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In The Matter Of:

State of Nevada

Public Employees' Benefits Program Board

January 28, 2021

Capitol Reporters

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Carson City, Nevada 89706

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1
2
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4
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7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
YOUTUBE OPEN MEETING
CARSON CITY, NEVADA
THURSDAY, JANUARY 28 2021

The Board: Laura Freed, Chairperson
 Linda Fox, Vice Chairperson
 Tim Lindley, Member
 Michelle Kelley, Member
 Elizabeth (Betsy) Aiello, Member
 Tom Verducci, Member
 Jennifer Krupp, Member
 April Caughron, Member
 Dr. Marsha Urban, Member

For the Board: Brandee Mooneyhan,
 Deputy Attorney General

For Staff: Laura Rich,
 Executive Officer
 Cari Eaton,
 Chief Financial Officer
 Michelle Weyland,
 Admin Services Officer II
 Wendi Lunz,
 Executive Assistant

Reported by: Michel Loomis, RPR

NV CCR #228
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1 MEETING NOTICE AND AGENDA

2 AGENDA

- 3
- 4 1. Open Meeting: Roll Call 4
- 5 2. Public Comment 5
- 6 3. PEPB Board Disclosures for applicable Board Meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General) 31
- 7 (Information/Discussion)
- 8 4. Consent Agenda 32,34,44
- 9
- 10 5. Presentation on PEPB's Fiscal Year 2022/2023 Governor's Recommended Budget (Laura Rich, Executive Officer) (For Possible Action) 89
- 11
- 12 6. Presentation and possible action on the status and approval of new PEPB contracts contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (For Possible Action)
- 13 (CLOSED SESSION) 99-129
- 14 (OPEN SESSION) 137,153,155
- 15 7. Discussion and possible action on rate setting and Rate development (Stephanie Messier, AON)
- 16 (For Possible Action) 219
- 17 8. Discussion and possible actin on Legislative Counsel Bureau Information Technology Audit Report and Corrective Action Plan (Laura Rich, Executive Officer) (For Possible Action) 223,224
- 18
- 19 9. Discussion and possible action on updates to Board policies and procedures to include edits reflecting (1) Board policy decisions and (2) Subcommittee recommendations relating to the Legislative Counsel Bureau contract audit report (Laura Rich, Executive Officer) (For Possible Action) 224
- 20
- 21
- 22
- 23 10. Discussion and possible action regarding the withdrawal of funds from the Retirement Benefits Investment Fund (Laura Rich, Executive Officer) (For possible Action) 229
- 24

CAPITOL REPORTERS (775) 882-5322

1
2
3
4
5
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7
8
9
10
11
12
13
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19
20
21
22
23
24

MEETING NOTICE AND AGENDA

AGENDA

- 10. Discussion and possible action regarding the withdrawal of funds from the Retirement Benefits Investment Fund (Laura Rich, Executive Officer) (For Possible Action) 229
- 11. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
- 12. Public Comment 242
- 13. Adjournment 214

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1 CARSON CITY, NEVADA, THURSDAY, JANUARY 28, 2021, A.M. SESSION

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3

4 CHAIRPERSON FREED: Okay. Thank you. Good
5 morning, everybody on this snowy morning at least in the
6 north. It is 9 o'clock straight up by my computer's clock, so
7 I will call the public employees benefits program board
8 meeting to order.

9 Staff, if you would call the roll, please.

10 MS. LUNZ: Wendi Lunz for the record. I'll begin
11 roll with Laura Freed.

12 CHAIRPERSON FREED: Here.

13 MS. LUNZ: Linda Fox.

14 MEMBER FOX: Here.

15 MS. LUNZ: Betsy Aiello.

16 MEMBER AIELLO: Here.

17 MS. LUNZ: Dawn Bailey is excused today. April
18 Caughron.

19 MEMBER CAUGHRON: Here.

20 MS. LUNZ: Michelle Kelley.

21 MEMBER KELLEY: Here.

22 MS. LUNZ: Jennifer Krupp. No Jennifer at the
23 moment.

24 Tim Lindley.

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1 MEMBER LINDLEY: Present.

2 MS. LUNZ: Marsha --

3 MEMBER KRUPP: This is Jennifer, here.

4 DR. URBAN: Here.

5 MS. LUNZ: Got you, Jennifer. Thank you.

6 And Tom Verducci.

7 MEMBER VERDUCCI: Here.

8 MS. LUNZ: Thank you. We have a quorum.

9 CHAIRPERSON FREED: Thank you very much. We have
10 a new board member with us this morning. April, would you
11 please pronounce your last name so that we get it right? I
12 don't want to mispronounce it.

13 MEMBER CAUGHRON: Sure. Last name is pronounced
14 Caughron.

15 CHAIRPERSON FREED: Okay. Everybody please
16 welcome April Caughron to the Board, and thank you very much
17 for your willingness to serve. We appreciate that and we'll
18 try to bludgeon you with too many policies decisions right out
19 the gate.

20 With that, I'll move to Agenda Item 2, public
21 comment, and I will turn it over to the PEBP staff.

22 MR. MARTIN: Thank you, Madam Chair. For those
23 who have joined for public comment, your name or the last four
24 digits will be announced and you will be advised that you've
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1 been unmuted.

2 As a reminder for those calling on the phone,
3 please press star six to unmute. Once you begin speaking,
4 please slowly state and spell your name for the record and
5 then proceed with your comments.

6 Due to time considerations, each caller will be
7 limited to three minutes.

8 Kent Ervin, you may begin your comments.

9 MR. ERVIN: Good morning. Can you hear me?

10 MR. MARTIN: Yes.

11 MR. ERVIN: Thank you. Kent Ervin, E-R-V-I-N for
12 the Nevada Faculty Alliance. I've submitted written comments
13 on Agenda Items 5, 6, 7 and 9, and will try to keep these oral
14 comments brief.

15 We understand the difficult state budget
16 situation and we are very appreciative that the 12 percent
17 budget cuts that PEBP enacted in November have been partially
18 pulled back, but we are highly troubled by some of the
19 decisions being contemplated today.

20 Board Members made hard decision in November and
21 you properly chose to abort elimination of entire benefits in
22 favor of trimming across the board.

23 In particular, you protected the long-term
24 disability insurance benefit. PEBP was also able to protect
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1 long-term disability in the 2010 cuts, which were much deeper
2 than now. Unfortunately, the recommended executive budget
3 overrode the Board decision and eliminated LTD long-term
4 disability entirely.

5 Employees who have become disabled will be left
6 without a safety net and will be less likely to be able to
7 return to work after a period of rehabilitation or retraining.
8 Instead, they are more likely to become homeless and wards of
9 the State and that's no exaggeration.

10 PEBP has a fundamental duty to prevent
11 catastrophic consequences from health issues of employees.
12 That's one of your major charges and mission. The fact that
13 long-term disability is relatively rare, affecting hundreds at
14 a time -- or hundreds over the course of years, maybe a
15 hundred at a time and a few dozen, couple dozen each year, the
16 fact that LTD is relatively rare does not mean that the
17 protection from the benefit does not apply to all state
18 employees. It does. We don't know when we're going to become
19 disabled or if we will. That's the nature of insurance.

20 First, disability retirement is no substitute
21 since it is earned only at 2.5 percent of salary per year of
22 service and would not match the LTD income benefit until 20 or
23 more years of service.

24 Also, most NSHE faculty are not covered by PERS
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1 and do not even have that option, and none of us have Social
2 Security benefits. If we've had a state job for the last five
3 or ten years disability -- Social Security disability would
4 not be applied.

5 There is hope, however, that the legislature
6 might restore the LTD benefit based on comments at the
7 legislative commission on Monday. Therefore, it is crucial
8 that PEBP preserve the option to retain LTD until the rate
9 setting meeting in March.

10 For the rate calculation purposes, LTD should
11 remain in the plan at the reduced levels approved in November
12 and the contract with the standard should not be cancelled at
13 this time. You can wait for that. Those are Agenda Items 5
14 and 6.

15 Employee advocates pledge that we will continue
16 to engage with the legislature on budgetary fixes, but
17 respectively request you as PEBP Board Members to retain your
18 authority and fiduciary responsibility to make decisions in
19 the best interests of participants in the program, and also
20 that you advocate with your legislature -- legislators to help
21 them understand the essential nature of the LTD benefit to
22 prevent catastrophic consequences from health issues of our
23 employees.

24 Thank you very much.
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1 MR. MARTIN: Marlene Lockard, your line is
2 unmuted.

3 MS. LOCKARD: Thank you. Good morning, members
4 of the PEBP Board. My name is Marlene Lockard, L-O-C-K-A-R-D.
5 I am presenting also my -- excuse me, I represent the Retired
6 Public Employees of Nevada, and we strongly object to the
7 Board's decision in the budget offices, decision to lower the
8 employee -- employer contribution \$13 to \$11 to the HRA.

9 Our seniors are on a fixed income and have come
10 to rely on that current amount to manage their daily lives and
11 their budget.

12 And a little bit of history, because it's
13 important to put the Medicare retirees in perspective. In
14 2011, Medicare retirees were asked to leave PEBP and put in an
15 exchange. At that time, they left considerable money in PEBP
16 that had already been appropriated.

17 In addition, that move saves PEBP millions of
18 dollars a year and they don't have to pay any -- pay out for
19 any claims for Medicare retirees.

20 The appropriation from the State for retirees is
21 the same for early retirees in the system and for Medicare
22 retirees, and that's around 4 or \$500 per person. So the max
23 that comes back through that \$13, \$11 contribution to the
24 Medicare retiree is well below the 4 or \$500 in employer

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1 contribution. So that money stays within PEBP and so to cut
2 the Medicare retiree is just unfair.

3 The employee contribution -- employer
4 contribution is there in the budget far more than the \$260
5 cap. So I, too, in our organization, will be pursuing further
6 adjustments through the legislative process. But we would
7 hope that you would support our efforts there.

8 And the reduction, again, in life insurance, the
9 one pressing need that our membership had expressed was to
10 increase our life insurance coverage and now it has been
11 decreased to \$7500, which is far better than the \$5,000
12 approved in November, but far below the needs of the average
13 retiree and senior citizen.

14 So I urge your consideration of these facts and
15 hope that you will support our efforts in the legislative
16 process. Thank you so much.

17 MR. MARTIN: Caller with the last four digits of
18 0020, please slowly state and spell your name for the record.
19 Reminder to press star 6 to unmute. That caller has
20 disengaged.

21 Caller with the last four digits of 2244, please
22 slowly state your name for the record and press star six to
23 unmute.

24 MS. SWORDS: Hello, my name is Diane Swords, last
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1 name is spelled S-W-O-R-D-S. I'm a current employee for the
2 State of Nevada and I am calling in, I think, to express the
3 disappointment and dismay that I feel not only for myself, but
4 for pretty much everybody that I currently work with, with
5 regard to the changes to the insurance benefits cost structure
6 that's being proposed right now.

7 I am diagnosed with COVID as of last week, so I
8 am very cognizant of the need for robust health insurance
9 coverage. And what I am seeing is, once again --

10 (Whereupon technical issues
11 occurred.)
12 (Zoom meeting resumed.)

13 CHAIRPERSON FREED: Okay. So, ma'am, would
14 you -- just for the sake of the transcript, would you start
15 your comment from the top? I'm so sorry.

16 MS. SWORDS: Absolutely. It was structured, so
17 that's fine. Once again, my name is Diane Swords,
18 S-W-O-R-D-S. I am a current employee with the State of
19 Nevada. I've been working for the State for about 12 years.

20 So I was diagnosed with COVID last week. It's
21 been very devastating physically, and as I said previously,
22 I'm definitely aware of the need for robust insurance coverage
23 for all individuals within the State, but of course, my
24 particular concern is for State of Nevada employees.

I am very disappointed and actually kind of
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1 appalled by the fact that, once again, the State of Nevada
2 employees are being asked to make extreme sacrifices in terms
3 of the financial considerations for keeping our medical
4 insurance coverage, along with the fact that every single
5 employee of the State is feeling the impact of the budget cuts
6 for each of the agencies we work for.

7 We are all doing much more work because we have
8 to. We've got positions that are not being replaced. We are
9 under a great deal of stress and this seems to be the go-to or
10 fallback position of the State whenever there is an economic
11 downturn, rather than fairly and equitably sharing the burdens
12 of recovery among all of the citizens of the State. The focus
13 is on what seems to be -- what we can pretty much speak out
14 from State of Nevada employees.

15 My insurance coverage is going to go up from zero
16 deductible to a 20 percent coinsurance. That is unacceptable.
17 Most of the people that I work with feel the same way.
18 Everyone that I talk to feels the same way.

19 However, to be perfectly frank, you may not get a
20 lot of people calling in because we are tired. This has been
21 going on since 2008, more or less, and this is just one more
22 instance of this type of thinking or this type of almost
23 punitive action toward people who are giving up things to work
24 for the public sector.

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1 We work for the public for the comparably less
2 money, definitely less in terms of benefits at this point in
3 time. More cost to us and more hardships in our day-to-day
4 ability to get our jobs done.

5 So if you can just keep in mind that for every
6 person that's calling in, there are many, many, many people
7 that are feeling the same way that I am, just pretty much too
8 discouraged to call in and make this comment.

9 Thank you very much for listening. I'm aware
10 that this is a difficult time for everyone, but please keep in
11 mind that it is also a very difficult time for people that are
12 single parents, head of households and that has been
13 struggling and working to try to make the best of a difficult
14 fiscal situation for quite some time.

15 Thank you very much.

16 MR. MARTIN: Caller with the last four digits
17 0071, please slowly state and spell your name for the record.
18 Reminder to press star six to unmute.

19 MR. HOPKINS: Hello, can you hear me?

20 MR. MARTIN: Yes, we can.

21 MR. HOPKINS: Excellent. Good morning. My name
22 is Cameron Hopkins. I am 28 years old, a State employee with
23 EHSS and a member of AFSCME Local 441. I speak to you today
24 in opposition to proposed cuts to healthcare benefits and
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1 heightened premiums in the midst of the global pandemic we're
2 still in.

3 Also, some State employees have the opportunity
4 to work remotely, many do not. Nevada state employees
5 interact with the public on almost a daily basis in ways that
6 cannot be done remotely. CPS workers still go into people's
7 homes to protect our children. Aging and disability
8 workers need to see that our elderly are safe --

9 (Court Reporter interrupted the proceedings.)

10 CHAIRPERSON FREED: For the record, this is Laura
11 Freed. That was Capitol Reporters for the sake of our
12 transcript. Sorry, sir, please continue.

13 MR. HOPKINS: Okay. So while some State
14 employees have the opportunity to work remotely, many more do
15 not. Nevada state employees interact with the public on
16 almost daily basis in ways that cannot be done remotely.

17 CPS workers still need to go into people's homes
18 to protect our children. Aging and disability workers need to
19 see that our elderly are safe and correction needs to ensure
20 safety in close quarter environment amongst many others.

21 Public service people sees more people during
22 times of economic upheaval when Nevadans need us more than
23 ever. Even with the greatest precautions, State employees put
24 themselves at risk to serve their fellow Nevadans.

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1 The cuts proposed in December were made in haste
2 and during the meeting itself. The cuts proposed in December
3 were also made in anticipation of a 14 percent shortfall in
4 the budget -- economic report that was supposed to come out
5 next week. That 14 percent shortfall did not materialize and
6 was thankfully overly quashed.

7 However, the meeting plan that was proposed in
8 anticipation of that potential shortfall is still in the
9 PEBP plan. The cuts proposed are further cuts to the cuts
10 that were done in the aftermath of the 2008 recession.
11 Benefits were never restored the first time around.

12 Nevada is unique in that State employees here
13 make substantially less than the private and county level
14 equivalent because of previous cuts. We have been in a higher
15 increase a month, and because of this, we are hemorrhaging
16 employee. We do not have enough people to maintain the
17 current level of functioning and you guys are trying to cut
18 more things.

19 Please reconsider balancing the State budget on
20 State workers. Again, I can't even count how many times it's
21 been done.

22 Thank you for your time.

23 MR. MARTIN: Caller with the last four numbers of
24 2244, please slowly state and spell your name for the record
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1 and reminder to press star six to unmute. That caller has
2 disengaged.

3 Caller with the last four digits of 2733, please
4 speak and slowly state your name for the record. Reminder to
5 press star six to unmute.

6 MR. BAKKE: Good morning, Members of the Board.
7 For the record, my name is Jacob Bakke, B-A-K-K-E. I'm an
8 administrator faculty at the College of Southern Nevada where
9 I have worked since I was 18 years old. Because we don't pay
10 into Social Security, I am not eligible for Social Security
11 insurance or disability.

12 I urge the Board to consider retaining the
13 long-term disability benefits. I do recognize that a
14 supplemental plan would like to be offered, but -- and I would
15 pay for it, but not everyone will. Some will elect not to,
16 but there will be employees who simply don't know they are
17 suddenly without that safety net.

18 I don't envy the position of anyone on the Board.
19 I know it's a bad situation all around, but I urge you to
20 protect those employees from really catastrophic injury.
21 Thank you.

22 MR. MARTIN: Caller with the last digits of 2733,
23 please speak and slowly state your name for the record and
24 may -- you may begin your comments. Reminder to press star
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1 six to unmute.

2 MR. BAKKE: Hello? Did you hear that at all?

3 MR. MARTIN: Yes, we can hear you now. Thank
4 you.

5 MR. BAKKE: Okay. Good morning, Members of the
6 Board. For the record, my name is Jacob Bakke, B-A-K-K-E.
7 I'm an administrator faculty member at the College of Southern
8 Nevada where I worked since I was 18 years old --

9 MR. MARTIN: Mr. Bakke, I apologize. We did hear
10 your original comments.

11 MR. BAKKE: You did? Okay.

12 MR. MARTIN: Yeah, and I got your number mixed in
13 with another one. Apologies.

14 MR. BAKKE: Okay. Thank you very much.

15 MR. MARTIN: Caller with the last four digits of
16 2733, please slowly state and spell your name for the record
17 and reminder to press star six for the record. That caller
18 has disengaged.

19 Caller with the last four digits of 4404, please
20 slowly state and spell your name for the record. Reminder to
21 press star six to unmute.

22 MR. RAM: Good morning. Can you hear me?

23 MR. MARTIN: Yes, we can hear you.

24 MR. RAM: Good morning, respected Chair and
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1 committees members. My name is Kevin Ram, representing
2 numerous and active state employees. AFSCME Local 4041 is a
3 Union that has been around for many, many years and have seen
4 the devastating cuts to PEBP.

5 Oftentimes some are not put back in after
6 those -- the crises that the State receives. However, the
7 frontline workers of these recipients of the cuts are the ones
8 that ultimately are the back bone of the State.

9 We provide the services that provide countless
10 hours provided to the State with very low pay. It's very
11 unfortunate that they have to look at cuts during a time of
12 crisis. This pandemic has not only devastated the State, but
13 has lost lives of State employees and their family members.

14 Health insurance is extremely important during
15 this time and should not be cut, period. We would like to
16 thank executive officer, Laura Rich, and her staff for their
17 continued efforts to meet with us, communicate their concerns
18 prior to each meeting.

19 However, AFSCME 4041 is against the following
20 changes being proposed today:

21 The 17 percent increase in deductibles for those
22 on the CDH plan is not acceptable.

23 The 28 percent increase and out-of-pocket maximum
24 for those on the CDH plan, again, not acceptable.

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1 Cutting the HSA contributions for those on the
2 CDH plan, not acceptable.

3 Establishing a deductible for those on the
4 EPO/HMO plans, not acceptable. Establishing a 20 percent
5 coinsurance for those on the EPO/HMO plans, these HMO and EPO
6 plans -- I'm sorry, EPO plans, those changes goes against
7 years of past practice and will create unnecessary deaths for
8 those involved in that plan, participating in that plan.

9 A 40 percent reduction of basic life insurance
10 benefits, again, we need to have consistency, not acceptable.

11 Eliminating the long-term disability benefit, as
12 you've heard, State employees are not covered by Social
13 Security.

14 Further, we are being told that COVID-19 will
15 have long-term health effects. They need something to ensure
16 that they have security for their family and themselves going
17 forward. These cuts are not viable to our frontline workers
18 who rely on PEBP.

19 Please ask yourself, as Board Members, have you
20 done everything to ensure the design plan is viable and
21 affordable to all State employees? They're the frontline
22 workers who often do not get recognized for their efforts.

23 State employees for years have worked for more --
24 for less and are hired with a premise that Nevada has a great
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1 benefit package to compensate for the lower pay. We cannot
2 undo this. We need to improve upon our health insurance
3 package, not take away.

4 PEBP Board members need to reach out to the
5 Governor's office, not just Laura Rich and her staff, but
6 Board Members need to talk to the Governor and his staff to
7 ensure that changes like this do not happen and that PEBP
8 receives the necessary funding to be viable and make sure it's
9 affordable for these frontline workers that work hard every
10 day for the citizens of our state.

11 We ask you to defer any changes to the fiscal
12 year '22 plan design until legislators can fund appropriately
13 or make the necessary adjustment today to make the insurance
14 viable and affordable. Please make the right choice.

15 We thank you for your time.

16 MR. MARTIN: Caller with the last four digits of
17 9709, please slowly state your name for the record and press
18 star six to unmute.

19 MR. LEATHEN: Hello. Thank you, Madam Chairwoman
20 and board for the opportunity to speak. My name is Matt
21 Leathen, last name L-E-A-T-H-E-N. I am NSHE faculty,
22 currently teaching at TMCC.

23 I'm serving as chair of the salary and benefits
24 committee at TMCC, though I'm only speaking on my own behalf
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1 due to the short timeframe since the release of the Governor's
2 recommended changes to the PEBP plan.

3 I speak to you today in opposition to the
4 Governor's recommended elimination of the long-term disability
5 insurance. I want to thank the Board for your careful
6 consideration of the long-term disability insurance benefit
7 during the November 23rd board meeting. Even when needing to
8 make a 12 percent cut in plan costs, you approved maintaining
9 a reduced long-term disability insurance plan.

10 Now that the Governor's recommended plan includes
11 a smaller overall cut in plan costs, I urge you to maintain
12 the long-term disability insurance coverage.

13 As the Board members are well aware, the majority
14 of NSHE faculty and many State employees are not eligible for
15 Social Security disability benefits or the PERS disability
16 benefits.

17 Elimination of this benefit from PEBP would
18 create a significant chance for a catastrophic outcome for
19 employees who become disabled. In this time of economic
20 stress, allowing the long-term disability benefits to become
21 an opt-in benefit will likely lead to a disabled employee
22 experiencing a catastrophic situation.

23 I'm asking the Board to please stick to your
24 original decision to prioritize maintaining the long-term
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1 disability insurance for all the employees.

2 Thank you for your time and consideration.

3 MR. MARTIN: Caller with the last four digits of
4 5550, please slowly speak your name for the record and press
5 star six to unmute.

6 MS. SHERFIELD: Good morning, Staff. My name is
7 Serrochia Sherfield. Spelling the first name is
8 S-E-R-R-O-C-H-I-A. The last name is S-H-E-R-F-I-E-L-D. I
9 currently work for State of Nevada as a DMV tech. I am a
10 mother of three. I'm opposing that you guys already have --
11 we have the furloughs already intact and we're cutting hours
12 everywhere else over there, trying to push and shove.

13 Cutting our medical is going to be catastrophic.
14 I have medical issues. I have three kids, one of them have a
15 medical issue and right now my health HSA is depleted. So if
16 anything else happens right now, I have nothing to fall back
17 on.

18 Our raises, we're getting shunned on our raises.
19 The Union is not really -- they're trying to help us get
20 through to you to how important that is. You guys, you know,
21 did the furloughs on us and then turned around and deemed us
22 essential.

23 So we're kind of confused on how that's working
24 if we're essential to the community to make sure everybody is
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1 driving legally, have their ID's and have everything set, but
2 then you're cutting our hours and then you don't want to give
3 us our pays and do other little things for us.

4 There are a lot of parents like myself in the DMV
5 that are scared to speak up, they don't know what else to do,
6 but now they're turning us off welfare and everything else
7 and yet we can't qualify for that.

8 So where -- there's a line spot because right now
9 I have to start looking for another job because of what
10 potentially could be catastrophic to me and my family as far
11 as medical care.

12 I came from a culinary union where I was there
13 17 years. With the State and the County being as big as the
14 culinary, there should be no reason why we can't compete with
15 what culinary does for their people. I came from to where
16 they had their own offices to where we had our own buildings.
17 We go to that building, everything is taken care of. State
18 and County is lacking in that area big time.

19 And I'm sad to say, but this needs to be
20 prioritized amongst everything else, especially during the
21 COVID-19.

22 Thank you.

23 (Whereupon technical issues
24 occurred.)

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1 CHAIRPERSON FREED: Okay. Thank you very much.
2 All right. It's 9:39. Let's call this meeting back to order
3 since now we have the Court Reporter back, and I will turn it
4 over to PEBP staff again and the lady who is kindly patiently
5 waiting.

6 MR. MARTIN: Yes. Caller with the last four
7 digits of 7947, press star six to unmute your line and please
8 restate your name for the record.

9 CALLER 7947: Hi, my name is (electronically
10 indiscernible), and I'm a state employee with the State of
11 Nevada and also an acting local Union member, Local 4041 union
12 member. I want to thank PEBP board because -- you know, for
13 supporting us. I do appreciate the situation that you're in
14 and that the State finds itself on.

15 I do appreciate that the rates have been reduced.
16 However, it's still quite a bit of an increase and doesn't
17 make a huge impact when you're -- for when -- like we're being
18 raised if -- probably more than what we've been asked to take
19 on furlough. So it's just, you know, robbing Peter to pay
20 Paul.

21 So what is also frustrating is that your --
22 I'm -- I've been working for the State and pretty much my
23 whole career. I don't contribute to Social Security.

24 So if I get injured or I become extremely ill, I
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1 have no back up. I will be severely impacted, my family would
2 be severely impacted because my whole career has been toward
3 state service and to be put in that situation is kind of
4 scary. Sorry, I'm getting a little emotional because, you
5 know, you never know when somebody will get into an accident.
6 And my mom was on disability and what Social Security provided
7 her because she didn't work very much, you know, she didn't
8 have a decent paying job.

9 I don't have the option because I haven't even
10 paid into Social Security significantly. And then, you know,
11 to also to take into consideration that these meetings are
12 held when other State employees are working and can't take
13 time off.

14 I really urge the Board to start reconsidering
15 the time they hold their meeting so that more members, State
16 employees can be present and can attend these meetings.

17 The other thing I urge this Board to do is to
18 really -- to take into consideration the notification it
19 provides. We don't get a mass email saying, hey, we're having
20 a PEBP board meeting. So if you'd like to make arrangements
21 with your supervisor so that you can attend, that's not even
22 an option. All that gets posted is what I get notified
23 through my Union because PEBP board isn't proactive in sending
24 this out.

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1 We're the ones that are being affected, we should
2 be notified. It should be sent out as soon as you have an
3 agenda. It should be a reminder email. It should be posted
4 everywhere so that State employees are aware that this meeting
5 is happening and that they're going to be impacted.

6 So I thank everyone for their support and I
7 appreciate that the Governor has come back and is trying his
8 best, but it's not enough and not in this format that is so
9 crucial to us, which is health insurance and insurance
10 coverage.

11 Thank you.

12 MR. MARTIN: Caller Chanel Bergrin, please slowly
13 state and spell your name and you may begin your comments.

14 Caller Doug Unger, please state and slowly speak
15 your name, unmute and you may begin your comments.

16 MR. UNGER: Am I on mute? Can you hear me?

17 MR. MARTIN: Yes.

18 MR. UNGER: Doug Unger, U-N-G-E-R, member UNLV
19 employee benefits advisory committee and UNLV chapter
20 president Nevada faculty alliance and southern Nevada
21 government affairs for the record.

22 I'm sure Chair Freed and distinguished members of
23 the PEBP Board will agree that the process of determining plan
24 designs and benefit for next year have been unlike any other

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1 in Nevada history or since the founding of PEBP. This is, of
2 course, because of state budget uncertainties during the
3 economic crisis of the COVID-19 pandemic.

4 But this process has been, in our reading of it,
5 also subjected to mandates and interventions by the Governor's
6 office unlike any other, which have affected the
7 decision-making powers of the board. There is good reason for
8 the statutory and dependants of PEBP.

9 The PEBP Board and its executive officers stand
10 much closer to State employee and public interests. The
11 Members of the Board are far better informed about potential
12 impacts of plan design changes and response to budget
13 constraints.

14 NRS 287.043 establishes that the Board will make
15 these decisions to the best of its abilities and in good
16 conscious independently to the benefit of State employees in
17 balance with their judgment of the best interests of Nevada
18 citizens.

19 This process has not happened the way it normally
20 would, so the plan designs you are considering on Agenda
21 Number 5 appear as a fete accompli dictated from on high about
22 which we feel powerless.

23 What we sense in the plan designs you're being
24 asked to approve today is that there may be entrenched

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1 outdated convictions by the powers that be that premiums must
2 be kept low or flat at the expense of other benefits. The
3 impact of this approach is obvious. High out-of-pocket
4 maximums in the CDH and new PPO plan shift costs to the
5 sickest State employees who can least afford the burden.

6 The cutting of \$2 per month to retiree
7 contributions is, in effect, a regressive tax on members
8 living on fixed incomes and the proposed elimination of
9 long-term disability insurance is dangerous and cruel for
10 workers who by state and federal agreement are not covered by
11 Social Security.

12 Thousands of PEBP members do not have enough
13 accumulated in PERS to be able to survive being disabled for
14 very long and the 7,000 higher education faculty would be left
15 with nothing should they face an illness or accident that
16 prevents them from working or if they contract COVID-19 and be
17 among the growing number of cases who suffer a long-term
18 disability.

19 Just yesterday I was contacted by a
20 representative of the UNLV School of Medicine, a physician who
21 works on the front line with her staff. They are very
22 concerned about risking their lives without having long-term
23 disability insurance. This is a dangerous oversight and it
24 must be fixed somehow by the PEBP Board in its actions today.

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1 Looking to the future, we ask for an in-depth
2 discussion by the Board of the ethics and ideology of the
3 approach to keep premiums lower or flat balanced against
4 financial burdens to the health and lives of State employees
5 who suffer from serious illnesses and retirees who see their
6 fixed incomes reduced so that the healthy and young may pay
7 less.

8 This discussion should go to the heart of what
9 health insurance is and benefits should be for future plan
10 designs. Deciding this will better enable the Board to
11 determine a more stable and more just approach to future
12 policy.

13 Thank you to Executive Officer Laura Rich for her
14 continued outreach and openness to State employee advocates
15 and for her willingness to listen to the concerns of the many
16 thousands of State employee, faculty, retirees and PEBP
17 members we represent.

18 Thank you to all who serve on the PEBP Board for
19 your consideration, for the time and care you devote to your
20 discussions and deliberations and for your wisdom.

21 Thank you.

22 MR. MARTIN: Caller with the last four digits
23 7338, please slowly state your name for the record and star
24 six to unmute yourself.

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1 MS. MALONEY: Good morning, Chair Freed and
2 Members of the Board. Can you hear me okay?

3 MR. MARTIN: Yes, we can hear you.

4 MS. MALONEY: Thank you. This is Priscilla
5 Maloney, P-R-I-S-C-I-L-L-A, M-A-L-O-N-E-Y. You've heard a lot
6 of -- I'm sorry, representing the AFSCME 4041 retiree chapter.
7 You've heard a lot of moving and impactful comments today from
8 our State workforce. I would like to say that those are the
9 folks that we really need to listen to in this time of crisis.

10 I also want to thank Dr. Ervin, Doug Unger,
11 Ms. Lockhart for their comments. I would only let the Board,
12 I will try and be brief here, that the AFSCME retirees did
13 submit written public comment on the December 16th interim
14 retiree benefits committee board meeting and then on
15 January 25th -- I'm sorry, that was 2020 and then
16 January 25th, 2021, we also submitted written public comments
17 and those documents are available.

18 And again, Dr. Ervin, Ms. Lockhart, Mr. Unger --
19 or Dr. Unger have covered basically everything that we feel
20 needs to be looked at very closely today.

21 We would say that we do appreciate that the life
22 insurance benefit cut was somewhat mitigated by the Governor's
23 recommended budget, but that 7500 barely covers the cost of a
24 burial.

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1 And so, again, I thank the Board its work in this
2 difficult time, but would implore you to please listen to the
3 voices that you're hearing from the actual employees and
4 retirees that are going to be suffering under the burden of
5 these cuts.

6 Thank you very much.

7 MR. MARTIN: Caller with the last four digits of
8 7800, please speak and slowly state your name and press star
9 six to unmute. The caller is not responding.

10 Madam Chair, that concludes our public comment.

11 CHAIRPERSON FREED: Okay. Thank you very much
12 and reminder to anybody listening or watching, there will be
13 another public comment period at the end of the meeting.

14 So with that, I'll go to Agenda Item 3, PEBP
15 Board disclosures and toss it to the deputy attorney general.

16 MS. MOONEYHAN: Thank you, Madam Chair. Brandee
17 Mooneyhan, Deputy Attorney General for the record. This
18 agenda item allows me to make a disclosure on behalf of the
19 Board Members who are eligible for the PEBP benefits. Of
20 course, most of the items on today's agenda will have an
21 indirect effect on the benefits available to PEBP members.

22 In particular, Item 5, which in part deals with
23 approval of certain elements of the plan design for plan year
24 2022 may eventually directly effect the PEBP benefits

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1 available to members.

2 So pursuant NRS 281A.420, on behalf of the Board
3 Members who are eligible for benefits, I offer this disclosure
4 that those members will be voting on items that may affect the
5 benefits available to them and/or their family members.

6 I note that the law does not preclude them from
7 voting on these items, but I would like to make the
8 disclosure. I also invite any member who has any additional
9 disclosures to make to do so now.

10 Thank you.

11 CHAIRPERSON FREED: Okay. Then Laura Freed for
12 the record. Hearing none, we'll move onto Agenda Item 4.

13 Board Members, this is the consent agenda, a
14 whole bunch of reports on -- from various vendors, and I hope
15 you've all had a chance to peruse them. And if any board
16 member wants to pull any of these items for discussion, please
17 let me know now.

18 MEMBER AIELLO: This is Betsy Aiello, and I just
19 have a statement I'd like to make on the United Health report.

20 CHAIRPERSON FREED: Okay. Please, go ahead.

21 MEMBER AIELLO: Okay. That was quick. When we
22 approve, I would like to add a statement that looking through
23 the report there was more than one page where the information
24 in the tables would show a negative, but the text relating to
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1 those tables would show a positive.

2 An example would be on page 6, where the table
3 says that PCP visits and specialists visits had decreases in
4 this past year, but the text regarding it says both increased
5 from the prior period.

6 So I think that the data presented is probably
7 accurate, but that the tables might not -- or the text around
8 some of the data might not have been updated in this report.
9 So I would like that United would look at their report and
10 make it consistent. That's just my statement there.

11 CHAIRPERSON FREED: Okay. Thank you. Anybody
12 else, are there any consent items you want to pull?

13 MEMBER KELLEY: It's Michelle Kelley here. I
14 have brief questions on the action minutes themselves as well
15 as 4.3.6, the PPO network.

16 CHAIRPERSON FREED: Okay. So let's pull 4.1,
17 4.3.6, Hometown Health Providers and Sierra Healthcare options
18 PPO network. And as for myself, I would like to 4.5, appeals
19 and complaints. Going once, going twice.

20 Okay. I will entertain a motion to approve or
21 accept all of these reports on the consent agenda, save the
22 ones I just mentioned.

23 MEMBER FOX: Linda Fox, I --

24 (Simultaneous speaking.)
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1 MEMBER LINDLEY: Tim Lindley, for the record.
2 I'll second.

3 CHAIRPERSON FREED: Great. Thank you. All in
4 favor, please signify by saying, "aye," or wave your palm at
5 the screen.

6 Any opposed say no?

7 Okay. Motion carries unanimously.

8 (Motion carries.)

9 CHAIRPERSON FREED: All right. So let's go back
10 to 4.1, Member Kelley.

11 MEMBER KELLEY: Yes, thank you, Chair Freed. So
12 my -- it's really just a question. So I notice that in the
13 attendees, all the action minutes, the staff are listed, the
14 Board's listed, public comment is listed. But the experts
15 that we relied upon for data, namely AON, is not listed.

16 And so I'm wondering why when we rely on
17 information provided by that group, that they wouldn't be in
18 the attendees list?

19 And I would like to request going forward that
20 they would be included on the attendees list.

21 MS. RICH: And this is Laura Rich for the record.
22 I don't see why we can't. Ms. Mooneyhan, if you want to weigh
23 in on this. You know, I don't see a reason why we can't, but
24 maybe if legal just wants to provide an opinion?

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1 MS. MOONEYHAN: Sure. There is no legal
2 prohibition on including the names if you would like to
3 include them, I would --

4 CHAIRPERSON FREED: All right. Then we'll list
5 them as witnesses going forward. That's fine.

6 Member Kelley, does that take care of your action
7 minutes concerns from November 23rd?

8 MEMBER KELLEY: Yes, it does. Thank you.

9 CHAIRPERSON FREED: Okay. Would you like to then
10 go on to your questions on 4.3.6?

11 MEMBER KELLEY: Yes. So thank you, Chair Freed.
12 So the PPO network, the service level agreement report is
13 included in that documentation and there is a fail listed, and
14 so I was just wondering if staff could tell us what the
15 penalty is for that particular fail?

16 MS. RICH: For the record, Laura Rich. Yes, that
17 particular fail is under the performance guarantees and it is
18 two percent of the administrative fees that are assessed
19 during that quarter and that equals to, I believe, about
20 \$7200.

21 MEMBER KELLEY: Okay. Thank you. And can you
22 briefly just share with us why they failed that metric?

23 MS. RICH: For that metric, and I'm pulling it up
24 right here, let me -- give me one second. That metric
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1 specifically says turnaround time for repricing of medical
2 claims within three business days of receipt.

3 So the way that that process works is when a
4 claim comes in, when a claim comes in from a provider, it then
5 gets sent to the network for repricing. And they have a
6 performance guarantee surrounding the time that they can take
7 for repricing.

8 This is not -- obviously, it's not the first time
9 that Hometown Health has failed this performance measure.
10 They're taking longer than that, those three business days, to
11 process them.

12 As to why, I don't know. I can't give you a
13 reason why. I don't know what is causing the lag. It's
14 something that I can definitely reach out to Hometown Health
15 and ask them as to why, but I do want to point out that their
16 contract is expiring as of June 30th. And you'll see in a
17 different report that there's -- there will be a new vendor.

18 MEMBER KELLEY: Great. Thank you, Executive
19 Officer Rich. Just one thing you said, and I wonder if
20 there's not an opportunity here, you indicated that this is
21 not the first time they failed this particular metric.

22 And I'm wondering if there's an escalation
23 penalty in the SLA whereby if they fail it multiple times in a
24 row or multiple times in a 12-month period, that the penalty

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1 actually escalates. And if there's not one of those, is it
2 possible in ongoing contracts to perhaps include that since
3 it's a fairly important piece of our contract?

4 MS. RICH: For the record, Laura Rich. Yes. So
5 there is no performance guarantee that escalates the penalty,
6 but we did look at this moving forward with the new contract.

7 I will have to say that we haven't experienced
8 this with other -- we actually have a national network through
9 Aetna and we don't have that issue through Aetna. We also
10 don't have that issue through the Sierra Healthcare options in
11 the south.

12 This has been isolated to Hometown Health, but it
13 was definitely something we looked at and we did change the
14 penalties -- or the performance guarantees with this new
15 contract that will be replacing it in July.

16 MEMBER KELLEY: Great. Thank you. And that's
17 all I have, Chairperson Freed. Thank you.

18 CHAIRPERSON FREED: Okay. Great. Thanks.

19 Okay. So let's go to 4.5. Board Members, I
20 pulled this because I wanted to -- as I was going through the
21 number of complaints about our, you know, various vendors as
22 well as complaints about PEBP itself, I couldn't help but
23 notice that Express Scripts has the most complaints for 2020,
24 although certainly some of the HealthSCOPE stuff comes a close

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1 second.

2 And the reason that caught my eye is because last
3 fall, I became aware of a situation with one of our
4 participants who is on a specialty medicine who had a pretty
5 rough time with ESI and Accredo, the specialty drug sub for
6 ESI.

7 And you folks who were on the Board last year
8 might remember that we implemented the SaveOn Program in March
9 of 2020 and this was done to be able to leverage some of the
10 patient assistance programs that are out there with the
11 pharmaceutical companies.

12 Anyway, so I, you know, had been made aware of
13 this participant's difficulties and just also, for your
14 information, we have approximately 500 people on specialty
15 drugs in the program.

16 So I wanted to ask some questions about how ESI
17 and Accredo make sure that some of our specialty drug
18 participants are not getting the bureaucratic runaround that
19 this participant experienced.

20 So, you know, if Ms. Williams can come on for
21 just a little bit, I have a couple of questions relative to
22 how benefits are coordinated for specialty drugs. And I want
23 to be here clear, I don't want to take up the Board's time.

24 This is a big agenda and, you know, ESI and
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1 Accredo can send the Board a letter, explaining the answers to
2 some of these things. So we don't have to take a bunch of
3 time, but I did want to get a couple of things on the record
4 if I could.

5 MS. WILLIAMS: All right. Hello, this is Amy
6 Williams with Express Scripts. Can you hear me okay?

7 CHAIRPERSON FREED: I can. Thank you,
8 Ms. Williams. Thank you for joining us.

9 MS. WILLIAMS: You're welcome. I apologize where
10 you can't see me very well. I'm hiding from kids, working
11 virtually.

12 CHAIRPERSON FREED: Oh, I think that's one of
13 things about this pandemic. It's really revealed our
14 collective humanity of, you know, broadcasting from our
15 bedrooms and places like that.

16 MS. WILLIAMS: You got that right, yes. I'm
17 happy to join today.

18 CHAIRPERSON FREED: Thank you. So, okay, how
19 quickly are billing issues for specialty drugs elevated to ESI
20 account managers?

21 MS. WILLIAMS: Sure. So when it comes to
22 specialty drugs and around especially co-pay systems when
23 they're involved and they do escalate. If a member calls into
24 our customer service team and if they are not able to answer
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1 the questions a member has, the process is they pull in a --
2 what we call our resolution team lead, so the next step up in
3 service.

4 And then beyond that, if it's something that
5 involves accumulators, especially in this specific case,
6 shared accumulator with a medical vendor, also this specific
7 case, it involved a program that PEBP was involved in as well.

8 So in those situations, they do pull in the
9 account team, myself specifically, to help answer questions
10 and pull in all the necessary teams to help kind of come to
11 resolution.

12 CHAIRPERSON FREED: Okay. In the particular case
13 I've been made aware of, the purchaser was told that the
14 SaveOn Program was mandatory, except it's optional. Have the
15 reps been given the training to give participants on specialty
16 drugs that correct information now?

17 MS. WILLIAMS: Yeah, most definitely. I know
18 this particular situation, I know a lot of the billing
19 concerns were prior to SaveOn being implemented and so I can
20 speak to that quickly if I could.

21 CHAIRPERSON FREED: Sure.

22 MS. WILLIAMS: Because I just want to share some
23 things that I have since we're in a conversation short. So
24 with the specialty claim, when there's an adjustment, since

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1 our system automatically looks to deduct those co-pay systems
2 dollars from an accumulator versus, of course, add them back
3 in for them to satisfy out of pocket, it does take a bit more
4 time for an adjustment of a specialty claim.

