be if they came in under what they said they were going to and we would split a percent of that amount. That's the general framework. All of this is tied to quality. If a vendor did well on the financial terms but not so well on the quality terms, it would impact the reimbursement.

Mary Fliss, PEB Division Deputy Director: I would add that we are anticipating up to five plan options for our members in 2016 if we come to terms with all three of these ACPs. We would have UMP Classic, UMP CDHP/HSA, and UMP ACP one, two, and three. We're excited about creating some promotional materials so our members can understand and appreciate the value of an enhanced member experience. We're having member experience criteria built in, as well as the idea of trend management and quality management. We want our members to understand the immense advantage we anticipate these plans will have for them starting January 1, 2016.

Dorothy Teeter: As Lou pointed out, we're in negotiations now. As this unfolds, we'll make sure we continue to keep you informed.

Renee Bourbeau, PEB Division Benefits Accounts Manager: Renee provided an update on 2015 open enrollment activities. This was the first open enrollment in which 53,000 employees and non-Medicare subscribers, who cover a spouse or registered domestic partner on their PEBB Program medical coverage for 2015, had to reattest whether the spousal coverage premium surcharge applied to them for the next plan year.

The PEBB Program heavily communicated the spousal reattestation via an October mailing and throughout open enrollment. Communications emphasized the usage of My Account to reattest to the spousal surcharge. Our partners (agencies, higher institutions, and community and technical colleges) also played a significant role in assisting with the attestation process by promoting My Account, providing paper forms upon request, and sending reminders to their employees. As of December 31, 2014, 90% of our subscribers responded to the spousal reattestation.

Subscribers with spouses who are not employed or receiving any employer-sponsored coverage will not have to reattest to the spousal surcharges for coverage year 2016. This means that approximately 20,000 members will need to reattest compared to 53,000 members.

The PEBB Program website was revised to simplify use and navigation for self-pay subscribers and employees. New web pages and detailed information were also created on the HCA website, in addition to 20 new letters, forms, and 95 Frequently Asked Questions that were either posted for subscriber use or for agencies to use as talking points with their employees. We also included information on transgender services.

Staff travelled to 26 benefits fairs across the state and shared information about open enrollment and spousal reattestation. Twenty-six ListServ messages were distributed to agency personnel, payroll, and benefits office staff throughout open enrollment for them to forward to their employees.

The wellness activities required in 2014 were structured to support a high success rate by only requiring employees to do three things to earn the $125 wellness incentive. About 76,000 subscribers out of 130,000 earned the $125 wellness incentive. Major effort went in to working with the health plans to put a system in place to administer the wellness incentive.

There were minor changes in the active pool for account changes at Open Enrollment. Group Health Cooperative enrollment decreased slightly but increased in the CDHP/HSA.

For the Medicare pool, changes are driven by increase in enrollment. For the Medicare retiree pool, UMP continues to be the plan with the highest enrollment with 60% and Group Health Medicare with 25%.

Scott Pritchard, PEB Division Health Management Coordinator**:** Scott and Logan Van Meter and Nancy Board of Limeade provided an update on SmartHealth. Limeade is the successful vendor selected to provide a health and wellness portal for the SmartHealth Program. After working with the PEB Board and Limeade, SmartHealth launched January 1, 2015. Over 35,000 state employees have already signed up. Governor Inslee participated in a video, which is on the SmartHealth website, to kick off the program.

What are our SmartHealth Program goals? What are we trying to accomplish? Year one is engagement, year two is measuring improvement and individual population health, and year three is to see a positive impact on the medical cost trend.

Year One - engage the workforce in SmartHealth. We need to get the word out, get people to sign up online, and to participate. We are measuring the percent of people we're trying to reach and we are able to measure closely how many people we're reaching. We will look at population health and individual health. We want healthy people doing healthy things to improve their health. We want the program to help people identify their health risks and either reduce or eliminate them. We also want to have program options to manage chronic conditions.

Year Two – improve individual and population health.

Year Three (and Five) – Achieve a positive impact on the medical cost trend.

The SmartHealth Program has a financial incentive, which is intended to get the person's attention. Financial incentives are one of the best ways to get people's attention and to direct them to something of value. The SmartHealth Program has significant value, but each person, as they try it, will be their own judge of that value. We strove to create equal incentives for eligible subscribers across all the health plans so everyone can attain the same incentive with about the same amount of work.