5 I've learned that it is actually a file transfer
6 process to our internal warehouse as well as possibly extra
7 steps in communicating with the outside vendor for co-pay
8 systems. And so that does take some time and we saw that
9 delay impact this specific member and how her future claims
10 adjudicated here and with HealthSCOPE.

11 What's -- what I'm happy to share is that it's
12 slated. For 2021, we have enhancements in the pipeline to
13 help to make that more realtime when it comes to adjustments
14 with specialty claims. And so that is something that is
15 reassuring.

16 I know now that we're talking about SaveOn, it
17 doesn't come into play, but I wanted to make sure I mentioned
18 that. It's something that is great to hear with her past
19 experience we had with her.

20 CHAIRPERSON FREED: Right, right. Yeah, I mean,
21 I -- so if SaveOn's optional, specialty drug claims are not
22 automatically being denied then like it was in her case?

23 MS. WILLIAMS: So with SaveOn, it is an optional
24 program. It is when -- when that was first implemented, of
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1 course, as you all probably know, that SaveOn reaches out to
2 those members to accept them into the program, help educate
3 them and get their approval to enroll in the program.

4 And this specific case, she declined. But she
5 had declined and then hung up the phone, and per our conduct
6 with SaveOn they gave the opportunity to educate so that they
7 can know how a claim has been processed and that wasn't able
8 to be done.

9 So as the member thought she had declined and
10 opted out, she later found those road blocks, of course,
11 trying to fill it through her own means at the retail -- or at
12 the -- through the pharmacy.

13 And so she called back to our customer service
14 team, and you're correct, we did find that there was some
15 error in them stating that they need to, in other words, took
16 it as mandatory need to participate in that program.

17 In all situations, when we pull those calls,
18 those reps are definitely coached. That's sent to their
19 leadership to have a meeting with them about that.

20 CHAIRPERSON FREED: Okay. So when Accredo
21 reaches out to people who have been prescribed specialty
22 drugs, they get the -- both the participant and the staff gets
23 coached that this is the process now.

24 MS. WILLIAMS: Right. Yeah, and --
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1 CHAIRPERSON FREED: Okay.

2 MS. WILLIAMS: Yeah, yeah.

3 CHAIRPERSON FREED: I -- okay. Thank you. I
4 appreciate the clarity around this. I'm -- I should make
5 clear for you and for the Board that, I mean, I'm -- I was
6 concerned about this one participant, but I'm -- in the
7 broader sense, I'm concerned that, you know, folks who are on
8 specialty drugs have chronic conditions and they are -- they
9 perhaps have less, you know, physical and psychic energy for,
10 you know, fighting a bureaucracy than somebody like me who's
11 healthy.

12 And, you know, when I have to call HealthSCOPE
13 and ask them to re-adjudicate my claim because I think they
14 made an error, I find that annoying enough and I'm healthy and
15 have all my faculties and stuff.

16 So mostly I want to make sure that there are
17 guardrails for our folks on specialty drugs, that they -- you
18 know, they're getting the right information. They're getting
19 the help that they need because, you know, again, they are
20 chronically ill participants.

21 So thank you, Ms. Williams, I appreciate your
22 testimony and I appreciate the Board's indulgence in this
23 particular subject for a few minutes.

24 MS. WILLIAMS: You're welcome. If you have any
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1 other questions, feel free to have them send it through
2 Ms. Rich, and I'm happy to answer any questions you have.

3 CHAIRPERSON FREED: Okay. Great. Thanks.

4 MS. WILLIAMS: You're welcome.

5 CHAIRPERSON FREED: Okay. Board Members, with
6 that, do I have a motion to approve the action minutes 4.5 and
7 4.3.6? Did I get that right?

8 MEMBER FOX: Linda Fox for the record. I will
9 make that motion.

10 MEMBER KELLEY: Michelle Kelley here, I'll
11 second.

12 CHAIRPERSON FREED: Okay. Thank you. All in
13 favor say, "aye."

14 Okay. Any opposed say no?

15 Okay. Motion carries.

16 (Motion carries.)

17 CHAIRPERSON FREED: Does the Board want a break
18 before we launch into Item 5? Okay. All right. It's 10:10,
19 we'll return at 10:15. Thank you.

20 (Recess.)

21 CHAIRPERSON FREED: All right. Once again, this
22 is Laura Freed. It's 10:16 a.m. You guys got an extra
23 minute. We'll call the meeting back to order.

24 And if PEBP staff is ready, we will go to Agenda
CAPITOL REPORTERS (775) 882-5322

1 Item 5, Governor's recommended budget for the 2022/'23
2 biennium.

3 MS. RICH: Sorry. I was on mute. Okay. So for
4 the record, Laura Rich.

5 To refresh the Board on November 23rd, 2020, the
6 PEBP Board met and approved plan year '22 plan design based on
7 the 12 percent budget reserve requirements that were issued by
8 the Governor's finance office on November 3rd. That was a
9 total of \$36 million per biennium.

10 So the Board made various plan design changes,
11 including the addition of a new plan, but that did not get us
12 to \$36 million alone. So the Board had to make some
13 additional changes.

14 So there was the decision to implement the
15 out-of-network bill charges negotiated by using the
16 140 percent Medicare model, rather than fair health standards.
17 We also implemented Smart 90 on the EPO and low deductible
18 plan and the advantage network to all three plans.

19 We also produced the Medicare HRA contribution
20 from \$13 to \$11 per year of service. There was a reduction of
21 life insurance, a basic life insurance benefit from 25,000 and
22 12,500, what it is today, to 10 and 5, 10,000 or active 5,000
23 for retirees. And we also reduced the long-term disability
24 benefit to a 50 percent benefit.

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1 Additionally, we unbundled the dental premium,
2 which added a significant surcharge, I guess if you want to
3 call it to that, to the overall rates.

4 So that adjusted agency request budget was
5 submitted the following day to the Governor's finance office
6 and that reflected the Board's decisions.

7 On January 18th, the Governor released his
8 recommended budget, which for PEBP included some very welcomed
9 funding back to the program.

10 The budget was successful in minimizing the
11 impact to State employees by not just eliminating furloughs,
12 but also through the preservation of medical benefits and
13 stable premiums. In the budget highlights, the Governor
14 includes the following statement:

15 The Governor's budget prioritizes the health and
16 well being of State employees, retirees and their families who
17 will continue to have access to an excellent medical benefit
18 package through PEBP.

19 It is more crucial than ever for State employees
20 to have access to options that fit their unique healthcare
21 needs. PEBP will expand the coverage options offered through
22 the program in the upcoming biennium to include a new low
23 deductible co-pay based option. In addition to increased
24 choice, premiums are expected to remain stable for the

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1 upcoming plan year.

2 So the cuts to the budget are significantly less
3 than the original 12 percent. It's about half of that at six
4 percent. Most of the additional funding that was given back
5 to PEBP was directed to first dollar coverage, so lowering
6 deductibles, increasing that HSA contribution and also keeping
7 rates stable.

8 So I think the one thing we can hang our hat on
9 on this is that, you know, we really do have a low deductible
10 plan. This has been something that members have been begging
11 and pleading PEBP for to bring back for years, ever since the
12 introduction of the high deductible plan, and we've finally
13 been able to do that with the Governor's support through his
14 budget recommendations.

15 As you can see on the grid, all of the
16 deductibles and out-of-pocket maximums were reduced from the
17 earlier 12 percent version as well and -- but, you know,
18 unfortunately with those -- all those successes, there's also
19 some sacrifices that have to be made.

20 Basic life insurance benefit was also reduced,
21 but actually not as much as what the Board had approved in
22 November. In Gov Rec, the life insurance is actually at
23 15,000 for actives and 7500 for retirees, and I think the goal
24 here was to keep that benefit at a level sufficient to cover

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1 the cost of the burial. The budget also maintains the \$13 to
2 \$11 reduction in HRA contribution as well.

3 So lastly, something we've heard a lot about
4 through public comment, the LTD was eliminated.
5 Unfortunately, the State is facing some fiscal challenges and
6 with that has -- you know, there's big decisions and difficult
7 decisions that have to be made.

8 So, you know, keeping with the focus of reducing
9 barriers to access the care and reducing that first dollar
10 coverage, really that -- the long-term disability, it was a
11 relatively low utilized benefit and it does come at a very
12 significant cost. It's about \$9 million for the biennium.

13 It's also a benefit that can be purchased by
14 members on an individual basis and a benefit that PEBP will be
15 working very, very hard to add to our menu of voluntary
16 products, if not -- likely not this coming open enrollment,
17 but when we introduce our new eligibility system, it should be
18 a part of those voluntary products and that will be in
19 January.

20 So there may be a six-month gap, but we are going
21 to work really hard to make sure that we can introduce that as
22 a voluntary product.

23 So overall, despite all of the budget challenges
24 the Governor and his budget staff were faced with, I think

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1 that PEBP actually came out quite well. We are able to offer
2 more choices and access without having to significantly raise
3 rates and that really aligns with the PEBP mission statement
4 that we provide employees, retirees and their families with
5 access to high quality benefits at affordable prices.

6 So PEBP really appreciates the support of the
7 Governor and his staff and we are grateful that such a high
8 priority was placed on employee medical benefits.

9 Before I move into the recommendation, I want to
10 pause here and explain that there were some legal questions
11 that PEBP explored regarding the options and actions that the
12 board could take at this point. The Governor has presented a
13 recommended budget and -- which for PEBP is really expressed
14 in the form of plan design.

15 So at this point the Governor's budget is now in
16 the hands of the legislature.

17 So that leaves the question: Does the Board at
18 this point have the ability to make adjustments to plan
19 design.

20 So I think rather than me try and explain the
21 legalities, I think I'm going to ask our Deputy Attorney
22 General, Ms. Mooneyhan, to jump in here. Brandee, if you want
23 to jump in.

24 MS. MOONEYHAN: Sure. Just to be clear, of
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1 course, the PEBP Board does not have the authority to override
2 the Governor's recommended budget. The Governor retains, you
3 know, the executive power, the ultimate executive power.
4 However, I think this agenda item is designed to allow the
5 Board to approve the plan design changes that are going to
6 arise out of the Governor's recommendations pursuant to
7 NRS 287.043.

8 The Board is -- has broad powers to carry out the
9 public employees benefits program and that, of course,
10 includes the details of how that is going to be designed.

11 Technically, the plan design is distinct from the
12 budget, though it has to be kept in mind they're very closely
13 intertwined. It should also be kept in mind that both the
14 State budget and plan design are ongoing processes that go on
15 all year and neither are final yet for this year.

16 But traditionally any potential changes to the
17 plan design are presented to the Board for its information,
18 discussion and approval so that staff can go ahead and proceed
19 in developing the plan design as that is contemplated by the
20 budget at this point.

21 MS. RICH: So the recommendation here -- thank
22 you, Ms. Mooneyhan. The recommendation here is for the Board
23 to approve the plan design as expressed in the table on
24 page 2.

CAPITOL REPORTERS (775) 882-5322

1 Also, since the changes in life insurance and
2 long-term disability do not reflect the decisions that were
3 made by the Board in November, the Board must also approve the
4 reduction to life insurance and the elimination of LTD as
5 well.

6 CHAIRPERSON FREED: This is Laura Freed. Okay.
7 I'm sorry. Did I cut off your presentation? Okay. Thank
8 you. Thank you, Ms. Rich.

9 So let me make sure I understand the interception
10 here of budget fiscal policy and program policy. So our
11 Deputy Attorney General said the PEBP board doesn't have the
12 authority to override the Governor's recommended budget. If
13 that's true, then what statutory requirement exists to make
14 the Board ratify the Governor's recommended budget, because
15 essentially that's, you know, what you're asking us to do if
16 I'm understanding the staff report correctly.

17 So are we required to take action on something
18 that is not our statutory purview. In other words, we do the
19 plan design, the policy stuff and the Governor's finance
20 office and the Governor has the prerogative to fund whatever
21 he feels he can and should. And so are we overstepping into
22 fiscal policy if the Board takes action of some kind other
23 than just ratification of Gov Rec?

24 Does that make sense? Is my question clear
 CAPITOL REPORTERS (775) 882-5322

1 enough for everybody?

2 MS. RICH: This is Laura Rich. I think your
3 question is clear. It's just not clear who it's to. Is it to
4 staff or is it to the Board?

5 CHAIRPERSON FREED: I -- no, it's to staff and
6 specifically to Ms. Mooneyhan, I think, because she's read 287
7 probably a lot more than me in her life.

8 MS. MOONEYHAN: Yeah, Brandee Mooneyhan, Deputy
9 Attorney General for the record. Traditionally, PEBP -- when
10 changes to the budget may impact plan design, traditionally
11 the executive officer has consulted with the Board because it
12 is a policy decision to make those tweaks.

13 A lot of work, of course, goes into designing the
14 plan and I think staff is seeking here permission to proceed
15 with the budget as it has been recommended by the Governor
16 today, keeping in mind that we will probably be discussing
17 this again in March.

18 CHAIRPERSON FREED: Okay. Thank you.
19 Understood. So with that, I have a -- I have, myself, a
20 detail question, but I would yield to the Board. What kind of
21 mechanical questions or budgetary questions do you have of
22 PEBP staff?

23 MEMBER AIELLO: This is Betsy and I think it
24 might be the question you just asked, Laura, and I think it's
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1 a tough one to answer, both Laura Rich and Brandee. It's hard
2 for me -- if the Governor has passed this -- or not -- he's
3 presented the budget to the legislature and the budget is in
4 the hands of the legislature for all of the debate and the
5 finalization and the budget.

6 Really, it -- we sent our recommendations, which
7 every agency does with agency request, then always in my whole
8 career, it's been changed at the Governor's office and it's
9 become the Governor's recommended budget. But nobody has
10 asked that agency and we're like the chief of the agency from
11 my understanding to go ahead and say, yes, I agree with the
12 Governor's budget, or no, I don't.

13 So it's hard for me and I know that -- I think
14 this is what you asked, Laura, it's hard for me to say we
15 would approve or disapprove because we just implement the
16 budget that is finalized by the legislature.

17 So this is not really even probably the plan
18 that's going to happen, but it may be. And so it's hard for
19 me to understand why we would vote on it when we really have
20 no input other than to what we may want to state on public
21 record or something, but actual authority.

22 So it's still confusing or hard for me to totally
23 understand that because I think you just -- the budget, the
24 legislature turns back around to you as the one you actually

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1 implement, I think. So --

2 CHAIRPERSON FREED: This is Laura Freed. Thank
3 you, Betsy. That is -- you have articulated, yes, some of the
4 inherent confusion between having the Board approve a plan
5 design and PEBP staff incorporate that plan design into its
6 agency request.

7 And then you're right, the Governor changes
8 things as governors do and then it goes to the legislature and
9 they might change things as legislatures do, and then that's
10 what you get. And those of us who have, you know, been in
11 agencies and run agencies are very much used to that.

12 PEBP is a little weird in the sense that when we,
13 for instance, set rates in the second year of the biennium,
14 the legislature is not in session. And sometimes PEBP has
15 more revenue or less revenue than what was legislatively
16 approved.

17 So necessarily, for instance, in the second year
18 of the biennium, you're going to be tweaking plan design to
19 accommodate the funding you have. And so I -- this is -- I
20 understand why it is a gray area.

21 However, I would say that PEBP hasn't even had a
22 budget hearing yet. That's the other thing. I -- it's
23 perhaps premature for this Board to make any changes to any of
24 the plan design until we see what the legislature money

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1 committee think about the Governor's recommended budget.
2 That's my feeling.

3 And, Ms. Rich, you may -- since I didn't watch
4 your pre-session budget hearing, I don't know if you can say
5 how the Governor's recommended budget for PEBP was received by
6 the legislative commission's budget subcommittee and if you
7 got any indication from them.

8 But that's my feeling that if -- you know, if our
9 legal counsel is telling us, okay, we think you need to
10 essentially ratify the Governor's recommended budget, I'm
11 willing to do that.

12 But I'm not necessarily interested in policy
13 changes to plan design that don't conform to Gov Rec until I
14 see how the legislature feels about this.

15 So other Board Members, please feel free to chime
16 in.

17 MS. MOONEYHAN: Just to be clear, I don't think
18 the action item here is ratifying the Governor's budget
19 itself. I think staff is looking for approval to proceed in
20 this direction.

21 CHAIRPERSON FREED: Okay.

22 MS. MOONEYHAN: So they can get ready to move in
23 that direction knowing that things may change.

24 CHAIRPERSON FREED: Okay. Sorry, this is Laura
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1 Freed for the record. Perhaps I was glib. I approve the plan
2 design that Gov Rec is predicated upon perhaps would be a more
3 precise way to put it.

4 MEMBER KELLEY: It's Michelle Kelley here, for
5 the record. And, you know, I was confused as everybody else.
6 But I also think I'm coming at this maybe from a little bit of
7 a different angle because if we go ahead and just ratify or
8 uphold his plan design, we're saying that's our choice, that's
9 our plan design.

10 And I would -- you know, some of the public
11 comment pointed to the fact that this year the process has
12 been very different from any I've experienced in my time with
13 the State where, absolutely, it is the Governor's prerogative
14 to go ahead and, you know, set the budget for the entire
15 State. And generally PEBP has been given a target such as the
16 12 percent that we worked on back in November to set plan
17 design.

18 This is -- I've been in the system since 2005.
19 This is the first time I've seen a governor's finance office
20 actually design the benefit plan for us and then give it to
21 us.

22 So I am concerned about just going ahead and
23 approving this as in Gov Rec because I don't necessarily agree
24 with some of the choices that have been made, and they are

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1 choices, you know. They're choices not made by people on the
2 Board who are fiduciaries to the plan, I might say.

3 So if fiduciary is to invite our participants and
4 the State, but rather where we would be rubber stamping
5 something that we haven't discussed.

6 And so while I'm thankful, I'm truly thankful
7 that the Governor's finance office did find that additional
8 money and reduced the cuts to six percent, I think that it is
9 incumbent upon the Board to do plan design.

10 And so I have some written comments here that I
11 would like to get on the record, you know, because I do think
12 that it's important that -- you know, that we're watching plan
13 design.

14 We've heard from all of our participants this
15 morning. I'm sure everybody's had outreaches from different
16 participants as well. You know, I understand that in this
17 economic climate, hard decisions have been made. Hard
18 decisions were also made in 2008 and 2010, you know.

19 So we're getting used to having to dig out of
20 these big holes, I would say unfortunately. But at the same
21 time, you know, I think that our job is plan design and
22 Governor's job is to kind of -- to give us a budget, which
23 he's done and he's taken it a bit further.

24 I do want to -- since I've got the floor, I'm
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1 just going to go through my remarks if you don't mind,
2 Chairperson Freed.

3 CHAIRPERSON FREED: I do not mind. Please, go
4 ahead.

5 MEMBER KELLEY: I do want to thank all of the
6 employees, you know, the State employees who gave comments
7 this morning, the Nevada system of higher education people who
8 have shown up and given comments. It's very intimidating to
9 give comments during public comment periods and especially
10 when we're all very tired, we're all very emotional at the
11 moment.

12 But one thing that really struck me from all the
13 public comments is just how dedicated people are to
14 themselves, to their colleagues and to their community,
15 because I think overwhelmingly what we heard from people is
16 they're concerned about co-workers, they're concerned about
17 people they work with who maybe don't earn as much. And so
18 like the caring that runs through Nevada, you know, is so
19 gratifying during these difficult times.

20 And so while I said I'm grateful that the
21 Governor has found those additional monies, I would be remiss
22 if I didn't point out to the maximum out of pockets are still
23 \$5,000 and \$10,000. You know, this change, that alone, is
24 going to cause hardship and could lead to participants not

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1 staying compliant with their treatment plans; right?

2 And if they don't stay compliant with treatment
3 plans, it leads to higher costs for us down the line, for the
4 plan down the line. So that's a concern.

5 I'm obviously extremely concerned about long-term
6 disability. I'm going to refer to it going forward as LTD,
7 very concerned about the elimination of that plan because of
8 its import to all State employees.

9 We don't have Social Security disability and,
10 yes, I hear Chairperson -- sorry, Executive Officer Rich
11 saying that it's not highly used, but everybody actually does
12 use it because it's our safety net. And so, yes, there's, I
13 think, around 111 people claiming on long-term disability at
14 the moment, but that benefits all of us.

15 So these changes that increases the max out of
16 pocket and eliminate the LTD, you know, as everyone has
17 commented, are happening during a pandemic and a pandemic is
18 having long-term effects on participants from a physical
19 health standpoint, but also from a mental health standpoint,
20 you know, where employees are doing it so tough at the moment.

21 And so this will just be another worry laid on
22 top of it and, of course, for someone who doesn't have LTD,
23 the first thing that happens is they exhaust the health
24 insurance plan.

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1 And if they don't have cash, then they're putting
2 5,000 to \$10,000 dollars on their credit card, then they
3 become unemployed because they can't do their job and there's
4 no income safety net. So then they face eviction and
5 foreclosure. And so the consequences of not having these
6 safety nets is dire.

7 So I would say that -- I'm coming to the end, I'm
8 sorry, Chairperson Freed. So LTD is critically important to
9 the State employees. You know, it replaces Social Security.
10 The concern -- I think there's lots of open questions about
11 that LTD, too.

12 We heard from Executive Officer Rich that she's
13 going to do her best to get a supplemental plan in place, but
14 it most likely will be 2022. So what happens in the six-month
15 interim? Eliminating this benefit in such a rush means
16 there's no time to evaluate the consequences of the move.

17 So I think the Board needs to step back and take
18 some time. You know, the questions are how quickly can PEBP
19 add a voluntary product to replace this? What's the rate
20 structure going to look like? I can tell you out of curiosity
21 yesterday, I went out to Google and found a long-term
22 disability calculator where it kind of refers you out to
23 insurance providers.

24 I put in -- all I put in was my state of
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1 employment, my gender and my age, and it asks me for an income
2 replacement. It gave me a cap of \$3700 and it gave me a bit
3 of -- even before I got to insurance of -- evidence of
4 insurability, it was telling me the premiums were going to be
5 in the range of \$288 all the way up to 380. So, for me, so
6 for what's costing PEBP \$14 a month would end up costing me
7 than \$300 a month and that's if they'll even insure me; right?

8 So I think the Board needs to understand exactly
9 what that's going to look like when we -- if and when the
10 benefit's eliminated.

11 In addition, what about insurability? You know,
12 we've got lots of employees who are kind of getting up there
13 in the age brackets, and the older you are, the less the
14 insurance carriers want you.

15 And so I would say, are we going to be able to
16 guarantee that every State employee who wants to continue that
17 long-term disability insurance can continue that long-term
18 disability insurance? You know, and what's it going to cost?
19 And then if we have to have a six-month break, is there going
20 to be a guaranteed issue? How will that work? Can everybody
21 get covered after a break? And so there's just lots of
22 questions that I have that I don't think there's any answers
23 to.

24 And so just lastly, so obviously these changes to
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1 the max out of pocket and LTD, they really do impact the most
2 vulnerable State employees. And without the support of
3 benefits, they end up just on a different line of support from
4 the State. So they end up in Medicaid and the various other
5 agencies, you know, getting supported by the State.

6 So I think eliminating safety nets is somewhat
7 short-sighted. And with that, I will thank you for your time.

8 CHAIRPERSON FREED: You're welcome. I -- you
9 said something interesting that I wanted to follow up on, that
10 you seem to be advocating for an action other than staff's
11 recommendation. Do I have that right? And if yes, what
12 action?

13 MEMBER KELLEY: I guess I'm advocating that the
14 Board take the fine -- I guess, the number that the Governor
15 has provided us with or provided staff with, because I don't
16 think we've actually seen that, but I believe it's six percent
17 savings and I believe it's the responsibility of the Board to
18 use that number to design a plan.

19 CHAIRPERSON FREED: So you're suggesting changing
20 plan design within the authorized subsidy dollars that the
21 Governor has recommended, but doing something different with
22 plan design than Gov Rec?

23 MEMBER KELLEY: Yes. I don't know if we can do
24 that, ultimately yes. I think that we also need to be working
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1 on -- with the legislature, but I do think LTD should be
2 continued and I'm not sure how we get to that any other way
3 than redesigning within the figure he's provided.

4 CHAIRPERSON FREED: Okay. Right. And so if, for
5 instance, you're advocating bringing LTD back at some
6 percentage, what then would you cut to make it?

7 MEMBER KELLEY: That's the question; right? I
8 mean, we come back to the COVID surcharge. I would rather
9 spend \$14 a month extra in my premium than \$300 a month to buy
10 a product on the open market so we could -- you know what I
11 mean?

12 CHAIRPERSON FREED: Where did you get the \$14?

13 MEMBER KELLEY: Oh, so the \$14 is the amount of
14 the current -- the monthly cost to participant or the employee
15 of the current long-term disability program. But I would
16 remind we had actually already reduced that. We've reduced it
17 from a max of 60.

18 CHAIRPERSON FREED: Correct.

19 MEMBER KELLEY: To 500 and that hasn't been
20 priced out, the reduction.

21 CHAIRPERSON FREED: Okay. So is the \$14 to bring
22 back 50 percent or 60 percent or all of it? Or 100 percent?

23 MEMBER KELLEY: Right now, I think the \$14
24 re-relates to 60 percent and 7500. I think what --

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1 CHAIRPERSON FREED: Okay.

2 MEMBER KELLEY: -- is that people can -- people
3 are okay with 50 percent and 5,000, but we don't have that
4 price. But it would be less than 14, so --

5 CHAIRPERSON FREED: Okay. I just want to get
6 that on the record because it sounds like you got information
7 maybe from PEBP staff that the rest of the Board didn't have.
8 So I wasn't clear on what percentage LTD.

9 Okay. So here's another question. Are you --
10 you said COVID surcharge, it's return of the COVID surcharge.
11 And is -- so you're suggesting that the Board should consider
12 raising rates, which -- and whether it's a COVID surcharge or
13 an LTD surcharge, whatever you call it, that's adding to the
14 participants share of the monthly premium.

15 So in other words, going to the chart on page 2,
16 let's say Gov Rec employee only \$46.72 and you said 14. So
17 60 -- \$60 a month instead of 46 or \$47 a month so that
18 everybody can have LTD.

19 MEMBER KELLEY: So that everybody has the safety
20 net of income replacement should they become catastrophically
21 injured or critically ill and be unable to do their job for
22 more than 180 days, yes.

23 CHAIRPERSON FREED: Okay. Okay.

24 All right. Other Board Members, would you like
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1 to weigh in on this possibility?

2 MEMBER AIELLO: This is Betsy. I just want to
3 bring up again for my understanding, usually agency requests
4 and then Governor's rec have to do with the policy as well as
5 the dollars tied to the policy from my understanding.

6 So the Governors aren't just giving each agency a
7 dollar figure based on a scenario, but they're believing in
8 the policy they're presenting to the public.

9 Now, I totally agree, I believe totally in
10 long-term care disability insurance and it's hard. But my
11 understanding is Governor Rec isn't just putting together a
12 formula to come up with a total dollar amount, going back to
13 the agency and saying build your agency with this money.

14 But again, maybe Ms. Mooneyhan can talk more to
15 the legal side of that, but I -- but this is all hurting me so
16 much. What a retirement activity I decided to do.

17 CHAIRPERSON FREED: Yeah, Betsy, congratulations.
18 You found yourself a real good hobby. You know -- this is
19 Laura Freed. I agree with you, what you said about, you know,
20 it being rather non-standard to have Gov Rec and have it be a
21 dollar amount and then go back to a policy making board and
22 say, okay, make it fit in whatever this is. I mean, no -- I
23 mean, you know, it is the job of the executive branch to
24 support the Governor's recommendation and I -- you know, and I

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1 stand by what I said.

2 I'm not sure this discussion is ripe yet because
3 the legislature hasn't even reacted to it. And if you go back
4 through the history of, you know, PEBP, you know, since the
5 beginning of the great recession, you know, PEBP -- the
6 legislature has shown a willingness to mitigate some of the
7 PEBP plan designs that we've all felt were pretty tough on
8 participants.

9 And those of you who have been around for a long
10 time will remember that the 2011 legislature certainly cut and
11 changed PEBP's plan design fundamentally, but did not take the
12 sage commission recommendations, if you guys remember those.

13 And, you know, so I want to respect the
14 legislative branch's prerogative enough to let them weigh in.
15 And that's my feeling on that. But I'm open to other comments
16 from other Board Members and comments generally on staff's
17 report, too.

18 So please feel free to jump in, folks.

19 MEMBER VERDUCCI: This is Tom Verducci for the
20 record.

21 CHAIRPERSON FREED: Please, go ahead.

22 MEMBER VERDUCCI: Thank you, Chair Freed. I
23 believe there has to be a contingency plan put in place or
24 we're going to be disadvantaging our most vulnerable group,
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1 the group that becomes disabled.

2 And I appreciate the fact that we've had some
3 relief to the cuts that were approved in November, but I
4 haven't heard any testimony or anyone support the idea of
5 completely eliminating a benefit, the long-term disability.
6 And, you know, the reason we have a board is to deliberate on
7 plan design and I see that we're leaving a gap here.

8 I heard six months that PEBP expects to be
9 offering a voluntary plan, but what about the poor soul that
10 becomes disabled in that six-month period? This is the
11 vulnerable group. And when we go through a group plan,
12 we're -- there are several employees covered to a voluntary
13 plan. The insurance company is going to have less members to
14 cover and the premium should go up.

15 But I do believe this is the public employee's
16 benefit plan. It belongs to them and we're compelling
17 testimony that the members want to retain this benefit and our
18 original decision back in November was not to eliminate any
19 specific benefit and there's no Social Security that's
20 covered.

21 Our mission is to protect our members from a
22 catastrophic event and we very well could be putting them in a
23 situation of catastrophe and I also believe there's a
24 potential legislation that I'm hearing to restore benefits,
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1 but we're in a period here where there's no contingency plan
2 that's put in place other than shutting down this particular
3 benefit.

4 And I think the purpose of the plan design and
5 the purpose of the Board is to deliberate on plan design. And
6 I understand that we're in a very tricky situation here, but I
7 am not real crazy about eliminating a benefit without getting
8 backup plan that's firmly in place.

9 CHAIRPERSON FREED: Okay. Thank you, Mr.
10 Verducci. You look like you might have more to say?

11 MEMBER VERDUCCI: No, but that's my major
12 thought.

13 CHAIRPERSON FREED: Okay.

14 MEMBER VERDUCCI: I listened to the groups and I
15 didn't hear anyone come out and say, you know, this is
16 something we should be giving up. And I worry about the
17 individual employee during this period that becomes disabled,
18 no Social Security, and I just think there has to be further
19 deliberation. And I think it's premature to completely cut a
20 benefit. I know we have other items here to discuss, but this
21 is the one that really jumps out to me.

22 CHAIRPERSON FREED: Okay. I'm going to throw it
23 to Mr. Lindley who has been patiently waiting to chat about
24 his thought.

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1 MEMBER LINDLEY: Thank you very much, Chairman
2 Freed. Tim Lindley for the record. I did review the plan and
3 if -- and I do recall -- well, a couple of thoughts come to my
4 mind. In the prior board meeting, we did do some pretty heavy
5 proposed cuts, 12 percent. We -- I mean, you can see it in
6 the agenda item, you know, \$2,000 deductible for the CDHP,
7 \$1,000 for the new low deductible PPO and then the HMO went up
8 to \$500. And the premiums drastically increased for
9 individuals including families.

10 And my position at the prior board meeting was,
11 you know, I'm going to be hit with furloughs, other active
12 employees will be hit with furloughs, which is effectively a
13 five percent cut, and I wanted to not take more money out of
14 their paychecks.

15 And seeing the Governor's recommendation, you
16 know, an individual going from 44 to 46, \$47, I'm rounding of
17 course, or a family plan such as myself going from 301 to 304
18 is a very -- it's a lot easier to swallow.

19 And I personally appreciate and -- the Governor's
20 recommendation and I do empathize or I do -- I also appreciate
21 the comments made by Board Member Verducci regarding the LTD
22 disability.

23 But at this point in time, I like the Gov's Rec
24 and I do recognize Chairman Freed's -- or Chairwoman Freed's
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1 position on do we vote on it now or do we wait for the
2 legislature.

3 But those are my comments. Thank you.

4 MEMBER URBAN: Marsha Urban for the record. I'm
5 definitely against eliminating the LTD. I understand that a
6 monthly cost is difficult for families, but if something
7 happened to that breadwinner, then what would that family do
8 because they would have nothing. And I -- no, there's no way
9 I could handle that.

10 So I'm against the cutting of the LTD.

11 CHAIRPERSON FREED: Okay. Anybody else?

12 MEMBER LINDLEY: In regards to cutting -- Tim
13 Lindley for the record. In regards to cutting LTD, Chairman
14 Freed, I think you kind of hit it on the head. The
15 legislature could easily change this.

16 Am I correct in that assumption?

17 CHAIRPERSON FREED: This is Laura Freed for the
18 record. Yes, you are and they certainly could.

19 MEMBER LINDLEY: All right. I'll mute. Thank
20 you.

21 MEMBER URBAN: Marsha Urban for the record. So
22 then why are we voting for it if we really don't know what
23 we're voting for? I mean, it just seems like a waste of time.

24 I think we should all voice how we feel about it,
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1 but why vote for something that we -- you know, that we have
2 no power to change it? I sound upset and that's only because
3 I am.

4 MEMBER LINDLEY: Ms. Urban, Tim here. I think
5 that's what Ms. Freed was mentioning in her initial comments.
6 Am I correct, Chairwoman Freed?

7 CHAIRPERSON FREED: Right. I mean, this is kind
8 of going to the issue that Betsy and I were articulating.
9 PEBP's just a little bit strange in the sense that, you know,
10 it's a policy -- it's a policy board.

11 And, yes, we're fiduciarly responsible and --
12 but, you know, primarily we do the policy and we don't do the
13 money in the budget process. So this is really how the budget
14 process works.

15 You know, we build a plan design and PEBP submits
16 it as an agency request and like I said, you know, governors
17 do and change the budget as they have the right to do and, you
18 know, the Governor retains final authority over the budget and
19 governors may change the plan design that the PEBP Board voted
20 on.

21 And so -- you know, and the fact that we -- and
22 then as Betsy noted, you know, the legislature, you know,
23 evaluates the Governor's recommendations and, you know,
24 decides it agrees or does not agree and then returns the

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1 budget to the agencies and all of us implement our budget.
2 And as Betsy noted, you know, in quote/unquote normal
3 agencies, you know, you don't get a say.

4 I -- you know, in turning my own budget for my
5 own department, I certainly don't expect to have to, you know,
6 have policy to protest things in the Governor's recommended
7 budget. I just get what I get and I make it work.

8 And PEBP's broad policy making authority is a
9 curious -- it's sort of clashes strangely with the idea that,
10 you know, the Governor appoints all the PEBP Board Members.

11 So in a sense, you know, the PEBP board -- the
12 Governor ultimately retains control over the Board in that
13 way. So it all sort of leads back to the Governor.

14 But, again, you know, as I said at the outset,
15 you know, in the second year of the biennium, you know, PEBP
16 has historically kind of tweaked plan design because of
17 greater or lesser revenues.

18 And so -- and it does, you know, under 287 have
19 the authority to do that. So it's just a really gray area
20 and, you know, I don't want to -- you know, I don't want to
21 minimize in any way Member Urban's frustration, but you know,
22 the way that I sort of holistically understand the law and our
23 job, the Governor ultimately retains authority.

24 MEMBER AIELLO: Laura, this is Betsy. I'm --
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1 from listening to everything, I know we all have great
2 distress over the long-term disability. I do know that this
3 is the Governor's recommended budget. But I do know there's
4 going to be heavy discussion at the legislative level.

5 My understanding is PEBP is asking for more our
6 permission to move forward, but I'm wondering -- we've done
7 this in my past. You don't want to change everything then
8 have something not pass or pass differently.

9 But with the couple of scenarios we have going,
10 I'm wondering if PEBP could move forward and develop a policy,
11 plan, something with the elimination of long-term disability,
12 but also keep it there with it so -- or have a contract
13 documentation to eliminate a contract, but have -- but don't
14 actually move forward on that.

15 So in other words, make things in a queue. Now,
16 I know they're not going to know everything like is the
17 deductible going to change from 500 to 250 to 5,000, but some
18 of this bigger move -- so give them permission to move forward
19 with if this is what other occurs. But my gut feel is this is
20 pretty big and something may change at the legislative level.

21 So I'm just wondering if we prime two shoots of
22 action instead of one and we ask for that. And I don't know
23 what people think of that. It might be, Laura Rich, good for
24 you to jump in for having two possible ways that -- that are

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1 legitimately very possible, one what the Governor wants and
2 one what may happen at the legislature.

3 CHAIRPERSON FREED: Okay. This is Laura Freed.
4 Let me see if I understood that. Are you basically suggesting
5 a remediation plan by the Board if LTD is accepted by the
6 legislature as it is recommended in the Governor's budget?

7 MEMBER AIELLO: So here's what I thought I heard.
8 I thought I heard Ms. Mooneyhan say that what we're
9 actually -- or maybe it was you, Laura Freed. What we're
10 actually approving is for PEBP to move forward on these
11 activities.

12 CHAIRPERSON FREED: Um-hum.

13 MEMBER AIELLO: Because you don't have much time
14 to make something happen once it's approved. So my suggestion
15 is can we give them the approval to move forward on these, but
16 also to develop the process, and maybe there's nothing to
17 develop, that if LTD is retained, but it's changed to
18 50 percent instead of 60 percent, move forward on the
19 documents or whatever they would need to make that happen.

20 You can't move forward on every eventuality,
21 but -- so that there's a couple of things in the queue,
22 because I get this idea that if enough people are at the
23 legislature, I've seen them change things and we've had to
24 pivot really fast.

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1 I'm wondering if we can set up two processes and
2 that's what I was asking Laura Rich if she thought that was
3 something possible.

4 MS. RICH: So this is Laura Rich for the record.
5 Because of the -- what we have today is what was established
6 in Gov Rec. As we move through the legislative process, it is
7 very likely that we will be -- staff will be working with
8 legislators and with legislative staff if there is a desire to
9 make changes.

10 If that happens, then we would come back likely
11 at the March -- or sorry, May board meeting and present it
12 again to the Board. So it's -- I think, Betsy, if I
13 understand correctly, what you're asking is can we have a
14 plan B.

15 And I think it is -- because this is now on
16 the -- in the hands of the legislature, it's probably best
17 that that plan B comes from the legislature versus the Board.

18 MEMBER AIELLO: So, Laura, let me ask it this
19 way. You and I talked about on our call when you called me
20 and I said when we were talking about the contracts. Is it
21 really advisable to terminate a contract when the legislature
22 may turn around and say, no, we want you to keep this benefit.
23 Then you have to turn around and develop a new contract, which
24 is almost impossible to do because it has to go out to RFP,
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1 whatever.

2 And you said, no, we're just going to ask for
3 permission to be able to do it, but we aren't actually going
4 to do it. So that's like the plan B on everything we're
5 talking about here. If you need to start a process, but then
6 put it in shelving for a little bit till you hear what the
7 legislature says, then we aren't so far down the road, we
8 can't turn back. I think that's what I'm saying.

9 MS. RICH: So I think -- from my perspective, I
10 think probably the best course of action today is to support
11 the plan design as expressed in the Governor's recommended
12 budget because it is -- that's -- we are here to serve the
13 Governor and this was essentially what he is recommending to
14 the legislature.

15 Now, moving forward, I can definitely take the
16 Board's -- you know, the considerations of the Board, of
17 public comment, et cetera, et cetera as we move through that
18 legislative process and share that with any of the committees
19 or legislators that may be requesting information about
20 possible options.

21 But I don't know if it's wise to come up with --
22 not only is it not wise, but it's almost impossible to come up
23 with something on the fly during a board meeting.

24 This -- you know, as you saw during the November
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1 board meeting, this requires a lot of, you know, actuarial
2 consulting and it's not something that we want to do in
3 realtime because you want to have people that can conduct that
4 peer review and make sure that everything is correct.

5 So as Ms. Kelley pointed out, yes, we do know
6 that if we were to reinstate the -- if we wanted to reinstate
7 the long-term disability, it would add about \$14.30, give or
8 take, to each employee only premium tier.

9 And so that employee only premium tier would go
10 up about \$14.30. That does not align with what the
11 Governor -- what the goal of the Governor, which was to keep
12 premiums low and not have -- and not see any significant
13 increases in premiums for employees and retirees.

14 So my suggestion would be that this now lies on
15 the legislature to make those decisions.

16 MEMBER VERDUCCI: Yes, Laura, Tom Verducci. You
17 know, what I wanted to add here is, you know, I see we have
18 three items here to be -- for recommendation, 1, 2 and 3. And
19 three reads elimination of the long-term disability benefit.

20 You know, perhaps that could read retain
21 long-term disability benefit as approved at the November 2020
22 board meeting upon approval of the legislators and the GFO.

23 So therefore, if it's not approved, then we sit
24 right where we are with this recommendation. And I think that
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1 is viable in terms of protecting Nevada families. And also if
2 it does not get approved, then it is as it is written and
3 suggested with the Governor's recommended budget.

4 MS. RICH: But, Tom, by approving a -- by making
5 a motion like that, we are committing the plan to essentially
6 bring back LTD and that is a little over \$9 million of funding
7 that we would need to come up with.

8 So that requires -- there are levers. You can --
9 if you need \$9 million to fund LTD, you also need to take
10 \$9 million from elsewhere, whether that is plan design,
11 whether it's increasing out-of-pocket maximums, whether it is
12 increasing deductibles, whether it's increasing premiums, but
13 you have to find that \$9 million somewhere.

14 And so if we were to make a motion and approve it
15 that way, it commits not just the program, but then the
16 legislature, you know, as well.

17 The -- you did mention if the legislature does
18 not approve, then we go back to Gov Rec. That's essentially
19 what would happen anyway. If you approved -- if the Board
20 approved Gov Rec as it is today, and then through the
21 legislative process, if somehow the legislature is able to
22 reinstate the long-term disability, then that would then -- if
23 they were able to fund it, they would be able to reinstate it
24 and it would be brought back to the Board in May.

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1 MEMBER KELLEY: Chairperson Freed, can I ask a
2 follow-up question of Executive Officer Rich?

3 CHAIRPERSON FREED: You may.

4 MEMBER KELLEY: Executive Officer Rich, we've all
5 been throwing around this number about the cost of the LTD
6 benefit. My understanding is the cost, you just mentioned \$9
7 million over the biennium, that that cost is at the 60 percent
8 \$7500 limit.

9 The Board approved in November the reduction of
10 that to 5,000 and 50 percent as well as a hard cap at 65. So
11 what is the actual cost of that benefit? It's been two
12 months. Do we have a price? What would the premium be for
13 that reduced benefit?

14 MS. RICH: So the premium at the 50 percent
15 level, I'd have to go back to the standard and ask them to
16 price it out at the 50 percent level. I do not believe we
17 have that here.

18 Ms. Eaton, did we get that from the standard at
19 any point?

20 MS. EATON: This is Cari Eaton, for the record.
21 I am looking it up because I believe we did. Give me just one
22 minute. No, I just did the elimination, I did not do the
23 reduction.

24 MEMBER KELLEY: Okay. So it's Michelle Kelley
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1 again. You know, I would like to see that number. Regardless
2 of what we do today, I think it's important for us to be
3 talking about the right number. It surely would be less than
4 the 9 million because it was a reduction, and I thought that
5 when we were doing -- when AON was playing with the figures,
6 it came down to around a bit over \$10 per participant rather
7 than the \$14.

8 But I do think that I would personally like to
9 see that number and I think clearly if we're talking about the
10 legislature taking action, then let's have that number ready
11 to go for them as well.

12 But I also have a follow up for Deputy Attorney
13 General regarding our -- I guess, our fiduciary responsibility
14 because what I heard Executive Officer Rich say was that our
15 loyalty is to the Governor and we should pass what he has put
16 in his budget. But it's my understanding we're fiduciaries to
17 the plan.

18 So can you talk about our fiduciary
19 responsibility, please, and what that means?

20 MS. MOONEYHAN: Thank you. Brandee Mooneyhan,
21 Deputy Attorney General for the record. I might need to do a
22 little bit more research on fiduciary duty. I do know that
23 the Board under the statutes has the authority for developing
24 the plan and doing so in an actuarially sound manner. It is

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1 not a black and white issue.

2 The Governor, of course, retains the executive
3 authority, the ultimate executive authority. This is an
4 executive agency. The Governor, his recommended budget is
5 essentially a policy document expressing his policy and his
6 thoughts about how the program should be led, but of course,
7 the -- and they're distinct, but very intertwined, policy and
8 budget. It's hard to carry into effect the policy without the
9 dollars to do so.

10 This Board, of course, has authority separate
11 than the Governor, but it is an arm of the executive branch.
12 So it's not a black and white answer that you will do whatever
13 the Governor says. I mean, the Board is here to develop the
14 program.

15 At the same time, the Governor also has authority
16 and a duty to express his thoughts about the policy as well,
17 and I believe the action that the staff is seeking is the
18 ability to implement what the Governor has expressed his
19 policy preferences are. They need your approval to be able to
20 go to implement whatever policy you determine, keeping in mind
21 the Governor's recommendation.

22 CHAIRPERSON FREED: Okay. Did I hear somebody
23 else on the Board speak up?

24 MEMBER KELLEY: I'm sorry, I was just --
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1 MEMBER FOX: Linda Fox.

2 CHAIRPERSON FREED: Oh, Linda Fox. You haven't
3 weighed in. Thank you.

4 MEMBER FOX: I have a couple comments. It seems
5 to me -- I guess my question is: Do we have to take any
6 action today? So if I understood the clarification from
7 Ms. Mooneyhan, it's out of our hands at this point and the
8 Board already made a recommendation.

9 So I'm just wondering if we have to take any
10 action today, and I do understand the importance of getting
11 comments on the record, but do we have to take an action
12 today?

13 MS. RICH: I believe based on Ms. Mooneyhan's
14 guidance, we do have to take an action today. Ms. Mooneyhan,
15 do you agree? Can you confirm?

16 MS. MOONEYHAN: Legally, I think the -- if I
17 understand the staff's recommendation is they need approval to
18 proceed with the next step in designing the plan. They need
19 the Board to give them the authority to proceed with running
20 the calculations and designing the plan congruent with the
21 Governor's recommendation.

22 They right now -- and I mean, maybe Ms. Rich can
23 speak to this, maybe this is more of a policy pragmatic
24 question than a legal question. They -- right now they have
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1 your -- the Board's instructions from the November meeting.

2 They also have the Governor's recommended budget
3 and they are asking for your approval to be able to proceed to
4 make those changes to be in line with the Governor's
5 recommended budget.

6 MS. RICH: Additionally, the March board meeting
7 will require rate setting. In order to do rate setting, plan
8 design needs to be approved, a certain plan design needs to be
9 approved.

10 And so notwithstanding a motion today, my
11 assumption is we would have to move forward with pricing out
12 a -- the plan design based on the Governor's recommended
13 budget.

14 MEMBER AIELLO: So this is Betsy and I have a
15 question. So we give approval to go forward with the
16 Governor's recommended budget, but there's significant changes
17 in the legislature. Then they'll -- that's where I was trying
18 to go, was saying that if you can foresee some expected
19 changes, maybe you start working that way, too.

20 But short of that, then you'll have to put a
21 screeching halt on some of the changes you've been making and
22 pivot really quickly; correct?

23 MS. RICH: That is correct.

24 CHAIRPERSON FREED: Okay. This is Laura Freed.
CAPITOL REPORTERS (775) 882-5322

1 So I'm going to put a motion on the floor and I make this
2 motion because I want to enable PEBP staff to crunch the
3 numbers for the March rate setting meeting and, you know,
4 develop all the eventualities they need to enable our easier
5 decision making in March.

6 I am going to move to approve the staff
7 recommendation so that PEBP staff can go forward planning for
8 a rate structure predicated on the recommended budget by the
9 Governor.

10 MEMBER LINDLEY: Tim here, I'll second that.

11 CHAIRPERSON FREED: Okay. Any questions on the
12 motion? Okay.

13 MEMBER KELLEY: Michelle Kelley here.

14 CHAIRPERSON FREED: Yeah, go ahead.

15 MEMBER KELLEY: I would just like it on the
16 record that I think this is premature. I think that there's
17 too many unanswered questions and I believe that an
18 endorsement by the Board on this plan design is premature. I
19 don't think we've discussed it, I don't think it's our plan
20 design and I believe we have a fiduciary duty.

21 So what I -- I think staff should move ahead with
22 designing the two rate structures, one as Government Rec and
23 one with LTD back in and provide that to us in March.

24 CHAIRPERSON FREED: Other comments, questions?
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1 MEMBER VERDUCCI: Tom Verducci for the record. I
2 would concur with Member Kelley's statement. I think it's
3 important to have two plans in place and be looking at other
4 alternatives as opposed to a complete elimination of the LTD.

5 CHAIRPERSON FREED: Okay.

6 MEMBER KRUPP: This is Jennifer Krupp, just a
7 question. If PEBP staff does do the development of two
8 different plan designs.

9 CHAIRPERSON FREED: Um-hum.

10 MEMBER KRUPP: Really like the plan design that
11 would be based off the Board recommendations made in November
12 wouldn't be applicable anyway; correct, due to the Gov Rec
13 budget?

14 So we'd essentially be asking PEBP staff to do
15 the plan analysis that we wouldn't have any ability to
16 implement regardless; is that true?

17 CHAIRPERSON FREED: I believe that is correct,
18 but I'll let Laura Rich say yes now.

19 MEMBER KRUPP: Thank you.

20 MS. RICH: That is true. That is correct.

21 CHAIRPERSON FREED: Okay. I'm going to call the
22 question and then if -- you know, if Board Members want to
23 make other supplemental motions, I'm certainly happy to
24 entertain those, but I'll take one thing at a time.

CAPITOL REPORTERS (775) 882-5322

1 So, again, the motion was to accept the staff
2 recommendation and it was seconded.

3 All in favor say, "aye"?

4 Okay. Opposed, say no. Okay. So I've got
5 Mr. Verducci, Ms. Kelley and Ms. Urban as no's.

6 Do I hear any others that I missed? Okay.

7 MEMBER KELLEY: I would like to make a
8 supplemental motion if the Chair will indulge me?

9 CHAIRPERSON FREED: Sure. Go ahead.

10 MEMBER KELLEY: I would like to make a motion
11 that the staff price out the long-term disability plan that
12 the Board approved in the November meeting, so the reduction,
13 and bring that back to the March meeting, showing us how much
14 the LTD -- to continue the LTD at the reduced amount would
15 cost for the premiums.

16 MEMBER URBAN: Marsha Urban, I second that.

17 CHAIRPERSON FREED: Okay. We have a motion and a
18 second.

19 Members, do you have questions, comments on the
20 motion?

21 MEMBER FOX: I have a question, Linda Fox. What
22 would be the cost -- this question is for Laura Rich. What
23 would be the cost of pricing that out?

24 MS. RICH: Are you asking what a vendor would
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1 charge us to do that?

2 MEMBER FOX: Yes.

3 MS. RICH: So adding it into rates is pretty
4 simple and that would not come out at a cost if we were to
5 incorporate that into plan design and somehow try to work in
6 the -- let's say it's \$8 million, work that into plan design
7 by adjusting different levers, whether it's reducing HSA or
8 reduce -- increasing deductibles or anything like that, then
9 yes, that would come at an added cost because that would
10 require the actuaries to get involved.

11 But if it's just tacking it on to the premium at
12 the end and just having that flat addition to the premium,
13 then that's a fairly simple process.

14 MEMBER KELLEY: And just to clarify, it's
15 Michelle here. So I'm not asking you to build it into any
16 price or redesign any plan, I'm just asking what will the
17 standard charge us to cover every employee at 50 percent up to
18 5,000 with the age at 65? So the things that we approved at
19 the last board meeting. That's -- I just would like to see
20 the cost.

21 MEMBER AIELLO: This is Betsy. That's probably
22 likely a question that might come from the legislature, just
23 don't know. But seems like if it's prepared, it will be a lot
24 easier to -- for you to answer that question. Just guessing

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1 they'll ask that.

2 CHAIRPERSON FREED: Okay. I think then if
3 everybody understands the motion and nobody has any other
4 questions, I will call the questions.

5 All in favor say, "aye."

6 MEMBER LINDLEY: Time here. Can you repeat the
7 motion in a bit more clarity for me?

8 CHAIRPERSON FREED: I will try, and Ms. Kelley,
9 please jump in if I don't get this right.

10 So the motion on the floor is to request that
11 PEBP cost out the additional participant share of the premium
12 to go back to the LTD benefit as we approved at our November
13 meeting, so 50 percent benefit.

14 Do I have that right? You're on mute. You're on
15 mute. You got to start over unfortunately.

16 MEMBER KELLEY: Sorry, sorry. So yes, kind of
17 right. I mean, whether we get the premium at the participant
18 level or just as what the standard is going to charge over the
19 biennium, just really that number.

20 We've been talking about 8 million, 10 million,
21 so how much will it actually cost for that reduced benefit,
22 yes.

23 MEMBER LINDLEY: Tim here for the record. So
24 it's kind of just an informational motion, like let's get some
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1 information and as Ms. Aiello said, it would be presented to
2 the legislature.

3 Is that the intent or is that what I'm
4 understanding?

5 MEMBER KELLEY: I think you're right, yes. It's
6 informational item for us. It's more than likely the
7 legislature may want to know that number, but I think that we
8 should know that number, too.

9 MEMBER LINDLEY: Well, I'll say more information
10 is better as an -- yeah, for information, I'm okay with
11 getting information.

12 CHAIRPERSON FREED: Right. I mean, we can
13 certainly -- right. We don't necessarily need a motion in the
14 sense that, you know, I think Ms. Rich would be happy to find
15 that. But I mean, if it makes everybody feel better, we can
16 certainly take action on it. So with that --

17 MEMBER LINDLEY: One more question,
18 Ms. Mooneyhan, does this impact any of the open meeting law?

19 MS. MOONEYHAN: I believe a question like this is
20 contemplated in the agenda item, so I do not think that it
21 violates the open meeting law.

22 MEMBER LINDLEY: I just wanted to be sure. Thank
23 you.

24 CHAIRPERSON FREED: Okay. With that, all those
CAPITOL REPORTERS (775) 882-5322

1 in favor of the motion on the floor, signify by saying "aye."

2 Any opposed, say no? I'm a no.

3 Motion carries.

4 (Motion carries.)

5 CHAIRPERSON FREED: All right. With that -- and
6 have we chewed up Item 5 well enough, folks? Okay.

7 Let's go to Item 6, unless everybody would like a
8 break?

9 MEMBER KRUPP: May I request a quick break?

10 CHAIRPERSON FREED: Okay. Great. It's 11:30, so
11 we'll come back at 11:35.

12 MEMBER KRUPP: Thank you.

13 (Recess.)

14 CHAIRPERSON FREED: All right. Everybody it's
15 11:38. Let's call this PEBP board meeting back to order. And
16 staff, if you're ready, why don't we move to Agenda Item 6 and
17 talk about contracts?

18 MS. EATON: Thank you. Cari Eaton for the
19 record. Item 6.1 is just an overview of the current active
20 PEBP contract. I'd be happy to answer any questions regarding
21 this. However, this item is -- there's no action necessary.

22 I will move on to Item 6.2. Item 6.2 is
23 requesting that the Board approve new contracts resulting from
24 solicitations that the Board approved for an in-state PPO
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1 network, an HMO provider and a State-wide dental network on
2 May 28th, 2020.

3 The first new contract in Item 6.2.1 is a
4 contract resulting from the in-state PPO network RFP. That
5 was released on August 21st. On October 8th, PEBP received
6 five proposals in response to the RFP. The evaluation period
7 began on October 8th and ended on November 3rd.

8 The six-member evaluation committee included
9 three PEBP board members and other subject matter experts.
10 Aetna signature administrators received the highest score by
11 the valuation committee and PEBP has successfully negotiated a
12 contract.

13 This contract is expected to save approximately
14 \$4 million in network discounts and it expands the network to
15 include Saint Mary's and Banner Memorial hospitals.

16 There will be minimal disruption for most
17 members, however, members using Southwest Medical Associate
18 providers will see a disruption unless they decide to migrate
19 over to the HMO plan.

20 The effective date of the contract is anticipated
21 to be February 9th or upon BOE approval through June 30th,
22 2026. These services are expected to begin on July 1st of
23 2021 and the maximum amount of the contract is \$7,127,250.

24 That is recommending that the Board ratify and
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1 approve of the evaluation committee's recommendation to the
2 contract with Aetna signature administrators and I'm happy to
3 answer any questions.

4 CHAIRPERSON FREED: So this is Laura Freed for
5 the record. I think what I want to do here is have Cari go
6 through 6.2.1, 6.2.2 and 6.3.3 with your presentation, and
7 then if any member wishes to close the meeting, we'll do that
8 at the time rather than just going in and out and in and out.
9 That doesn't make sense to me. Okay.

10 MS. EATON: Will do. Cari Eaton, again, for the
11 record. The next new contract in Item 6.2.2 is a contract
12 resulting from HMO services RFP that was released on
13 September 4th.

14 On October 13th, PEBP received two proposals in
15 response to the RFP. The evaluation period began October 14th
16 and ended on October 27th. Health Plan of Nevada received the
17 highest score by the six-member evaluation committee that
18 included three PEBP board members and other subject matters.

19 Since Health Plan of Nevada is PEBP's existing
20 HMO vendor, there will be little to no impact to the program
21 or the members. The effective date of the contract is
22 anticipated to be February 9th upon BOE approval through
23 June 30th, 2025.

24 Services will also begin on July 1st, 2021, and
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1 the contract maximum is \$192,093,848. Staff is also
2 recommending that the Board ratify and approve the contract
3 with Health Plan of Nevada.

4 The final new contract in Item 6.2.3 is a
5 contract resulting from the dental network RFP that was
6 released on September 11th. On October 15th, PEBP received
7 seven proposals and the evaluation period began October 16th
8 through November 10th.

9 Diversified Dental received the highest score by
10 the six-member evaluation committee and there were, I believe,
11 two PEBP Board Members on this evaluation committee. And
12 since the Diversified Dental is PEBP's existing dental network
13 provider, there will be little to no impact to the plan or
14 members.

15 This contract will also go to February 9th BOE
16 and the contract will go through June 30th, 2026. This
17 contract maximum is \$1,601,613 and staff is also recommending
18 that the Board ratify the evaluation committee's decision. I
19 will be happy to answer questions now.

20 CHAIRPERSON FREED: Okay. Board Members, do you
21 have questions on any of these new contracts?

22 MEMBER KELLEY: Michelle Kelley here. I have
23 questions on the -- both the State-wide network and the HMO.

24 CHAIRPERSON FREED: Okay. Please proceed with
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1 your questions.

2 MEMBER KELLEY: Okay. I wasn't sure if we needed
3 to close.

4 CHAIRPERSON FREED: I'm sorry to interrupt you.
5 I think it kind of depends on how detailed the questions. So
6 we'll hear the questions, then we'll decide maybe if that
7 needs to go into closed meeting.

8 MEMBER KELLEY: So on the network, I'd like to
9 get a better understanding of what the disruption was and what
10 the analysis was. I think -- so obviously we've heard one
11 provider network is not included, but Cari also said it was
12 minimal. So I'm somewhat confused. So I'd like to actually
13 discuss the disruption analysis in full if that's possible.

14 And then on the HMO, I'd also like to talk about
15 that. I would like to understand its -- what guarantees have
16 been built into the contract as far as access to primary care
17 providers.

18 I would also like to understand if the two
19 proposals were viable proposals given that -- you know, I hear
20 that HMO in the south is viable, but that's not feedback I get
21 from many employees who are in it.

22 So those are my questions.

23 MS. RICH: So this is Laura Rich. I think most
24 if not all of those will be done in a closed session. Since
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1 even discussing the disruption, we would have to -- there
2 would be a comparison between different vendors and a lot of
3 that is still confidential from my understanding. So we will
4 have to close it down to the public.

5 CHAIRPERSON FREED: This is Laura Freed. Okay.
6 So I'll let the PEBP staff kind of go into the -- any more
7 technical details, but let me give you an overview of how the
8 process is going to work.

9 We're going to have to leave this Zoom meeting
10 and then get another separate Zoom invitation just for the
11 Board and PEBP staff, and then we will do our closed meeting
12 and then we will come back to this meeting.

13 And so I assume that we will be shortly getting
14 emailed our special closed meeting links and then I will close
15 the meeting for an hour and then we'll -- and so to give
16 everybody plenty of time to speak freely in closed session
17 about these three contracts, and then we'll come back and open
18 the meeting back up to the general public. So that's how the
19 process is going to work.

20 MS. MOONEYHAN: Madam Chair?

21 CHAIRPERSON FREED: Yes.

22 MS. MOONEYHAN: May I make a record about the
23 closing of the session?

24 CHAIRPERSON FREED: Yes, of course.
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1 MS. MOONEYHAN: Okay. Just for the record, I
2 wanted to note that NRS 287.04345 Subsection 4 provides that
3 the Board shall review any -- the Board reviews any result of
4 the evaluation, the proposal has to be done in a closed
5 meeting and that NRS 241.016 Subsection 3, that's in the
6 chapter regarding open meetings, it recognizes that the
7 provisions of NRS 287.04345 prevail over the general
8 provisions of the open meeting law.

9 I'd also like to note that this is consistent
10 with NRS 333.335 Subsection 7, which provides the proposals
11 are confidential until a contract is awarded.

12 And I would like to note that this closed portion
13 of the meeting will comply with other provisions of the open
14 meeting law. The meeting will be closed only to the extent
15 set forth in the statute. That is only to review the results
16 of the evaluation of the proposals received.

17 The closed portion of the meeting will be
18 separately transcribed and separate minutes of the portion
19 will be taken.

20 And pursuant to NRS 287.04345 Subsection 5, any
21 award, cancellation or modification and re-issuance of the RFP
22 will be done in the open when the Board is back in an open
23 meeting on the record. Thank you.

24 CHAIRPERSON FREED: Thank you. Understood.
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1 Okay. So unless PEBP staff tells me I'm wrong, everybody just
2 stand by, please.

3 MEMBER KELLEY: Can I just -- it's Michelle
4 Kelley here, just a question as far as process goes. When we
5 go into the closed meeting, should we close down our primary
6 windows as in shut this Zoom meeting and come back in later?

7 CHAIRPERSON FREED: (Nodded head.)

8 MEMBER KELLEY: Yes? Okay. I was going to mute
9 and put everything down, but I just wasn't sure if we should
10 shut everything down.

11 MS. RICH: Wendy or Steve, do you have anything
12 to add to what Chair Freed just said if you want to clarify?

13 MR. MARTIN: No. Go ahead.

14 MS. LUNZ: No, that was all correct. I'm sending
15 out the invitations here. She should have them in a minute
16 and you want to be sure to actually leave this meeting.

17 MR. MARTIN: Yeah, exactly. Just absolutely, you
18 know, leave this meeting and then you'll be starting a new
19 separate session on the new invite that Wendy sends you. And
20 this meeting will not stop.

21 There will be a slide that comes up to advise
22 anybody watching that it's on a closed session.

23 MS. RICH: Chair Freed, do you want to establish
24 a time then? It's 11:50. Do you want to maybe just make it
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1 an even 1 o'clock when we are scheduled?

2 CHAIRPERSON FREED: Yes. I'm sorry, this is
3 Laura Freed for the record. Yes, consistent with my desire to
4 give the Board about an hour, yes, we'll close the regular
5 business meeting until 1:00 p.m.

6 MS. LUNZ: I do have 12 -- or excuse me, 11:45 on
7 the invite, but that's fine, just come back at the new one at
8 12:00.

9 (Recessed for the closed session.)

10 (Pages 99-130.)

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CAPITOL REPORTERS (775) 882-5322

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1 CARSON CITY, NEVADA, THURSDAY, JANUARY 28, 2021, P.M. SESSION

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4 CHAIRPERSON FREED: Great. All right.

5 Everybody, it is 1:03 p.m. and we are calling the regular
6 meeting back to order and we are still on Item 6.2 of the
7 agenda, new contracts, and we have gone through in closed
8 session all the questions Board Members had on these three.

9 So I would accept a motion to approve all of
10 these three contracts to move forward in the process and
11 accept the evaluation committee's recommendations in all three
12 cases.

13 MEMBER KELLEY: Michelle Kelley, for the record.
14 So moved.

15 CHAIRPERSON FREED: Great. Do I have a second?

16 MR. LINDLEY: Tim Lindley seconded.

17 CHAIRPERSON FREED: Thank you. All in favor say,
18 "aye."

19 Any opposed, no? Okay. Thanks.

20 (Motion carries.)

21 CHAIRPERSON FREED: Okay. Let's move on to the
22 amendments.

23 MS. EATON: Thank you. Cari Eaton, for the
24 record. Just to clarify, would you like me to stop after each
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1 contract or continue with all three and then make one motion?

2 CHAIRPERSON FREED: I think I would prefer to
3 have you go through all three and then I think we'll make one
4 motion, unless the Board members have some heartburn with one
5 of them.

6 MS. EATON: Okay. I will proceed with all three.
7 The first contract amendment is Item 6.3.1 with Hometown
8 Health or PPO Network Services.

9 This contract has been amended and extended and
10 has never increased authority from the original negotiated
11 contract that began on July 21st, 2014.

12 When the contract was amended to add EPO plan for
13 plan year '19 through plan year '21, authority was not
14 increased to the contract for the increased population. As it
15 appeared, there would be sufficient authority at the time.

16 This contract amendment is required to add
17 additional contract authority in the amount of \$526,710 to
18 fulfill our contractual obligations for the remainder of the
19 contract term through June 30th, 2021.

20 And the next contract amendment is Item 6.3.2
21 with the standard for basic group life insurance and long-term
22 disability services. This contract amendment is required to
23 amend the fee scheduled to align with the plan design changes
24 included in the Gov Rec budget.

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1 This amendment will include a reduction to the
2 maximum contract authority in the approximate amount of
3 \$16 million. The reductions would be to align the \$15,000
4 active coverage, \$7500 retiree coverage and the elimination of
5 long-term disability.

6 With this one, I do want to note we probably
7 could hold this. If it's approved by the Board, we could hold
8 it until maybe a BOE or something like that.

9 So I'll go onto the last one, Item 6.3.3 with AON
10 Consulting for actuarial and consulting services. PEBP has
11 two major RFPs for a TPA and a PBM to release in the near
12 future, excuse me, that will require consulting services from
13 AON for their expertise in the development and analysis of
14 RFPs and their responses.

15 Due to an unanticipated amount of utilization and
16 consulting services related to COVID-19, costs, budgeting
17 activities and the -- all the solicitations that we've had to
18 complete, PEBP does not expect to have sufficient contract
19 authority to be able to enlist the services necessary in these
20 major contract renewals.

21 So we are requesting an additional \$225,000 in
22 the contract authority. This additional authority will also
23 require a work program from the Board, and the Board of
24 Examiners' approval would likely be contingent on the approval
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1 of that work program from the interim finance committee. So
2 that is all of the contract amendments.

3 MEMBER VERDUCCI: Tom Verducci for the record.
4 Cari, I just had a question regarding these changes here. Is
5 this -- are these items that we've already budgeted for in
6 the -- in our current budget or how do we reflect these
7 additional payments that we're going to be making?

8 How does it fit into our budget?

9 MS. EATON: Thank you. Cari Eaton, for the
10 record. Yes, for the most part, these contracts are budgeted
11 for. But the additional increase in authority has to come
12 from somewhere.

13 So we would find -- we would find funds from not
14 utilizing, say, travel or things like that or if we see a
15 reduction in another cost somewhere, we could use those funds.
16 If we are anticipating a little bit of excess reserves, we
17 could also use that.

18 MEMBER VERDUCCI: Okay. And just as a follow up,
19 you had also mentioned perhaps holding the standard update on
20 their contract. Can you explain, expand just a little bit
21 more on that? I want to be able to understand what was said
22 there.

23 MS. EATON: Yes. Cari Eaton, for the record. So
24 we bring all these contracts to the Board for approval to
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1 complete the process to actually -- there's a time frame that
2 all of these have to go through. So these -- like the -- have
3 to go to the Board of Examiners for approval and there is
4 headlines to get them there.

5 So right now, if we completed this contract
6 amendment, the earliest to the Board of Examiners would
7 probably be April or May just because of deadlines.

8 So we could hold it for the May Board of
9 Examiners meeting just in case there's anything that happens
10 during the legislative session that would allow us to adjust
11 the amendment before it's approved.

12 MEMBER VERDUCCI: Based on what we approved in
13 Item Number 5, does it look like it makes sense to delay 6.3.1
14 on the standard to see if there's any changes in the LCB?

15 MEMBER KELLEY: It's Michelle Kelley for the
16 record. I would be supportive of that motion, Tom. I think
17 it's premature to be modifying this contract, especially after
18 all the conversation around this item in question five about
19 the, you know, legislative action potentially and stuff.

20 So I'm just -- I think it's too early to be
21 modifying that contract yet. So I would be more comfortable
22 if it came back at a subsequent board meeting.

23 MEMBER KRUPP: This is board member Jennifer
24 Krupp for the record. Regarding Item Number 6.3.2, the
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1 standard contract, when are those contract authority changes
2 set to take effect? Would it be for fiscal year '22 in the
3 upcoming budget or are we talking about changing that contract
4 authority right now for fiscal year '21?

5 MS. EATON: This is Cari Eaton for the record.
6 The actual contract changes would be effective July 1st for
7 fiscal year '22.

8 MEMBER KRUPP: Thank you.

9 CHAIRPERSON FREED: This is Laura Freed. Okay.
10 One question about the AON amendment. You mentioned that
11 there would be a work program. Would that be going to like
12 the March IFC or is it even IFC qualified?

13 MS. EATON: This is Cari Eaton for the record. I
14 believe we would try to get it to the March IFC. There is not
15 a schedule out yet.

16 CHAIRPERSON FREED: Right, right.

17 MS. EATON: So I -- when the deadlines are.

18 CHAIRPERSON FREED: Sure.

19 MS. EATON: So --

20 CHAIRPERSON FREED: Okay. Got it. All right.

21 Well --

22 MEMBER AIELLO: This is Betsy. I have a question
23 actually with the standard contract.

24 CHAIRPERSON FREED: Okay.
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1 MEMBER AIELLO: Just because the contract
2 authority is inside the contract, until you spend it, you
3 don't pay it. So would there be a problem to hold that to see
4 what happened in the legislature and change the contract
5 authority a little bit down the line versus before the fiscal
6 year starts?

7 I mean, is there an implication, because I would
8 hate to amend this contract and turn around again and have to
9 undo it. And I don't think the money -- I don't think you
10 always spend all contract authority that's in there.

11 I do know they need it for their budget, but I'm
12 just wondering if it -- if there's any administrative problem
13 from holding it a little.

14 MS. EATON: This is Cari Eaton. More so is the
15 fee schedule that's included in the contract. So the fee
16 schedule is the specific amount that we pay the standard each
17 month based off of the offerings that we agreed to. So the
18 offerings and the costs that are in the current contract would
19 not be correct.

20 MEMBER AIELLO: Okay. Okay. Because that was
21 confusing me with just the contract authority thing.

22 CHAIRPERSON FREED: All right. So this is Laura
23 Freed. I am -- based on that discussion and in view of our,
24 you know, waiting to see what the legislature thinks about
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1 Item 5 of this agenda, I would accept a motion to complete the
2 contract amendments for 6.3.1 and 6.3.3 and then not take any
3 action at this time on 6.3.2.

4 Does that sound okay.

5 MEMBER VERDUCCI: Tom Verducci, for the record.

6 So moved.

7 CHAIRPERSON FREED: Okay. Do I have a second?

8 MEMBER KELLEY: Michelle Kelley, for the record.

9 So second.

10 MEMBER KRUPP: Jennifer Krupp, I'll second.

11 CHAIRPERSON FREED: Okay. Great, thank you. All
12 right. All in favor signify by saying, "aye."

13 Any opposed no? Okay. Great. Thank you.

14 (Motion carries.)

15 CHAIRPERSON FREED: So let's move onto 6.4,
16 contract solicitations.

17 MS. RICH: Okay. So I will take this part. This
18 is Laura Rich for the record. We do have many contract
19 solicitations that will need to be presented to the Board.
20 This is not an all inclusive list. These are just the ones
21 that we need to get moving on quickly because of the timing
22 involved.

23 So the first one is the website hosting. So in
24 2015 PEBP contracted with KPS3 for website development and
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1 hosting and we used an existing contract joinder with DCNR.
2 That contract is expiring on June 30th, 2021, and so PEBP will
3 need to go out and solicit for ongoing website hosting and
4 maintenance moving forward.

5 This is expected to be a very, very low-cost
6 solicitation obviously in relation to all of these other ones.
7 It's -- we're looking at \$1660 a year for these services, and
8 so this is going to be an informal solicitation. It will not
9 include an RFP.

10 It -- and for those of you who are not familiar
11 with the informal solicitation process, this is a much less
12 complex process to elicit bids from different vendors.

13 So the recommendation here is to allow staff to
14 complete an informal solicitation for website hosting and
15 maintenance services. And I guess I should clarify based on
16 some discussions in previous board meetings or maybe this was
17 a subcommittee meeting, I can't remember now.

18 This is the PEBP website, not the enrollment and
19 eligibility site, which is much different. So I'll pause
20 there.

21 CHAIRPERSON FREED: Okay. I think I will let you
22 go on to 6.4.2 in that case.

23 MS. RICH: Okay. So this is a much larger and
24 much more complex solicitation. So PEBP's current contract
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1 for TPA services is with HealthSCOPE Benefits. That began
2 back in 2011 and that contract has been amended six times,
3 extended twice to add a total of six years to that original
4 contract. But it is now due to expire on June 30th, 2022.

5 Currently in the TPA contract, there's a lot of
6 services that are rolled into that TPA contract. So you see
7 services such as Doctor on Demand and Healthcare Bluebook.
8 Those have all been offered through HealthSCOPE and through
9 amendments.

10 So those services no longer -- those are going to
11 have to go out to solicitation as well. Being that this
12 contract expires on June 30th of 2022 and it is such an
13 enormous undertaking, it is very important that we get a move
14 on this quickly.

15 And so this is why it is being brought to the
16 Board today so that we can start looking at exploring the
17 options and really getting the wheels in motion so that this
18 RFP can hit the street hopefully in the summertime. The
19 earlier, the better, in my opinion.

20 So if you look at the grid on the bottom of
21 page 8 there, I have lined out the different services that are
22 either contracted separately through HealthSCOPE or that are
23 included in the HealthSCOPE contract.

24 So typically for those of you who aren't familiar
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1 with what HealthSCOPE does, they are our third party
2 administrator. They essentially pay our claims and then they
3 also manage the -- all of the processes behind the scenes.

4 So all the accumulators, member accumulators,
5 they also have a call center that will address member
6 questions and they're the ones who are quoting all the
7 benefits, right, to members and so it's a pretty significant
8 service.

9 They do this for -- on the medical side and then
10 they also, with that, have a dental network attached to the
11 TPA, and then they also have a national network, which is
12 with -- currently with Aetna.

13 So we just spoke about an Aetna contract that --
14 for the state-wide contract. HealthSCOPE is already
15 associated with Aetna and has a contract through -- with Aetna
16 to offer PEBP services nationwide.

17 So typically with a TPA, they come as a package
18 deal. They -- with a -- so the TPA with a network. And as
19 part of that package deal, you tend to get better pricing
20 through those solicitations and so -- because they come with
21 their own networks and they have -- they already have
22 partnerships and they get volume pricing.

23 So it's being recommended here that not only do
24 we have the medical claims, the dental claims and the national
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1 network be rolled into the TPA contract, but also include an
2 option, even though we have just awarded a contract to Aetna
3 for a state-wide network, include this when we go out to RFP,
4 include an option for a state-wide network as part of the TPA
5 contract.

6 When we include it as an option, that allows us
7 to do a cost comparison, and again, a disruption analysis and
8 look at are we getting a better deal. If it comes as a
9 package deal, because typically organizations do not -- they
10 do not go out and RFP separately for networks. We are a
11 little bit of an anomaly, we're the exception. Usually all of
12 this comes as a package deal.

13 So that is the bulk of that TPA RFP. In addition
14 to that, we have the telemedicine provider, the shop and
15 comparison tool, subrogation and second opinion services.

16 So with the exception of the subrogation, the
17 telemedicine provider, shop and comparison and second opinion
18 services, the recommendation here is to go out to bid
19 separately for these services, but then have that winning
20 vendor -- that contract lies with the winning vendor -- sorry,
21 I can't talk today, with the winning vendor and have them
22 contract directly with that TPA.

23 So that -- what we accomplish there is
24 transparency. We have got all of these sub-vendors that are
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1 offering services. So, for example, today we have Healthcare
2 Bluebook, right? So we would go out to bid and that
3 accomplishes transparency.

4 We have an evaluation committee, they select a
5 winning vendor, and then at that point, we negotiate a
6 contract and then we say, okay, TPA, here's this contract. We
7 need you to put it into motion. And then that way, it is not
8 a contract that PEBP has to manage, but at least we accomplish
9 the transparency piece of that.

10 The outlier here is subrogation. Subrogation
11 typically is included as part, again, of a package deal with a
12 TPA. They typically have the industry standard is for a third
13 party administrator to have a relationship with a firm that
14 conducts subrogation services. It's -- that is the norm.

15 The recommendation here is that we can go either
16 way. We can include it as the TPA, in the TPA solicitation or
17 go out to bid separately. Going out to bid separately would
18 be a little bit outside of the norm. However, we, in the
19 past, have had relationships with the -- with our subrogation
20 firm through our TPA.

21 And in looking through some of the history, the
22 recoveries from those subrogations were fairly low. And then
23 we switched over to a new -- well, when I say "we," it was
24 HealthSCOPE switched over to a new subrogation firm and those
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1 recoveries are now almost triple what they used to be. So
2 it's something that always outside of the industry norm. It's
3 something that the Board could choose to do. I think either
4 way here is acceptable.

5 And then we have FSA administration. So right
6 now we have that as a separate contract through HealthSCOPE.
7 It's a \$0 contract and they -- so HealthSCOPE offers FSA and
8 what they do is they charge an administration fee.

9 They charge a \$3 administration fee for those
10 folks who want to participate on the FSA, and that's a Quest
11 savings account, I'm sorry, I didn't say that.

12 So it really makes no sense for PEBP to go out to
13 bid and have a separate solicitation and contract for this
14 when it can easily be offered in the same manner as a
15 voluntary benefit on the voluntary platform.

16 So the recommendation here is just to offer as a
17 voluntary benefit, the administration fees from what I've
18 heard from the vendors are about the same, 3 to \$5, to
19 administer that FSA through a voluntary benefit.

20 So then the last one is the has and HRA
21 administration. Right now we, again, have that through
22 HealthSCOPE and the recommendation here is to go out to
23 solicit for this separately.

24 So to wrap it up, when I say that PEBP staff are
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1 going to be busy as well as purchasing staff, I am not saying
2 this lightly. There's going to be a lot of work ahead of us
3 and this is, like I said, not inclusive. There are going to
4 be a lot of RFP's ahead of us that we haven't even brought to
5 the Board yet.

6 So I will stop there because there's a lot of
7 information that I just went over, and unless you want me to
8 really quickly cover the PBM, I think that's a little bit --
9 shouldn't be as -- shouldn't be as complicated, but if you
10 want me to stop right there for questions.

11 MEMBER KRUPP: I have a quick question.

12 MS. RICH: Yes.

13 MEMBER KRUPP: This is Jennifer Krupp for the
14 record. So you kind of already answered my question about
15 what would be the benefit of doing a separate solicitation or
16 continuing to keep the solicitation for the subrogation and
17 the TPA contract.

18 But I'm just kind of curious like what PEBP staff
19 opinion would be and whether or not the maintenance of a
20 separate contractor keeping that as a subcontractor on a
21 larger RFP would be.

22 And then the other question that I had was if
23 through the HSA/HRA administration as a separate solicitation,
24 if we could include a provision for the FSA administration in
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1 that RFP or would that increase the contract costs.

2 So two separate questions, kind of a lot. Let me
3 know if you need me to repeat it.

4 MS. RICH: So for the subrogation, you know, it
5 can go either way, right? So yes, it's a lot more work to
6 maintain another contract.

7 And if you recall those on the Board that were
8 around a couple years ago, when we moved a lot of services
9 over to the voluntary, so all of our voluntary products were
10 moved over to the voluntary platform, and the reason why is
11 because we were trying to reduce the amount of contracts that
12 we had to manage.

13 As you know, we're 34 staff, and that's if we're
14 fully staffed, and there's not a lot of expertise when it
15 comes to -- or a lot of -- a lot of staff time that can be
16 dedicated to these -- all these contracts, and then especially
17 if you have to go out to bid and et cetera, et cetera.

18 So maintaining contracts is something that we
19 would like to avoid as much as possible. But we still want to
20 make sure that we're transparent so we still have to go
21 through the solicitation process.

22 On the flip side, like I mentioned with the
23 subrogation, and I can put numbers to this, back in the day
24 and I can't remember what year it was, but we were looking

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1 at -- we were collecting in recoveries about \$400,000 in
2 subrogation recoveries, whereas we're looking at now with our
3 current vendor through HealthSCOPE, almost -- it's over a
4 million now. So they've already established relationships
5 with law firms throughout the State, right?

6 So when they go and they proceed with those
7 recoveries, they reach out to those law firms and it's --
8 they're a lot more effective because they've already
9 maintained those relationships.

10 And so having that, the ability to -- I guess to
11 go through solicitation and see, you know, how successful has
12 this company been versus just taking the package deal, right?

13 But sometimes taking that package deal, you're
14 already getting, you know, a better service, which is why that
15 is industry standard. So you can go either way on that one.

16 MEMBER AIELLO: So, Laura, I have a couple
17 questions. One, I'll just piggyback real quick on that
18 subrogation one.

19 As part of a package deal, though, they could --
20 we could still require them to have vendor presentation and
21 contract standards for that sub area, I would think, and then
22 that would be more. So if you got four RFP's for different
23 TPA's, as part of the RFP and the selection, it could go over.
24 But that's just a thought there.

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1 But I wanted to clarify. So right now where
2 you're saying the state-wide network, it's a separate contract
3 if -- and it starts on the -- this July. So the TPA wouldn't
4 start until a year from this July.

5 MS. RICH: (Nodded head.)

6 MEMBER AIELLO: So we might end up -- if we move
7 that into the TPA, we may end up cancelling that contract
8 after a year and moving -- I am a fan of making -- you don't
9 really have enough staff for the amount of contracts you have,
10 I totally agree. But -- so I just wanted to clarify. So that
11 would end that one standalone contract and it would become
12 part of the TPA. Okay.

13 MS. RICH: Correct.

14 MEMBER AIELLO: And I -- my mind had been going
15 along very much the same as Jennifer's, wondering if the FSA
16 would easily slide into the HSA/HRA activity. But that was
17 just a thought I had had and then Jennifer mentioned it also.

18 MEMBER CAUGHRON: And this is April. Just to
19 kind of jump on what Betsy said, with regards to that scenario
20 if we are to cancel that contract early so that it would be
21 part of this renewal, are we looking at any type of penalties
22 associated with cancelling that contract?

23 MS. RICH: No. So typically you have 180-day out
24 period with contracts. So as long as we did it within those
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1 180 days, we'd be fine.

2 MEMBER CAUGHRON: Okay. Thank you.

3 MEMBER KELLEY: It's Michelle Kelley here.
4 Executive Officer Rich, so when you release the solicitation,
5 is it kind of like a cafeteria that you'll put out kind of
6 looking for a contract for TPA for one or more of these
7 activities?

8 So can it kind of be optional or do you have to
9 separate them? I know in my world, I can put them together
10 and offer respondents the chance to build on all of it or just
11 a piece of it or whatever and then we do the jumbling.

12 MS. RICH: So you can do it that way, but then
13 you don't have the ability to -- so let me back up.

14 So a third party administrator can have already
15 standing relationships with, for example, telemedicine. So
16 HealthSCOPE has a standing relationship with Doctor on Demand,
17 and again, they can come as that package deal. But maybe
18 Doctor on Demand doesn't fit our needs. Maybe it's not good
19 for PEBP, maybe it's -- you know, we want options.

20 And so that is why the suggestion here, the
21 recommendation is to solicit for a telemedicine provider so
22 that we can evaluate the -- each of those services.

23 We can certainly say if you have a relationship
24 with a telemedicine provider, who are you -- include that in
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1 that RFP and make it a question in the RFP for the TPAs to
2 respond with. But then you're only getting usually their --
3 you know, the one established relationship.

4 So this just gives us a little bit more
5 flexibility. And as much as I don't want to go out to bid for
6 all of these extra services, I think that it is prudent for
7 the program to do so.

8 MEMBER KELLEY: Thank you.

9 MEMBER AIELLO: And, Laura, this -- so are you
10 thinking that each one of them would be a new contract or
11 would they be going together like second opinion and
12 telemedicine and shopping comparison? Would they be three
13 additional contracts?

14 MS. RICH: That is correct.

15 CHAIRPERSON FREED: Okay. This is Laura Freed.
16 If there are no more questions about 6.4.2, I will have you go
17 quickly to the pharmacy benefit manager, 6.4.3.

18 MS. RICH: Okay. So the pharmacy benefit
19 manager, currently our contract with Express Scripts who is
20 our PBM today began in 2016. And since then, the contract has
21 been amended four times. Generally, this is because of the
22 market checks that we have conducted on ESI every year to
23 lower those negotiated fees.

24 So the original four-year contract was previously
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1 awarded and then a one-year extension was awarded as well.
2 And so that is now also due to expire on June 30th of 2022.

3 Again, this is a pretty significant RFP. If you
4 have ever been on the evaluation committee for this, both the
5 TPA and the PBM, they are pretty significant undertakings and
6 it's a lot of work for those evaluators.

7 And so both of these are very, very significant,
8 not just to develop the RFP, but to evaluate the RFP, to
9 negotiate that contract. These are very, very significant
10 undertakings for staff. So this is why we are bringing them
11 to the Board sooner rather than later.

12 The other important thing here is that
13 unfortunately the two most significant member facing vendors
14 that we have with the exception of the enrollment and
15 eligibility platform, these are the two most significant
16 vendors and these are -- this is what our members deal with
17 every day.

18 They're either dealing with HealthSCOPE or ESI,
19 you know, whether it's a medical claim or a pharmacy claim.
20 And so this is going to be big for members. This is going to
21 be a significant change. If we change our vendors through
22 this process, this next open enrollment is going to be not fun
23 for staff and for members, and it's just going to be a lot of
24 change all at once.

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1 And so this is going to require a lot of
2 planning, a lot of communication, a lot of technical
3 implementation and undertaking. Everything we do runs through
4 the TPA or through the PBM, and so I know Chair Freed just
5 sighed. I feel the same. It is -- this is going to be very
6 significant for the program.

7 MEMBER AIELLO: Laura, when you're talking about
8 combining some things, is there plus or minuses to putting the
9 PBM in with the TPA?