The $125 incentive is earned by taking the Well-being Assessment and by participating in activities of your choice. There are multiple choices that change throughout the year. 2,000 points must be earned by June 30 in order to qualify for the incentive. The $125 comes off your plan medical deductible, or if you're in a Consumer Directed Health Plan with an HSA, it goes directly into the HSA. You earn it if you are still PEBB Program eligible in January.

Logan Van Meter, Limeade, did a demonstration of how SmartHealth works. She walked the Board through the Well-being Assessment and how to navigate the program. Once the Well-

being Assessment (WBA) is completed, additional information appears that applies to you specifically based on your WBA. You cannot earn points until you complete the WBA. To date, approximately 35,000 members have completed their assessments. There is also information from your communications team to give additional information on eligibility and the requirements.

The infographic page explains how the program works. There are three levels of points: You Earned It! (2,000); Keep Going! (2,500); and You Arrived (3,000).

Assessments often give you things to work on and you can also see what you are doing well. We want to keep healthy people healthy, so SmartHealth starts out by sharing three things that you are doing well to get you on the right track. You can view your results; and throughout the program year if you click on the assessment, it will automatically bring you to the results. You can get the overall results score and an explanation of what that score means – how well you're doing across all six life areas. You will see your top three strengths and the top three things you need to improve. It is based on a 1 to 5 Likert scale. Your options will be based on your personal health plan. It's very personalized and a unique experience for everyone so that they can work on the things that they need to work on with the resources that they have available to them. The SmartHealth Program allows you to click back and forth to see what you've already done.

SmartHealth activities span all areas of well-being. Some are activity-based, exercise activities, but others focus around your work-life balance, your emotional health, or just enjoying life. Some may be recommended and some are just available for you to work on. Once you select an activity, you will start tracking for the duration of that activity. You will be able to see the day you completed each activity.

If you have indicated health risks based on your Well-being Assessment, you will see that information and your scores associated with that risk. There will be tiles you can select to work on that risk. As you continue onto the next program year, you'll be able to see how you've improved in that score year over year.

With SmartHealth, there's always something different to keep people engaged. There are also activities that last all year, including dental and others like Track Your Activity.

Scott Pritchard: There are benefits that are underused, including programs to reduce risks and to manage chronic conditions. Preventive dental care was underused even though there was no out of pocket cost. We are hoping that this particular activity will increase the utilization of preventive dental care.

Myra Johnson: How did you come up with the point value for each of the activities? Can you elaborate on the verbiage under preventive dental care?

Logan Van Meter: Regarding the verbiage under preventive dental care, the number of comments indicates the number of people who have joined this activity and participating in it. With dental care, there are zero comments because this is a health plan activity. Health plan activities will be zero because it's personal and private information. You are not able to leave comments. It is actually verified from the health plan. You can add it to your plan the same way you would with anything else, but there's no tracker. You'll be able to see it in your plan once you've actually had your dental visit and that claim is filed. That information is securely transferred to the site to load those points automatically.

Scott Pritchard: Limeade helped us determine the point values based on their experience. The goal was to find a middle ground, to make this easy enough to get those 2,000 points. On the other hand, the goal is also to make this a behavior change program where people do a few hard things and change behaviors. We will continue to watch and adjust. The points were chosen based on how easy to the activity was to complete, how much change would occur, and what's the right number for the population as a whole.

Marc Provence: Is there a convenient way to share the health risk information with my primary care provider? Could I print it out and carry it with me to my next visit?

Logan Van Meter: Yes, You can print out the results.

Marc Provence: Is there any way for members to provide feedback with regard to why it might have been difficult to accomplish a particular task? I was thinking about the low dental participation. Maybe it has to do with access to a dentist who speaks my language or something similar. Is there an opportunity to do that?

Logan Van Meter: Absolutely. The comments are very telling. I scroll through all of our activities and see what people are saying and gather that feedback. There is a support and feedback section which automatically goes into the Limeade customer service queue. It gets marked as feedback for us to respond to. If people are having trouble or confused by an activity, they've called customer service and we've been able to adjust any of the activity tile language to make that more clear.