10 MS. RICH: So the PBM is essentially a TPA for
11 pharmacy. So it's separate. It's different, it's a different
12 service.

13 MEMBER AIELLO: Okay. Well, you have the medical
14 and dental together, so I didn't know if for the philosophy of
15 integrated care, the pharmacy would fit well with the medical
16 and dental as one.

17 MEMBER CAUGHNOR: April Caughron real quickly.
18 With regards to going out for our new PBM, are you looking at
19 continuing to keep specialty pharmacy under that PBM or are
20 you looking at branching out and possibly soliciting a
21 separate vendor for a specialty pharmacy?

22 MS. RICH: To be honest, we have not gotten that
23 far yet because that is the next step in the process, is to
24 look at what are the options. What are the options out there,
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1 how are we going to proceed with this RFP. And this is
2 actually something that I believe those Board Members who are
3 interested in participating on a solicitation like this may
4 want to, you know, be -- get involved early and get involved
5 in the -- not just in the evaluation of the solicitation, but
6 also in the development of the solicitation.

7 So hopefully the next step and we will be working
8 with -- as you heard earlier, we are asking for increased
9 authority with the -- for the AON contract so that we can tap
10 into their SMEs who do these RFPs day in and day out, and so
11 they have that -- those expertise that they can provide.

12 They have, you know, different -- they have the
13 guidance and advice that in-house staff at PEBP do not have.
14 And so we are really go to need to leverage the experts on
15 this.

16 MEMBER CAUGHRON: Okay. Thank you.

17 CHAIRPERSON FREED: This is Laura Freed, having
18 trouble unmuting myself for some reason. All right. We'll do
19 the easy one first. I will accept a motion to authorize PEBP
20 staff to complete an informal solicitation for web hosting
21 under 6.4.1.

22 MEMBER URBAN: Marsha Urban, second.

23 CHAIRPERSON FREED: I didn't get a first. I'll
24 get --

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1 MEMBER URBAN: Then I'll do the first.
2 CHAIRPERSON FREED: Okay.
3 MEMBER URBAN: But you state it.
4 MEMBER FOX: I'll do the second. This is Linda
5 Fox.
6 CHAIRPERSON FREED: That sounds great. All in
7 favor say, "aye."
8 Okay. Great.
9 (Motion carries.)
10 CHAIRPERSON FREED: Okay. Let's do 6.4.3,
11 pharmacy benefit manager. Do I have a motion to authorize
12 PEBP to move forward with a request for proposal for a new
13 pharmacy benefit manager?
14 MEMBER KELLEY: This is Kelley --
15 MEMBER CAUGHRON: Oh, this is April, I'll go
16 ahead and --
17 CHAIRPERSON FREED: I'll take April's for that
18 motion, and do I hear a second?
19 MEMBER KELLEY: Yes.
20 CHAIRPERSON FREED: Okay. I've got a second from
21 Michelle Kelley. All in favor say, "aye."
22 Thanks, guys.
23 (Motion carries.)
24 CHAIRPERSON FREED: All right. So now 6.4.2.
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1 All right. So we had a little discussion about subrogation,
2 whether we should include in the big RFP or do a separate
3 solicitation.

4 Board Members, how do you feel?

5 MEMBER KRUPP: This is Jennifer Krupp. I don't
6 know how I feel about doing a separate solicitation or
7 contracting, doing a subcontract with the, you know, regular
8 TPA RFP. But one thing that I did really want to emphasize
9 that we do is that we do use perhaps performance standards in
10 there.

11 I think it was the Board member -- sorry, I can't
12 remember who suggested that, but if we do put like significant
13 performance standards within the contract, I think that that
14 would be a good protection since this can really affect the
15 agency with revenue, so --

16 MEMBER AIELLO: And this is Betsy, I agree with
17 what Jennifer said. And I'm just -- truly would ask the PEBP
18 staff, if you move the telemedicine out, you move the shopping
19 comparison out and the second opinion out, it may be more than
20 the ability to oversight and to follow some of those
21 performance standards closely to move that out as a separate
22 one also. But I have no great feelings either way other, than
23 is it a functional work load.

24 MEMBER CAUGHRON: Yeah, I agree with that. I
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1 think given the constraints that you have with regards to
2 staff, you might just really need to -- you know, really
3 consider that, because it is a lot of additional extra work to
4 have all of these split.

5 CHAIRPERSON FREED: Okay. This is Laura Freed.
6 So I'm hearing that everybody is comfortable with the staff
7 recommendation except on subrogation. The preference is to
8 include it in the TPA solicitation rather than having yet
9 another separate solicitation.

10 Okay. All right. I'll make that motion.
11 Second?

12 MEMBER FOX: Linda Fox. I'll second that motion.

13 CHAIRPERSON FREED: Okay. Great. Thank you.

14 All those in favor say, "aye."

15 Any opposed? Okay. Great.

16 (Motion carries.)

17 CHAIRPERSON FREED: All right. That is, I think,
18 it for 6.4. PEBP staff, did you want to cover 6.5 or is this
19 just informational for the Board's edification?

20 MS. RICH: This is just informational. It's just
21 to show where we are at with the status of the remaining
22 solicitations that are out there right now.

23 We have the health plan auditor, which is already
24 in the negotiation process and the financial auditor, which
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1 the RFP has been released and -- but it has not -- the
2 evaluation committee has not yet met.

3 And so that should be the anticipated actual
4 notice of intent to award will be in early to mid March for
5 that one. So you should see the health plan auditor come to
6 the Board in the March board meeting and the financial auditor
7 come to the May board meeting.

8 CHAIRPERSON FREED: Okay. Thank you. With that,
9 we'll move to Agenda Item 7.

10 Ms. Rich, you're on mute.

11 MS. RICH: Sorry. So I wanted to give some brief
12 background before Ms. Messier jumps in.

13 Today's AON presentation really serves two
14 purposes. The first is to provide the Board a more in-depth
15 understanding of the rate setting process, but the second is
16 to address an issue that has come up as a result of the rate
17 setting process that occurred last year.

18 So those of you who were around in March may
19 recall that there were some concerns about the increases in
20 rates and how each tier was affected. During that rate
21 setting meeting, the Board made the decision to veer from that
22 standard formula and some adjustments were made to that.

23 So since that was a really a one-time decision
24 and not a policy change, it -- if we don't address this today,
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1 then the employee plus child tier will -- that's potentially
2 the single parents, will this year experience a
3 disproportionate increase in rates.

4 So PEBP has asked AON to present options that may
5 help mitigate these issues. So I will pass it along to Ms.
6 Messier who will then go through her presentation.

7 MS. MESSIER: Thank you, Ms. Rich. Hope
8 everybody has their thinking caps on as we walk through rate
9 setting. Let me share the screen. It's probably a little bit
10 easier for folks. Are you able to see it? I do have two
11 monitors. I just want to make sure it's doing okay. I see
12 Chair Freed has given me the thumbs up. Thank you very much.

13 All right. So rate setting is our first section
14 and unfortunately we have to continue to give these warnings.
15 I wanted to use as close to real numbers as possible, but
16 given we've probably produced about 60 different versions of
17 rates so far this year, and as we learned earlier today,
18 there's still some heated debate about what the plan design
19 might look like in March.

20 So therefore, for the sake of this illustrative
21 walk-through of rates, I did still include an amount of
22 long-term disability that would kind of be prior amounts. I
23 did kind of use some base rates that are not quite what we're
24 seeing so far.

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1 So anything you're seeing today, if you take a
2 screen shot and then compare it to what we present in March, I
3 can guarantee you, 100 percent, they will not match. These
4 are not the rates that you are going to see in March.

5 They are, however, directionally correct,
6 relationally correct so that we can have a good discussion on
7 rate settings. But I do not want anyone to come away from
8 today saying, AON said our rates are going to be X because
9 absolutely not what I'm saying. And I apologize for having to
10 give that disclaimer, but I think it's important. Okay.

11 So as we mentioned, we're going to focus our
12 first half of the presentation really just walking through the
13 different steps that we go through in setting your rates and
14 then where we need more active participation is on the second
15 half of this section of the agenda, is to really talk about
16 what is the happening on the dependent side as well as another
17 fun element of budget setting with two years of plan included
18 in one budget. There is a larger impact that happens in year
19 two of the biennium that we wanted to walk through as well.

20 And then we are putting a star in places where
21 enrollment waiting matters and I'll get to that when we see
22 those stars. So that's just something for you to watch out
23 for as to why the folks at home that like to take numbers and
24 walk through them, it's not always as simple as A plus B

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1 equals C. It really does matter how many people are in A
2 versus B versus C.

3 And please feel free to interrupt me. It's hard
4 for me watch that screen where you all are with my screen over
5 here as to where the presentation is. So I won't be offended
6 if you jump in and ask me questions. Please feel free to do
7 so.

8 Okay. So when it comes to base rates, this is
9 really the guts of rate setting if you will. So each January,
10 February time frame, we get your claims data for pharmacy,
11 medical and dental for the prior 24 months from your vendors.

12 We then take a look at that paid claims data.
13 It's usually updated at least through December and then we do
14 what is called completing those claims in order to move them
15 from pay dates to incur dates, and we use prior seasonality
16 patterns, payment patterns, how fast has HSB paid those
17 claims, same thing on ESI side for pharmacy, and then we take
18 those claims through, let's say, December of 2020 and we apply
19 a trend factor to move them forward the plan year of '22.

20 The next step in the process is that we will take
21 any upcoming plan changes that we are aware of. Sometimes
22 that's as simple as looking at actuarial value changes,
23 sometimes it's a little more involved where we have savings
24 initiatives that are applied.

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1 For example, the Board voted on two of those for
2 both ESI and HealthSCOPE on the out-of-network benefits back
3 in -- I believe it was the November meeting. So we'll apply
4 those savings initiatives to our predictions for '22 claims as
5 well as any pharmacy market checks.

6 This is where we take a look at the current
7 pricing that you're getting on your pharmacy contract. We
8 compare it to some of our latest bids in the marketplace on
9 other clients similar to your size and mix of people, and then
10 sometimes they're able to negotiate for you fairly
11 successfully a decrease in payments for the upcoming year or
12 perhaps an increase in rebates.

13 And so we will apply that again in plan year '22
14 to do our best estimate of what we think plan year '22 costs
15 will be from a claims perspective.

16 And then in Step 4 -- sorry, my headphones are
17 telling me they're running low on battery, so let me switch
18 out. Can everybody still hear me okay? I'll look to Chair
19 Freed.

20 Thank you.

21 And so Step 4 is where we first see our friends
22 the star, so then we're applying enrollment expectations by
23 plan and by tier along with utilization assumptions by plan
24 and the actuarial values to make an expectation on what do we
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1 think the CDHP plan will cost in terms of claims per employee
2 per year based on who we think is enrolling in that plan.

3 For example, if that plan is attracting more
4 families, we're taking that into account. It's
5 historically -- let's say the HMO plan is attracting a lot of
6 employees plus spouses, we're taking that into account in that
7 step as well.

8 And now that we have the addition of a third
9 plan, we are making our best guess based on industry knowledge
10 and prior assumptions on plan migration as to how many people
11 will enroll into that new third plan. Any questions there.

12 Okay. So then we have base rates established in
13 terms of claims costs for each of the three different plan
14 design offerings as well as we have those amounts separated by
15 medical, pharmacy and dental expected claims.

16 And historically this is where AON's part of the
17 process has stopped and we would send what we call base rate
18 cards over to PEBP's office and the PEPB's CFO and her staff
19 would take the process from here.

20 But this is purely getting to our best
21 expectation of what claims costs will be for the upcoming plan
22 year. We have also been given direction by the Board to set
23 rates and trends fairly aggressively. Most of our clients are
24 okay with kind of using an industry standard trend, which is a

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1 little more conservative. I would probably say it's one to
2 two points higher than the trend we used for your population.

3 But given the plan performance and savings
4 initiatives that have historically been applied after rates
5 have been set, you know, excess reserves have been generated,
6 so we have been asked historically to make sure we're a little
7 more aggressive when it comes to trend.

8 And then there's a 50 percent chance that our
9 rates will be sufficient to cover those expected claims and a
10 50 percent chance that we'll be short.

11 Any questions?

12 MEMBER KELLEY: It's Michelle for the record. I
13 have a question just on that point.

14 MS. MESSIER: Yeah.

15 MEMBER KELLEY: How long has the direction been
16 to do 50/50?

17 MS. MESSIER: It's definitely been around as long
18 as I've been working on PEBP, so that's six years. It's
19 possible it's gone before then because it was definitely in
20 place when I came in six years ago.

21 MEMBER KELLEY: And what's the industry average?

22 MS. MESSIER: I'm sorry, what -- average of what?

23 MEMBER KELLEY: So you said that other employers
24 rate it differently from 50/50. So I'm just wondering what's

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1 the -- you know, what is the average that you see out there?
2 Is there an average?

3 MS. MESSIER: There's not, but I would say
4 95 percent of my clients that I work with don't ever want our
5 rates to be short because that means it impacts their
6 end-of-year profitability for their company.

7 For example, if you're talking about like a
8 private employer and so, you know, they would prefer that
9 we -- at the end of the year, we look at our claims estimates
10 and say, oh, you came in, you know, three percent better than
11 expectations.

12 I honestly can't think of a single client who
13 prefers me to be short half of the time. It's definitely an
14 anomaly.

15 MEMBER KELLEY: Okay. And so I guess the
16 question for staff: What would PEBP do if the risk that we're
17 taking here didn't pan out?

18 MS. RICH: So that's why we have catastrophic
19 reserves is if our projections are off, that is our reserve
20 bucket essentially is -- or safety net is what that would be.

21 MEMBER KELLEY: And how often have we been off in
22 the last six years, just using Stephanie's time on the panel
23 as a number to pick from?

24 MS. MESSIER: So I believe two out of the six
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1 years, we were short, and four out of the six, we were under.
2 Historically, we've been within 2 to 3 percent of the claims
3 pick.

4 Now, there's certainly been, I would say, excess
5 reserves generated off the admin fee portion of it, but the
6 claims pick has been within 2 to 3 percent. Four times I want
7 to say it was below and two times the claims ran over what we
8 expected.

9 MEMBER KELLEY: Okay. And so we have --
10 obviously we have enough catastrophic reserves because the
11 years that -- where our claims are under, that money goes into
12 catastrophic reserves if I'm correct.

13 MS. MESSIER: I believe it actually goes into
14 your third bucket, which is historically been called excess
15 reserves. But I know you guys relabeled that I want to say in
16 July, and I apologize for forgetting the new terminology for
17 that fund.

18 CHAIRPERSON FREED: Differential cash.

19 MS. MESSIER: There it is. Thank you, Chair
20 Freed. This is Stephanie Messier, for the record. I
21 apologize, Court Reporter, for not doing that before.

22 CHAIRPERSON FREED: Me too.

23 MS. RICH: I also want to add here that Stephanie
24 mentioned that prior to this year, they were not involved
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1 after the Step 4. That's actually very important to note
2 because there's a lot that happens after Step 4 that changes
3 the entire path.

4 And so not only does trend get changed during the
5 GFO process, but all of the admin costs that are associated
6 with this are just tacked onto the end.

7 There's a lot that happens after Step 4 that has
8 basically undone the entire actuarial in a process -- basis of
9 this process.

10 And, Stephanie, I don't know if you want to
11 elaborate on that, but I think it's important to just note
12 that because of the history.

13 MS. MESSIER: Yes. This is Stephanie Messier for
14 the record. I would say, once again, there is another area
15 where PEBP was very unusual. We typically know what our
16 clients admin fee costs are. We include that as well as, you
17 know, they'll tell us what they like to see in terms of a
18 subsidy strategy.

19 And so we will take it start to finish and what
20 we typically present to them would be final rates, you know,
21 and they could tell us whether they like that or not. If they
22 have the money to, you know, take on that years's increase or
23 if they want to push toward their employees or those kind of
24 things.

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1 So typically, again, with the rest of my clients,
2 AON would take really from Step 1 all the way to what's
3 probably Step 12 at this point, which is to get you a final
4 rate. But with PEBP we historically have only been involved
5 up through Step 4. Okay.

6 Any other questions here?

7 MEMBER LINDLEY: Tim here. A quick question. So
8 you've been going through Step 1 through Step 4 for the past
9 however many years and you said that you've always been within
10 2 to 3 percent, give or take?

11 MS. MESSIER: I will say that for the six years
12 I've been doing it, yes.

13 MR. LINDLEY: That's pretty good in my opinion
14 and I just wanted to express that.

15 MS. MESSIER: This is Stephanie Messier. I will
16 say AON appreciates that.

17 Any other questions? I don't want to rush this
18 part. I do recognize that being a math nerd, I love it, but
19 it's not as easy for others. So, please, there are no silly
20 questions. I'm happy to talk through it as long as we need
21 to.

22 MEMBER KELLEY: I guess -- it's Michelle Kelley
23 here. So just a point of clarification, so we talked about --
24 Executive Officer Rich talked about in the past all the way up
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1 to Step 4. I think you've expressed before, Executive Officer
2 Rich, that your intent is to involve AON past that step and
3 into Step 5 through 12; is that correct?

4 MS. RICH: This is Laura Rich. They have been
5 involved and the reason why is because it maintained -- we
6 have actuaries for a reason. No one here at PEBP is an
7 actuary and we rely on their expertise.

8 So if we only use their expertise up to a certain
9 degree, and then at that point, decide that their expertise
10 are no longer needed, it undoes the entire -- you know, the --
11 it makes those -- what AON has done up until that point not
12 found actuarially if that makes sense.

13 MEMBER KELLEY: Yes, it does. Thanks.

14 MS. MESSIER: Okay. This is Stephanie Messier
15 again. Any other questions before we leave Slide 5? One
16 other note that's in the footnote here is that our expectation
17 of the EPO base claims are blended with the fully insured HMO
18 rates that are provided each year by HPN.

19 There wasn't a good place in the presentation to
20 try to put that in there, so it's a little footnote on this
21 slide.

22 Questions about that before I move on?

23 MEMBER KELLEY: Yeah, how do you do that? I'm
24 sorry, it's Michelle for the record.

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1 MS. MESSIER: So we have that -- again, it
2 actually deserves its own little star there. So we take the
3 assumption for how many people will enroll by tier for the
4 rates provided by HPN and then we will multiply those number
5 of people by those tiered rates and then we will add a similar
6 calculation on the EPO side.

7 So let's say we assume 100 singles, 200 employee
8 plus spouse, et cetera, et cetera, we're doing that math and
9 then putting the two together, dividing by the total number of
10 people to come up with a new per participant per month rate
11 for a new blended EPO HPN base before we start adding in the
12 admin.

13 MEMBER KELLEY: So just to be clear, so you're
14 blending claims from the EPO with a hard premium on the HMO.
15 You are combining those two.

16 MS. MESSIER: Correct.

17 MEMBER KELLEY: Facts. That's quite odd.

18 MS. MESSIER: That is correct.

19 MEMBER KELLEY: Okay. Thank you.

20 MS. MESSIER: We should probably probe that
21 further because I don't want on the record that it's odd and
22 then we just kind of move past it.

23 MEMBER KELLEY: Okay. I guess I think it -- I'm
24 thinking it's unusual. I can't imagine there's too many

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1 places like Nevada where you do have that blended experience,
2 right, where you've got a fully insured put out being rated
3 and blended with a fully insured product and a self-insured
4 product being blended to create a combined rate. So it's more
5 the unique nature of Nevada that I was commenting on than
6 necessarily the process.

7 MS. MESSIER: This is Stephanie Messier. I will
8 absolutely concur with you. That is very much a unique
9 element of PEBP that I do not see elsewhere. You are
10 absolutely correct. Any other questions on Slide 5? Going
11 once. All right. Okay.

12 Slide 6. So there's a bunch of different reasons
13 why enrollment may change from one year to the next.
14 Historically, PEBP has seen a fairly stable, I would say,
15 population in the state side particularly.

16 We've certainly seen progressive reductions on
17 the non-state side and there's a variety of different reasons
18 why PEBP enrollment may change from one year to the next.

19 You know, there's an overall growth, there's
20 shrinkage potentially of the state's population in employment.
21 Certainly in years where there's been more slots to fill, the
22 plan grows.

23 Conversely, I can imagine in harder economic
24 times, there's going to be agencies that are deciding not to
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1 fill open positions. Certainly that's coming into play more
2 here as we are in the time of COVID.

3 There's also changes in enrollment by plan.
4 Especially when you're offering a new third plan, you're going
5 to see some shifts. I would anticipate both maybe down from
6 the HMO up from the CVHP or you may see folks that previously
7 have not been -- maybe interested in PEBP plans that are
8 coming in, new, taking a new look, maybe previously were
9 uninsured, et cetera, as well as there's movements obviously
10 from your active into your requirement groups, the pre-65.

11 So they're still on PEBP's plans, but in terms of
12 receiving from other benefits, you may see some shrinkage on
13 the active side as well as some growth on that pre-65.

14 We would also see pre-65 moving into Medicare for
15 those who are qualified to do so, all of the fun ways that
16 enrollment may shift throughout the year as well as that open
17 enrollment.

18 Questions here?

19 And as you might imagine, again, we have to make
20 our best estimate as to what PEBP is going to look like not
21 only for plan year '22, but for plan year '23 when it comes to
22 setting PEBP's budget.

23 Okay. Next comes another fun piece of the
24 equation. So now that we have our base claims split up by

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1 plan and a solid assumption on how many folks will be
2 enrolling by tier and by plan, we add on PEBP's administrative
3 fees.

4 So there's a variety of different fees, some of
5 which apply to all three self-funded plans, some of which
6 apply to all three of the self-funded plans plus the fully
7 insured plans that has been blended with one of the
8 self-insured plans as well as one that just gets applied to
9 the CDHP.

10 So currently based on what our best expectations
11 for plan year '22 costs, just the cost of running PEBP and
12 paying some of -- it's -- like let's say IT contracts and
13 those kind of things all fall into the PEBP cost line.

14 So that's about \$27.27 per participant per month.
15 I believe that probably includes PEBP salaries and all of that
16 good stuff. But it's literally the cost of running PEBP and
17 some of their contracts, I believe, like with their auditor
18 and other things, kind of all goes into that bucket.

19 And Ms. Eaton can certainly interrupt me if I'm
20 misspeaking for PEBP's costs here.

21 And then there's also medical fees. A lot of
22 these are going to be network access fees or fees from HSC for
23 administering the plan. You'll notice the CDHP costs more
24 than the co-pay plan, which also costs more than the EPO plan.

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1 So there is out-of-state networks that gets applied on the
2 CDHP and on the co-pay. Those fees are not being applied to
3 the EPO plan as there is not an out-of-network benefit.

4 For the CDHP, there is also the additional cost
5 for the has administration. That gets added only to those
6 folks that need an has fund. That way, the rest of PEPB's
7 participants are not getting charged with something they're
8 not using and so that's why that one has the largest fee,
9 that's the \$35.27.

10 Any questions there? Okay.

11 Hearing none, next up we have the pharmacy fees.
12 ESI is charging a different amount for the EPO participants.
13 That is being applied to the other self-funded groups and so
14 those two different amounts are listed there.

15 And then finally there's the dental network
16 administrative fees of 1.99 that gets applied across the
17 board. That is also, in this instance, inclusive of the
18 amount of people that are, you know, coming just to purchase
19 simple off of the Medicare exchange. They also are 1.99 in
20 terms of the network access for dental.

21 And then finally, purchase amount here of \$50 per
22 month, I was taking the Gov Rec plan design at \$600 for the
23 HSA/HRA contributions. Certainly, if that ends up changing,
24 that number would change, but that's the med assumption, so

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1 off of the \$50 per month would assume each participant is
2 getting \$600 in the HSA/HRA and that gets loaded strictly to
3 the CDHP plan. Okay. All right.

4 MEMBER KELLEY: So can I just ask a question?
5 You probably clarified. This is Michelle Kelley for the
6 record, but I just want to -- I'm getting tired.

7 So each of these costs, the PEBP medical,
8 pharmacy, dental and their respective line item that you've
9 got there, are they only added once per tier or are they added
10 to every adult, for example, and every child?

11 MS. MESSIER: So right now we're still looking at
12 each rate as a per participant number. We haven't done the
13 tiering yet. So it's going to get added on here and then
14 we're going to tier after that, because for these costs, you
15 do incur more usage, right, if you cover more folks on the
16 plan.

17 So you have more folks accessing the plan in
18 terms of the network if you're covering a family versus if
19 you're just covering yourself.

20 So it's appropriate to add it here before the
21 tiering gets applying unlike the life and LTD costs which
22 doesn't change based on how many people you are covering.
23 That benefit is strictly for an employee. So that is why
24 those costs are being held at this point and not added until

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1 after the tiering occurs.

2 These fees here vary based on how many folks
3 you're charging in terms of you're accessing the network more.
4 So it gets applied before the tiering.

5 Certainly, you know, if the Board so desired, we
6 could look at doing it after the tiering. But for the sake of
7 trying to streamline the process, we were doing it at this
8 stage to get to a base.

9 MEMBER KELLEY: Yeah. No, I wasn't trying to
10 give suggestions. It was truly just an interest question.
11 So -- but based on your response then, the HSA/HRA funding,
12 that primarily happens to the primary; right? I mean, there's
13 a little bit for dependents, but -- so how does that work?

14 MS. MESSIER: So right now how we have it set
15 up -- this is Stephanie Messier for the record, is that we're,
16 again, trying to get to a per participant per month cost by
17 plan. So given that it's for participants, adding \$50 at this
18 point before it gets tiered and just trying to get it to the
19 total plan cost per participant, certainly again, you could
20 look at taking it out and applying it after the tiering.

21 It's most standardly that we would take the
22 participant per member rate, add in all these additional costs
23 and then do a tiering and then do a subsidy in terms of the
24 state subsidy. We call it state subsidy and I realize PEBP

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1 does not call it such. It's -- by the time you calculate the
2 participants premium, again, PEBP has all these additional
3 steps. So it's a matter of where do you want to do it.

4 Certainly, again, it could be potentially put at
5 a different step in the process. This was just our
6 recommendation is to kind of keep it in line with what we
7 typically see, which is to admin fees on per participant basis
8 as well as usually has funding. So we certainly could do that
9 at a later step.

10 MEMBER KELLEY: Okay. Thank you.

11 MS. MESSIER: Any other questions on this slide?
12 This is Stephanie Messier again.

13 Okay. The next step comes tiering. So now that
14 we have our base claims plus our administrative fees per
15 participant per month number that have been weighted by
16 suggested enrollment by tier, we then create each of the
17 different underlying tiered rates where PEBP has instructed
18 that the participant plus spouse be equivalent to the
19 participant rate times two.

20 We don't always typically see that. A lot of
21 employers want to load stuff with a little bit more, so we'll
22 sometimes see that factor as a 2.1 or a 2.2, sometimes as high
23 as a 2.3.

24 Then next PEBP has a child's factor, which we
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1 take a look at how much each of your children have
2 historically cost the plan, children units I will say. So
3 that does take into account how many children people cover
4 when they typically tend to cover children.

5 So sometimes that could be they cover one and a
6 half children on average, sometimes that could be they cover
7 two. It really varies by client and so here we call that
8 factor Y, which is the cost of the child in relation to the
9 cost of a participants and then come up with participant plus
10 family rate.

11 We, again, applied the fact that that participant
12 has a spouse so there's an X plus an X, that's two X's. And
13 then we add in the cost of two children unit, which is Y to
14 get to the two X plus Y family rate. And that's applied
15 consistently by plan --

16 CHAIRPERSON FREED: This is --

17 MS. MESSIER: -- so we don't go HMO heavier than
18 others.

19 I'm sorry, go ahead.

20 CHAIRPERSON FREED: This is Laura Freed. Okay.
21 So this X, two X, X plus Y, two X plus Y is the historical
22 policy of the Board on tiering; right? And this is what was
23 deviated from -- in the plan year '21 rate setting at the
24 April 2020 meeting where we re-tiered to give everybody an
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1 equal percentage increase in their participant share of the
2 total rate.

3 Do I have that right?

4 MS. MESSIER: Stephanie Messier for the record.

5 So to make things more complicated --

6 CHAIRPERSON FREED: Okay.

7 MS. MESSIER: -- you almost have it right.

8 CHAIRPERSON FREED: Okay.

9 MS. MESSIER: This core estimate remains. There
10 is that next step where we do how much is the State covering
11 of these costs that changed.

12 CHAIRPERSON FREED: Okay. All right.

13 MS. MESSIER: And so the base underlying rates
14 are the same, it's just what portion the State pays that
15 changed.

16 CHAIRPERSON FREED: Okay. So --

17 MS. MESSIER: In the March.

18 CHAIRPERSON FREED: So the X, two X, X plus Y,
19 two X plus Y remains the underlying policy decision and then
20 the next step is messing around with the subsidy percentage by
21 tier.

22 MS. MESSIER: This is Stephanie Messier. You are
23 correct, Chair Freed.

24 CHAIRPERSON FREED: Okay. Thank you.
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1 MS. MESSIER: Um-hum. Any other questions?

2 Okay. Moving on to Slide 9. So we're in the
3 additional steps, which we don't typically see added onto the
4 medical rates. It's the addition of life and LTD insurance.

5 So here, these are the current amounts based on
6 what PEBP currently offers today. Certainly if the Gov Rec
7 plan goes through, the LTD costs would fall away. But for
8 purposes of illustration and discussion today, I just wanted
9 to show what those amounts are currently.

10 So for each active participant, they get 8.42
11 added to that base cost regardless of which tier they are in
12 for life insurance as well as \$14.30 for LTD as well as \$1.76
13 to cover Medicare exchange folks' life insurance. So the
14 costs of those folks gets applied to everyone who is not on
15 the exchange.

16 So we take the amount of insurance that they are
17 receiving, divide it by the number of participants who are
18 active in retirees not on the Medicare exchange and then they
19 pick up that \$1.76 per person.

20 The retiree, conversely, do not have LTD
21 insurance and they also have a lower life benefit. So you'll
22 notice the life amount that gets added to their rate is lower
23 at \$4.21. They also pay for the exchange life folks at \$1.76.
24 So, for example, a retiree is getting \$5.97 added to each

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1 tier.

2 So I know we've seen comments in public comment
3 that, you know, we no longer have that X, two X, X plus Y.
4 You do, you would just have to subtract these amounts out in
5 order to see that relationship hold in the math.

6 And that's a place where PEBP, I believe, had a
7 couple different of places where they were applying tier
8 factors and the way that rates were previously set, and again,
9 our hope with all of the changes that we made and approved in
10 the July meeting was that we're trying to streamline this to
11 make it easier to follow. But I still recognize there's
12 definitely still a lot of complications here.

13 Any questions?

14 Okay. So that's it. We have rates. Now moving
15 into the Board considerations. So now that we have rates by
16 tier and by plan, we would then apply the amount that the
17 State is willing to provide for each participant by tier.

18 Given that PEBP has moved to the flat dollar
19 contribution strategy, they no longer will vary how much they
20 give for each plan. That will remain consistent whether a
21 member picks the HMO plan, the co-pay plan or the CDHP plan.

22 There was also in the rate spreadsheet we had
23 received from past CFO, there was a factor of .85 being
24 applied to dependents previously prior to the March '20 change

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1 for plan year '21, and we have maintained that going forward
2 in the budget sheets that have been presented previous -- at
3 previous meetings as well as what's been submitted.

4 So, for example, if the State was providing,
5 let's say, \$585 per active participant, these are the
6 different amounts using the equation presented previously that
7 would then be applied to each tier.

8 Someone covering an employee plus a spouse would
9 now be getting the 585 times two times .85 for dependent
10 coverage, which equates to 900, essentially, and \$95 if we're
11 rounding for employee plus spouse tier, again, regardless
12 which plan they select.

13 Then for the children, there's a smaller amount,
14 the Y value for a child unit. Children typically are cheaper
15 to cover overall than spouses are just given their age and
16 less likely to have comorbidities. So your current Y factor
17 is .375.

18 So each employee plus children coverage in this
19 scenario if the State was giving 585 would then receive
20 basically \$684 towards coverage, and then finally the family
21 would get about \$1181.

22 And again, these are applying what was previously
23 in PEBP's rate setting spreadsheet prior to the March change
24 when there was a change in how the -- how much the employee
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1 plus child tier was receiving.

2 MEMBER KELLEY: So I have a question, I guess,
3 Stephanie. Firstly, I think it's just worth asking you: Have
4 you been provided with the public comments submitted by
5 Dr. Ervin relating to the rate setting process whereby he
6 provided kind of a spreadsheet with some alternate formulas?
7 I guess --

8 MS. MESSIER: I did receive it.

9 MEMBER KELLEY: Okay. The costs --

10 MS. MESSIER: Late yesterday evening.

11 MEMBER KELLEY: Okay. Yeah. I think one of the
12 issue that he identified is that -- so up on the top of this
13 slide that we're looking at, it says it varies by participant
14 verse dependent. It's a .85 factor for dependents.

15 But when we go down into where you've actually
16 got the tiering, for example, employee and spouse, you're
17 actually applying that .85 factor across the employee and the
18 dependent; right? That's what it looks like.

19 And then that's compounding when you go down to
20 the children and the family as well, even though children
21 already have their own factor here.

22 Can you -- so I think his formula says employee
23 and spouse. Let's look at tier two, employee and spouse. It
24 should be 585 plus 585 with a factor of 85; right? Because

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1 then it only applies to the one adult, the employee still gets
2 the full 585, but the dependent adult is getting the factor of
3 85, because right now that 85 is applying to the employee as
4 well.

5 MS. MESSIER: This is Stephanie Messier. I'm not
6 going to disagree with the math showing that it's getting
7 applied to both. That's correct.

8 Again, we took the spreadsheet that PEBP had been
9 using prior to 2020 in their budget sheet and used those
10 formulas when we updated for the flat dollar contribution. So
11 PEBP did not get any permission to go back into the history
12 this morning super early to try to verify all of those
13 numbers.

14 So I did not spend time, you know, verifying the
15 public comment numbers. Certainly, if the PEBP Board wishes
16 us to do that, they can let us know and we can dive into that
17 further.

18 MEMBER KELLEY: Okay. Is Chairperson --
19 Executive Officer Rich, do you know the history there of why,
20 you know, previously it was applied at just the dependent
21 adult level. Do you know how and why that change occurred
22 whereby the 85 factor is, indeed, applying to adult dependents
23 as well or is that the intent?

24 MS. RICH: For the record, Laura Rich. I have to
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1 go back and look at previous workbooks and do some significant
2 research to find out when that changed or how that changed,
3 why it was done. I can't tell you just off the top of my head
4 since previous to myself, I was not involved in that process.

5 MEMBER KELLEY: Okay.

6 CHAIRPERSON FREED: This is Laura Freed.
7 Stephanie, would you go ahead and continue?

8 MS. MESSIER: This is Stephanie. Yes, Ms. Freed.
9 I'll move on to Slide 12. So last year the Board made varying
10 adjustments by tier. We moved away from the established
11 dependent percentage that had been in the prior rate sheet
12 from PEBP.

13 So it was putting additional pressure on the
14 child tier as we moved forward in the plan year '22 if I would
15 apply the formula that was in the prior sheet provided.

16 So that is where I was trying to give you some
17 numbers to look at under the big circle one in the middle of
18 this table, and I do apologize, it's a lot of numbers.

19 But I want to give you a sample of what was
20 happening if we don't make an adjustment to the child tier and
21 simply use what was in the spreadsheets prior to that March
22 meeting.

23 So for purposes of illustration, I did provide
24 the current plan year '21 premiums for the CDHP and the EPO
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1 plan here for singles through family. And then, again, if we
2 go back to what was in the prior PEBP sheet for rate setting
3 and apply those same formulas, while the single tier would go
4 up by \$16, which is a 37 percent increase for the CDHP plan
5 and a spouse would be a \$68 increase, which is comparable in
6 terms of a 30 percent increase, the child tier would increase
7 by \$85, which is a 72 percent increase from what they pay
8 today in plan year '21.

9 So as you might imagine, asking single parents to
10 pay an additional \$85 or a 72 percent increase when someone
11 covering just their spouse or their family is seeing a
12 different increase, it's definitely putting a lot of pressure
13 on that tier.

14 So what we had done in the prior numbers that had
15 been presented for, again, illustrative purposes at the
16 November meeting as well as numbers that had been submitted, I
17 believe, in the Gov Rec budget, there is an adjustment factor
18 on the child tier can make the increase more equitable over
19 the course of the plan.

20 Because of all the percentages of percentages
21 being applied throughout the formula, there's no good way
22 unless the Board decides that they want to take an active look
23 at each tier at each rate setting period to really try to push
24 it all evenly through because of the two X plus Y to get to

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1 the family. They're still seeing a number that's not in the
2 20 to 40 percent increase range here under Section 2. They
3 are definitely seeing a benefit of only a six percent
4 increase.

5 But the benefit of having the adjustment of 1.05
6 factor on the child tier is the child tier then receives a
7 little bit more of that State subsidy and then the employee's
8 cost goes up by \$34, which is 37 percent.

9 In terms of a percentage, it's more comparable to
10 what you're asking the singles on this CDH plan to pay. It's
11 a 40 percent increase with only a \$17 change. And in terms of
12 total dollars, it's more similar to what an employee plus
13 spouse is paying at \$46 or a 20 percent increase.

14 Likewise, there's some similar changes you can
15 see over on the EPO plan. The EPO plan also gets blended
16 again with the HMO which have a different tier underlying it
17 when we start out the process, so that's just another way PEBP
18 rates are funded.

19 But we wanted to present these two as different
20 ways that PEBP can look at setting a dependent funding
21 strategy on a go-forward basis. I just wanted to recognize
22 that if we put back to what was in previous sheets, there
23 would be significant impact to that employee plus child tier
24 and we wanted to be fully transparent to the Board that if we

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1 switch back to that, the rates you would see in March, again,
2 would that have issue and it may be something that then the
3 Board wants to address at that time.

4 We wanted to bring it forward sooner than that to
5 discuss whether maybe Option 2 makes more sense or certainly
6 the Board can choose to go in a different direction entirely.
7 We just wanted to try to illustrate with some numbers what's
8 going on behind the scene.

9 Any questions on Slide 12?

10 MEMBER KELLEY: Can you -- it's Michelle Kelley
11 here. I'm sorry. I -- what is -- say it again. What is
12 driving that 72 percent increase on the employee and children?
13 I hear the formula, but what about the formula is driving that
14 increase?

15 MS. MESSIER: So it's just if you apply this
16 mechanism which is what was in the prior sheets prior to March
17 of 2020 and to apply that same methodology going forward, it
18 would result in the rates changing by these amounts.

19 So basically I took that old methodology that was
20 in the prior PEBP sheets that I was provided with and moved it
21 forward with underwriting, right, to create '22 rates and then
22 applied the State's amount and that's how the 585 would get
23 distributed to come up with these rates.

24 MEMBER KELLEY: Can we have that --
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1 MS. MESSIER: So the way the formula is
2 working -- um-hum?

3 MEMBER KELLEY: Can we go back to page 11? So
4 this employee and children tier, so that I don't show my
5 ignorance, can you walk me through that formula? So how does
6 that -- so 585 multiplied by one Y, one plus Y, then it's
7 multiplied by the factor of .85?

8 MS. MESSIER: Yes.

9 MEMBER KELLEY: So are we applying the factor of
10 85 to adults and children in that tier then?

11 MS. MESSIER: Using the formula that's in there,
12 yes, that's what's happening. That's how you get to the 685.

13 MEMBER KELLEY: So -- right.

14 MS. MESSIER: So --

15 MEMBER KELLEY: So the Y factor is already the
16 .375 that we're using, right, and then, once again, we're
17 reducing that by the 0.85.

18 So it's kind of an error --

19 MS. MESSIER: Correct.

20 MEMBER KELLEY: -- in the formula; right? Or the
21 formula could be changed to account for that error is probably
22 a better way of putting it.

23 MS. MESSIER: This is Stephanie Messier. You are
24 correct. I believe based on your policies and procedures,
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1 that's something you are dictating. So you can change that.
2 I'm simply, for a lack of a better description, taking, you
3 know, what was in the PEBP's rate spreadsheets before and
4 applying it on a go-forward basis along with the changes that
5 were requested in July.

6 MEMBER AIELLO: So this is Betsy and I'm trying
7 to follow everything. If this was a -- so this was the method
8 used historically, but it wasn't used last year.

9 Is that what you're saying and that's why it's
10 making such a huge change? Because if it was used every year,
11 it shouldn't be throwing things off this much.

12 MS. MESSIER: This is Stephanie Messier. That's
13 correct.

14 MEMBER AIELLO: Okay.

15 MS. MESSIER: There was -- yeah, the Board, I
16 believe, during -- actually I think there was a second
17 meeting. It wasn't even in March, I want to say maybe --
18 maybe it was March 31st. I know we had two meetings in March.

19 CHAIRPERSON FREED: It was in --

20 MS. MESSIER: Or was it in April?

21 CHAIRPERSON FREED: It was April 9th of 2020.

22 For you folks who would like to go into the archive board
23 materials and read the staff report, it was April 9th of 2020
24 and the Board ultimately voted for Option 3 on the staff
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1 report, which equalized the percentage increase for
2 everybody's purpose and share.

3 MEMBER AIELLO: Okay. So we had a formula that
4 was used for quite a few years and it does throw me off like
5 you had said, Michelle, the two times .85, but anyway, when
6 it's two adults. But -- so this was the formula that was
7 used.

8 The rates that resulted this past year were
9 uncomfortable to people, so they adjusted the formula. Then
10 when we go back to another formula, it's now making rates
11 again that will be uncomfortable.

12 So in the long and the short, this would probably
13 keep happening every year unless there's some -- you know, if
14 the Board keeps saying, well, I don't like what happened
15 unless there's some new formula or something that comes up.

16 I'm just trying to figure this out because we'll
17 say, well, we don't like what's happening and then make a
18 change again. And until there's a set process, there's always
19 going to be something that's going to throw it off when you
20 try to go back to this process, I think.

21 CHAIRPERSON FREED: This is Laura Freed. Right.
22 So the point of this item today is to take the policy decision
23 and make something that can be perhaps more enduring that we
24 don't keep having, you know, this happen. So that it takes

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1 one decision off of an anticipated to be very long March rate
2 setting meeting.

3 MEMBER AIELLO: But this is Betsy, in the end,
4 the State can only pay so much to fit within our budget.
5 However, we --

6 CHAIRPERSON FREED: Right, right.

7 MEMBER AIELLO: So my question is: There's an
8 issue and a problem here and because we aren't all
9 mathematical people like AON is, has AON suggested a couple of
10 solutions?

11 Because I wouldn't know what to come up with
12 sitting here in this meeting. I don't know if other people
13 would. So AON --

14 MS. MESSIER: This is Stephanie Messier --

15 MEMBER AIELLO: -- suggestions or -- farther in
16 the --

17 MS. MESSIER: So this is Stephanie Messier. So
18 we really just wanted to talk about if you go back to what you
19 were doing, right, there's going to be some serious
20 disruptions because of what you said. You veer from it one
21 year and now if we try and to go back to it, it presents its
22 own issues.

23 Secondly to that, I think there's still
24 potentially issues with having percents of percents of
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1 percents because of when trend comes into play and the State
2 funding that gets set on an every two-year cycle, you're
3 different than other clients that are setting their budget
4 every year where if they don't like what they see, if they --
5 you know, something else, they can change it a little bit more
6 readily whereas you're getting a pool of money for a two-year
7 period, you know, almost three years out, for example.

8 So I would recommend that you not completely go
9 back to what was in the previous file prior to March of 2020
10 and, you know, based on public comment, it's possible if we
11 dig through other files, we'll find even another formula,
12 maybe a couple more spreadsheets ago. And so we apologize if
13 we didn't go far enough back, but there are different ways to
14 approach this.

15 But a lot of it is usually driven by clients
16 saying we only want to cover 70 percent of dependents. It
17 doesn't matter what kind of costs they are or, you know, they
18 want to set the tier structure based on what the actual cost
19 is rather than sticking with the two X formula, because I
20 think the problem that you're running into here, based on my
21 opinion, is that you have a very set tier formula and then you
22 have another percent that's applied to a different percentage
23 on the tiers and that's where you're running into issues,
24 especially when it comes to the concept of that trend

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1 leveraging.

2 So we didn't suggest a third option, but I do
3 think you might want to consider having something that's a
4 little bit more straight forward than what we see here.

5 I certainly wouldn't suggest you go with
6 Option 1, just my personal feelings on this one. This is too
7 much, I think, to try to push through to your participants. A
8 72 percent increase on the employee plus children here versus
9 on other plans, they're not saying that. That definitely
10 doesn't feel right to me, but that's my personal testimony
11 outside of AON.

12 CHAIRPERSON FREED: So this is Laura Freed. I
13 mean, so Betsy and other newer Board Members, for quite a
14 while it was enshrined in the Board policies and procedures
15 that the subsidy for an active employee only coverage was a
16 certain percentage, you know, 95 percent of total premium.
17 And then on -- that was the base plan.

18 And then on the HMO, it was 20 percent less, so
19 75 percent subsidy, and then dependent tiers were 15 percent
20 less than the employee only or retiree only tier and that was
21 the policy decision.

22 And then two executive officers ago, that was
23 taken out of the policies and procedures. So that's part of
24 the history of how we got here. So the X, two X, X plus Y,
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1 two X plus Y was built into the rates and then the rates, you
2 know, were what they were. And then you took that board
3 policy and subsidized the total rate accordingly. And so that
4 is a thing the Board could go back to.

5 MEMBER KELLEY: So it's Michelle Kelley here. A
6 question for Executive Officer Rich: Ms. Rich, have you had a
7 chance to review the submission by Dr. Ervin and what is your
8 opinion, what is your thought about -- you know, because I
9 think he's identified that the primary driver of kind of
10 inequity, if you will, that's driving the children to be more
11 is kind of applying that reduction factor across all three
12 tiers without consideration of the active participant; right?

13 So -- and then you've already factored the
14 children and then you're applying another factor on top of
15 that. So I think that what Dr. Ervin's submission does is
16 kind of remove some of that noise, if you will.

17 But I'm just wondering, I know he's provided it
18 numerous times. We did get it today. But I'm wondering if
19 you've had a chance to review it, what you think about it, if
20 you have feedback on it.

21 MS. RICH: I have had a chance to review it. He
22 actually submitted it to me I think about a week ago, maybe a
23 week and a half ago, and I did look into it. You know, we are
24 obviously in the middle of juggling not just preparation for
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1 this board meeting, but legislative presentations and things
2 like that.

3 So while I did look at it, I will admit that I
4 have not spent, you know, more than a short amount of time
5 looking at it and really -- and getting into the weeds because
6 I have not had the chance to do that.

7 This is something that I think should be
8 considered by the Board. It is a -- it's -- what I think the
9 goal should be is to find a methodology or establish a
10 methodology that tiers this in a fair and equal manner and so
11 that we can, you know, not penalize one tier over the other.

12 I don't think that over all the -- this
13 administration in particular would, you know, want to penalize
14 one tier over the other.

15 I think originally when the Governor presented
16 his budget prior to the pandemic hitting, one of his big --
17 one of his goals, really, was to have a family-centered
18 government. So we definitely don't want to tier this so that
19 it's favoring the single over maybe the family; right?

20 So I think that the goal would be to establish
21 the -- a fair way to tier this throughout the different tiers.

22 MEMBER AIELLO: So this is Betsy, and I'm sorry,
23 I'm probably way behind everybody or -- I don't know.

24 So the Governor has already presented rates
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1 for -- projected rates, and so then how does that fit within
2 us changing the rate methodology to fit within his budget that
3 is showing and the budget we sent to them earlier or --
4 because these numbers -- well, you can't -- I'm pointing.

5 But anyway they match the current on his budget,
6 and so he's got new numbers that he set and is that based on a
7 methodology or this methodology with that -- I'm having
8 trouble connecting some of that.

9 MS. RICH: Betsy, the rates that we are showing
10 are -- first of all, they are -- as was mentioned in November,
11 they are very premature. We don't set rates until March when
12 we have much more experience under our belts and have the
13 ability to better -- you know, to better price those.

14 So these are just illustrative rates just to give
15 the Board and the legislature and really, you know, the
16 Governor's office as well an idea of if they do X, what does
17 that do to the rates? If they do Y, what does that do to the
18 rates.

19 And so really it's just to highlight what it
20 might look like, but these are not the rates because the rates
21 are approved by the Board in March of every year. And so the
22 reason we're doing this today is because AON will need some
23 direction for that March board meeting.

24 We don't want to have this discussion in March
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1 because we need to approve rates in March. So this is why
2 we're talking about this today.

3 MEMBER KELLEY: Ms. Rich, I just wanted to go
4 back to what you were saying before about the goal. I'm not
5 really seeing that the -- and I keep referring to Dr. Ervin's
6 example more because it's an example I have in front of me.

7 I think the example Stephanie's provided is kind
8 of a one-all fix again for this year rather than a change of
9 formula; right? So I'm sorry to keep focusing on Dr. Ervin's
10 public comment, but it is what I have in front of me.

11 I don't see that it is valuing or favoring
12 employee over dependents or spouses. But what I see it doing
13 is trying to correct for right now, if you go back to page 11,
14 that's actually kind of the formula in the policy or the
15 application of it is penalizing people with dependents and
16 family because it's applying the factor across all tiers
17 except for the employee only; right?

18 So employee only is whole, every other tier has a
19 flat factor of .85 applied across the entire group or the
20 entire family unit, if you will. It's not giving the benefit
21 to -- the full benefit to the employee, if you will. And I'm
22 sorry my terminology is all off and it's confusing everyone.
23 I really apologize. I'm trying very hard.

24 Yeah, so I mean, I guess from my perspective, I
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1 would be more interested in fixing the formula, which I think
2 is why it came back to us today than necessarily approving
3 another one-all fix to a particular tier, because we're just
4 getting more and more off whack.

5 And then in the subsequent year of the biennium,
6 you know, when we have that whole conversation, it's other
7 whole deal; right, which might be minimized if we have a
8 formula that we're comfortable with and that seems to be doing
9 what the Board wants it to do.

10 CHAIRPERSON FREED: So this is Laura Freed. I --
11 you know, I agree with you, Member Kelley, that, you know,
12 one-all solutions for each planning year don't serve us very
13 well. And it doesn't provide dependability for the
14 participants, which is why -- and the other thing is Ms.
15 Messier noted that a lot of her other clients are like, okay,
16 well, we want to do -- you know, subsidize 70 percent of that,
17 of whatever that is being the rate card.

18 This is why I'd really like us to get back to a
19 policy solution about subsidy percentages so we're not
20 applying percentages of percentages, we're just saying, okay,
21 look, based on the claims experience that we have by tier, you
22 know, we know participant plus spouse tends to be more
23 expensive and we know participant plus child tends to be a
24 little bit less expensive in claims costs.

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1 So you know, that's -- you know, really that's --
2 I'm urging this Board to really consider that. I think it
3 would be the most coherent thing for us to do both for our own
4 understanding and for the general participant understanding
5 and for explaining it to decision makers, you know, policy
6 makers, so --

7 MEMBER KELLEY: So it's Michelle Kelley here.
8 So, Ms. Rich, how do we do that? How do we get -- like where
9 do you want us to start as far as developing a formula? Do
10 you -- I mean, where to now, I guess?

11 MS. RICH: Well, I think Stephanie had some
12 suggestions on her -- you know, that she had spoken about.
13 Stephanie, do you -- I mean, do you have any
14 recommendations as far as like a formula or, you know, what --
15 how would you suggest from an actuarial perspective and also
16 from, you know, industry standard, what would your suggestion
17 be?

18 MS. MESSIER: Stephanie Messier for the record.
19 So I will say there's really not an industry standard. This
20 is definitely a place where, you know, some employers, very
21 paternalistic, want to take care of every single dependent,
22 don't mind that they have a lot of spouses on the plan,
23 subsidize everyone very heavily versus there may be another
24 employer who doesn't have a lot of money, really just wants to

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1 cover the employees and only give maybe the folks with a
2 dependent, you know, 25 percent of that, they have to pay the
3 majority of that cost.

4 So it really is unfortunately a place where what
5 is the desire of the Board and the State of Nevada for their
6 employees? Do they want to say we are going to cover, back to
7 what Chair Freed had indicated, 95 percent of employees costs.

8 And then when it comes to them covering
9 dependents, we're going to cover 70 percent. And that would
10 clean, I think, things up.

11 What you have right now, again, is a mixture of a
12 mixture and the other part comes in as -- again, when you
13 apply trend and the way things are today, all of that impact
14 really hits the single tier hard because of the way the
15 formula is working.

16 And I don't know based on how you are setting
17 your subsidy that that's really the intent. So it's one of
18 those unintended consequences of when a trend hits in year two
19 of the biennium, the increase that the single tier sees is
20 nearly double that percent amount of what the other tiers see.

21 So as much as I'd like to say here's the perfect
22 choice for you, it's really very heavily dependent on the
23 Board's knowledge of what the State of Nevada as an employer
24 wants to be. Do they want to be more generous? Do they want

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1 to start hitting the single tiers harder?

2 Based on what I've known from the last six years,
3 I would say you definitely lean more to being very generous to
4 that single coverage and have been more aggressive in keeping,
5 you know, the spouses out that have other coverage elsewhere.
6 So that indicates maybe you want to maintain a really strong
7 value for those singles.

8 But I also recognize in just social media and
9 other things that I've heard that your Governor is very much
10 wanting to be an employer for families.

11 So I think that should be considered as you're
12 taking this very important step of reevaluating your subsidy
13 strategy. And I apologize that I can't give you have an
14 actuarial standard on this one.

15 MEMBER AIELLO: So this is Betsy though. We
16 could -- unless we know how this all fits within somewhat of
17 the budgeted money based on the people, I mean, I could say
18 I'd like us to cover 95 percent of it or 60 percent of this.

19 That's where I'm having trouble is how do we make
20 this fit within the money, because I understand where overall
21 as a State, we've been covering the singles more. So that's
22 where -- how do we get there within what the budget is
23 allowed, or maybe I'm just being too concrete, I don't know.
24 But I don't know that we can just throw something out.

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1 MEMBER KELLEY: So it's Michelle Kelley here.
2 I'd be prepared to make a motion that AON starts with what
3 Stephanie and Chairperson Freed actually outlined, which was
4 the 95 percent for employee only, the 70 -- .70 factor for all
5 dependents, adult or child, and for the first year of the
6 biennium.

7 And then I would request that AON, using the
8 actuarial data, provide some advice and a -- or a revised
9 formula so that the cost increases in the second year of the
10 biennium so that the committee could look at the second year
11 of the biennium either at the 95 factor or at a revised factor
12 for the second year if you understand that to keep -- to
13 flatten it a little bit.

14 So we have a higher increase in the first year
15 for a smaller increase in the second year just for continuity
16 for our participants.

17 CHAIRPERSON FREED: Okay. This is Laura Freed.
18 Member Kelley, I have a couple of clarifications. Thank you,
19 by the way. I should have said that first.

20 Do you want -- are you asking for a differential
21 between the CDHP and the HMO, first of all, and then to make
22 it even more confusing and complicated, we've, of course,
23 recommended to introduce a co-pay plan, a middle tier option
24 in the next plan year.

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1 And so should we think about two differentials,
2 again, to pre-empt kind of adverse selection.

3 MEMBER KELLEY: You know, I was basing it on the
4 Board had already decided to subsidize the plan, the same
5 plan, the same -- the different plans at the same percentage;
6 right? But I am open to input on that. I mean, I thought
7 that was already fixed so it wasn't available, and I'm okay
8 with that, each plan being subsidized at the same factor.

9 CHAIRPERSON FREED: Okay.

10 MEMBER KELLEY: But I'm open to suggestion,
11 recommendation, amendment, friendly amendment.

12 CHAIRPERSON FREED: Okay. I mean, gosh, I feel
13 like I'm trying to substitute, you know, being a layperson for
14 actuarial expertise. But just going on the historical stuff
15 that the Board has done, I would suggest, you know, a 10 to
16 15 percent differential in the -- between the CDHP and the
17 HMO.

18 And I just -- I mean, honestly wouldn't know
19 where to begin with a new co-pay plan because we haven't had
20 one in so long.

21 MS. RICH: So, Chair, so I think that the
22 question here is between the tiers, not between the plans,
23 because we have already approved the policy change that we are
24 going to set a flat dollar amount.

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1 CHAIRPERSON FREED: Okay. Yeah.

2 MS. RICH: So the question here is between the
3 tiers, not between the tiers.

4 CHAIRPERSON FREED: Okay. Well, this is Laura
5 Freed. Sorry for the Court Reporter's benefits. I'm never
6 very good about that. Then -- you know, then I would concur.

7 I mean, you know, if we're going to say -- you
8 know, if we're going to shoot for a goal, that is, of
9 95 percent coverage for employee only and then I would ask for
10 any -- you know, a recommendation, a differential between
11 employee and retiree because I believe it used to be
12 20 percent, but I -- don't quote me on that.

13 I'd have to go back to a really old edition of
14 the Board policies and procedures. And then dependent tiers
15 were subsidized at something like 65 to 70 percent of their
16 costs for all the dependents coverage tiers.

17 So anyway, the -- you know, that's input, that's
18 not necessarily a friendly amendment. That's just something
19 for Member Kelley to think about as she offers a motion.

20 MS. RICH: So if I could jump in here really
21 quick, Cari actually sent me the history for the subsidization
22 rate.

23 MEMBER KELLEY: Thank you.

24 MS. RICH: And she pulled them up really quickly.
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1 So in -- basically -- and again, this was prior to the Board's
2 decision, so it's different between each plan where we're not
3 doing the same today.

4 But on the PPO CDHP in 2016 and really
5 throughout, you know, 2016, 2018 and 2020, it's 93 percent,
6 73 percent, 64 and 44. And we stray from that just slightly
7 on, you know, every -- in every biennium.

8 And so I sent it to Stephanie since she's sharing
9 her screen. I thought, you know, if you want to share it,
10 Stephanie, if you have it, you're welcome to. But really it's
11 93, 73, 64, 44 down the -- sorry, so it's active -- I'm
12 looking at retiree.

13 So active primary was 93 percent and then the --
14 it was at 73 percent level.

15 CHAIRPERSON FREED: Okay. So there you see a 20
16 percent differential in subsidy between primary and then
17 independent tiers, and then the retirees were 25 to 30 percent
18 less on the primary, right.

19 And you're right, I mean, you're -- it did get --
20 sort of depending on how much subsidy total, it did get
21 tweaked in the margins. That's true.

22 Thank you very much for that.

23 MS. MESSIER: The other thing I want to clarify
24 is because you're now doing the flat dollar, if we do the 95,
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1 I don't know how prescriptive you want to be because if I do
2 95, is it on the weighted average of all the employee over the
3 three different plans, or are we doing 95 percent, let's say,
4 on what you call the base plan of the CDHP and then it goes
5 down from there as a buy up to a richer plan, right, the
6 percentage that you're covering as an employer goes down. You
7 may be only covering 92 percent of the co-pay plan and maybe 9
8 percent of the HMO.

9 So I just want to recognize that it's not going
10 to be any percent for each plan across the Board because of
11 the flat dollar, which I'm still a huge fan of the flat dollar
12 because that reduces your potential for errors as people move
13 from one plan to the next. It's really going to help PEBP's
14 budgeting if they're giving a set amount for an employee
15 regardless which plan the employee picks.

16 Similarly, as Chair Freed mentions, we do have a
17 separate pool of money, for lack of a better word, that we
18 applied to the retirees and it's a different number, but
19 again, that same phenomenon will happen from one plan to the
20 next in terms of the percentage that the State is covering.

21 MEMBER KELLEY: Right. So I would propose that
22 using the CDHP as the starting plan, I don't want to call it
23 the base plan, the starting plan that we subsidize the primary
24 participant regardless of tier at the factor of 95 percent.

CAPITOL REPORTERS (775) 882-5322

1 And then for dependents on any of the tiers, they get factored
2 in at 70 percent.

3 And then I -- my -- and I'm putting this out
4 there, so you can refine my language, but then perhaps we can
5 ask AON to then take the flat dollar figure whatever that
6 95 percent factor relates to and apply that, whatever
7 percentage that is to each of the subsequent plans, which kind
8 of, Stephanie, would get your point of wanting the same flat
9 dollar amount on each plan.

10 So you can do that actuarial work for us and
11 outline it in the formula; right? You can develop a formula
12 for subsequent plans.

13 So the primary participant, regardless of tier,
14 would be the factor of 95 percent and then the participant,
15 the dependents would be a factor of 70 percent across the
16 tiers. So that way we're -- every employee gets the full --
17 gets the same and every dependent here kind of gets the same.

18 I think I'm talking -- I'm making it even more
19 confusing the more I talk, so I'm just going to stop.

20 CHAIRPERSON FREED: This is Laura Freed. No, no,
21 I get it. This is kind of back to the future. I mean, this
22 reminds of old rates workbooks where, yeah, you could follow
23 through the math of the rates, the rates were set and then you
24 can see, yep, 95 percent of this rate and then you'd see the

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1 participant share and then you'd see, you know, employee plus
2 spouse, 95 percent of the rate, and then plus the costs for
3 the spouse and then 70 percent of that and then that's the
4 total participants share.

5 So it makes sense to me. I'm afraid we may have
6 lost some other people because I'm not hearing a lot of
7 comments.

8 MEMBER AIELLO: No, this is Betsy and I mean, I
9 really like the way that sounds. But I'm beating a dead
10 horse, but is that going to say that our costs are going to go
11 up three times what we submitted in our budget, or is it
12 anywhere close or -- because the budget has already been set.
13 I know we have to do rate setting.

14 Maybe because I'm so used to living in these
15 budget things, we always did the rate setting before we did
16 the budget. And so I'm just wondering, are we going to turn
17 around and go to legislature and go, oops, we told you it was
18 going to cost 2 million, but now it's going to cost 18 million
19 because we're just pulling numbers, or are those numbers based
20 on something close enough?

21 MS. RICH: Betsy, it's how we allocate dollars --

22 MS. MESSIER: Betsy, this is Stephanie.

23 MS. RICH: It's how we allocate those dollars
24 and, Stephanie, go ahead and jump in.

CAPITOL REPORTERS (775) 882-5322

1 MS. MESSIER: Yeah, this is Stephanie Messier.
2 So I would just say if we could be open on the 95 percent
3 because if the 95 percent means that you need to come up with
4 another \$30 million or -- then the employee rate, you know,
5 now is \$10 and, again, then the State is giving you more. It
6 absolutely does get to Betsy's problem of, no, the State said
7 they were going to give you X dollars.

8 So if I can at least have a very set differential
9 from the employee to the dependent of you want that to be a
10 25 percent difference, so if I end up only covering 89 percent
11 of the single or if I only cover 90 percent of the single, you
12 still want 25 percent of get to the dependent, then I can use
13 that and still balance to the State's dollar budget if I'm
14 able to flex that first starting number if you want to be
15 rigid in the next differential down for lack of a better
16 description. And please tell me if I just confused you.

17 MEMBER AIELLO: No, that makes so -- this is
18 Betsy. Whoops, I'm sorry. This is Betsy. That makes so much
19 more sense to me because we aren't just coming up with new
20 numbers that weren't sent to me.

21 MEMBER KELLEY: Okay. So can we turn that into a
22 motion then? What's basically -- so, Stephanie, do you want
23 to put it into language for us?

24 So you're right, we want -- so we want the
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1 differential to be, you know, 25 basis points as a starting
2 point for the first biennium. So how do we get -- how do we
3 do what you need in a motion, I guess?

4 MS. MESSIER: I guess the other point to clarify
5 in order to get a starting point -- sorry, Stephanie Messier
6 for the record, is do you want to stay within \$5 of what a
7 single on the CDHP plan member pays today and that's the
8 starting point?

9 MEMBER AIELLO: And this is Betsy. Just so I can
10 -- if we say something like 25 percent, would we turn around
11 then and see that maybe because we had really been doing only
12 18 percent before in some cell, one cell is going to be
13 72 percent again increase because we're making a huge change,
14 and that's maybe what we need to do to have things make sense
15 in the future.

16 But we're coming up with a formula that kind of
17 makes sense and what you're saying, Stephanie, I think is
18 trying to match the Governor's number maybe for the single
19 active to start with and then work it all from there.

20 But are we going to have -- my guess is we're
21 going to have some real weird percentage changes again, which
22 may be a painful thing we have to do to get it back to making
23 sense.

24 MS. RICH: So I think that what we need to do
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1 is -- or the goal was to give Stephanie and AON guidance, so
2 that way they are prepared to present rates that look like
3 what the Board is looking for; right?

4 And so I think that there's -- I don't know if we
5 need a motion. I think this is more guidance so that we don't
6 end up in the situation in March where we are having to come
7 back and have an additional emergency board meeting in April.

8 So I think if there's a little bit of flexibility
9 and we leave AON with some flexibility to present what they
10 feel is logical and makes sense, maybe it's, you know, more
11 than one version, we can do that. I think, in general, what
12 we're looking for is guidance from the Board.

13 CHAIRPERSON FREED: Okay. This is Laura Freed.
14 So I think in the way of guidance without taking a motion, it
15 seems clear enough -- folks who haven't said anything thus far
16 on this item, please feel free to shout at me if you disagree.

17 But it seems clear enough that the Board's
18 preference is primary, you know, active only -- you know, our
19 preference would be to subsidize 95 percent of the total rate.

20 But if we have to flex on that due to the total
21 number of subsidy dollars that the Governor has recommended,
22 we just want to ensure that there is a 25 percent differential
23 between primary and then dependent tiers.

24 Is that sufficient guidance for you all to go on
CAPITOL REPORTERS (775) 882-5322

1 to present rate tables in March.

2 MEMBER AIELLO: So this is Betsy again. And will
3 everyone be comfortable then if some of those rate tables show
4 huge changes and they may not, because that's what started
5 this conversation to begin with, was huge percentage changes.

6 CHAIRPERSON FREED: I mean, ideally -- this is
7 Laura Freed. Ideally the differential is going to eliminate
8 some of those unintended consequences because, you know,
9 the -- so in other words, you know, X, two X, X plus Y, two X
10 plus Y remains the underlying way that we build base rates.

11 And then -- you know, and then AON does admin
12 load which is different than -- because PEBP used to do the
13 admin load itself and AON had no visibility in that.

14 And then we get -- okay, so then we get loaded
15 rates and then it becomes a decision of which -- how do we
16 equitably distribute our subsidy dollars such that, you know,
17 everybody's coverage tier is reflective more or less of their
18 claims experience, but also, you know, it's not super unfair
19 whose participant share of the total premium, you know, goes
20 up a lot more than everybody else's from year to year.

21 I mean, I hope that the guidance we've given them
22 will forestall that kind of unintended consequence. And, you
23 know, Stephanie, please let me know if you don't think it
24 will.

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1 MEMBER AIELLO: Well, this is Betsy again.

2 CHAIRPERSON FREED: Okay.

3 MEMBER AIELLO: And I agree with you, Laura, that
4 will prevent it in the future. But I don't know if it will
5 prevent it this year.

6 So the question would be: Stephanie, do you
7 think between the rates now and what we'd be proposing there
8 would be that unintended consequence still with this method or
9 do you think it won't look that way?

10 MS. MESSIER: Stephanie Messier for the record.
11 I think because of the change made in March, it potentially
12 will still look that way.

13 So we'll be prepared at the March meeting to
14 maybe have a proposal, but try to account for that as well as
15 we -- you know, if we look at the 25 basis points and it
16 really is making huge increases on anybody with a dependent,
17 the tiny increases for any single, we'll be prepared to have a
18 second option that maybe cuts it from the 25 down to 20.
19 Trying to give you logical things that you look at and vote on
20 in March if that makes you feel any better.

21 MEMBER AIELLO: This is Betsy. That would make
22 me feel better like if we took the proposal that Chair Freed
23 made -- or the motion and then said, but that we would like
24 AON -- if any unintended consequences appear from following
CAPITOL REPORTERS (775) 882-5322

1 that motion, we'd like AON to have second or a third option to
2 present that might help mediate some of those if that's okay
3 with Chair Freed.

4 MEMBER CAUGHRON: Yeah, this is April. I support
5 that, too. I think that's a great idea.

6 MR. LINDLEY: Same here. I think Chair Freed was
7 just directing AON for guidance. I don't think it needs a
8 motion and I'm comfortable with that as well.

9 CHAIRPERSON FREED: Yeah, that was -- this is
10 Laura Freed. Yeah, that -- I wasn't going to make a formal
11 motion unless somebody legally thinks we have to.

12 MS. MOONEYHAN: I don't think you have to and I
13 was going to ask if there was a motion on the floor. It's up
14 to the Board, guidance is sufficient.

15 MEMBER VERDUCCI: Tom Verducci for the record. I
16 think it would be important for us in March when we look at
17 different scenarios with AON, that at that point, we do put in
18 some firm policies in terms of what the percentages would be
19 after we had the opportunity to review what AON provides.

20 MEMBER AIELLO: I think that's -- this is Betsy.
21 That makes sense to me, too.

22 MEMBER VERDUCCI: Yeah, because I don't see how
23 we're going to come up with percentages right now and we have
24 more to look at in terms of solid percentages, and then if

CAPITOL REPORTERS (775) 882-5322

1 there's some deviations, we could look into that further. But
2 I do think that coming up in March, we should put together
3 some firm policy decisions, so in the future, we do have a
4 point of reference.

5 CHAIRPERSON FREED: This is Laura. Okay. Ms.
6 Rich, Ms. Messier, have we chewed this up sufficiently?

7 MS. MESSIER: This is Stephanie Messier. The
8 only other thing is the biennium year to funding. I would
9 love to move to the next agenda item, but the only thing is
10 also when we present rates for plan year '22, do you want any
11 consideration for the fact that if you don't account for any
12 trend change in what the State is providing for year two of a
13 biennium, then the full increase hits your employees.

14 Recognizing that that may mean you generate
15 differential cash at the end of plan year '22 that you use for
16 plan year '23, I don't know if you want to debate that or if
17 we want to just move on with the other agenda items for today.
18 But that was what Slide 13 was also trying to address.

19 MEMBER KELLEY: It's Michelle Kelley here. If
20 it's possible, you know, obviously within the contract, I
21 would like to see what it might look like to hold those rates
22 over the biennium pretty flat.

23 But I would also like to see -- you know, being
24 conscious of the Governor's directive that he did want to keep
CAPITOL REPORTERS (775) 882-5322

1 premiums flat, I would want to see the first year kind of
2 clean and then maybe some -- you provide some ideas on what it
3 might look like to keep it flat over the biennium.

4 Does that make sense? I don't know if every --
5 anyone else agrees with that.

6 CHAIRPERSON FREED: This is Laura Freed. My own
7 feeling is that we should probably lower the State funding in
8 year one to offset trend in year two, because we tend to be so
9 aggressive in the way that we ask you to look at our trend,
10 but that's my own feeling.

11 MEMBER AIELLO: This is Betsy. I agree with that
12 because every year claims costs increase and we don't want to
13 have to increase, like Michelle said also, the premium much
14 for the second year.

15 So we'd need to maybe have a little bit saved
16 from the first year to apply to paying for claims in the
17 second year to prevent. We might have to have an inflation
18 increase in the premium, but to keep it from having to go up
19 too much.

20 MS. RICH: And just to add to that, the rates
21 that we have illustrated do use that strategy where there is
22 more being allocated in year two than in year one just to
23 account for that. So that's a strategy that we're already
24 using in placing the rates that you have seen today.

CAPITOL REPORTERS (775) 882-5322

1 CHAIRPERSON FREED: Okay. Well, unless anybody
2 strenuously objects, that's, I think, our -- the Board
3 guidance on year two funding for the biennium and we will look
4 forward to a long and spirited discussion at the March board
5 meeting.

6 Thank you to AON for all the work that you have
7 done both about -- you know, both getting involved in the rate
8 setting in a way that I think you guys haven't been
9 historically as well as all the special stuff you've done to
10 kind of guesstimate what our COVID claims costs would be as we
11 move through the pandemic.

12 So with that, I think we're clear to move to
13 Agenda Item 8. And I just want to note for the record that
14 Member Krupp had to leave. So we still have a quorum, but she
15 has left, so --

16 MR. LINDLEY: Member Freed, can I request a brief
17 recess?

18 CHAIRPERSON FREED: That is a great idea, Mr.
19 Lindley. Thank you for bringing it up. It's 3:16, how
20 about -- well, how about 3:25?

21 MR. LINDLEY: Fine.

22 CHAIRPERSON FREED: We'll reconvene. Okay.

23 (Recess.)

24 CHAIRPERSON FREED: All right. It is 3:24, so
 CAPITOL REPORTERS (775) 882-5322

1 I'm going to call the meeting back to order and I'll let the
2 PEBP staff go over Agenda Item 8.

3 MS. RICH: Okay. So Agenda Item 8 really rolls
4 all of the policy changes that were presented and approved
5 back in July and also the policy recommendations that the
6 Board subcommittee came up with as a result of a -- for those
7 of you who are not on the subcommittee, as a result of a few
8 separate meetings which the Board members who did participate
9 on this, thank you very much. They put in a lot of time and
10 energy into --

11 CHAIRPERSON FREED: Wait. Hang on a second.
12 This is Laura Freed. I think you're -- you were talking about
13 Number 9. I think you jumped ahead.

14 MS. RICH: You're right. I am so sorry. All
15 right. We're like on hour seven now, my brain --

16 CHAIRPERSON FREED: I know we are.

17 MS. RICH: You're correct. Okay. Let me pull --
18 I pulled the wrong one, that's what I did. So the LCB --
19 sorry, LCB IT audit, this is just one of many versions of the
20 audit corrective action plans that the Board has seen.

21 So back in January of 2020, on January 9th, 2020,
22 the LCB provided the agency with an initial draft of final
23 findings for the information technology audit. And in those
24 final findings, there were a few that were not included

CAPITOL REPORTERS (775) 882-5322

1 because of certain potential security risks and such that if
2 they were to -- made to be public at that time would put us at
3 a greater risk.

4 So the LCB did make those findings public after
5 our IT staff took appropriate measures to reduce those
6 security risks and that was then presented to the legislative
7 commission audit subcommittee meeting on January 14th of this
8 year.

9 So as we've done in the past, we have to provide
10 an initial 60-day corrective action plan followed then by a
11 subsequent six-month status report.

12 So this is the corrective action plan that has
13 been provided as -- or that will be provided that is being
14 presented today to the Board to approve. Basically, the
15 corrective action on all of these, it's pretty simple.

16 We had a lot of outdated servers, antiquated
17 technology that needed to be either retired and replaced or
18 just retired, period.

19 And so the corrective action plan just basically
20 itemizes this and touches on all these. I do have to say that
21 most of them have been completed that we are either very close
22 to completing them already or have already completed them.

23 So there's not a lot of concern here as far as
24 how much PEBP still has to do to complete the actions
CAPITOL REPORTERS (775) 882-5322

1 necessary by the LCB, but we definitely still have to do a
2 corrective action plan nonetheless.

3 So I'm going to leave it here and see if there's
4 any questions by any of the Board Members?

5 CHAIRPERSON FREED: This is Laura Freed. It
6 sounds like no, so you'd like us to move to approve your
7 corrective action plan then?

8 MS. RICH: That is correct. We need an approval
9 of the corrective action plan so that PEBP can submit it to
10 the counsel bureau.

11 CHAIRPERSON FREED: Got it. Okay.

12 MR. LINDLEY: Motion to approve. Tim here,
13 motion to approve.

14 CHAIRPERSON FREED: And I will second it. All in
15 favor?

16 Any opposed?

17 Okay. Great. Thanks, guys.

18 (Motion carries.)

19 CHAIRPERSON FREED: Okay. Now you can talk about
20 Item 9.

21 MS. RICH: Okay. So now Item 9, this is
22 regarding the duties, policies and procedures of the Board.
23 To repeat myself from earlier, this really focuses on the
24 approved changes that the -- or the changes to the policies

CAPITOL REPORTERS (775) 882-5322

1 and procedures based on the policy changes from the July 23rd
2 board meeting.

3 So that is the first section. Those are, you
4 know, the items that we discussed, for example, the flat
5 rate -- or I'm sorry, the flat subsidy to all the plans, the
6 streamlining of the tiers. Those are the policies that are
7 changed here. So basically what we did is we went in and
8 incorporated them into the Board policies and procedures.

9 The second part of this is to approve the changes
10 that were recommend by the Board subcommittee, which before we
11 realized that I was saying thank you and appreciating those
12 Board Members who dedicated all the time and energy to, you
13 know, coming up with some strategies to really address the
14 audit and specifically the contracting practices that PEBP has
15 historically had and the role of the Board in those
16 contracting practices.

17 So, Chair Freed, I know that you kind of wanted
18 to take this and is that something you still want to do, or we
19 can go through some of this together?

20 How do you want to do this?

21 CHAIRPERSON FREED: I -- you know, the thing I
22 would say is that we have three subcommittee meetings and I'm
23 speaking not on the other parts of the policies and
24 procedures, I'm just talking about the procurement process in
CAPITOL REPORTERS (775) 882-5322

1 Section 3 contracts. So that begins on page 10 and goes
2 through page 12.

3 And so you can see the red line changes that were
4 suggested by the subcommittee to kind of strengthen the
5 Board's oversight and encourage -- frankly, encourage more
6 board activity around contract review.

7 And I think you saw to that today on Agenda
8 Item 6, you know, some pretty active discussion about both,
9 you know, solicitations we've got coming as well as contract
10 approvals, which of course, the public didn't see because we
11 did it in closed meeting.

12 But anyway, so in procurement process, letter B2,
13 we kind of made a distinction between routine administrative
14 contracts that the executive officer and her staff can work on
15 and bigger contracts, contracts that affect, you know, the
16 participant group, you know, like the TPA RFP we were
17 discussing earlier.

18 And I want to draw your attention to
19 specifically, you know, letter D, 2D, the Board retains the
20 power and duty as chief of the using agency to appoint Members
21 of the Board to evaluation committees pursuant to NRS 333.335.

22 Again, you know, being mindful of LCB's audit
23 that, you know, the Board had been -- you know, gotten a
24 little bit complacent and, you know, we've made some changes

CAPITOL REPORTERS (775) 882-5322

1 that I think will encourage Board Members to be more active.

2 And the staff has introduced -- if you can see it
3 in the back of the policies and procedures checklist that
4 would help Board Members evaluate RFP's as well and evaluate
5 contract amendments. So hopefully that will be useful to you.

6 And let's see, what else did I want to say?

7 Again, Number 8 on page 12, the Board shall oversee
8 significant scope modifications and ensure a competitive bid
9 process is followed for amendments involving changes in scope
10 or vendor status.

11 Changes that were not within the contemplation of
12 the parties when the original contract was entered. Changes
13 that materially alter the contract, wanting the major items
14 and historically procured services under a separate contract.

15 So this is really all going to the Board needs to
16 keep an eye out for contract amendments that really ought to
17 be a separate contract rather than a contract amendment. And
18 I think that -- did I hear somebody speak up?

19 Okay. Anyway, I guess that's pretty much -- you
20 know, in the service of brevity I think that's about my -- the
21 sum of my comments. Thank you.

22 MEMBER RICH: So I think -- I don't know if any
23 of the other subcommittee members want to discuss this or add
24 to Chair Freed's summary. But if there is no other

CAPITOL REPORTERS (775) 882-5322

1 discussion, what we need is an approval of those changes that
2 were recommended by the -- and this has to go in two different
3 action items, I believe, because of the -- we have a lot of
4 new Board Members that were not around in July.

5 And so the action Item Number 1 would be to
6 approve the changes to the Board policies and procedures that
7 were approved as a result of the July 23rd board meeting and
8 then the second part of that are to approve the recommended
9 changes or the changes that are recommended by the Board
10 subcommittee.

11 MEMBER LINDLEY: Tim here. I'll motion to
12 approve the changes recommended by the subcommittee.

13 CHAIRPERSON FREED: This is Laura Freed. I'll
14 second.

15 Okay. Board Members, this is a vote to approve
16 the red line version of the policies and procedures as it
17 pertains to the contract Section 3.

18 All in favor say, "aye."

19 Any opposed say, "no."

20 Okay. Great. That passes.

21 (Motion carries.)

22 CHAIRPERSON FREED: So now the second one is a
23 motion to approve changes to the Board duties, policies and
24 procedures based on the July 23rd, 2020, policy decisions

CAPITOL REPORTERS (775) 882-5322

1 approved at that meeting by the Board.

2 MEMBER FOX: I will make that motion. Linda Fox
3 for the record.

4 CHAIRPERSON FREED: Thank you, Member Fox. I
5 will, again, second.

6 Board Members, all in favor say, "aye."

7 Any opposed say, "no."

8 Okay. Great. Thank you.

9 (Motion carries.)

10 CHAIRPERSON FREED: All right. Agenda Item 10,
11 possible action regarding withdrawal of funds from the
12 retirement benefits investment fund.

13 MS. RICH: All right. This is good news. It's
14 not every day that you stumble upon a couple million dollars,
15 but we did.

16 So Senate Bill 457 of the 2007 legislative
17 session created the retirement benefits investment fund,
18 otherwise known as RBIF and set the Board of trustees as the
19 members of the first board.

20 So this fund is -- was originally set up to be an
21 investment opportunity for the State and local governments to
22 have their assets in a trust and managed in a fashion similar
23 to the PERS fund.

24 So NRS 355.220 authorizes RBIF to invest the
CAPITOL REPORTERS (775) 882-5322

1 money for trust funds established by government agencies for
2 authorized purposes. Specifically for PEBP, the money in this
3 fund can only be used for the State retirees' health and
4 welfare fund. And so that is specifically in NRS 287.0436.
5 So any monies in this fund can only be applied to address
6 retiree -- the retiree fund.

7 So only in one instance has PEBP used these funds
8 and it was back in 2010 during the special session. So AB3
9 directed the State controller to transfer the sum of
10 24.7 million to that fund created in NRS 287.0436.

11 By the time that that withdrawal occurred, the
12 market value of the fund had increased and so it left a little
13 bit of money in there. And since then, that -- those funds
14 have grown. They gain interest and they have grown to about
15 \$2.1 million. That was as of last week, I believe. That may
16 have changed depending on the market obviously.

17 So the purpose of the fund, really, is to account
18 for the financial assets that are designated to offset the
19 portion of the current and future costs of the health and
20 welfare benefits paid pursuant to Subsection 2 of 287.046.
21 The Board does have exclusive control of the fund, however,
22 the funds have to be used, as I said, to offset the costs of
23 retirees.

24 So PEBP is currently projecting a shortfall in
 CAPITOL REPORTERS (775) 882-5322

1 the retiree category, which is REGI, of approximately
2 \$12 million at the end of FY21 and we expect that to shortfall
3 to grow even more because of a decrease in payroll and
4 vacancies in position.

5 So we are proposing that to help this situation
6 out, we now withdraw the \$2.1 million from the RBIF account
7 and we move them to the REGI account or to the State retirees'
8 health and welfare fund is what it is. And in order to do
9 this, the PEBP board must submit a letter to the retirement
10 investment fund board requesting that transfer.

11 So PEBP can do this on behalf of the Board. I
12 think what we'll do is should this get approved, we can put
13 that letter together and likely just have Chair Freed sign it
14 and we can send to members.

15 So the options here are to -- we can actually
16 withdraw this at anytime. We can withdraw it today, we can
17 withdraw it in two months, we can withdraw it in two years.
18 We're playing the market at that point.

19 So right now it is 2.1 million. We can wait a
20 month and it might be 2.3 million, but it also might be 1.7
21 million. So you're playing the market at this time.

22 So we are recommending that we approve the
23 transfer of all funds immediately and the transfer of funds
24 from the retirement benefit investment fund to the State

CAPITOL REPORTERS (775) 882-5322

1 retirees' health and welfare fund.

2 So I will leave it there and pause for any
3 questions.

4 MEMBER VERDUCCI: This is Tom Verducci for the
5 record. This is for Executive Officer Rich. What was the
6 origination of the fund? Where did the funding originally
7 come from? Was it taxpayer? Where was -- how did it
8 initially accumulate and it was funding that stopped at some
9 point? Can you give me just a little more history on this
10 fund, where it started?

11 I understand the purpose is to offset futures
12 costs, but I need a little bit more where it came from.

13 MS. RICH: So I don't have the history behind
14 what happened in 2007. Chair Freed may have that history. I
15 do know that PEBP has not contributed. It is up to the agency
16 to contribute to that fund and PEBP has not contributed to
17 that fund since that point.

18 So it sounds like Chair Freed does know the
19 history to this since she was involved in that arena at the
20 time.

21 CHAIRPERSON FREED: This is Laura Freed. Boy, do
22 I remember the 26 special section, painful memories still.

23 Tom, this -- the RBIF was originally set up in
24 order to prefund the Gatsby liability for our retiree
CAPITOL REPORTERS (775) 882-5322

1 healthcare. So you know -- and there was some funding, I
2 believe, appropriated. But the lion's share of the money that
3 was to go into the RBIF was from an increased REGI rate and
4 so -- and REGI for those of you who don't hang out at PEBP
5 meetings all the time is Retired Employees Group Insurance.
6 And that's a percentage of gross payroll assessed on most
7 every budget in the executive budget.

8 And so the REGI rate was higher than was needed
9 to fund retiree health benefits on a pay as you go basis, and
10 then the difference was going to be sent to the RBIF.

11 And then, of course, the Great Recession happened
12 and the money that had been set aside to begin that prefunding
13 of the Gatsby liability was yanked back out in order to make
14 budget reductions.

15 And so there was -- you know, and essentially
16 this is just, you know, budget dust that's been sitting in the
17 RBIF over at PERS ever since. And so anyway, that's the brief
18 history.

19 But I would -- you know, I would be happy to move
20 that the Board transfer immediately whatever is in the
21 retirement benefits investment fund into the State retirees'
22 health and benefits fund in order to pay for current year
23 retiree healthcare costs.

24 MEMBER KELLEY: Michelle Kelley. I'll second
 CAPITOL REPORTERS (775) 882-5322

1 that.

2 CHAIRPERSON FREED: All right. Thank you.

3 Okay. All in favor say, "aye."

4 Any opposed, say, "no."

5 Okay. Great. Thanks, everybody.

6 (Motion carries.)

7 CHAIRPERSON FREED: All right. Agenda Item 11.

8 Getting there, friends.

9 MS. RICH: Home stretch, home stretch.

10 Okay. This is the executive officer report. I'm
11 starting out with the interim retirement and benefits
12 committee.

13 So on December 16th of 2020, PEBP attended and
14 presented at the annual interim retirement and benefits
15 committee, which is also referred to as IRBC.

16 Statutorily, we are required to present certain
17 reports and usually those reports are focused on what happened
18 last year, which is great, but it doesn't help the members on
19 that committee understand what PEBP is doing moving forward.

20 And so sometimes they're caught off guard when we
21 get -- come into the legislative session and they're not
22 approving of actions that the program has taken in after the
23 fact.