Mary Lindquist: Do you have an estimate on how much face time a person has to have with this program in order to get to the 2,000?

Logan Van Meter: It depends on which activities you've joined. We actually have the ability to connect your physical activity device or free apps, if you've got Map My Run, for example, on your phone. Any of our activity challenges that are appropriate for an activity device will give you an indicator to connect a device. It will take you to the settings page which lists all of the different apps and devices that SmartHealth automatically syncs with. In some cases, you can earn points every week without actually having to go into the site as long as your activity is syncing each week.

Scott Pritchard: Mary, we don't want this to be intrusive. Once you've done the assessment, which is around twenty minutes, and once you're familiar with the program, I would estimate a couple minutes a day would be necessary. If you forget a couple of days, you can track back up to two weeks. The important part is how much of your life it takes changing to healthy activities and that's really the point of all this is are you changing your life.

Logan Van Meter: Once an activity comes to an end, there is a warning email. If you haven't deactivated your emails, it will say, "This is coming to an end, go in and track." Then there's actually a three-day grace period after the end of the activity to go back and track the two weeks in the past if you forgot a day.

Nancy Board, Limeade**:** We hope that you go in more than once a week or more than once a month. It's about behavior change. Behavior change is developing new habits. Our goal is to get everyone to engage in the platform on a regular basis with the hopes that there is enough engaging information there that people want to go back.

Harry Bossi: Is there a SmartHealth app for phones?

Logan Van Meter: It's mobile-optimized so you can use it on your smart phone or tablet, but it is not yet an app that you can buy in the app store.

Scott Pritchard: What I can tell you is that if you view this on your tablet or your smart phone, it really shows up well and is easy to use.

Logan Van Meter: We are also able to target by agencies and institutions of higher education. Through the Wellness Coordinators of Washington Wellness, we are able to target and create that unique experience for every member down to the agency, sub-agency, and institution level so that any of the wellness programs they have there, any of the challenges that they're putting on, they can integrate that into SmartHealth. You see something that's specific to you, your workplace, and your agency.

Nancy Board: We've been sitting for the last hour and Limeade and SmartHealth is not just a wellness program. It's also an engagement program. In order to really live our values and demonstrate engagement, I'm going to ask everybody to stand up and do what we call, "Take a Stand." This is one of our activities. It's something that many of us sometimes forget to do, or don't give ourselves permission to do. It's good for our health and well-being to take a break to stop and think about what we're doing and to get healthier.

Scott Pritchard: We are serious about privacy. We have the HIPAA laws we must conform to and we work hard to protect it. To assist with protecting the information, we report everything in aggregate. We have rules about how small an aggregate number can be so that no one can identify you, unless you choose to self-identify. Data is provided in aggregate form and we protect any of those aggregate pieces of data with a lower number so that there is no chance that we can figure out an individual from an aggregate number.

We did set some metrics. Year One is about participation. There are two parts. The first part is reach. How many people did we get involved, and the second part is impact. Once they're involved, what happens? Now we're in the reach area, trying to get people involved. We have a very aggressive set of goals. Our goal is 70% registered subscribers out of those eligible for the incentive, which is approximately 130,000 people. We want 60% of those registered to earn the incentive. Once the Well-being Assessment is completed, it's important to complete activities, selecting activities that fit your life. After a month or two, if you're serious about the activity, you've made a change.

Engagement is different than participation. Engagement means are you continuing to work at SmartHealth, and the engagement measure that Limeade tracks is a two-week engagement over a rolling two weeks. What percent of the population has come to the site and done something? We want to reach 25% engagement up to June 30, inside the financial incentive. After June 30, we want to reach 15% engagement. Eventually we want engagement throughout the entire year and we have strategies to do that. Our overall engagement of PEBB-insured employees is 131,680 members. The number of registered members is 37,000+. As of April 13, 18,000 members have been active in the two-week time period. Through April 6, there were 35,461 completed Well-being Assessments. Our goal is 70,000. The IVR reference is a term about voice recognition. For members unable to do this online, there is a really good telephonic alternative. Forty people have done that.