24 And so knowing that we were getting into a
CAPITOL REPORTERS (775) 882-5322

1 potentially muddy situation moving into the November -- the 12
2 percent cuts and into this legislative session, I worked with
3 the LCB staff to ensure that we could also present additional
4 reports to the members of that committee, because a lot of
5 those members are also members of money committees.

6 And so this would be a good opportunity for us to
7 present a sneak peek as to what they were going to be
8 expecting come legislative session. And I think it was very,
9 very helpful.

10 It gave some of the legislators some insight as
11 to the timing of the PEBP program and what kind of activities
12 are required moving up to open enrollment or butting up to
13 open enrollment and the time constraints that we have if they
14 were to change things at the last minute.

15 So I think that they were very appreciative of
16 that approach. I am glad that we took that approach. The --
17 obviously in December when this was presented, we were still
18 looking at 12 percent cut.

19 So what was presented in December is not the --
20 it's still the 12 percent cut version, however, I will add
21 that PEBP did present a pre-budget presentation to the
22 legislative commission budget subcommittee on Monday.

23 So they were able to see exactly what the Board
24 was presented with today in the Agenda Item 5, Gov Rec report.

CAPITOL REPORTERS (775) 882-5322

1 And so I think that, you know, there were some questions from
2 the legislators around obviously the long-term disability.

3 There were some questions about access to care
4 and the networks, the availability of provider with --
5 providers within those networks and there was some concern
6 about the new plan and how that worked. I think there is a
7 desire for education on that new plan. But overall, I think
8 it went reasonably well and I think that the committee is
9 receptive to a lot of the plan changes that the PEBP Board has
10 made.

11 The next item is legislative session. So as we
12 all know, we are coming into the next legislative session. So
13 the 81st legislative session will begin on February 1st of
14 2021, so we're days away at this point.

15 As we do every session, PEBP will be presenting
16 information to the Board on any bills, any legislation that
17 would potentially affect PEBP.

18 Because of that and because of the timing, we --
19 I wanted to make sure the Board members, especially some of
20 the new members who may not be aware, we will be scheduling
21 monthly board meetings. Hopefully they're quick, hopefully
22 they are not marathons like today.

23 But we will be scheduling monthly board meetings
24 just to give an idea of what is out there and the bills that
CAPITOL REPORTERS (775) 882-5322

1 may potentially impact PEBP, what kind of fiscal note we've
2 attached to it, the status and have some discussion over it.

3 So although agencies typically take a neutral
4 stance when they provide testimony for the bill, this is --
5 it's still important for the Board to be able to weigh in on
6 the -- on each of the -- well, the legislation so that way the
7 testimony that's being provided aligns with consensus of the
8 Board.

9 So we will be reaching out to you shortly to
10 likely put something on the calendar for mid to late
11 January -- or February, I'm sorry, to ensure that we can
12 provide those updates. Wendy will be reaching out shortly.

13 The next one is an update on SCR 10. In
14 November, the PEBP board was provided information on SCR 10,
15 which is a senate concurrent resolution directing the
16 legislative commission to conduct a feasibility study for a
17 public option to improve the stability of Nevada's health
18 insurance market.

19 In -- on January 19th of 2020, MONAT Health
20 presented a report to the legislative committee -- or I'm
21 sorry, legislative commission.

22 The report outlines two potential public option
23 models. One of them is through the public employees benefits
24 program and the other one is through the silver state health

CAPITOL REPORTERS (775) 882-5322

1 insurance exchange.

2 So in this report, the PEBP option would allow
3 Nevadans to purchase health coverage through what would
4 essentially be a mirrored plan. The same plan that is offered
5 to PEBP members would be offered to the general population in
6 Nevada.

7 Because of the affordability of the PEBP plans
8 and our ability to leverage existing contracts and also the
9 infrastructure that's in place, the projection here is that
10 this option would offer better premiums, more affordable
11 premiums than anything comparable on the market today,
12 including the silver state health insurance exchange as well
13 for those who don't qualify for subsidies on that exchange.

14 In general, the PEBP option would save those
15 seeking coverage approximately 9 percent overall with much
16 greater savings in the rural areas and then less of a savings
17 in the -- specifically in the south. The MONAT report also
18 estimates that this option would attract about 6500 enrollees.

19 So on the surface, this option appears to be a
20 win/win for Nevadans and for PEBP, but there are several
21 factors that could potentially have a very negative impact on
22 the program.

23 The first one is the risk pool. So it's -- it
24 was determined in their analysis that a new standalone risk
CAPITOL REPORTERS (775) 882-5322

1 pool, so these 6500 people, would not be viable. There --
2 those 6500 potential enrollees would have to be blended in
3 with the existing state active and retiree risk pool in order
4 for this to be a viable solution.

5 So why is this a problem? Because this option is
6 probably, like I said a minute ago, the -- it's probably going
7 to be most attractive to those people in the rural communities
8 because that is where the high cost of healthcare really is.

9 And so if we're only taking up people that live
10 in those locations, then it will essentially drive the cost of
11 claims up and this will have to be absorbed by all PEBP
12 members since they would be in the same risk pool.

13 The other factor to this is that we don't know
14 the demographics of this risk pool. What -- where do they
15 live, how old are they, are they healthy, are they sick, are
16 they -- we just -- we don't know. And so it is very likely
17 that this will also -- that the demographics that are
18 attracted will also have a negative impact to our rates as
19 well.

20 So the costs in the report, it does estimate that
21 the PEBP option is going to cost the program between 7 and
22 \$9.5 million. This is mainly to fund the required reserves.

23 However, I think that there is some additional
24 costs that were not factored into this that should be

CAPITOL REPORTERS (775) 882-5322

1 considered. For example, our enrollment and eligibility
2 system is not set up for this type of activity. There was
3 a -- there was also talk about age banding. We do not age
4 band within our system today. We have no mechanism to perform
5 that age banding, so that would be a significant IT lift.

6 And on top of that, we would likely have to
7 coordinate with the silver state health insurance exchange so
8 that those people entering the marketplace have the option to
9 enter the PEBP option through the silver state health
10 insurance exchange as well.

11 So the second option provides a path for a state
12 sponsored qualified health plan model offered through the
13 Silver State Health Insurance Exchange and this model, again,
14 is shown to be feasible, but it is only feasible if they're
15 able to implement significant cost containment mechanisms such
16 as setting provider reimbursement caps, which is going to be a
17 highly political feat.

18 So in this option, there's -- the MONAT report
19 does say that the approximate attraction to this would be
20 about 1500 to 4900 new enrollees. With a lot of existing
21 enrollees, that would go from one exchange plan to this one
22 obviously. So there would be some migration. But as far as
23 ensuring the uninsured population, it would only be 1500 to
24 4900.

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1 So like the PEBP option, this also comes with
2 fiscal implications as well as some required federal and
3 regulatory -- State regulatory changes as well.

4 So I provided a full report, the link to the full
5 report of this study and as PEBP receives more information as
6 to whether this is going to move forward into legislation, I
7 will definitely provide the Board updates at more.

8 The one thing that I did want to add to this that
9 is not included is vaccines. So I know that vaccines are
10 very -- they're very popular right now. Everyone wants to get
11 one as soon as possible and I have been working with a PEBP
12 staff and I have been working with the Governor's office to
13 really figure out a way to -- or get in front of the need to
14 vaccinate employees, State employees.

15 And so we have started the initial planning of
16 potentially sponsoring some vaccine clinics for State
17 employees based on prioritization.

18 And so hopefully that once we get more
19 information and can, you know, move forward with this, I know
20 that there's a lot of chaos surrounding, you know, how many
21 vaccines is the State getting and when are we getting them.

22 We're doing as much as possible to plan ahead so
23 that when we do have this information and we can roll
24 something out in terms of, you know, getting -- similar to our
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1 flu shot clinic, we want to make sure that we offer vaccine
2 clinics to State employees as that becomes a feasible option.

3 So PEBP is excited to, you know, work with the
4 Governor's office on this and the -- their leadership to
5 ensure that we can take care of our employees accordingly as
6 soon as possible.

7 So I will take any questions, comments,
8 discussion.

9 MEMBER VERDUCCI: Laura, Tom Verducci. Thank
10 you, Executive Officer Rich. I think it's awesome that we are
11 providing some relief to the rurals. They do need better
12 access. Any savings that we could provide to them is great.
13 Their incomes are less out there and I think that builds a
14 huge gap and a huge need that we have.

15 I noticed that in the report, you do have fiscal
16 implications. I think I heard from your words that it was not
17 a huge impact on the plan, but perhaps could you expand just a
18 little bit on the fiscal implications and the costs that would
19 be associated?

20 Thank you.

21 MS. RICH: Are you referring to the vaccine
22 clinic or the SCR 10?

23 MEMBER VERDUCCI: This would be SCR 10.

24 MS. RICH: Okay. So the fiscal implications
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1 outlined in the report specifically estimate 7 to \$9.5 million
2 and that is really just to generate reserves. Those required
3 reserves that will be necessary.

4 But my personal opinion is that I think it will
5 be higher than that just because of the IT needs that the
6 agency also needs, in addition, this staffing needs. There is
7 no possible way we can take this program on or this project on
8 without additional staff. And so there will be -- that number
9 is expected to go up if this moves forward.

10 MEMBER VERDUCCI: And just as a follow up, I know
11 that you've taken on a lot of additional workload, I can see
12 that, and I want to thank you and your staff for the work that
13 you're doing. I think it's great that you've carried on all
14 these RFPs and, you know, very nice executive officer report
15 and just good to see this happening.

16 Thank you.

17 MEMBER KELLEY: Executive Officer Rich, Michelle
18 Kelley for the record. As far as the -- I'm sorry, SCR 10, is
19 there money in the Governor's budget to support the expansion
20 of that -- this coverage; do you know?

21 Have you looked?

22 MS. RICH: That I'm aware of, no. I believe that
23 this would be -- this would require legislation and so this
24 would need to be supported by a legislator and move forward

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1 throughout the legislative process.

2 MEMBER KELLEY: And then just a follow up as far
3 as -- because it would impact obviously -- potentially it
4 could negatively impact the PEBP rates for State employees,
5 which is the core mission, did staff get the opportunity to
6 take a position on this like when -- this is more a process
7 question for me, when would you get involved or the Board get
8 involved or would we get involved if this was to -- if the
9 discussion was to continue to move ahead?

10 MS. RICH: If the discussion does move ahead,
11 again, it will become legislation, and at that point, yes, the
12 Board would get involved because it would become an item that
13 would be listed in the Board meetings that we're going to have
14 moving forward throughout the session and, yes, the -- not
15 only would we provide testimony, but there would also be a
16 very significant fiscal note attached to it as well.

17 And so that is one of the challenges in, you
18 know, going into the session is anything with a fiscal note is
19 going to be very difficult to get by because there is no
20 funding available, very limited funding available.

21 So yes, this would definitely come back to the
22 Board and it would be -- there would be testimony that would
23 be provided should this move forward.

24 MEMBER KELLEY: Thank you.
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1 MEMBER VERDUCCI: And Tom Verducci, again, for
2 the record. Would this require a BDR, would have to start in
3 BDR and turn into, you know, a bill? And if so, which agency
4 do you think that would be the sponsoring agency of the BDR?

5 MS. RICH: Tom, I think this would likely be
6 sponsored by a specific legislator, not an agency in the
7 State. This would need legislative support, someone to
8 sponsor that bill.

9 MEMBER VERDUCCI: Okay. Thank you very much.

10 MEMBER LINDLEY: Tim here. Quick question. If
11 SCR goes through because the last Board meeting, we went
12 through and there were proposed benefit cuts.

13 SCR 10 goes through and we become in charge of
14 this -- the additional enrollees, would they also be subject
15 to benefit cuts just like active employees?

16 MS. RICH: So my assumption would be yes, but it
17 would all depend on how that bill is written and how it is
18 passed and all the details in that bill.

19 MEMBER LINDLEY: Thank you.

20 MEMBER KELLEY: Executive Officer Rich, just
21 stepping away from SCR 10, do you have a list of BDRs that are
22 already out there that you're watching that you can provide to
23 the Board members?

24 I'm interested in kind of starting to set myself
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1 up, my little tickler, and so if you could, I would love to
2 receive that. I don't know if everyone else would, but
3 certainly if you would share with me, I would appreciate it.

4 MS. RICH: We do and I don't remember the number
5 at this point. It's over 100, I know that, that we are
6 watching. Unfortunately, I mean, they've started trickling in
7 where, you know, now you get -- you're getting a little bit
8 more information on these.

9 But when they're BDRs, it's -- the language on it
10 is changes to healthcare, and so you don't know what that
11 means until you actually see the text in the language in those
12 bills.

13 So -- well, yes, it is a high number right now.
14 I'd expect it to -- and I know there's a few of them that were
15 on our radar and I've seen since then that are no longer
16 anything that I'm worried about, but yes, that's exactly what
17 the Board will receive at these monthly meetings is an
18 all-inclusive list of everything we're watching and the status
19 and the possible implications it would have on the program.

20 MEMBER KELLEY: So you can't provide it before
21 you start to structure those meetings?

22 MS. RICH: I'm happy to provide it if you want
23 it.

24 MEMBER KELLEY: Yeah, I would. Thank you.
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1 CHAIRPERSON FREED: Okay. Laura Freed for the
2 record. If there are no more questions, then we'll move on to
3 Agenda Item 12, the second public comment period.

4 Take it away, PEBP staff.

5 MR. MARTIN: Thank you. For those who have
6 joined for public comment, your name or the last four digits
7 of your phone number will be announced and you'll be advised
8 that you may now make your comments.

9 If you're calling in via telephone, please press
10 star six to unmute yourself.

11 Due to time considerations, each caller will be
12 limited to three minutes.

13 Caller with the last four digits of 6837, you may
14 begin to make your comments. Please press star six to unmute.
15 And that caller has dropped, so we'll move on to the next one.

16 Caller with the last four digits of 9369, please
17 slowly state and spell your name for the record and please
18 press star six to unmute.

19 UNIDENTIFIED SPEAKER: Hello, can you hear me?

20 MR. MARTIN: We can hear you, yes.

21 UNIDENTIFIED SPEAKER: Oh, oh, good. I wasn't
22 sure. I've been listening to this today. You guys got a lot
23 of stuff to do.

24 So anyhow my thing is that -- I've got to go in
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1 the other room because I -- if I unmute this thing, I'll drop
2 it.

3 Anyhow, my concern is that I did speak and I
4 wrote emails and everything on your November meeting and I
5 have been listening to your stuff today, and I didn't hear too
6 much about retirees and I am a retiree. I am a 78-year-old
7 notch baby of the state.

8 My concern still is the same things that I had
9 before in my stuff. But I heard something today on -- matter
10 of fact, I think she just talked about it on the -- is it a
11 public offering that you guys are going to be maybe doing for
12 the PEBP that you were just talking about?

13 So, anyhow, that is one of my questions, and my
14 concern is that, you know, hopefully you won't be taking me
15 off of the -- where I'm at now for my Medicare net because I
16 do not qualify for anything else. And I know that you guys
17 have got some really tough things to do, so I'm keeping this
18 as short as I can.

19 I understand your budget constraints and I'm just
20 hoping -- and I didn't hear too much about actual rates, so
21 I'm not really sure when that's -- you know, when we're going
22 to be hearing about that.

23 And from my budget, I have to kind of know as
24 soon as I can, so that's why I've been kind of following in
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1 that. I'm just -- that's about all I have to say.

2 I would like to know more about the last thing
3 that you guys were discussing and my opinion is that just
4 right off the top of the bat, the top of there, it's that if
5 you open that up to all people, not just State employees,
6 how -- I don't understand how that will look.

7 Anyhow, thank you for your time and hopefully
8 it'll all be clearer in March.

9 Thank you.

10 MR. MARTIN: And, Madam Chair, that concludes the
11 public comment.

12 CHAIRPERSON FREED: Okay. Thank you very much.
13 And I guess then we are finished with our business today. It
14 was a long meeting and I just want to say to the Board
15 members, once again, how much I appreciate your involvement,
16 your spirited discussion and your sharing of ideas. I think
17 some folks like to blame the PEBP Board for things that are
18 really beyond PEBP Board's control.

19 And as the Board's chair, I get a little
20 protective and little bit offended when people, you know, kind
21 of imply that we're responsible for furloughs, just to give
22 you one example.

23 So I hope you're all not too discouraged because
24 it -- not just anybody can, you know, be on the PEBP Board and
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1 make really tough choices and, you know, have the dedication
2 to go through these big fat meeting packets.

3 So I just wanted to say on the record, I
4 appreciate all of you and I guess with that, it is 4:11 p.m.,
5 according to my computer, and we are adjourned.

6 Thank you, everybody.

7 (Adjournment at 4:11 p.m.)

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1 STATE OF NEVADA,)
) ss.
2 CARSON CITY.)
3
4

5 I, MICHEL LOOMIS, Official Court Reporter for the
6 State of Nevada, Public Employees' Benefits Program Board, do
7 hereby certify:

8 That on Thursday, January 28, 2021, I was present
9 via Zoom for the purpose of reporting in verbatim stenotype
10 notes the within-entitled meeting to the best of my ability;

11 That the foregoing transcript, consisting of
12 pages 1 through 214, inclusive, includes a full, true and
13 correct transcription of my stenotype notes of said meeting to
14 the best of my ability.

15 Dated at Carson City, Nevada, this 11th day of
16 February, 2021.
17
18
19

20 //MICHEL LOOMIS//
21 MICHEL LOOMIS, RPR
22 NV CCR #228
23
24

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	45:9,12	27:15	accumulator (2)	200:14;201:8;
\$	\$3700 (1)	ability (9)	40:6;41:2	202:14;206:10
	61:2	13:4;49:18;81:18;	accumulators (3)	actuarially (2)
\$0 (1)	\$4 (1)	85:15;146:10;	40:5;140:4,4	80:24;167:12
143:7	91:14	148:13;154:20;	accurate (1)	actuaries (2)
\$1,000 (1)	\$4.21 (1)	195:13;233:8	33:7	87:10;167:6
69:7	178:23	able (23)	across (8)	actuary (1)
\$1,601,613 (1)	\$400,000 (1)	6:24;7:6;28:13;	6:22;172:16;	167:7
93:17	146:1	38:9;39:24;42:7;	181:17;193:11;	add (20)
\$1.76 (3)	\$46 (1)	47:13;49:1;61:15;	196:16,19;205:10;	32:22;41:2;48:15;
178:12,19,23	185:13	76:3;78:21,23,23;	206:15	60:19;77:7,17;97:12;
\$10 (2)	\$46.72 (1)	81:19;83:3;132:19;	acting (1)	131:12,16;139:3;
80:6;208:5	64:16	133:21;157:10;	24:11	164:23;168:5;171:2;
\$10,000 (2)	\$47 (2)	160:10;208:14;	action (32)	173:20;174:22;
58:23;60:2	64:17;69:16	230:23;232:5;235:15	33:14;34:13;35:6;	176:13;215:20;
\$11 (4)	\$5 (2)	abort (1)	44:6;51:17,22;55:18;	222:23;230:20;236:8
9:8,23;45:20;48:2	143:18;209:6	6:21	62:10,12;73:22;	added (11)
\$1181 (1)	\$5,000 (1)	absolutely (6)	76:10;80:10;81:17;	46:2;87:9;172:5;
180:21	10:11	56:13;97:17;158:9;	82:6,10,11,14;89:16;	173:9,9,13,24;178:3,
\$12 (1)	\$5,000 (1)	169:8,10;208:6	90:21;134:19;137:3;	11,22,24
226:2	58:23	absorbed (1)	217:20;218:10,12,15;	adding (4)
\$13 (4)	\$5.97 (1)	234:11	19:219;2,7,9;223:3,5;	64:13;87:3;168:11;
9:8,23;45:20;48:1	178:24	accept (7)	224:11	174:17
\$14 (7)	\$50 (3)	33:21;42:2;86:1;	actions (4)	addition (9)
61:6;63:9,12,13,21,	172:21;173:1;	130:9,11;137:1;	28:24;49:11;	9:17;45:11;46:23;
23;80:7	174:17	152:19	218:24;229:22	61:11;87:12;141:13;
\$14.30 (3)	\$500 (3)	acceptable (6)	active (22)	161:8;178:4;238:6
77:7,10;178:12	9:22,24;69:8	18:22,24;19:2,4,	18:2;45:22;69:11;	additional (25)
\$15,000 (1)	\$526,710 (1)	10;143:4	90:19;132:4;158:14;	32:8;45:13;47:4;
132:3	131:17	accepted (1)	170:10,13;178:10,18;	57:7;58:21;88:11;
\$16 (2)	\$585 (1)	74:5	180:5;184:22;	131:17;132:21,22;
132:3;184:4	180:5	access (10)	192:15;193:12;	133:7,11;149:13;
\$1660 (1)	\$60 (1)	46:17,20;48:9;	204:11,13;209:19;	155:3;172:4;174:22;
138:7	64:17	49:2,5;94:16;171:22;	210:18;221:8;222:1;	175:2;178:3;183:13;
\$17 (1)	\$600 (2)	172:20;231:3;237:12	234:3;240:15	184:10;210:7;230:3;
185:11	172:22;173:2	accessing (2)	actives (1)	234:23;238:8,11;
\$192,093,848 (1)	\$68 (1)	173:17;174:3	47:23	240:14
93:1	184:5	accident (2)	activities (4)	Additionally (2)
\$2 (1)	\$684 (1)	25:5;28:15	74:11;132:17;	46:1;83:6
28:6	180:20	accommodate (1)	148:7;230:11	address (7)
\$2,000 (1)	\$7,127,250 (1)	54:19	activity (4)	140:5;156:16,24;
69:6	91:23	accompli (1)	65:16;147:16;	186:3;214:18;
\$2.1 (2)	\$7200 (1)	27:21	221:6;235:2	220:13;225:5
225:15;226:6	35:20	accomplish (2)	actual (7)	adjourned (1)
\$225,000 (1)	\$7500 (3)	141:23;142:8	31:3;53:21;79:11;	245:5
132:21	10:11;79:8;132:4	accomplishes (1)	135:6;156:3;191:18;	Adjournment (1)
\$260 (1)	\$8 (1)	142:3	243:20	245:7
10:4	87:6	according (1)	actually (33)	adjudicated (1)
\$27.27 (1)	\$85 (2)	245:5	37:1,8;41:5;47:21,	41:10
171:14	184:7,10	accordingly (2)	22:49:1;53:24;56:20;	adjust (1)
\$288 (1)	\$9 (6)	193:3;237:5	59:11;62:16;63:16;	134:10
61:5	48:12;78:6,9,10,	account (13)	73:14;74:9,10;76:3;	adjusted (2)
\$3 (1)	13;79:6	39:20;40:9;143:11;	88:21;94:12;97:16;	46:4;189:9
143:9	\$9.5 (2)	161:4,6;176:3;	134:1;135:23;152:2;	adjusting (1)
\$30 (1)	234:22;238:1	187:21;212:14;	164:13;165:1;168:2;	87:7
208:4	\$95 (1)	214:11;215:23;	181:15,17;188:16;	adjustment (6)
\$300 (2)	180:10	225:17;226:6,7	193:22;196:14;	20:13;40:24;41:4;
61:7;63:9	A	Accredo (4)	201:3;203:21;	183:20;184:17;185:5
\$34 (1)		38:5,17;39:1;42:20	226:15;241:11	adjustments (5)
185:8	AB3 (1)	accumulate (1)	actuarial (10)	10:6;41:13;49:18;
\$35.27 (1)	225:8	227:8	77:1;132:10;	156:22;183:10
172:9	abilities (1)	accumulated (1)	159:22;160:24;	admin (7)
\$36 (2)		28:13	165:8;198:15;	164:5;165:5,16;

168:12;175:7; 211:11,13 administer (1) 143:19 administering (1) 171:23 administration (9) 143:5,8,9,17,21; 144:23,24;172:5; 194:13 administrative (6) 35:18;136:12; 171:2;172:16; 175:14;221:13 administrator (5) 16:8;17:7;140:2; 142:13;148:14 administrators (2) 91:10;92:2 admit (1) 194:3 adult (6) 173:10;182:1,2,21, 22;201:5 adults (2) 187:10;189:6 advantage (1) 45:18 adverse (1) 202:2 advice (2) 152:13;201:8 advisable (1) 75:21 advise (1) 97:21 advised (2) 5:24;242:7 advisory (1) 26:19 advocate (1) 8:20 advocates (2) 8:15;29:14 advocating (3) 62:10,13;63:5 Aetna (9) 37:9,9;91:10;92:2; 140:12,13,15,15; 141:2 affairs (1) 26:21 affect (4) 32:4;154:14; 221:15;231:17 affected (3) 26:1;27:6;156:20 affecting (1) 7:13 afford (1) 28:5 affordability (1) 233:7	affordable (5) 19:21;20:9,14; 49:5;233:10 afraid (1) 207:5 AFSCME (5) 13:23;18:2,19; 30:6,12 aftermath (1) 15:10 again (65) 10:8;15:20;18:24; 19:10;24:4;30:18; 31:1;43:19;44:21; 52:17;65:3,14;72:14; 75:12;80:1;86:1; 92:10;136:8;141:7; 142:11;143:21; 148:17;150:3; 160:13;165:14; 166:1;167:15;168:1; 170:19;174:16,19; 175:2,4,12;176:11; 179:8;180:11,22; 182:8;184:1,15; 185:16;186:1,11; 187:16;189:11,18; 196:8;199:11,12; 202:2;204:1;205:19; 208:5;209:13,21; 211:2;212:1;221:22; 222:7;224:5;235:13; 239:11;240:1;244:15 against (5) 18:19;19:6;29:3; 70:5,10 age (7) 61:1,13;87:18; 180:15;235:3,3,5 agencies (8) 54:11,11;62:5; 72:1,3;169:24;225:1; 232:3 agency (20) 46:4;53:7,7,10,10; 54:6;65:3,6,13,13; 71:16;81:4;154:15; 217:22;221:20; 227:15;238:6;240:3, 4,6 Agenda (31) 5:20;6:13;8:13; 26:3;27:20;31:14,18, 20;32:12,13;33:21; 38:24;44:24;50:4; 69:6;89:20;90:16; 130:7;137:1;156:9; 158:15;214:9,17; 216:13;217:2,3; 221:7;224:10;229:7; 230:24;242:3 aggressive (3) 162:7;200:4;215:9	aggressively (1) 161:23 Aging (2) 14:7,18 ago (7) 145:8;162:20; 191:12;192:22; 193:22,23;234:6 agree (13) 26:23;53:11;56:23; 65:9,19;71:24;82:15; 147:10;154:16,24; 197:11;212:3;215:11 agreed (1) 136:17 agreement (2) 28:10;35:12 agrees (2) 71:24;215:5 ahead (22) 32:20;50:18;53:11; 56:7,14,22;58:4; 66:21;84:14,21;86:9; 97:13;144:2,4; 153:16;176:19; 183:7;207:24; 217:13;236:22; 239:9,10 Aiello (41) 4:15,16;32:18,18, 21;52:23;65:2;72:24; 74:7,13;75:18;83:14; 87:21;89:1;135:22; 136:1,20;146:16; 147:6,14;149:9; 151:7,13;154:16; 188:6,14;189:3; 190:3,7,15;194:22; 200:15;207:8; 208:17;209:9;211:2; 212:1,3,21;213:20; 215:11 align (3) 77:10;131:23; 132:3 aligns (2) 49:3;232:7 Alliance (2) 6:12;26:20 all-inclusive (1) 241:18 allocate (2) 207:21,23 allocated (1) 215:22 allow (4) 50:4;134:10; 138:13;233:2 allowed (1) 200:23 allowing (1) 21:20 allows (2)	31:18;141:6 almost (8) 14:5,16;75:24; 76:22;143:1;146:3; 177:7;191:7 alone (2) 45:12;58:23 along (4) 147:15;157:5; 160:23;188:4 alter (1) 222:13 alternate (1) 181:6 alternatives (1) 85:4 although (2) 37:24;232:3 always (8) 53:7;136:10;143:2; 158:24;166:9; 175:20;189:18; 207:15 amend (2) 131:23;136:8 amended (4) 131:9,12;139:2; 149:21 amendment (12) 131:7,16,20,22; 132:1;134:6,11; 135:10;202:11,11; 203:18;222:17 amendments (7) 130:22;133:2; 137:2;139:9;222:5,9, 16 among (1) 28:17 amongst (1) 14:20 amount (26) 9:10;63:13;65:12, 21;86:14;91:23; 131:17;132:2,15; 136:16;145:11; 147:9;157:21; 172:12,18,21;178:16, 22;179:16;180:13; 186:22;194:4; 199:20;202:24; 205:14;206:9 amounts (8) 157:22;161:14; 172:14;178:5,9; 179:4;180:6;186:18 Amy (1) 39:5 analysis (6) 85:15;94:10,13; 132:13;141:7;233:24 and/or (1) 32:5	angle (1) 56:7 announced (2) 5:24;242:7 annoying (1) 43:14 annual (1) 229:14 anomaly (2) 141:11;163:14 answered (1) 144:14 anticipate (1) 170:5 anticipated (4) 91:20;92:22;156:3; 190:1 anticipating (1) 133:16 anticipation (2) 15:3,8 antiquated (1) 218:16 AON (31) 34:15;80:5;132:9, 13;135:10;152:9; 156:13;157:4;158:8; 166:2,16;167:2,11; 190:9,9,13;192:11; 195:22;201:2,7; 206:5;210:1,9; 211:11,13;212:24; 213:1,7,17,19;216:6 AON's (1) 161:16 Apologies (1) 17:13 apologize (9) 17:9;39:9;158:9; 164:16,21;183:18; 191:12;196:23; 200:13 appeals (1) 33:18 appear (2) 27:21;212:24 appeared (1) 131:15 appears (1) 233:19 applicable (1) 85:12 application (1) 196:15 applied (22) 8:4;159:24;162:4; 171:8;172:1,2,13,16; 174:4;176:11,14; 178:14;179:24; 180:7;182:7,20; 184:21;186:22; 191:22;196:19; 205:18;225:5
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<p>applies (1) 182:1</p> <p>apply (14) 7:17;159:18;160:3, 13;171:5,6;179:16; 183:15;184:3; 186:15,17;199:13; 206:6;215:16</p> <p>applying (14) 160:22;173:21; 174:20;179:7; 180:22;181:17; 182:3,22;187:9; 188:4;193:11,14; 196:16;197:20</p> <p>appoint (1) 221:20</p> <p>appoints (1) 72:10</p> <p>appreciate (14) 5:17;24:13,15; 26:7;30:21;43:4,21, 22;67:2;69:19,20; 241:3;244:15;245:4</p> <p>appreciates (2) 49:6;166:16</p> <p>appreciating (1) 220:11</p> <p>appreciative (2) 6:16;230:15</p> <p>approach (6) 28:3;29:3,11; 191:14;230:16,16</p> <p>appropriate (2) 173:20;218:5</p> <p>appropriated (2) 9:16;228:2</p> <p>appropriately (1) 20:12</p> <p>appropriation (1) 9:20</p> <p>approval (18) 31:23;42:3;50:18; 55:19;74:15;77:22; 81:19;82:17;83:3,15; 91:21;92:22;132:24, 24;133:24;134:3; 219:8;223:1</p> <p>approvals (1) 221:10</p> <p>approve (29) 27:24;32:22;33:20; 44:6;50:5,23;51:3; 53:15;54:4;56:1; 78:14,18;84:6;90:23; 92:1;93:2;130:9; 196:1;218:14;219:6, 12,13;220:9;223:6,8, 12,15,23;226:22</p> <p>approved (31) 8:11;10:12;21:8; 45:6;47:21;54:16; 67:3;74:14;77:21,23;</p>	<p>78:2,19,20;79:9;83:8, 9;86:12;87:18;88:12; 90:24;132:7;134:11, 12;179:9;195:21; 202:23;217:4; 219:24;223:7;224:1; 226:12</p> <p>approving (5) 56:23;74:10;78:4; 197:2;229:22</p> <p>approximate (2) 132:2;235:19</p> <p>approximately (4) 38:14;91:13;226:1; 233:15</p> <p>April (13) 4:17;5:10,16; 134:7;147:18; 151:17;153:15; 176:24;188:20,21,23; 210:7;213:4</p> <p>April's (1) 153:17</p> <p>archive (1) 188:22</p> <p>area (4) 54:20;72:19; 146:21;165:14</p> <p>areas (1) 233:16</p> <p>arena (1) 227:19</p> <p>arise (1) 50:6</p> <p>arm (1) 81:11</p> <p>around (26) 9:22;15:11;16:19; 18:3;22:21;33:7; 39:22;43:4;53:24; 59:13;66:9;75:22,23; 79:5;80:6;134:18; 136:8;145:8;156:18; 162:17;177:20; 207:17;209:10; 221:6;223:4;231:2</p> <p>arrangements (1) 25:20</p> <p>articulated (1) 54:3</p> <p>articulating (1) 71:8</p> <p>aside (1) 228:12</p> <p>assessed (2) 35:18;228:6</p> <p>assets (2) 224:22;225:18</p> <p>assistance (1) 38:10</p> <p>Associate (1) 91:17</p> <p>associated (4)</p>	<p>140:15;147:22; 165:5;237:19</p> <p>assume (3) 95:13;168:7;173:1</p> <p>assumption (6) 70:16;83:11;168:3; 171:1;172:24;240:16</p> <p>assumptions (2) 160:23;161:10</p> <p>attached (3) 140:10;232:2; 239:16</p> <p>attend (2) 25:16,21</p> <p>attended (1) 229:13</p> <p>attendees (3) 34:13,18,20</p> <p>attention (1) 221:18</p> <p>attorney (7) 31:15,17;49:21; 51:11;52:9;80:12,21</p> <p>attract (1) 233:18</p> <p>attracted (1) 234:18</p> <p>attracting (2) 161:3,5</p> <p>attraction (1) 235:19</p> <p>attractive (1) 234:7</p> <p>audit (6) 217:19,20,23; 218:7;220:14;221:22</p> <p>auditor (5) 155:23,24;156:5,6; 171:17</p> <p>August (1) 91:5</p> <p>authority (30) 8:18;50:1;51:12; 53:21;71:18;72:8,19, 23;80:23;81:3,3,10, 15;82:19;131:10,13, 15,17;132:2,19,22, 22;133:11;135:1,4; 136:2,5,10,21;152:9</p> <p>authorize (2) 152:19;153:11</p> <p>authorized (2) 62:20;225:2</p> <p>authorizes (1) 224:24</p> <p>automatically (2) 41:1,22</p> <p>availability (1) 231:4</p> <p>available (7) 30:17;31:21;32:1, 5;202:7;239:20,20</p> <p>average (7)</p>	<p>10:12;162:21,22; 163:1,2;176:6;205:2</p> <p>avoid (1) 145:19</p> <p>award (2) 96:21;156:4</p> <p>awarded (4) 96:11;141:2;150:1, 1</p> <p>aware (9) 13:9;21:13;26:4; 38:3,12;40:13; 159:21;231:20; 238:22</p> <p>away (7) 20:3;158:7;178:7; 183:10;231:14; 240:21;242:4</p> <p>awesome (1) 237:10</p> <p>aye (13) 34:4;44:13;86:3; 88:5;90:1;130:18; 137:12;153:7,21; 155:14;223:18; 224:6;229:3</p>	<p>16:19</p> <p>Bailey (1) 4:17</p> <p>BAKKE (8) 16:6,7;17:2,5,6,9, 11,14</p> <p>B-A-K-K-E (2) 16:7;17:6</p> <p>balance (2) 27:17;208:13</p> <p>balanced (1) 29:3</p> <p>balancing (1) 15:19</p> <p>band (1) 235:4</p> <p>banding (2) 235:3,5</p> <p>Banner (1) 91:15</p> <p>barely (1) 30:23</p> <p>barriers (1) 48:9</p> <p>base (15) 157:23;159:8; 161:12,17;167:17; 168:11;170:24; 174:8;175:14; 177:13;178:11; 192:17;205:4,23; 211:10</p> <p>based (31) 8:6;45:6;46:23; 65:7;82:13;83:12; 85:11;134:12; 136:17,23;138:15; 161:2,9;171:10; 173:22;174:2,11; 178:5;187:24; 191:10,18,20;195:6; 197:21;199:16; 200:2,17;207:19; 220:1;223:24;236:17</p> <p>basic (4) 19:9;45:21;47:20; 131:21</p> <p>basically (10) 30:19;74:4;165:8; 180:20;186:19; 204:1;208:22; 218:14,19;220:7</p> <p>basing (1) 202:3</p> <p>basis (10) 14:5,16;48:14; 165:8;175:7;185:21; 188:4;209:1;212:15; 228:9</p> <p>bat (1) 244:4</p> <p>battery (1) 160:17</p>
		B		
		<p>B2 (1) 221:12</p> <p>baby (1) 243:7</p> <p>back (79) 6:18;9:23;18:5,8; 22:16;24:2,3;25:1; 26:7;34:9;41:2; 42:13;44:23;46:9; 47:4,11;53:24;56:16; 60:17;63:5,8,22; 65:12,21;66:3;67:18; 72:13;75:10;76:8; 78:6,18,24;79:15; 84:23;86:13;88:12; 90:11,15;95:12,17, 18;96:22;97:6;98:7; 130:6;134:22;139:2; 145:23;148:13; 160:2;182:11;183:1; 184:2;185:22;186:1; 187:3;189:10,20; 190:18,21;191:9,13; 193:4;196:4,13; 197:2,18;199:6; 203:13;206:21; 209:22;210:7;217:1, 5,21;222:3;225:8; 228:13;239:21</p> <p>background (1) 156:12</p> <p>backup (1) 68:8</p> <p>bad (1)</p>		

BDR (3) 240:2,3,4	benefits (43) 4:7;6:21;8:2;13:2, 24;15:11;16:13; 19:10;20:23;21:15, 16,20;26:19;28:2; 29:9;30:14;31:19,21, 24;32:3,5;38:22; 46:12;49:5,8;50:9; 59:14;62:3;67:24; 139:1;140:7;160:2; 170:12;203:5; 224:12,17;225:20; 228:9,21,22;229:11, 14;232:23	13,22;215:3;216:3	62:14,17;64:7,11,24; 65:21;66:16;67:6; 68:5;69:4,10,21; 71:10,19;72:10,11, 12;74:5;75:11,12,17; 76:16,23;77:1,22; 78:19,24;79:9;80:23; 81:10,13,23;82:8,19; 83:6;84:18;85:11,22; 86:12;87:19;90:15; 93:2,11,18,20;95:11; 96:3,3,22;98:4; 130:8;131:4;132:7, 23,23;133:24;134:3, 6,8,22,23;137:19; 138:16;139:16; 143:3;144:5;145:7; 150:11;152:2;154:4, 11;156:6,6,7,14,21; 160:1;161:22; 172:17;174:5; 176:22;179:15; 182:15;183:9; 184:22;185:24; 186:3,6;188:15,22, 24;189:14;192:13, 14;193:2,4;194:1,8; 195:15,21,23;197:9; 198:2;199:5;202:4, 15;203:14;205:10; 210:3,7,12;213:14; 216:2,4;217:6,8,20; 218:14;219:4,22; 220:2,8,10,12,15; 221:6,19,21,23; 222:1,4,7,15;223:4,6, 7,9,15,23;224:1,6,18, 19;225:21;226:9,10, 11;228:20;230:23; 231:9,16,19,21,23; 232:5,8,14;236:7; 239:7,12,13,22; 240:11,23;241:17; 244:14,17,24	Boy (1) 227:21 brackets (1) 61:13 brain (1) 217:15 branch (2) 65:23;81:11 branching (1) 151:20 branch's (1) 66:14 Brandee (5) 31:16;49:22;52:8; 53:1;80:20 breadwinner (1) 70:7 break (5) 44:17;61:19,21; 90:8,9 brevity (1) 222:20 brief (6) 6:14;30:12;33:14; 156:11;216:16; 228:17 briefly (1) 35:22 bring (7) 47:11;63:21;65:3; 78:6;86:13;133:24; 186:4 bringing (3) 63:5;150:10; 216:19 broad (2) 50:8;72:8 broadcasting (1) 39:14 broader (1) 43:7 brought (3) 78:24;139:15; 144:4 bucket (3) 163:20;164:14; 171:18 budget (102) 6:15,17;7:2,9;7,11; 10:4;15:4,19;27:2, 12;30:23;45:1,7; 46:4,8,10,13,15;47:2, 14;48:1,23,24;49:13, 15;50:2,12,14,20; 51:10,12,14;52:10, 15;53:3,3,5,9,12,16, 23;54:22;55:1,4,5,6, 10,18;56:14;57:22; 71:13,13,17,18;72:1, 1,4,7;73:3;74:6; 76:12;78:3;80:16; 81:4,8;83:2,5,13,16; 84:8;85:13;131:24;
BDRs (2) 240:21;241:9	benefit's (1) 61:10	big (9) 38:24;48:6;57:20; 73:20;150:20;154:2; 183:17;194:16;245:2	Board's (14) 9:7;34:14;38:23; 43:22;46:6;76:16; 83:1;155:19;199:23; 204:1;210:17;221:5; 244:18,19	
beating (1) 207:9	Bergrin (1) 26:12	bigger (2) 73:18;221:15	BOE (4) 91:21;92:22;93:15; 132:8	
became (1) 38:3	best (13) 8:19;13:13;26:8; 27:15,17;60:13; 75:16;76:10;160:14; 161:9,20;170:20; 171:10	bill (7) 45:15;224:16; 232:4;240:3,8,17,18	bone (1) 18:8	
become (13) 7:5,8,18;21:19,20; 24:24;53:9;60:3; 64:20;147:11; 239:11,12;240:13	Betsy (33) 4:15;32:18;52:23; 54:3;65:2,17;71:8, 22;72:2,24;75:12; 83:14;87:21;135:22; 147:19;154:16; 188:6;190:3;192:13; 194:22;195:9; 200:15;207:8,21,22; 208:18,18;209:9; 211:2;212:1,21; 213:20;215:11	billing (2) 39:19;40:18	both (14) 33:4;42:22;50:13; 53:1;93:23;150:4,7; 160:2;170:5;182:7; 198:3;216:7,7;221:8	
becomes (5) 67:1,10;68:17; 211:15;237:2	Betsy's (1) 208:6	bills (3) 231:16,24;241:12	bottom (1) 139:20	
bedrooms (1) 39:15	better (21) 10:11;27:11;29:10; 89:10,15;94:9; 139:19;140:19; 141:8;146:14; 163:10;187:22; 188:2;195:13,13; 205:17;208:15; 212:20,22;233:10; 237:11	bit (35) 9:12;24:16;38:21; 41:3;56:6;57:23; 61:2;71:9;76:6;80:6, 22;88:7;133:16,20; 136:5;141:11; 142:18;144:8;149:4; 157:9;174:13; 175:21;185:7;191:5; 192:4;197:24; 201:13;210:8; 215:15;221:24; 225:13;227:12; 237:18;241:7;244:20		
begin (13) 4:10;6:3,8;16:24; 26:13,15;91:22; 92:24;202:19;211:5; 228:12;231:13; 242:14	blame (1) 244:17	black (2) 81:1,12		
beginning (1) 66:5	BLANK (1) 99:1	blamed (8) 167:17;168:11; 169:1,3,4;171:7; 185:15;234:2		
began (6) 91:7;92:15;93:7; 131:11;139:1;149:20	blending (1) 168:14	blocks (1) 42:10		
begging (1) 47:10	bludgeon (1) 5:18	blended (8) 167:17;168:11; 169:1,3,4;171:7; 185:15;234:2		
begin (13) 4:10;6:3,8;16:24; 26:13,15;91:22; 92:24;202:19;211:5; 228:12;231:13; 242:14	Bluebook (2) 139:7;142:2	blending (1) 168:14		
beginning (1) 66:5	board (249) 4:7;5:10,16;6:20, 22;7:3;8:17;9:4;16:6, 12,18;17:6;19:19; 20:4,6,20;21:5,7,13, 23;24:12;25:14,17, 20,23;26:23;27:7,9, 11,14;28:24;29:2,10, 18;30:2,11,14;31:1, 15,19;32:2,13,15; 37:19;38:7;39:1; 43:5;44:5,17;45:5,6, 10,12;47:21;49:12, 17;50:1,5,8,17,22; 51:3,3,11,14,22;52:4, 11,20;54:4,23;55:15; 57:2,9;60:17;61:8;	blended (8) 167:17;168:11; 169:1,3,4;171:7; 185:15;234:2		
begins (1) 221:1	beyond (2) 40:4;244:18	blending (1) 168:14		
behalf (4) 20:24;31:18;32:2; 226:11	bid (8) 141:18;142:2,17, 17;143:13;145:17; 149:5;222:8	blending (1) 168:14		
behind (4) 140:3;186:8; 194:23;227:13	bids (2) 138:12;160:8	blending (1) 168:14		
believing (1) 65:7	biennium (22) 45:2,9;46:22; 48:12;54:13,18; 72:15;79:7;88:19; 158:19;197:5; 199:19;201:6,10,11; 204:7;209:2;214:8,	blending (1) 168:14		
belongs (1) 67:16		blending (1) 168:14		
below (3) 9:24;10:12;164:7		blending (1) 168:14		
belts (1) 195:12		blending (1) 168:14		
benefit (58) 6:24;7:17,22;8:6, 21;19:11;20:1;21:6, 17,21;26:24;27:16; 30:22;45:21,24,24; 46:17;47:20,24; 48:11,13,14;56:20; 60:15;67:5,16,17,19; 68:3,7,20;75:22; 77:19,21;79:6,11,13; 88:12,13,21;143:15, 17,19;144:15;149:17, 18;153:11,13;172:3; 173:23;178:21; 185:3,5;196:20,21; 226:24;240:12,15		blending (1) 168:14		

<p>133:6,8;135:3; 136:11;158:17,18; 170:22;180:2;182:9; 184:17;190:4;191:3; 194:16;195:2,3,5; 200:22;207:11,12,15, 16;208:13;228:7,7, 14,16;230:22; 238:19;243:19,23 budgetary (2) 8:16;52:21 budgeted (3) 133:5,10;200:17 budgeting (2) 132:16;205:14 build (5) 65:13;71:15;87:15; 148:10;211:10 builds (1) 237:13 built (2) 94:16;193:1 bulk (1) 141:13 bunch (3) 32:14;39:2;169:12 burden (2) 28:5;31:4 burdens (1) 29:4 bureau (1) 219:10 bureaucracy (1) 43:10 bureaucratic (1) 38:18 burial (2) 30:24;48:1 business (4) 36:2,10;98:5; 244:13 busy (1) 144:1 butting (1) 230:12 buy (2) 63:9;205:5</p>	<p>4:7,9;13:8;24:2; 40:2;43:12;44:23; 46:3;64:13;75:19; 85:21;88:4;90:15; 140:5;161:17; 174:24;175:1;176:7; 205:4,22;217:1 called (4) 42:13;75:19; 159:14;164:14 caller (25) 6:6;10:17,19,21; 13:16;15:23;16:1,3, 22;17:15,17,19; 20:16;22:3;24:6,9; 26:12,14;29:22;31:7, 9;242:11,13,15,16 calling (4) 6:2;13:6;130:5; 242:9 calls (2) 39:23;42:17 came (8) 49:1;80:6;134:22; 162:20;163:10; 197:2;217:6;227:12 Cameron (1) 13:22 Can (141) 6:9;8:13;13:5,19, 20;17:3,22,23;20:12; 25:16,16,21;26:16; 28:5;30:2,3;35:21; 36:6,14;38:20;39:1,6, 7;40:19;42:7;47:8, 15;48:13,21;50:18; 51:21;55:4,22;60:18, 20;61:17,20;62:23; 64:2,18;65:14;69:5; 74:15;75:1,13;76:15; 77:3;78:8;79:1; 80:18;82:15,22; 83:18;84:7;88:6; 89:12,15;97:3; 133:20;139:16,18; 142:15,16;143:14; 145:5,15,23;146:15; 148:8,9,12,14,17,22, 23;152:9,11;154:14; 158:3,6;160:18; 169:23;171:19; 173:4;181:22; 182:16,16;184:18; 185:14,20;186:6,10, 24;187:3,5;188:1; 189:23;190:4;191:5; 194:11;200:24; 206:4,4,10,11,24; 208:8,12,21;209:9; 210:11;216:16; 219:9,19;220:19; 221:3,14;222:2; 225:3,5;226:11,12,</p>	<p>14,15,16,16,17,19; 227:9;232:11; 236:19,23;237:5; 238:7,11;240:22; 242:19,20;243:18,24; 244:24 cancel (1) 147:20 cancellation (1) 96:21 cancelled (1) 8:12 cancelling (2) 147:7,22 cap (3) 10:5;61:2;79:10 Capitol (1) 14:11 caps (2) 157:8;235:16 card (2) 60:2;197:17 cards (1) 161:18 care (9) 29:19;35:6;48:9; 65:10;94:16;151:15; 198:21;231:3;237:5 career (3) 24:23;25:2;53:8 careful (1) 21:5 Cari (13) 79:20;90:18;92:5, 10;94:11;130:23; 133:4,9,23;135:5,13; 136:14;203:21 caring (1) 58:18 carried (1) 238:13 carriers (1) 61:14 carries (15) 34:7,8;44:15,16; 90:3,4;130:20; 137:14;153:9,23; 155:16;219:18; 223:21;224:9;229:6 carry (2) 50:8;81:8 CARSON (2) 4:1;130:1 case (7) 40:5,7,12;41:22; 42:4;134:9;138:22 cases (2) 28:17;130:12 cash (3) 60:1;164:18; 214:15 catastrophe (1) 67:23</p>	<p>catastrophic (10) 7:11;8:22;16:20; 21:18,22;22:13; 67:22;163:18; 164:10,12 catastrophically (1) 64:20 category (1) 226:1 Caughron (13) 4:18,19;5:13,14, 16;147:18;148:2; 151:17,17;152:16; 153:15;154:24;213:4 caught (2) 38:2;229:20 cause (1) 58:24 causing (1) 36:13 CDH (5) 18:22,24;19:2; 28:4;185:10 CDHP (16) 69:6;161:1;171:9, 23;172:2,4;173:3; 179:21;183:24; 184:4;201:21; 202:16;204:4;205:4, 22;209:7 cell (2) 209:12,12 center (1) 140:5 certain (6) 31:23;83:8;167:8; 192:16;218:1;229:16 certainly (23) 37:24;66:10;70:18; 72:5;85:23;89:13,16; 148:23;164:4; 169:16,21;170:1; 171:19;172:23; 174:5,19;175:4,8; 178:6;182:15;186:5; 192:5;241:3 cetera (7) 76:17,17;145:17, 17;168:8,8;170:9 CFO (2) 161:18;179:23 Chair (32) 5:22;17:24;20:23; 26:22;30:1;31:10,16; 34:11;35:11;66:22; 86:8;95:20;97:12,23; 151:4;157:12; 160:18;164:19; 177:23;199:7; 202:21;205:16; 212:22;213:3,6; 220:17;222:24; 226:13;227:14,18;</p>	<p>244:10,19 Chairman (3) 69:1,24;70:13 CHAIRPERSON (171) 4:4,12;5:9,15; 14:10;24:1;31:11; 32:11,20;33:11,16; 34:3,9;35:4,9;37:17, 18;39:7,12,18;40:12, 21;41:20;42:20;43:1, 3;44:3,5,12,17,21; 51:6;52:5,18;54:2; 55:21,24;58:2,3; 59:10;60:8;62:8,19; 63:4,12,18,21;64:1,5, 23;65:17;66:21;68:9, 13,22;70:11,17;71:7; 74:3,12;79:1,3; 81:22;82:2;83:24; 84:11,14,24;85:5,9, 17,21;86:9,17;88:2,8; 89:12,24;90:5,10,14; 92:4;93:20,24;94:4; 95:5,21,24;96:24; 97:7;98:2;130:4,15, 17,21;131:2;135:9, 16,18,20,24;136:22; 137:7,11,15;138:21; 149:15;152:17,23; 153:2,6,10,17,20,24; 155:5,13,17;156:8; 164:18,22;176:16,20; 177:6,8,12,16,18,24; 182:18;183:6; 188:19,21;189:21; 190:6;192:12; 197:10;201:3,17; 202:9,12;203:1,4; 204:15;206:20; 210:13;211:6;212:2; 213:9;214:5;215:6; 216:1,18,22,24; 217:11,16;219:5,11, 14,19;220:21;223:13, 22;224:4,10;227:21; 229:2,7;242:1; 244:12 Chairwoman (3) 20:19;69:24;71:6 challenges (3) 48:5,23;239:17 chance (9) 21:18;32:15; 148:10;162:8,10; 193:7,19,21;194:6 Chanel (1) 26:12 change (36) 37:13;54:9;55:23; 58:23;70:15;71:2,17, 19;73:7,17,20;74:23; 136:4;150:21,21,24; 156:24;169:13,18;</p>
C				
<p>cafeteria (1) 148:5 calculate (1) 175:1 calculation (2) 8:10;168:6 calculations (1) 82:20 calculator (1) 60:22 calendar (1) 232:10 call (21)</p>				

<p>172:24;173:22; 179:24;180:23,24; 182:21;185:11; 188:1,10;189:18; 191:5;196:8;202:23; 209:13;212:11; 214:12;230:14</p> <p>changed (11) 53:8;66:11;74:17; 165:4;177:11,15; 183:2,2;187:21; 220:7;225:16</p> <p>changes (56) 18:20;19:6;20:7, 11;21:2;27:12;45:10, 13;50:5,16;51:1; 52:10;54:7,23;55:13; 59:15;61:24;75:9; 83:4,16,19,21; 131:23;133:4; 134:14;135:1,6; 159:21,22;165:2; 170:3;179:9;185:14; 188:4;209:21;211:4, 5;217:4;219:24,24; 220:1,9;221:3,24; 222:9,11,12;223:1,6, 9,9,12,23;231:9; 236:3;241:10</p> <p>changing (5) 62:19;135:3; 172:23;186:18;195:2</p> <p>chaos (1) 236:20</p> <p>chapter (3) 26:19;30:6;96:6</p> <p>charge (7) 87:1,17;88:18; 99:3;143:8,9;240:13</p> <p>charged (1) 172:7</p> <p>charges (2) 7:12;45:15</p> <p>charging (2) 172:12;174:3</p> <p>chart (1) 64:15</p> <p>chat (1) 68:23</p> <p>cheaper (1) 180:14</p> <p>checklist (1) 222:3</p> <p>checks (2) 149:22;160:5</p> <p>chewed (2) 90:6;214:6</p> <p>chief (2) 53:10;221:20</p> <p>child (14) 157:1;173:10; 176:8;180:14;181:1; 183:14,20;184:6,18;</p>	<p>185:6,6,23;197:23; 201:5</p> <p>children (19) 14:7,18;176:1,2,3, 4,6,13;180:13,14,18; 181:20,20;186:12; 187:4,10;192:8; 193:10,14</p> <p>child's (1) 175:24</p> <p>chime (1) 55:15</p> <p>choice (4) 20:14;46:24;56:8; 199:22</p> <p>choices (5) 49:2;56:24;57:1,1, 245:1</p> <p>choose (2) 143:3;186:6</p> <p>chose (1) 6:21</p> <p>chronic (1) 43:8</p> <p>chronically (1) 43:20</p> <p>circle (1) 183:17</p> <p>citizen (1) 10:13</p> <p>citizens (2) 20:10;27:18</p> <p>CITY (2) 4:1;130:1</p> <p>claim (8) 36:4,4;40:24;41:4; 42:7;43:13;150:19, 19</p> <p>claiming (1) 59:13</p> <p>claims (36) 9:19;36:2;41:9,14, 21;140:2,24,24; 159:10,12,14,17,18; 160:4,15;161:1,13, 15,21;162:9;163:9; 164:2,6,7,11;167:17; 168:14;170:24; 175:14;197:21,24; 211:18;215:12,16; 216:10;234:11</p> <p>clarification (2) 82:6;166:23</p> <p>clarifications (1) 201:18</p> <p>clarified (1) 173:5</p> <p>clarify (8) 87:14;97:12; 130:24;138:15; 147:1,10;204:23; 209:4</p> <p>clarity (2)</p>	<p>43:4;88:7</p> <p>clashes (1) 72:9</p> <p>clean (2) 199:10;215:2</p> <p>clear (12) 38:23;43:5;49:24; 51:24;52:3,3;55:17; 64:8;168:13;210:15, 17;216:12</p> <p>clearer (1) 244:8</p> <p>clearly (1) 80:9</p> <p>client (2) 163:12;176:7</p> <p>clients (8) 160:9;161:23; 163:4;165:16;166:1; 191:3,15;197:15</p> <p>climate (1) 57:17</p> <p>clinic (2) 237:1,22</p> <p>clinics (2) 236:16;237:2</p> <p>clock (1) 4:6</p> <p>close (12) 14:20;37:24;92:7; 94:3;95:4,14;97:5; 98:4;157:15;207:12, 20;218:21</p> <p>closed (14) 94:7,24;95:11,14, 16;96:4,12,14,17; 97:5,22;98:9;130:7; 221:11</p> <p>closely (3) 30:20;50:12; 154:21</p> <p>closer (1) 27:10</p> <p>closing (1) 95:23</p> <p>coached (2) 42:18,23</p> <p>coherent (1) 198:3</p> <p>coinsurance (1) 19:5</p> <p>colleagues (1) 58:14</p> <p>collecting (1) 146:1</p> <p>collective (1) 39:14</p> <p>College (2) 16:8;17:7</p> <p>combined (1) 169:4</p> <p>combining (2) 151:8;168:15</p>	<p>comfortable (5) 134:21;155:6; 197:8;211:3;213:8</p> <p>coming (12) 48:16;56:6;60:7; 170:1,8;172:18; 208:19;209:16; 214:2;220:13;221:9; 231:12</p> <p>comment (18) 5:21,23;13:8; 30:13;31:10,13; 34:14;48:4;56:11; 58:9;76:17;179:2; 182:15;191:10; 196:10;242:3,6; 244:11</p> <p>commented (1) 59:17</p> <p>commenting (1) 169:5</p> <p>comments (33) 6:5,8,12,14;8:6; 16:24;17:10;26:13, 15;30:7,11,16;57:10; 58:6,8,9,13;66:15,16; 69:21;70:3;71:5; 82:4,11;84:24;86:19; 179:2;181:4;207:7; 222:21;237:7;242:8, 14</p> <p>commission (6) 8:7;66:12;218:7; 230:22;232:16,21</p> <p>commission's (1) 55:6</p> <p>commits (1) 78:15</p> <p>committee (20) 20:24;26:19;30:14; 55:1;91:8,11;92:17; 93:10,11;133:1; 142:4;150:4;156:2; 201:10;229:12,15,19; 230:4;231:8;232:20</p> <p>committees (4) 18:1;76:18;221:21; 230:5</p> <p>committee's (3) 92:1;93:18;130:11</p> <p>committing (1) 78:5</p> <p>communicate (1) 18:17</p> <p>communicating (1) 41:7</p> <p>communication (1) 151:2</p> <p>communities (1) 234:7</p> <p>community (2) 22:24;58:14</p> <p>comorbidities (1)</p>	<p>180:16</p> <p>companies (1) 38:11</p> <p>company (3) 67:13;146:12; 163:6</p> <p>comparable (3) 184:5;185:9; 233:11</p> <p>comparably (1) 13:1</p> <p>compare (2) 158:2;160:8</p> <p>comparison (6) 95:2;141:7,15,17; 149:12;154:19</p> <p>compelling (1) 67:16</p> <p>compensate (1) 20:1</p> <p>competitive (1) 222:8</p> <p>complacent (1) 221:24</p> <p>complaints (4) 33:19;37:21,22,23</p> <p>complete (7) 85:4;132:18;134:1; 137:1;138:14; 152:20;218:24</p> <p>completed (3) 134:5;218:21,22</p> <p>completely (3) 67:5;68:19;191:8</p> <p>completing (2) 159:14;218:22</p> <p>complex (2) 138:12,24</p> <p>compliant (2) 59:1,2</p> <p>complicated (3) 144:9;177:5; 201:22</p> <p>complications (1) 179:12</p> <p>comply (1) 96:13</p> <p>compounding (1) 181:19</p> <p>computer (1) 245:5</p> <p>computer's (1) 4:6</p> <p>concept (1) 191:24</p> <p>concern (7) 59:4;60:10;218:23; 231:5;243:3,8,14</p> <p>concerned (8) 28:22;43:6,7; 56:22;58:16,16;59:5, 7</p> <p>concerns (5)</p>
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18:17;29:15;35:7; 40:19;156:19 concludes (2) 31:10;244:10 concrete (1) 200:23 concur (3) 85:2;169:8;203:6 concurrent (1) 232:15 conditions (1) 43:8 conduct (3) 42:5;77:3;232:16 conducted (1) 149:22 conducts (1) 142:14 confidential (2) 95:3;96:11 confirm (1) 82:15 conform (1) 55:13 confused (4) 22:23;56:5;94:12; 208:16 confusing (5) 53:22;136:21; 196:22;201:22; 206:19 confusion (1) 54:4 congratulations (1) 65:17 congruent (1) 82:20 connecting (1) 195:8 conscious (2) 27:16;214:24 consensus (1) 232:7 consent (3) 32:13;33:12,21 consequence (2) 211:22;212:8 consequences (7) 7:11;8:22;60:5,16; 199:18;211:8;212:24 conservative (1) 162:1 consider (5) 16:12;64:11;155:3; 192:3;198:2 considerable (1) 9:15 consideration (8) 10:14;21:6;22:2; 25:11,18;29:19; 193:12;214:11 considerations (4) 6:6;76:16;179:15;	242:11 considered (3) 194:8;200:11; 235:1 considering (1) 27:20 consistency (1) 19:10 consistent (4) 33:10;96:9;98:3; 179:20 consistently (1) 176:15 constraints (4) 27:13;155:1; 230:13;243:19 consulted (1) 52:11 consulting (5) 77:2;132:10,10,12, 16 contacted (1) 28:19 containment (1) 235:15 contemplated (3) 6:19;50:19;89:20 contemplation (1) 222:11 contingency (2) 66:23;68:1 contingent (1) 132:24 continue (10) 8:15;14:12;46:17; 61:16,17;86:14; 131:1;157:14;183:7; 239:9 continued (3) 18:17;29:14;63:2 continuing (2) 144:16;151:19 continuity (1) 201:15 contract (118) 8:12;28:16;36:16; 37:3,6,15;73:12,13; 75:21,23;90:20;91:3, 4,12,13,20,23;92:2, 11,11,21;93:1,2,4,5, 15,16,17;94:16; 96:11;131:1,7,9,11, 12,14,16,17,19,20,22; 132:2,18,20,22; 133:2,20;134:5,17, 21;135:1,1,3,6,23; 136:1,2,4,8,10,15,18, 21;137:2,16,18; 138:1,2,24;139:2,4,5, 6,12,23;140:13,14, 15;141:1,2,5,20,22; 142:6,6,8;143:6,7,13; 144:17;145:1,6;	146:21;147:2,7,11, 20,22;148:6;149:10, 19,20,24;150:9; 152:9;154:13;160:7; 214:20;221:6,9; 222:5,12,13,14,16,17, 17;223:17 contracted (2) 137:24;139:22 contracting (3) 154:7;220:14,16 contractor (1) 144:20 contracts (23) 37:2;75:20;90:17, 23;93:21;95:17; 130:7,10;133:10,24; 145:11,16,18;147:9, 24;149:13;171:12, 17;221:1,14,15,15; 233:8 contractual (1) 131:18 contribute (2) 24:23;227:16 contributed (2) 227:15,16 contribution (10) 9:8,23;10:1,3,4; 45:19;47:6;48:2; 179:19;182:10 contributions (3) 19:1;28:7;172:23 control (3) 72:12;225:21; 244:18 controller (1) 225:9 conversation (4) 40:23;134:18; 197:6;211:5 Conversely (2) 169:23;178:20 convictions (1) 28:1 coordinate (1) 235:7 coordinated (1) 38:22 co-pay (10) 39:22;41:1,7; 46:23;171:24;172:2; 179:21;201:23; 202:19;205:7 core (2) 177:9;239:5 correction (1) 14:19 corrective (8) 217:20;218:10,12, 15,19;219:2,7,9 correctly (2) 51:16;75:13	cost (43) 13:3;30:23;48:1, 12;61:18;63:14;70:6; 79:5,6,7,11;86:15,22, 23;87:4,9,20;88:11, 21;133:15;141:7; 161:1;171:11,13,16; 172:4;174:16,19; 176:2,8,9,13;178:11; 185:8;191:18;199:3; 201:9;207:18,18; 234:8,10,21;235:15 costing (2) 61:6,6 costs (40) 21:8,11;28:4;59:3; 132:16;136:18; 145:1;160:14; 161:13,21;165:5,16; 171:11,20,23,24; 173:7,14,21,24; 174:22;177:11; 178:7,14;181:9; 191:17;197:24; 199:7;203:16;207:2, 10;215:12;216:10; 225:19,22;227:12; 228:23;234:20,24; 237:18 counsel (2) 55:9;219:10 count (1) 15:20 countless (1) 18:9 county (1) 15:13 couple (14) 7:15;38:21;39:3; 69:3;73:9;74:21; 82:4;145:8;146:16; 179:7;190:9;191:12; 201:18;224:14 course (20) 7:14;27:2;31:20; 41:2;42:1,10;50:1,9; 52:13;59:22;69:17; 76:10;81:2,6,10; 95:24;184:19; 201:22;221:10; 228:11 Court (4) 14:9;24:3;164:21; 203:5 cover (19) 47:24;67:14;87:17; 144:8;155:18;162:9; 173:15;176:3,4,5,6; 178:13;180:15; 191:16;199:1,6,9; 200:18;208:11 coverage (20) 10:10;21:12;26:10;	46:21;47:5;48:10; 132:4,4;180:10,18, 20;192:15;200:4,5; 203:9,16;211:17; 233:3,15;238:20 covered (7) 7:24;19:12;28:10; 30:19;61:21;67:12, 20 covering (12) 173:18,19,22; 177:10;180:8; 184:11;199:8; 200:21;205:6,7,20; 208:10 covers (1) 30:23 COVID (6) 63:8;64:10,10,12; 170:2;216:10 COVID-19 (4) 19:14;27:3;28:16; 132:16 co-workers (1) 58:16 CPS (2) 14:6,17 crazy (1) 68:7 create (5) 19:7;21:18;169:4; 175:16;186:21 created (2) 224:17;225:10 credit (1) 60:2 crises (1) 18:6 crisis (3) 18:12;27:3;30:9 critically (2) 60:8;64:21 crucial (3) 8:7;26:9;46:19 cruel (1) 28:9 crunch (1) 84:2 curiosity (1) 60:20 curious (2) 72:9;144:18 current (16) 9:10;15:17;63:14, 15;90:19;133:6; 136:18;138:24; 146:3;160:6;178:5; 180:16;183:24; 195:5;225:19;228:22 currently (9) 20:22;22:9;139:5; 140:12;149:19; 171:10;178:6,9;
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<p>225:24 customer (2) 39:24;42:13 cut (13) 10:1;15:17;18:15; 21:8,11;30:22;51:7; 63:6;66:10;68:19; 69:13;230:18,20 cuts (22) 6:17;7:1;13:24; 15:1,2,9,9,14;18:4, 7,11;19:17;31:5; 47:2;57:8;67:3;69:5; 212:18;230:2; 240:12,15 Cutting (7) 19:1;22:11,13; 28:6;70:10,12,13 CVHP (1) 170:6 cycle (1) 191:2</p>	<p>19:7 debate (3) 53:4;157:18; 214:16 December (8) 15:1,2;30:13; 159:13,18;229:13; 230:17,19 decent (1) 25:8 decide (3) 91:18;94:6;167:9 decided (2) 65:16;202:4 decides (2) 71:24;184:22 Deciding (2) 29:10;169:24 decision (19) 6:20;7:3;9:7,7; 21:24;45:14;52:12; 67:18;84:5;93:18; 156:21,23;177:19; 189:22;190:1; 192:21;198:5;204:2; 211:15 decision-making (1) 27:7 decisions (13) 5:18;6:19;8:18; 27:15;46:6;48:6,7; 51:2;57:17,18;77:15; 214:3;223:24 declined (3) 42:4,5,9 decrease (2) 160:11;226:3 decreased (1) 10:11 decreases (1) 33:3 dedicated (3) 58:13;145:16; 220:12 dedication (1) 245:1 deduct (1) 41:1 deductible (8) 19:3;45:17;46:23; 47:9,12;69:6,7;73:17 deductibles (5) 18:21;47:6,16; 78:12;87:8 deemed (1) 22:21 deeper (1) 7:1 defer (1) 20:11 definitely (20) 13:2;36:14;37:13; 40:17;42:18;70:5;</p>	<p>76:15;162:17,19; 163:13;179:12; 184:12;185:3;192:9; 194:18;198:20; 200:3;219:1;236:7; 239:21 degree (1) 167:9 delay (2) 41:9;134:13 deliberate (2) 67:6;68:5 deliberation (1) 68:19 deliberations (1) 29:20 Demand (3) 139:7;148:16,18 demographics (2) 234:14,17 denied (1) 41:22 dental (15) 46:1;91:1;93:5,9, 12,12;140:10,24; 151:14,16;159:11; 161:15;172:15,20; 173:8 department (1) 72:5 depend (1) 240:17 dependability (1) 197:13 dependants (1) 27:8 dependent (18) 158:16;180:9; 181:14,18;182:2,20; 183:11;185:20; 192:19;198:21; 199:2,22;203:14; 206:17;208:9,12; 210:23;212:16 dependents (12) 174:13;179:24; 181:14;182:22; 191:16;196:12,15; 199:9;201:5;203:16; 206:1,15 depending (2) 204:20;225:16 depends (1) 94:5 depleted (1) 22:15 deputy (7) 31:15,17;49:21; 51:11;52:8;80:12,21 description (2) 188:2;208:16 deserves (1) 168:2</p>	<p>design (53) 19:20;20:12;27:12; 31:23;45:6,10;49:14, 19;50:5,11,14,17,19, 23;51:19;52:10;54:5, 5,18,24;55:13;56:2,8, 9,17,20;57:9,13,21; 62:18,20,22;66:11; 67:7;68:4,5;71:15, 19;72:16;76:11; 78:10;83:8,8,12; 84:18,20;85:10;87:5, 6;131:23;157:18; 161:14;172:22 designated (1) 225:18 designed (2) 50:4,10 designing (4) 52:13;82:18,20; 84:22 designs (6) 26:24;27:20,23; 29:10;66:7;85:8 desire (4) 75:8;98:3;199:5; 231:7 desired (1) 174:5 despite (1) 48:23 detail (1) 52:20 detailed (1) 94:5 details (3) 50:10;95:7;240:18 determine (2) 29:11;81:20 determined (1) 233:24 determining (1) 26:23 devastated (1) 18:12 devastating (1) 18:4 develop (8) 73:10;74:16,17; 75:23;81:13;84:4; 150:8;206:11 developing (3) 50:19;80:23;198:9 development (4) 85:7;132:13; 137:24;152:6 deviated (1) 176:23 deviations (1) 214:1 devote (1) 29:19 Diane (1)</p>	<p>10:24 dictated (1) 27:21 dictating (1) 188:1 difference (2) 208:10;228:10 different (43) 36:17;56:7,12; 57:15;62:3,21;85:8; 87:7;95:2;138:12,19; 139:21;146:22; 151:11,11;152:12; 157:16;158:13; 161:13;169:12,17; 171:4;172:12,14; 175:5,17;179:7; 180:6;184:12; 185:16,19;186:6; 191:3,13,22;194:21; 202:5;204:2;205:3, 18;211:12;213:17; 223:2 Differential (11) 164:18;201:20; 202:16;203:10; 204:16;208:8,15; 209:1;210:22;211:7; 214:15 differentials (1) 202:1 differently (2) 73:8;162:24 difficult (9) 6:15;13:10,11,13; 31:2;48:6;58:19; 70:6;239:19 difficulties (1) 38:13 dig (2) 57:19;191:11 digits (16) 5:24;10:17,21; 13:16;16:3,22;17:15, 19;20:16;22:3;24:7; 29:22;31:7;242:6,13, 16 dire (1) 60:6 directed (2) 47:5;225:9 directing (2) 213:7;232:15 direction (6) 55:20,23;161:22; 162:15;186:6;195:23 directionally (1) 158:5 directive (1) 214:24 directly (2) 31:24;141:22 disability (48)</p>
D				
<p>daily (3) 9:10;14:5,16 dangerous (2) 28:9,23 data (6) 33:6,8;34:15; 159:10,12;201:8 date (2) 91:20;92:21 dates (2) 159:15,15 Dawn (1) 4:17 day (7) 20:10;46:5;145:23; 150:17;152:10,10; 224:14 days (5) 36:2,10;64:22; 148:1;231:14 day-to-day (1) 13:3 DCNR (1) 138:1 dead (1) 207:9 deadlines (2) 134:7;135:17 deal (12) 140:18,19;141:8,9, 12;142:11;146:12,13, 19;148:17;150:16; 197:7 dealing (1) 150:18 deals (1) 31:22 deaths (1)</p>				

6:24;7:1,4,13,20; 8:3,3;14:7,18;16:11, 13;19:11;21:4,6,9,12, 15,15,20;22:1;25:6; 28:9,18,23;45:23; 48:10;51:2;59:6,9, 13;60:22;61:17,18; 63:15;65:10;67:5; 69:22;73:2,11;77:7, 19,21;78:22;86:11; 131:22;132:5; 157:22;231:2 disabled (8) 7:5,19;21:19,21; 28:13;67:1,10;68:17 disadvantaging (1) 66:24 disagree (2) 182:6;210:16 disapprove (1) 53:15 disclaimer (1) 158:10 disclosure (3) 31:18;32:3,8 disclosures (2) 31:15;32:9 discounts (1) 91:14 discouraged (2) 13:8;244:23 discuss (4) 68:20;94:13;186:5; 222:23 discussed (3) 57:5;84:19;220:4 discussing (4) 52:16;95:1;221:17; 244:3 discussion (19) 29:2,8;32:16; 50:18;66:2;73:4; 136:23;154:1;158:6; 178:8;195:24;216:4; 221:8;223:1;232:2; 237:8;239:9,10; 244:16 discussions (2) 29:20;138:16 disengaged (3) 10:20;16:2;17:18 disproportionate (1) 157:3 disruption (6) 91:16,18;94:9,13; 95:1;141:7 disruptions (1) 190:20 distinct (2) 50:11;81:7 distinction (1) 221:13 distinguished (1)	26:22 distress (1) 73:2 distribute (1) 211:16 distributed (1) 186:23 dive (1) 182:16 Diversified (2) 93:9,12 divide (1) 178:17 dividing (1) 168:9 DMV (1) 22:9 Doctor (3) 139:7;148:16,18 document (1) 81:5 documentation (2) 35:13;73:13 documents (2) 30:17;74:19 dollar (14) 47:5;48:9;65:7,12, 21;179:18;182:10; 202:24;204:24; 205:11,11;206:5,9; 208:13 dollars (13) 9:18;41:2;60:2; 62:20;65:5;81:9; 185:12;207:21,23; 208:7;210:21; 211:16;224:14 done (21) 13:4;14:6,16; 15:10,21;19:20;38:9; 42:8;57:23;73:6; 94:24;96:4,22; 167:11;173:12; 183:3;184:14; 202:15;216:7,9; 218:9 double (1) 199:20 Doug (3) 26:14,18;30:10 down (18) 59:3,4;68:2;76:7; 80:6;95:4;97:5,9,10; 136:5;170:5;181:15, 19;204:11;205:5,6; 208:15;212:18 dozen (2) 7:15,15 DR (9) 5:4;30:10,18,19; 181:5;193:7,15; 196:5,9 draft (1)	217:22 drastically (1) 69:8 draw (1) 221:18 drive (1) 234:10 driven (1) 191:15 driver (1) 193:9 driving (3) 186:12,13;193:10 drop (1) 243:1 dropped (1) 242:15 drug (3) 38:5,17;41:21 drugs (8) 38:15,22;39:19,22; 40:16;42:22;43:8,17 Due (8) 6:6;21:1;85:12; 132:15;139:4;150:2; 210:20;242:11 during (18) 14:21;15:2;18:11, 14;21:7;27:2;35:19; 58:9,19;59:17;68:17; 76:23,24;134:10; 156:20;165:4; 188:16;225:8 dust (1) 228:16 duties (2) 219:22;223:23 duty (5) 7:10;80:22;81:16; 84:20;221:20	easy (2) 152:19;166:19 Eaton (23) 79:18,20,20;90:18, 18;92:10,10;130:23, 23;131:6;133:9,9,23, 23;135:5,5,13,13,17, 19;136:14,14;171:19 economic (6) 14:22;15:4;21:19; 27:3;57:17;169:23 edification (1) 155:19 edition (1) 203:13 educate (2) 42:2,6 education (3) 28:14;58:7;231:7 effect (5) 28:7;31:21,24; 81:8;135:2 effective (4) 91:20;92:21;135:6; 146:8 effectively (1) 69:12 effects (2) 19:15;59:18 efforts (4) 10:7,15;18:17; 19:22 EHSS (1) 13:23 either (10) 139:22;142:15; 143:3;145:5;146:15; 150:18;154:22; 201:11;218:17,21 elaborate (1) 165:11 elderly (2) 14:8,19 elect (1) 16:15 electronically (1) 24:9 element (2) 158:17;169:9 elements (1) 31:23 elevated (1) 39:19 elicit (1) 138:12 eligibility (4) 48:17;138:19; 150:15;235:1 eligible (4) 16:10;21:14;31:19; 32:3 eliminate (4) 59:16;67:18;73:13;	211:7 eliminated (3) 7:3;48:4;61:10 Eliminating (7) 19:11;46:11;60:15; 62:6;67:5;68:7;70:5 elimination (11) 6:21;21:4,17;28:8; 51:4;59:7;73:11; 77:19;79:22;85:4; 132:4 else (11) 22:12,16;33:12; 56:5;70:11;81:23; 191:5;215:5;222:6; 241:2;243:16 else's (1) 211:20 elsewhere (3) 78:10;169:9;200:5 email (2) 25:19;26:3 emailed (1) 95:14 emails (1) 243:4 emergency (1) 210:7 emotional (2) 25:4;58:10 empathize (1) 69:20 emphasize (1) 154:8 Employee (54) 8:15;9:8;10:3; 13:22;15:16;21:21; 24:10;26:19;27:10; 29:14,16;49:8;61:16; 63:14;64:16;68:17; 77:8,9;87:17;157:1; 161:1;168:7;173:23; 180:8,11,18,24; 181:16,17,22,23; 182:1,3;185:12,23; 186:12;187:4;192:8, 15,20;196:12,17,18, 21;201:4;203:9,11; 205:2,14,15;206:16; 207:1;208:4,9 employees (61) 4:7;7:5,11,18;8:23; 9:6;14:3,4,14,15,23; 15:12;16:16,20;18:2, 13;19:12,21,23; 21:14,19;22:1;25:12, 16;26:4;27:16;28:5; 29:4;31:3;46:11,16, 19;49:4;50:9;58:6,6; 59:8,20;60:9;61:12; 62:2;67:12;69:12; 77:13;94:21;161:6; 165:23;199:1,6,7;
			E	
		earlier (7) 47:17;139:19; 152:8;157:17;195:3; 219:23;221:17 earliest (1) 134:6 early (6) 9:21;134:20; 147:20;152:4;156:4; 182:12 earn (1) 58:17 earned (1) 7:21 easier (5) 69:18;84:4;87:24; 157:10;179:11 easily (3) 70:15;143:14; 147:16		

<p>214:13;228:5; 232:23;236:14,14,17; 237:2,5;239:4; 240:15;244:5 employee's (2) 67:15;185:7 employer (8) 9:8,24;10:3;163:8; 198:24;199:23; 200:10;205:6 employers (3) 162:23;175:21; 198:20 employment (2) 61:1;169:20 enable (3) 29:10;84:2,4 enacted (1) 6:17 encourage (3) 221:5,5;222:1 end (16) 31:13;60:7;61:6; 62:3,4;87:12;147:6,7, 11;163:9;165:6; 190:3;208:10;210:6; 214:15;226:2 ended (2) 91:7;92:16 end-of-year (1) 163:6 endorsement (1) 84:18 ends (1) 172:23 enduring (1) 189:23 energy (3) 43:9;217:10; 220:12 engage (1) 8:16 enhancements (1) 41:12 enlist (1) 132:19 enormous (1) 139:13 enough (14) 15:16;26:8;28:12; 43:14;52:1;66:14; 74:22;90:6;147:9; 164:10;191:13; 207:20;210:15,17 enroll (3) 42:3;161:11;168:3 enrollees (5) 233:18;234:2; 235:20,21;240:14 enrolling (2) 161:2;171:2 enrollment (15) 48:16;138:18;</p>	<p>150:14,22;158:21; 160:22;169:13,18; 170:3,16,17;175:16; 230:12,13;235:1 enshrined (1) 192:14 ensure (9) 14:19;19:15,20; 20:7;210:22;222:8; 230:3;232:11;237:5 ensuring (1) 235:23 enter (1) 235:9 entered (1) 222:12 entering (1) 235:8 entertain (2) 33:20;85:24 entire (7) 6:21;56:14;165:3, 8;167:10;196:19,20 entirely (2) 7:4;186:6 entrenched (1) 27:24 environment (1) 14:20 envy (1) 16:18 EPO (14) 19:5,6;45:17; 131:12;167:17; 168:6,11,14;171:24; 172:3,12;183:24; 185:15,15 EPO/HMO (2) 19:4,5 equal (2) 177:1;194:10 equalized (1) 189:1 equals (2) 35:19;159:1 equates (1) 180:10 equation (2) 170:24;180:6 equitable (1) 184:18 equitably (1) 211:16 equivalent (2) 15:14;175:18 error (4) 42:15;43:14; 187:18,21 errors (1) 205:12 Ervin (8) 6:8,9,11,11;30:10, 18;181:5;193:7</p>	<p>E-R-V-I-N (1) 6:11 Ervin's (3) 193:15;196:5,9 escalate (1) 39:23 escalates (2) 37:1,5 escalation (1) 36:22 ESI (10) 38:5,6,16,24; 39:19;149:22; 150:18;159:17; 160:2;172:12 especially (8) 39:22;40:5;58:9; 134:17;145:16; 170:4;191:24;231:19 essential (3) 8:21;22:22,24 essentially (14) 51:15;55:10;76:13; 78:5,18;81:5;85:14; 140:2;151:10; 163:20;180:10; 228:15;233:4;234:10 establish (3) 97:23;194:9,20 established (6) 75:5;146:4;149:3; 161:12;183:10;225:1 establishes (1) 27:14 Establishing (2) 19:3,4 estimate (5) 160:14;170:20; 177:9;234:20;238:1 estimates (2) 163:9;233:18 et (7) 76:17,17;145:17, 17;168:8,8;170:9 ethics (1) 29:2 evaluate (5) 60:16;148:22; 150:8;222:4,4 evaluates (1) 71:23 evaluation (17) 91:6,8;92:1,15,17; 93:7,10,11,18;96:4, 16;130:11;142:4; 150:4;152:5;156:2; 221:21 evaluators (1) 150:6 even (22) 8:1;14:23;15:20; 21:7;25:9,21;53:17; 54:21;61:3,7;66:3;</p>	<p>95:1;98:1;135:12; 141:2;144:4;181:20; 188:17;191:11; 201:22;206:18;226:3 evening (1) 181:10 evenly (1) 184:24 event (1) 67:22 eventualities (1) 84:4 eventuality (1) 74:20 eventually (1) 31:24 everybody (24) 4:5;5:15;22:24; 52:1;56:5;59:11; 61:20;64:18,19;88:3; 89:15;90:7,14;95:16; 97:1;130:5;155:6; 157:8;160:18; 176:24;194:23; 211:20;229:5;245:6 everybody's (3) 57:15;189:2; 211:17 everyone (10) 13:10;16:15;26:6; 59:16;178:14; 196:22;198:23; 211:3;236:10;241:2 everywhere (2) 22:12;26:4 eviction (1) 60:4 evidence (1) 61:3 exactly (4) 61:8;97:17;230:23; 241:16 exaggeration (1) 7:9 Examiners (3) 134:3,6,9 Examiners' (1) 132:24 example (17) 33:2;142:1;148:15; 160:1;161:3;163:7; 173:10;178:24; 180:4;181:16;191:7; 196:6,6,7;220:4; 235:1;244:22 Excellent (2) 13:21;46:17 except (3) 40:14;155:7; 196:17 exception (3) 141:11,16;150:14 excess (4)</p>	<p>133:16;162:5; 164:4,14 exchange (13) 9:15;172:19; 178:13,15,18,23; 233:1,12,13;235:7, 10,13,21 excited (1) 237:3 exclusive (1) 225:21 excuse (3) 9:5;98:6;132:12 excused (1) 4:17 executive (32) 7:2;18:16;27:9; 29:13;36:18;50:3,3; 52:11;59:10;60:12; 65:23;79:2,4;80:14; 81:2,3,4,11;148:4; 166:24;167:1; 182:19;192:22; 193:6;221:14;227:5; 228:7;229:10; 237:10;238:14,17; 240:20 exhaust (1) 59:23 existing (6) 92:19;93:12;138:1; 233:8;234:3;235:20 exists (1) 51:13 expand (3) 46:21;133:20; 237:17 expands (1) 91:14 expansion (1) 238:19 expect (4) 72:5;132:18;226:2; 241:14 expectation (3) 160:24;161:21; 167:16 expectations (3) 160:22;163:11; 171:10 expected (9) 46:24;83:18;91:13, 22;138:5;161:15; 162:9;164:8;238:9 expecting (1) 230:8 expects (1) 67:8 expense (1) 28:2 expensive (2) 197:23,24 experience (6)</p>
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41:19;157:2;169:1; 195:12;197:21; 211:18 experienced (3) 37:7;38:19;56:12 experiencing (1) 21:22 expertise (7) 132:13;145:14; 152:11;167:7,8,9; 202:14 experts (3) 34:14;91:9;152:14 expire (2) 139:4;150:2 expires (1) 139:12 expiring (2) 36:16;138:2 explain (3) 49:10,20;133:20 explaining (2) 39:1;198:5 explored (1) 49:11 exploring (1) 139:16 Express (5) 37:23;39:6;81:16; 149:19;166:14 expressed (6) 10:9;49:13;50:23; 76:11;81:18;167:1 expressing (1) 81:5 extended (2) 131:9;139:3 extension (1) 150:1 extent (1) 96:14 extra (5) 41:6;44:22;63:9; 149:6;155:3 extremely (3) 18:14;24:24;59:5 eye (2) 38:2;222:16	159:19;175:22,24; 176:8;179:23; 180:16;181:14,17,21, 24;182:2,22;184:17; 185:6;187:7,9,15; 193:11,14;196:16,19; 201:4,11,11;202:8; 205:24;206:6,14,15; 234:13 factored (3) 193:13;206:1; 234:24 factors (2) 179:8;233:21 facts (2) 10:14;168:17 faculties (1) 43:15 Faculty (9) 6:12;7:24;16:8; 17:7;20:21;21:14; 26:20;28:14;29:16 fail (4) 35:13,15,17;36:23 failed (3) 35:22;36:9,21 fair (3) 45:16;194:10,21 fairly (6) 37:3;87:13;142:22; 160:10;161:23; 169:14 fall (4) 22:16;38:3;171:13; 178:7 familiar (2) 138:10;139:24 families (7) 46:16;49:4;69:9; 70:6;78:1;161:4; 200:10 family (17) 18:13;19:16;25:1; 32:5;69:17;70:7; 173:18;176:10,14; 180:20;181:20; 184:1,11;185:1; 194:19;196:16,20 family-centered (1) 194:17 fan (2) 147:8;205:11 far (18) 10:4,11,12;27:11; 76:7;94:16;97:4; 151:23;157:17,24; 191:13;198:9,14; 210:15;218:23; 235:22;238:18;239:2 farther (1) 190:15 fashion (1) 224:22	fast (2) 74:24;159:16 fat (1) 245:2 favor (15) 6:22;34:4;44:13; 86:3;88:5;90:1; 130:17;137:12; 153:7,21;155:14; 219:15;223:18; 224:6;229:3 favoring (2) 194:19;196:11 feasibility (1) 232:16 feasible (3) 235:14,14;237:2 feat (1) 235:17 February (6) 91:21;92:22;93:15; 159:10;231:13; 232:11 federal (2) 28:10;236:2 fee (8) 131:23;136:15,15; 143:8,9;164:5; 165:16;172:8 feedback (2) 94:20;193:20 feel (19) 27:22;30:19;44:1; 55:15;66:18;70:24; 73:19;89:15;151:5; 154:4,6;159:3,6; 192:10;202:12; 210:10,16;212:20,22 feeling (6) 13:7;55:2,8;66:15; 215:7,10 feelings (2) 154:22;192:6 feels (2) 51:21;55:14 fees (14) 35:18;143:17; 149:23;171:3,4,21, 22,22;172:2,11,16; 174:2;175:7,14 fellow (1) 14:24 felt (1) 66:7 fete (1) 27:21 few (6) 7:15;43:23;189:4; 217:7,24;241:14 fiduciaries (2) 57:2;80:16 fiduciarly (1) 71:11	fiduciary (6) 8:18;57:3;80:13, 18,22;84:20 fighting (1) 43:10 figure (5) 63:3;65:7;189:16; 206:5;236:13 figures (1) 80:5 file (2) 41:5;191:9 files (1) 191:11 fill (3) 42:11;169:21; 170:1 final (7) 50:15;71:18;93:4; 165:20;166:3; 217:22,24 finalizing (1) 53:5 finalized (1) 53:16 finally (4) 47:12;172:15,21; 180:20 finance (6) 45:8;46:5;51:19; 56:19;57:7;133:1 financial (4) 29:4;155:24;156:6; 225:18 find (10) 42:14;43:14;57:7; 78:13;89:14;133:13, 13;183:2;191:11; 194:9 findings (3) 217:23,24;218:4 finds (1) 24:14 fine (5) 35:5;62:14;98:7; 148:1;216:21 finish (1) 165:19 finished (1) 244:13 firm (5) 142:13,20,24; 213:18;214:3 firmly (1) 68:8 firms (2) 146:5,7 First (32) 7:20;15:11;22:7; 36:8,21;41:24;47:5; 48:9;56:19;59:23; 91:3;131:7;137:23; 152:19,23;153:1;	156:14;157:13; 158:12;160:21; 195:10;201:5,14,19, 21;208:14;209:2; 215:1,16;220:3; 224:19;233:23 Firstly (1) 181:3 figures (16) 13:14;20:11;48:5; 51:10,22;135:2,4,7; 136:5;232:1;236:2; 237:15,18,24;239:16, 18 fit (9) 46:20;65:22;133:8; 148:18;151:15; 190:4;195:1,2; 200:20 fits (1) 200:16 five (4) 8:2;69:13;91:6; 134:18 fix (2) 196:8;197:3 fixed (5) 9:9;28:8,24;29:6; 202:7 fixes (1) 8:16 fixing (1) 197:1 flat (17) 28:2;29:3;87:12; 179:18;182:10; 196:19;202:24; 204:24;205:11,11; 206:5,8;214:22; 215:1,3;220:4,5 flatten (1) 201:13 flex (2) 208:14;210:20 flexibility (3) 149:5;210:8,9 flip (1) 145:22 floor (5) 57:24;84:1;88:10; 90:1;213:13 flu (1) 237:1 fly (1) 76:23 focus (2) 48:8;158:11 focused (1) 229:17 focuses (1) 219:23 focusing (1) 196:9
F				
face (2) 28:15;60:4 faced (1) 48:24 facing (2) 48:5;150:13 fact (9) 7:12,16;56:11; 67:2;71:21;176:11; 214:11;229:23; 243:10 factor (30)				