One of the ways to look at a population is for individuals - how many have one risk, how many have zero, how many have one, two, three, and more than four risks? It's a common way of looking at a population. The goal is to move more people into the zero to one risk category. The first wave of people who joined SmartHealth are on the healthier side. There are a lot of people with zero and one risks. We want to keep healthy people healthy and provide activities that appeal to them. We also want to attract people who have more health risks and keep them involved. We'll be watching this going forward. We expect that this will change and those with three and four risks will increase.

The first 35,000 members skew a little bit healthy, so the health risks also skew on the healthy side. The top risks are healthy weight and back health. Back Health is often the number one reason that adults visit a primary care provider. Sleep is becoming a huge issue. Exercise, fitness, and healthy blood sugar are things we will be looking at. It will help us understand our population and decide where to put our resources. We also collect employee comments to see what our members like, what do they dislike, what are they saying?

In summary, Limeade tells us we got off to a strong start. We communicated well and members knew how to access the program. There are robust reporting capabilities which will help us improve. It will require innovative marketing to meet our participation and engagement goals. Our long-term focus is not participation, but individual and population health improvement. We will have a broad set of data that we can follow through the years to determine if the population is getting healthier.

Greg Devereux: I think the Health Care Authority and Limeade have done a superb job with the overall site and ease of use. Last year there weren't many things that you had to do to earn the incentive. This year we've gone the other way. I don't agree that it's a couple minutes a day. I think it's an effort to put in. If you do it every day, it probably is lessened, but I think it does require effort. Only 3,900 people have completed Level 1. 35,000 have engaged, but less than 4,000 have finished and less than 5,600 have finished all three levels. I'll go into more detail tomorrow at the Steering Committee, but I'm actually concerned about whether we are going come anywhere close to last year's numbers. I do think there are things we can do. I think there's some confusion about some of the activities. I think we could have more activities so people would have more choices. So those are some of my comments. I'll have more tomorrow.

Scott Pritchard: Those comments in some way mirror what we've seen also. We have challenges ahead to make this work really well. We'll look forward to your comments tomorrow at the Steering Committee.

Greg Devereux: It's probably not unexpected given we went from next to nothing to a full-blown program. It takes a while to get used to it. What I think would be useful is if we had some idea of how many people are close to 2,000 at this point. Engagement doesn't mean a lot if people are closer to 900 than they are to 2,000.

Scott Pritchard: That's a number we can access. We can bring to the Steering Committee meeting tomorrow?

Greg Devereux: That would be useful.
Dorothy Teeter: Greg, I took this information to the Cabinet yesterday and we actually had their agency-by-agency levels of participation, not the points, which I think is a great idea. We've got to start challenging each other. Members are familiar with the site and the word is

that the site is fun and easy to use. I think you will see more agency interactions, like Dept. of Health challenging the Health Care Authority, for example, or different divisions within a Cabinet agency challenging each other. There are going to be more activities during the next three months that will help provide even more opportunities to earn points so that we don't have disappointment.

It can be fun to pick a few people to compete with, for those of us that have a little bit of competitive spirit. Thank you for the launch of this and we're learning as we go. I'm looking forward to more data and consistent improvement as we go forward.

Barb Scott, PEB Policy & Rules Section Manager**:** The Board needs to take action on an eligibility-related policy for the SmartHealth Program. Last year the Board adopted a policy that read:

> "In order to receive a PEBB Wellness Incentive in the following plan year, eligible subscribers must complete the PEBB Wellness Incentive Program requirements by the latest date of: June 30, or Within sixty days after the effective date of their PEBB medical, but no later than December 31."

While working with the implementation team, it became clear to us that 60 days is not a sufficient amount of time for newly eligible folks to complete their activities and be successful. Because of that, we are recommending a change to the policy resolution that the Board adopted last year. The proposal allows more time for the member to reach their points based on their enrollment effective date.

Dorothy Teeter: The new proposal reads as follows:

> **Resolved,** that to receive a PEBB Program Wellness Incentive in the following plan year, eligible subscribers must complete Wellness Incentive Program requirements by the following deadline:
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> - For subscribers continuing medical enrollment and subscribers enrolling in medical with an effective date in January, February, or March, the deadline is June 30
> - For subscribers with a medical effective date in April, May, June, July, or August, the deadline is 120 days from the subscriber's medical effective date
> - For subscribers with a medical effective date in September, October, November, or December, the deadline is December 31

Moved. Seconded. Approved.
Voting to Approve: 7
Voting No: 0

Barb Scott: The next steps will be to administer the benefit under the Board's adopted resolution as of today so our new members benefit from the additional amount of time in order to be successful in completing their activities. We'll be updating the current rule during the upcoming PEBB rulemaking with an effective date of January 1, 2016.

Beth Heston, PEB Division Portfolio Management Contract Manager**:** I manage the life insurance contract. Our current vendor is Reliastar/Voya Financial. HCA will propose a

reprocurement of the life insurance benefit for PEBB for an effective date of January 1, 2017. This is an informational presentation.

The PEBB Program's current life insurance product was purchased in 1977 when PEBB was the State Employees Insurance Board (SEIB). The SEIB was very small in comparison to the current number of covered lives, which is 354,000. There were no procurement rules in place at that time, so no state contract was put in place. Instead have a policy with our insurance carrier.

In 1993, a complete reprocurement was attempted, but didn't produce any competitive bids. We asked bidders to match exactly the administration and systems of the benefits that we had in place and they found that to be too expensive to lower their prices and match the computerized system that we had. We've done some work towards re-procuring since 1993 but have not gone out to bid.

The last change we made to the benefit was in 2012 when we closed out the salary-based supplemental employee insurance because it was confusing to members and was difficult to administer. We believe that it's appropriate at this time to go back out into the life insurance market and locate the best value for our members. At the same time, we can evaluate and design a benefit that will eliminate a number of reoccurring administrative and system issues and improve member experience.

Greg Devereux: What you do mean by best value?

Beth Heston: Best value in terms of pricing and administration. We'd like to see if we can do better.

Greg Devereux: Rate increase for above the $25,000?

Beth Heston: No, rate increase in terms of the premiums that members are paying.

Greg Devereux: But, above and beyond the $25,000 base? People aren't paying for the $25,000.

Beth Heston: Correct. People aren't paying for the $25,000. We think we can do better for supplemental insurance.

Greg Devereux: I agree with that. One point that wasn't made was for many years this was a $5,000 life insurance benefit. It was referred to by state employees as the burial amount of money. My union had to sue the state because the state was using the employee's money that was surplus. That settlement moved the basic to $25,000. I completely support a better value, but I also don't want to have something come back and harm what people have.

Dorothy Teeter: Greg, is your question are we going to consider lowering the $25,000?

Beth Heston: We absolutely will not do that.

Dorothy Teeter: It's the incremental pieces that people buy over and above that, correct?

Beth Heston: We are looking to improve the benefit for our members and improve it in terms of price and what they can afford. We won't be changing the basic.

Greg Devereux: I understand that and I support looking at making the supplemental more advantageous for employees.

Yvonne Tate: I would encourage you to take a look at that $25,000 basic and try to increase it. It seems very small to me if you look across employers. The basic amount of life insurance that's offered is far more than that.

Beth Heston: We don't know what our benefit looks like compared to what's available now. That's one of the reasons we want to check the market place.

Yvonne Tate: It's small compared to other employers.

Marc Provence: Are you also looking at how the demographics have changed over the last 22 years?

Beth Heston: Our demographic is actually fairly stable. We don't have a lot of change. We're looking at the way we're rated, the way prices are set, etc., to see where we can get the best value.

Marc Provence: So conceivably that stability could work in our favor.

Beth Heston: Yes. We're a big stable group. The benefit design has changed very little over the years. Our goals for reprocurement are: to align with Results Washington and Procurement Reform; explore more modern, efficient, and cost effective potions for benefit administration; improve benefit design and cost; and to bring benefit current with life insurance industry standards and practices.

We won't know until we go out to reprocure whether or not our benefit needs to be updated. This is an informational presentation. We would return next year during the regular procurement cycle and share our findings if we were able to find something.

Dorothy Teeter: There would be a briefing prior to voting on this issue. This is a time to step back and see if that refreshed strategy is going to make sense. We would be definitely bringing back what was found and some recommendations prior to any vote. We've heard the concern - if reprocurement occurs, it will be done on behalf of the PEBB Program members, not to decrease or have decrements in value from what we currently have.

Dorothy Teeter: The next PEB Board meeting is May 27 at 1:30 p.m., at Cherry Street Plaza.

Meeting adjourned at 3:20 p.m.