<p>folks (21) 30:9;38:7;43:7,17; 66:18;90:6;143:10; 157:10;158:23; 170:6;171:1;172:6; 173:15,17;174:2; 178:14,23;188:22; 199:1;210:15;244:17</p> <p>folks' (1) 178:13</p> <p>follow (9) 62:9;80:12;133:18; 154:20;179:11; 188:7;206:22; 238:10;239:2</p> <p>followed (2) 218:10;222:9</p> <p>following (5) 18:19;46:5,14; 212:24;243:24</p> <p>follow-up (1) 79:2</p> <p>footnote (2) 167:16,20</p> <p>foreclosure (1) 60:5</p> <p>foresee (1) 83:18</p> <p>forestall (1) 211:22</p> <p>forgetting (1) 164:16</p> <p>form (1) 49:14</p> <p>formal (1) 213:10</p> <p>format (1) 26:8</p> <p>formula (31) 65:12;156:22; 181:22;183:15; 184:21;186:13,13; 187:1,5,11,20,21; 189:3,6,9,10,15; 191:11,19,21;196:9, 14;197:1,8;198:9,14; 199:15;201:9; 206:11,11;209:16</p> <p>formulas (3) 181:6;182:10; 184:3</p> <p>forth (1) 96:15</p> <p>forward (35) 19:17;34:19;35:5; 37:6;59:6;73:6,10,14, 18;74:10,15,18,20; 76:15;83:11,15;84:7; 130:10;138:4; 153:12;159:19; 180:1;183:14;186:4, 17,21;192:4;216:4; 229:19;236:6,19;</p>	<p>238:9,24;239:14,23</p> <p>found (5) 42:10;58:21;60:21; 65:18;167:12</p> <p>founding (1) 27:1</p> <p>four (20) 5:23;10:17,21; 13:16;15:23;16:3; 17:15,19;20:16;22:3; 24:6;29:22;31:7; 146:22;149:21; 164:1,6;242:6,13,16</p> <p>four-year (1) 149:24</p> <p>Fox (20) 4:13,14;33:23,23; 44:8,8;82:1,1,2,4; 86:21,21;87:2;153:4, 5;155:12,12;224:2,2, 4</p> <p>frame (2) 134:1;159:10</p> <p>frankly (1) 221:5</p> <p>free (6) 44:1;55:15;66:18; 159:3,6;210:16</p> <p>FREED (233) 4:4,11,12;5:9,15; 14:10,11;24:1;26:22; 30:1;31:11;32:11,11, 20;33:11,16;34:3,9, 11;35:4,9,11;37:17, 18;39:7,12,18;40:12, 21;41:20;42:20;43:1, 3;44:3,5,12,17,21,22; 51:6,6;52:5,18;54:2, 2;55:21,24;56:1; 58:2,3;60:8;62:8,19; 63:4,12,18,21;64:1,5, 23;65:17,19;66:21, 22;68:9,13,22;69:2; 70:11,14,17,17;71:5, 6,7;74:3,3,9,12;79:1, 3;81:22;82:2;83:24, 24;84:11,14,24;85:5, 9,17,21;86:9,17;88:2, 8;89:12,24;90:5,10, 14;92:4,4;93:20,24; 94:4;95:5,5,21,24; 96:24;97:7,12,23; 98:2,3;130:4,15,17, 21;131:2;135:9,9,16, 18,20,24;136:22,23; 137:7,11,15;138:21; 149:15,15;151:4; 152:17,17,23;153:2, 6,10,17,20,24;155:5, 5,13,17;156:8; 157:12;160:19; 164:18,20,22;176:16, 20,20;177:6,8,12,16,</p>	<p>18,23,24;183:6,6,8; 188:19,21;189:21,21; 190:6;192:12,12; 197:10,10;199:7; 201:3,17,17;202:9, 12;203:1,4,5;204:15; 205:16;206:20,20; 210:13,13;211:6,7; 212:2,22;213:3,6,9, 10;214:5;215:6,6; 216:1,16,18,22,24; 217:11,12,16;219:5, 5,11,14,19;220:17, 21;223:13,13,22; 224:4,10;226:13; 227:14,18,21,21; 229:2,7;242:1,1, 244:12</p> <p>Freed's (3) 69:24,24;222:24</p> <p>freely (1) 95:16</p> <p>friendly (2) 202:11;203:18</p> <p>friends (2) 160:21;229:8</p> <p>front (4) 28:21;196:6,10; 236:13</p> <p>frontline (4) 18:7;19:17,21;20:9</p> <p>frustrating (1) 24:21</p> <p>frustration (1) 72:21</p> <p>FSA (6) 143:5,7,10,19; 144:24;147:15</p> <p>fulfill (1) 131:18</p> <p>full (7) 94:13;182:2; 196:21;206:16; 214:13;236:4,4</p> <p>fully (6) 145:14;167:17; 169:2,3;171:6; 185:24</p> <p>fun (4) 150:22;158:17; 170:15,23</p> <p>functional (1) 154:23</p> <p>functioning (1) 15:17</p> <p>fund (30) 20:12;51:20;78:9, 23;164:17;172:6; 224:12,17,20,23; 225:3,4,5,6,10,12,17, 21;226:8,10,24; 227:1,6,10,16,17; 228:9,21,22;234:22</p>	<p>fundamental (1) 7:10</p> <p>fundamentally (1) 66:11</p> <p>funded (1) 185:18</p> <p>funding (17) 20:8;46:9;47:4; 54:19;78:6;174:11; 175:8;185:20;191:2; 214:8;215:7;216:3; 227:6,8;228:1; 239:20,20</p> <p>funds (9) 133:13,15;224:11; 225:1,7,13,22; 226:23,23</p> <p>furlough (1) 24:19</p> <p>furloughs (6) 22:11,21;46:11; 69:11,12;244:21</p> <p>further (8) 10:5;15:9;19:14; 57:23;68:18;168:21; 182:17;214:1</p> <p>future (10) 29:1,9,11;41:9; 132:12;206:21; 209:15;212:4;214:3; 225:19</p> <p>futures (1) 227:11</p> <p>FY21 (1) 226:2</p>	<p>generous (2) 199:24;200:3</p> <p>gets (19) 25:22;36:5;42:22; 171:8;172:1,5,16; 173:2,21;174:4,18; 178:14,22;182:1; 185:15;191:2; 206:16,17,17</p> <p>GFO (2) 77:22;165:5</p> <p>given (14) 40:15;47:4;56:15; 58:8;94:19;155:1; 157:12,16;161:22; 162:3;174:17; 179:18;180:15; 211:21</p> <p>gives (1) 149:4</p> <p>giving (6) 65:6;68:16;180:19; 196:20;205:14;208:5</p> <p>glad (1) 230:16</p> <p>glib (1) 56:1</p> <p>global (1) 14:1</p> <p>goal (7) 47:23;77:11;194:9, 20;196:4;203:8; 210:1</p> <p>goals (1) 194:17</p> <p>goes (15) 19:6;52:13;54:8; 97:4;164:11,13; 171:18;178:7;185:8; 205:4,6;211:19; 221:1;240:11,13</p> <p>go-forward (2) 185:21;188:4</p> <p>Good (26) 4:4;6:9;9:3;13:21; 16:6;17:5,22,24; 22:6;27:7,15;30:1; 65:18;73:23;148:18; 154:14;158:6; 166:13;167:19; 171:16;184:21; 203:6;224:13;230:6; 238:15;242:21</p> <p>Google (1) 60:21</p> <p>gosh (1) 202:12</p> <p>Gov (17) 47:22;51:23;55:13; 56:2,23;62:22;64:16; 65:20;75:6;78:18,20; 85:12;131:24; 172:22;178:6;</p>
G				
			<p>gain (1) 225:14</p> <p>gap (3) 48:20;67:7;237:14</p> <p>gate (1) 5:19</p> <p>Gatsby (2) 227:24;228:13</p> <p>gave (5) 42:6;58:6;61:2,2; 230:10</p> <p>gender (1) 61:1</p> <p>general (13) 31:15,17;49:22; 51:11;52:9;80:13,21; 95:18;96:7;198:4; 210:11;233:5,14</p> <p>generally (3) 56:15;66:16; 149:21</p> <p>generate (2) 214:14;238:2</p> <p>generated (2) 162:5;164:5</p>	

184:17;230:24 government (4) 26:21;84:22; 194:18;225:1 governments (1) 224:21 Governor (37) 20:6;26:7;46:7,13; 48:24;49:7,12;50:2; 51:20;52:15;53:2; 54:7;58:21;62:14,21; 65:11;71:18;72:10, 12,13,23;74:1;76:13; 77:11,11;80:15;81:2, 4,11,13,15,18;84:9; 194:15,24;200:9; 210:21 governors (4) 54:8;65:6;71:16,19 Governor's (50) 20:5;21:1,4,10; 27:5;30:22;45:1,8; 46:5,15;47:13;49:15; 50:2,6;51:12,14,19; 53:8,9,12;55:1,5,10, 18;56:13,19;57:7,22; 65:4,24;69:15,19; 71:23;72:6;73:3; 74:6;76:11;78:3; 81:21;82:21;83:2,4, 12,16;195:16; 209:18;214:24; 236:12;237:4;238:19 Gov's (1) 69:23 grateful (2) 49:7;58:20 gratifying (1) 58:19 gray (2) 54:20;72:19 great (29) 19:24;34:3;36:18; 37:16,18;41:18;44:3; 66:5;73:1;90:10; 130:4,15;137:11,13; 153:6,8;154:22; 155:13,15;213:5; 216:18;219:17; 223:20;224:8; 228:11;229:5,18; 237:12;238:13 greater (3) 72:17;218:3; 233:16 greatest (1) 14:23 grid (2) 47:15;139:20 gross (1) 228:6 group (9) 34:17;66:24;67:1,	11,11;131:21; 196:19;221:16;228:5 groups (3) 68:14;170:10; 172:13 grow (1) 226:3 growing (1) 28:17 grown (2) 225:14,14 grows (1) 169:22 growth (2) 169:19;170:13 guarantee (4) 36:6;37:5;61:16; 158:3 guaranteed (1) 61:20 guarantees (3) 35:17;37:14;94:15 guard (1) 229:20 guardrails (1) 43:17 guess (21) 46:2;62:13,14; 80:13;82:5;138:15; 146:10;161:9; 163:15;166:22; 168:23;181:2,7; 196:24;198:10; 209:3,4,20;222:19; 244:13;245:4 guessing (1) 87:24 guesstimate (1) 216:10 guidance (11) 82:14;152:13; 210:1,5,12,14,24; 211:21;213:7,14; 216:3 gut (1) 73:19 guts (1) 159:9 guys (13) 15:17;22:10,20; 44:22;66:12;153:22; 164:15;216:8; 219:17;242:22; 243:11,16;244:3	70:9 hands (4) 49:16;53:4;75:16; 82:7 hang (3) 47:8;217:11;228:4 happen (8) 20:7;53:18;74:2, 14,19;78:19;189:24; 205:19 happened (7) 27:19;70:7;136:4; 189:14;227:14; 228:11;229:17 happening (8) 26:5;59:17;158:16; 183:20;187:12; 189:13,17;238:15 happens (9) 22:16;59:23;60:14; 75:10;134:9;158:18; 165:2,7;174:12 happy (11) 39:17;41:11;44:2; 85:23;89:14;90:20; 92:2;93:19;166:20; 228:19;241:22 hard (18) 6:20;20:9;48:15, 21;53:1,13,14,18,22; 57:17,17;65:10; 79:10;81:8;159:3; 168:14;196:23; 199:14 harder (2) 169:23;200:1 hardship (1) 58:24 hardships (1) 13:3 haste (1) 15:1 hat (1) 47:8 hate (1) 136:8 head (5) 13:12;70:14;97:7; 147:5;183:3 headlines (1) 134:4 headphones (1) 160:16 health (40) 7:11;8:22;18:14; 19:15;20:2;22:15; 26:9;29:4,9;32:19; 33:17;36:9,14;37:12; 45:16;46:15;59:19, 19,23;92:16,19;93:3; 131:8;155:23;156:5; 225:3,19;226:8; 227:1;228:9,22;	232:17,19,24;233:3, 12;235:7,9,12,13 healthcare (10) 13:24;33:17;37:10; 46:20;139:7;142:1; 228:1,2,3;234:8; 241:10 HealthSCOPE (17) 37:24;41:10;43:12; 139:1,8,22,23;140:1, 14;142:24;143:6,7, 22;146:3;148:16; 150:18;160:2 healthy (4) 29:6;43:11,14; 234:15 hear (27) 6:9;13:19;17:2,3,9, 22,23;26:16;30:2,3; 39:6;41:18;59:10; 68:15;76:6;81:22; 86:6;94:6,19;153:18; 160:18;186:13; 222:18;242:19,20; 243:5,20 heard (18) 19:12;30:5,7;48:3; 57:14;58:15;60:12; 67:4,8;74:7,8;80:14; 94:10;143:18;152:8; 200:9;237:16;243:9 hearing (9) 31:3;32:12;54:22; 55:4;67:24;155:6; 172:11;207:6;243:22 heart (1) 29:8 heartburn (1) 131:4 heated (1) 157:18 heavier (1) 176:17 heavily (2) 198:23;199:22 heavy (2) 69:4;73:4 heightened (1) 14:1 held (2) 25:12;173:24 Hello (6) 10:24;13:19;17:2; 20:19;39:5;242:19 help (14) 8:20;22:19;37:22; 40:9,10;41:13;42:2; 43:19;157:5;205:13; 213:2;222:4;226:5; 229:18 helpful (1) 230:9 hemorrhaging (1)	15:15 here's (4) 64:9;74:7;142:6; 199:21 hey (1) 25:19 Hi (1) 24:9 hiding (1) 39:10 high (8) 27:21;28:3;47:12; 49:5,7;175:22;234:8; 241:13 higher (8) 15:14;28:14;58:7; 59:3;162:2;201:14; 228:8;238:5 highest (3) 91:10;92:17;93:9 highlight (1) 195:19 highlights (1) 46:13 highly (3) 6:18;59:11;235:17 hired (1) 19:24 historical (2) 176:21;202:14 historically (14) 72:16;161:5,16; 162:4,6;164:2,14; 166:4;169:14;176:2; 188:8;216:9;220:15; 222:14 history (14) 9:12;27:1;66:4; 142:21;165:12; 182:11,19;192:24; 203:21;227:9,13,14, 19;228:18 hit (4) 69:11,12;70:14; 139:18 hits (3) 199:14,18;214:13 hitting (2) 194:16;200:1 HMO (20) 19:5;69:7;91:1,19; 92:12,20;93:23; 94:14,20;161:5; 167:17;168:14; 170:6;176:17; 179:21;185:16; 192:18;201:21; 202:17;205:8 hobby (1) 65:18 hold (7) 25:15;132:7,7; 134:8;136:3;179:5;
	H			
	half (6) 47:3;158:12,15; 163:13;176:6;193:23 halt (1) 83:21 handle (1)			

<p>214:21 holding (2) 133:19;136:13 holes (1) 57:20 holistically (1) 72:22 home (3) 158:23;229:9,9 homeless (1) 7:8 homes (2) 14:7,17 Hometown (5) 33:17;36:9,14; 37:12;131:7 honest (1) 151:22 honestly (2) 163:12;202:18 hope (8) 8:5;10:7,15;32:14; 157:7;179:9;211:21; 244:23 hopefully (8) 139:18;152:7; 222:5;231:21,21; 236:18;243:14;244:7 hoping (1) 243:20 HOPKINS (4) 13:19,21,22;14:13 horse (1) 207:10 hospitals (1) 91:15 hosting (5) 137:23;138:1,3,14; 152:20 hour (3) 95:15;98:4;217:15 hours (2) 18:10;22:11 households (1) 13:12 HPN (3) 167:18;168:4,11 HRA (4) 9:8;45:19;48:2; 143:20 HSA (4) 19:1;22:15;47:6; 87:7 HSA/HRA (5) 144:23;147:16; 172:23;173:2;174:11 HSB (1) 159:16 HSC (1) 171:22 huge (10) 24:17;188:10; 205:11;209:13;</p>	<p>211:4,5;212:16; 237:14,14,17 humanity (1) 39:14 hundred (1) 7:15 hundreds (2) 7:13,14 hung (1) 42:5 hurting (1) 65:15</p> <p style="text-align: center;">I</p> <p>idea (7) 67:4;72:9;74:22; 195:16;213:5; 216:18;231:24 ideally (2) 211:6,7 ideas (2) 215:2;244:16 identified (2) 181:12;193:9 ideology (1) 29:2 IFC (3) 135:12,12,14 ignorance (1) 187:5 ill (3) 24:24;43:20;64:21 illness (1) 28:15 illnesses (1) 29:5 illustrate (1) 186:7 illustrated (1) 215:21 illustration (2) 178:8;183:23 illustrative (3) 157:20;184:15; 195:14 imagine (4) 168:24;169:23; 170:19;184:9 immediately (2) 226:23;228:20 impact (18) 24:17;28:3;41:9; 46:11;52:10;62:1; 89:18;92:20;93:13; 158:18;185:23; 199:13;232:1; 233:21;234:18; 237:17;239:3,4 impacted (3) 25:1,2;26:5 impactful (1) 30:7</p>	<p>impacts (2) 27:12;163:5 implement (8) 45:14;53:15;54:1; 72:1;81:18,20;85:16; 235:15 implementation (1) 151:3 implemented (4) 38:8;40:19;41:24; 45:17 implication (1) 136:7 implications (5) 236:2;237:16,18, 24;241:19 implore (1) 31:2 imply (1) 244:21 import (1) 59:8 importance (1) 82:10 important (16) 9:13;18:14;22:20; 37:3;57:12;60:8; 80:2;85:3;139:13; 150:12;158:10; 165:1,11;200:12; 213:16;232:5 impossible (2) 75:24;76:22 improve (2) 20:2;232:17 include (17) 35:3;37:2;46:22; 91:15;132:1;138:9; 141:1,3,4,6;142:16; 144:24;148:24; 154:2;155:8;157:21; 165:16 included (13) 34:20;35:13;46:8; 91:8;92:18;94:11; 131:24;136:15; 139:23;142:11; 158:17;217:24;236:9 includes (4) 21:10;46:14;50:10; 171:15 including (4) 35:2;45:11;69:9; 233:12 inclusive (3) 137:20;144:3; 172:17 income (5) 7:22;9:9;60:4; 61:1;64:20 incomes (3) 28:8;29:6;237:13 incorporate (2)</p>	<p>54:5;87:5 incorporated (1) 220:8 increase (35) 10:10;15:15;18:21, 23;24:16;133:11; 145:1;157:3;160:12; 165:22;177:1;184:4, 5,6,6,7,10,12,18; 185:2,4,11,13; 186:12,14;189:1; 192:8;199:19; 201:14,15;209:13; 214:13;215:12,13,18 increased (9) 33:4;46:23;69:8; 131:10,14,14;152:8; 225:12;228:3 increases (6) 59:15;77:13; 156:19;201:9; 212:16,17 increasing (5) 47:6;78:11,12,12; 87:8 incumbent (1) 57:9 incur (2) 159:15;173:15 indeed (1) 182:22 independent (1) 204:17 independently (1) 27:16 in-depth (2) 29:1;156:14 indicated (2) 36:20;199:7 indicates (1) 200:6 indication (1) 55:7 indirect (1) 31:21 indiscernible (1) 24:10 individual (3) 48:14;68:17;69:16 individuals (1) 69:9 indulge (1) 86:8 indulgence (1) 43:22 industry (8) 142:12;143:2; 146:15;161:9,24; 162:21;198:16,19 inequity (1) 193:10 inflation (1) 215:17</p>	<p>informal (4) 138:8,11,14; 152:20 information (20) 32:23;34:17;38:14; 40:16;43:18;50:17; 64:6;76:19;89:1,9,10, 11;144:7;217:23; 231:16;232:14; 236:5,19,23;241:8 informational (4) 88:24;89:6;155:19, 20 informed (1) 27:11 infrastructure (1) 233:9 inherent (1) 54:4 in-house (1) 152:13 initial (4) 71:5;217:22; 218:10;236:15 initially (1) 227:8 initiatives (3) 159:24;160:4; 162:4 injured (2) 24:24;64:21 injury (1) 16:20 input (3) 53:20;202:6; 203:17 inside (1) 136:2 insight (1) 230:10 instance (5) 54:13,17;63:5; 172:17;225:7 in-state (2) 90:24;91:4 Instead (4) 7:8;64:17;73:22; 74:18 instructed (1) 175:17 instructions (1) 83:1 insurability (2) 61:4,11 insurance (47) 6:24;7:19;10:8,10; 16:11;18:14;19:9; 20:2,13;21:5,6,9,12; 22:1;26:9,9;28:9,23; 29:9;30:22;45:21,21; 47:20,22;51:1,4; 59:24;60:23;61:3,14, 17,18;65:10;67:13;</p>
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131:21;178:4,12,13, 16,21;228:5;232:18; 233:1,12;235:7,10,13 insure (1) 61:7 insured (4) 167:17;169:2,3; 171:7 intact (1) 22:11 integrated (1) 151:15 intent (5) 89:3;156:4;167:2; 182:23;199:17 INTENTIONALLY (1) 99:1 interact (2) 14:5,15 interception (1) 51:9 interest (2) 174:10;225:14 interested (5) 55:12;152:3;170:7; 197:1;240:24 interesting (1) 62:9 interests (3) 8:19;27:10,17 interim (5) 30:13;60:15;133:1; 229:11,14 internal (1) 41:6 interrupt (3) 94:4;159:3;171:19 interrupted (1) 14:9 intertwined (2) 50:13;81:7 interventions (1) 27:5 intimating (1) 58:8 into (70) 14:6,17;16:10; 25:5,10,11,18;39:23; 41:17;42:2;44:18; 49:9;51:21;52:13; 54:5;81:8;87:3,5,6, 15;94:7,16;95:6; 97:5;133:8;139:6; 141:1;142:7;147:7, 16;152:10;161:4,6, 11;164:11,13;167:3; 170:1,10,14;171:13, 18;176:3;179:15; 181:15;182:11,16; 188:22;191:1,20,23; 193:1,23;194:5; 208:21,23;214:1; 217:10;220:8;228:3, 21;229:21,24;230:1, 2;231:12;234:24; 236:6;239:18;240:3 introduce (3) 48:17,21;201:23 introduced (1) 222:2 introduction (1) 47:12 invest (1) 224:24 investment (6) 224:12,17,21; 226:10,24;228:21 invitation (1) 95:10 invitations (1) 97:15 invite (4) 32:8;57:3;97:19; 98:7 involve (1) 167:2 involved (19) 19:8;39:23;40:7,7; 87:10;137:22;152:4, 4;159:23;164:24; 166:4;167:5;183:4; 216:7;227:19;239:7, 8,8,12 involvement (1) 244:15 involves (1) 40:5 involving (1) 222:9 IRBC (1) 229:15 isolated (1) 37:12 issue (10) 22:15;37:9,10; 61:20;71:8;81:1; 156:16;181:12; 186:2;190:8 issued (1) 45:7 issues (8) 7:11;8:22;22:14; 39:19;157:5;190:22, 24;191:23 Item (48) 5:20;31:14,18,22; 32:12;44:18;45:1; 50:4;55:18;69:6; 89:6,20;90:6,7,16,19, 21,22,22;91:3;92:11; 93:4;130:6;131:7,20; 132:9;134:13,18,24; 137:1;156:9;173:8; 189:22;210:16; 214:9;216:13;217:2, 3;219:20,21;221:8; 223:5;224:10;229:7; 230:24;231:11; 239:12;242:3 itemizes (1) 218:20 Items (14) 6:13;8:13;31:20; 32:4,7,16;33:12; 68:20;77:18;133:5; 214:17;220:4; 222:13;223:3 J Jacob (2) 16:7;17:6 JANUARY (12) 4:1;30:15,16;46:7; 48:19;130:1;159:9; 217:21,21;218:7; 232:11,19 Jennifer (11) 4:22,22;5:3,5;85:6; 134:23;137:10; 144:13;147:17; 154:5,17 Jennifer's (1) 147:15 job (8) 8:2;25:8;57:21,22; 60:3;64:21;65:23; 72:23 jobs (1) 13:4 join (1) 39:17 joinder (1) 138:1 joined (2) 5:23;242:6 joining (1) 39:8 judgment (1) 27:17 juggling (1) 193:24 July (15) 37:15;91:22;92:24; 131:11;135:6;147:3, 4;164:16;179:10; 188:5;217:5;220:1; 223:4,7,24 jumbling (1) 148:11 jump (9) 49:22,23;66:18; 73:24;88:9;147:19; 159:6;203:20;207:24 jumped (1) 217:13 jumps (2) 68:21;156:12 June (9) 36:16;91:21;92:23; 93:16;131:19;138:2; 139:4,12;150:2 K keep (20) 6:13;13:5,10;29:3; 47:24;73:12;75:22; 77:11;144:16; 151:19;175:6; 189:13,24;196:5,9; 201:12;214:24; 215:3,18;222:16 keeping (7) 47:6;48:8;52:16; 81:20;144:20;200:4; 243:17 keeps (1) 189:14 Kelley (119) 4:20,21;33:13,13; 34:10,11;35:6,8,11, 21;36:18;37:16; 44:10,10;56:4,4; 58:5;62:13,23;63:7, 13,19,23;64:2,19; 77:5;79:1,4,24,24; 81:24;84:13,13,15; 86:5,7,10;87:14;88:8, 16;89:5;93:22,22; 94:2,8;97:3,4,8; 130:13,13;134:15,15; 137:8,8;148:3,3; 149:8;153:14,14,19, 21;162:12,15,21,23; 163:15,21;164:9; 166:22,22;167:13,23; 168:13,17,19,23; 173:4,5;174:9; 175:10;181:2,9,11; 182:18;183:5; 186:10,10,24;187:3, 9,13,15,20;193:5,5; 196:3;197:11;198:7, 7;201:1,1,18;202:3, 10;203:19,23; 205:21;208:21; 214:19,19;228:24,24; 238:17,18;239:2,24; 240:20;241:20,24 Kelley's (1) 85:2 Kent (2) 6:8,11 kept (3) 28:2;50:12,13 Kevin (1) 18:1 kids (2) 22:14;39:10 kind (55) 22:23;25:3;40:10; 51:22;52:20;57:22; 60:22;61:12;70:14; 71:7;72:16;88:16,24; 94:5;95:6;144:14,18; 145:2;147:19;148:5, 5,8;157:22,23; 161:24;165:23; 168:22;171:13,18; 175:6;181:6;187:18; 191:17;193:9,11,16; 196:7,14;202:2; 206:7,17,21;209:16; 211:22;215:1; 216:10;220:17; 221:4,13;230:11; 232:1;240:24; 243:23,24;244:20 kindly (1) 24:4 knowing (2) 55:23;229:24 knowledge (2) 161:9;199:23 known (2) 200:2;224:18 KPS3 (1) 137:24 Krupp (19) 4:22;5:3;85:6,6,10, 19;90:9,12;134:23, 24;135:8;137:10,10; 144:11,13,13;154:5, 5;216:14 L lack (3) 188:2;205:17; 208:15 lady (1) 24:4 lag (1) 36:13 laid (1) 59:21 language (4) 206:4;208:23; 241:9,11 larger (3) 138:23;144:21; 158:18 largest (1) 172:8 last (38) 5:11,13,23;8:2; 10:17,21,24;13:16; 15:23;16:3,22;17:15, 19;20:16,21;22:3,8; 24:6;29:22;31:7; 38:2,7;87:19;132:9; 143:20;156:17; 163:22;183:9;188:8; 200:2;225:15;
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229:18;230:14; 240:11;242:6,13,16; 244:2 lastly (2) 48:3;61:24 Late (2) 181:10;232:10 later (4) 42:10;97:6;150:11; 175:9 latest (1) 160:8 launch (1) 44:18 Laura (66) 4:11;14:10;18:16; 20:5;29:13;32:11; 34:21;35:16;37:4; 44:22;45:4;51:6; 52:2,24;53:1,14; 54:2;55:24;65:19; 70:17;72:24;73:23; 74:3,9;75:2,4,18; 77:16;83:24;85:18; 86:22;92:4;94:23; 95:5;98:3;135:9; 136:22;137:18; 146:16;149:9,15; 151:7;152:17;155:5; 167:4;176:20; 182:24;183:6; 189:21;192:12; 197:10;201:17; 203:4;206:20; 210:13;211:7;212:3; 213:10;214:5;215:6; 217:12;219:5; 223:13;227:21; 237:9;242:1 law (8) 32:6;72:22;89:18, 21;96:8,14;146:5,7 layperson (1) 202:13 LCB (7) 134:14;217:18,19, 22;218:4;219:1; 230:3 LCB's (1) 221:22 lead (3) 21:21;40:2;58:24 leadership (2) 42:19;237:4 leads (2) 59:3;72:13 lean (1) 200:3 learned (2) 41:5;157:17 least (5) 4:5;28:5;142:8; 159:13;208:8	LEATHEN (2) 20:19,21 L-E-A-T-H-E-N (1) 20:21 leave (9) 9:14;95:9;97:16, 18;167:15;210:9; 216:14;219:3;227:2 leaves (1) 49:17 leaving (1) 67:7 led (1) 81:6 left (6) 7:5;9:15;28:14; 99:1;216:15;225:12 legal (6) 34:24;35:1;49:10; 55:9;65:15;82:24 legalities (1) 49:21 Legally (2) 82:16;213:11 legislation (6) 67:24;231:16; 232:6;236:6;238:23; 239:11 legislative (28) 8:7;10:6,15;55:6; 66:14;73:4,20;75:6, 8;76:18;78:21; 134:10,19;194:1; 218:6;224:16; 229:21;230:2,8,22; 231:11,12,13;232:16, 20,21;239:1;240:7 legislatively (1) 54:15 legislator (2) 238:24;240:6 legislators (7) 8:20;20:12;75:8; 76:19;77:22;230:10; 231:2 legislature (40) 8:5,16,20;49:16; 53:3,4,16,24;54:8,14, 24;55:14;63:1;66:3, 6,10;70:2,15;71:22; 74:2,6,23;75:16,17, 21;76:7,14;77:15; 78:16,17,21;80:10; 83:17;87:22;89:2,7; 136:4,24;195:15; 207:17 legislatures (1) 54:9 legitimately (1) 74:1 less (22) 7:6;13:1,2;15:13; 19:24;29:7;43:9;	47:2;54:15;61:13; 64:4;67:13;80:3; 138:11;180:16; 192:18,20;197:24; 204:18;211:17; 233:16;237:13 lesser (1) 72:17 letter (5) 39:1;221:12,19; 226:9,13 level (11) 15:13,17;35:12; 47:24;73:4,20;79:15, 16;88:18;182:21; 204:14 levels (1) 8:11 leverage (3) 38:9;152:14;233:8 leveraging (1) 192:1 levers (2) 78:8;87:7 liability (2) 227:24;228:13 lies (2) 77:14;141:20 life (19) 10:8,10;19:9; 30:21;45:21,21; 47:20,22;51:1,4; 52:7;131:21;173:21; 178:4,12,13,21,22,23 lift (1) 235:5 lightly (1) 144:2 likely (16) 7:6,8;21:21;48:16; 60:14;75:7,10;87:22; 89:6;132:24;180:16; 226:13;232:10; 234:16;235:6;240:5 Likewise (1) 185:14 limit (1) 79:8 limited (3) 6:7;239:20;242:12 Linda (9) 4:13;33:23;44:8; 82:1,2;86:21;153:4; 155:12;224:2 Lindley (29) 4:24;5:1;34:1,1; 68:23;69:1,2;70:12, 13,19;71:4;84:10; 88:6,23;89:9,17,22; 130:16,16;166:7,13; 213:6;216:16,19,21; 219:12;223:11; 240:10,19	line (13) 9:1;24:7;28:21; 59:3,4;62:3;83:4; 136:5;171:13;173:8; 175:6;221:3;223:16 lined (1) 139:21 link (1) 236:4 links (1) 95:14 lion's (1) 228:2 list (6) 34:18,20;35:4; 137:20;240:21; 241:18 listed (7) 34:13,14,14,15; 35:13;172:14;239:13 listen (3) 29:15;30:9;31:2 listened (1) 68:14 listening (5) 13:9;31:12;73:1; 242:22;243:5 literally (1) 171:16 little (44) 9:12;25:4;38:21; 54:12;56:6;71:9; 76:6;78:6;80:22; 92:20;93:13;133:16, 20;136:5,13;141:11; 142:18;144:8;149:4; 154:1;157:9;159:23; 162:1,6;167:20; 168:2;174:13; 175:21;185:7;191:5; 192:4;197:24; 201:13;210:8; 215:15;221:24; 225:12;227:9,12; 237:18;241:1,7; 244:19,20 live (2) 234:9,15 lives (4) 9:10;18:13;28:22; 29:4 living (2) 28:8;207:14 load (4) 154:23;175:21; 211:12,13 loaded (2) 173:2;211:14 Local (5) 13:23;18:2;24:11, 11;224:21 locations (1) 234:10	Lockard (3) 9:1,3,4 L-O-C-K-A-R-D (1) 9:4 Lockhart (2) 30:11,18 logical (2) 210:10;212:19 long (11) 28:14;66:9;147:24; 162:15,17;166:20; 189:12;190:1; 202:20;216:4;244:14 longer (6) 36:10;139:10; 167:10;179:3,19; 241:15 long-term (39) 6:23;7:1,3,13; 16:13;19:11,15;21:4, 6,9,12,20,24;28:9,17, 22;45:23;48:10;51:2; 59:5,13,18;60:21; 61:17,17;63:15; 65:10;67:5;73:2,11; 77:7,19,21;78:22; 86:11;131:21;132:5; 157:22;231:2 look (43) 18:11;33:9;37:6; 60:20;61:9;68:10; 134:13;139:20; 141:8;151:24; 157:19;159:12; 160:6,18;163:9; 170:8,20;174:6,20; 176:1;181:23;183:1, 17;184:22;185:20; 193:23;194:3; 195:20;197:21; 201:10;210:2;212:9, 12,15,19;213:16,24; 214:1,21;215:3,9; 216:3;244:6 looked (3) 30:20;37:13; 238:21 Looking (22) 29:1;32:22;55:19; 79:21;85:3;138:7; 139:16;142:21; 145:24;146:2; 147:21;148:6; 151:18,20;159:22; 173:11;181:13; 194:5;204:12;210:3, 12;230:18 looks (2) 41:1;181:18 lost (2) 18:13;207:6 lot (51) 30:5,7;40:18;48:3;
--	---	---	--	---

<p>52:7,13;69:18;77:1; 87:23;95:2;139:5; 144:2,4,6;145:2,5,8, 14,15,15;146:8; 150:6,23;151:1,2,2; 155:3;161:5;165:2,7; 171:21;175:20; 179:12;183:18; 184:12;191:15; 197:15;198:22,24; 207:6;211:20;217:9; 218:16,23;223:3; 230:4;231:9;235:20; 236:20;238:11; 242:22</p> <p>lots (3) 60:10;61:12,21</p> <p>love (3) 166:18;214:9; 241:1</p> <p>low (10) 18:10;28:2;45:17; 46:22;47:9;48:11; 69:7;77:12;142:22; 160:17</p> <p>low-cost (1) 138:5</p> <p>lower (7) 9:7;20:1;29:3; 149:23;178:21,22; 215:7</p> <p>lowering (1) 47:5</p> <p>loyalty (1) 80:15</p> <p>LTD (39) 7:3,16,22;8:6,8,10, 21;48:4;51:4;59:6, 16,22;60:8,11;62:1; 63:1,5;64:8,13,18; 69:21;70:5,10,13; 74:5,17;78:6,9;79:5; 84:23;85:4;86:14,14; 88:12;173:21;178:4, 7,12,20</p> <p>Lunz (12) 4:10,10,13,15,17, 20,22;5:2,5,8;97:14; 98:6</p>	<p>21:8,24;145:18</p> <p>maintains (1) 48:1</p> <p>maintenance (3) 138:4,15;144:19</p> <p>major (5) 7:12;68:11;132:11, 20;222:13</p> <p>majority (2) 21:13;199:3</p> <p>makers (2) 198:5,6</p> <p>makes (13) 89:15;134:13; 143:12;167:11,12; 186:5;207:5;208:17, 18;209:17;210:10; 212:20;213:21</p> <p>making (14) 65:21;72:8;78:4; 83:21;84:5;133:7; 147:8;161:9;188:10; 189:10;206:18; 209:13,22;212:16</p> <p>MALONEY (3) 30:1,4,5</p> <p>M-A-L-O-N-E-Y (1) 30:5</p> <p>manage (4) 9:10;140:3;142:8; 145:12</p> <p>managed (1) 224:22</p> <p>manager (4) 149:17,19;153:11, 13</p> <p>managers (1) 39:20</p> <p>mandates (1) 27:5</p> <p>mandatory (2) 40:14;42:16</p> <p>manner (3) 80:24;143:14; 194:10</p> <p>many (26) 5:18;13:6,6,6;14:4, 14,20;15:20;18:3,3; 21:14;29:15;84:17; 94:21;137:18;159:1; 161:10;166:9;168:3, 24;171:1;173:22; 174:2;176:3;217:19; 236:20</p> <p>marathons (1) 231:22</p> <p>March (42) 8:9;38:8;52:17; 75:11;83:6;84:3,5, 23;86:13;135:12,14; 156:4,6,18;157:19; 158:2,4;177:17; 179:24;180:23;</p>	<p>183:21;186:1,16; 188:17,18,18;190:1; 191:9;195:11,21,23, 24;196:1;210:6; 211:1;212:11,13,20; 213:16;214:2;216:4; 244:8</p> <p>margins (1) 204:21</p> <p>market (9) 63:10;149:22; 160:5;225:12,16; 226:18,21;232:18; 233:11</p> <p>marketplace (2) 160:8;235:8</p> <p>Marlene (2) 9:1,4</p> <p>Marsha (5) 5:2;70:4,21;86:16; 152:22</p> <p>MARTIN (26) 5:22;6:10;9:1; 10:17;13:16,20; 15:23;16:22;17:3,9, 12,15,23;20:16;22:3; 24:6;26:12,17;29:22; 30:3;31:7;97:13,17; 242:5,20;244:10</p> <p>Mary's (1) 91:15</p> <p>mass (1) 25:19</p> <p>match (4) 7:22;158:3;195:5; 209:18</p> <p>materialize (1) 15:5</p> <p>materially (1) 222:13</p> <p>materials (1) 188:23</p> <p>math (5) 166:18;168:8; 179:5;182:6;206:23</p> <p>mathematical (1) 190:9</p> <p>Matt (1) 20:20</p> <p>matter (5) 91:9;159:1;175:3; 191:17;243:9</p> <p>matters (2) 92:18;158:21</p> <p>max (4) 9:22;59:15;62:1; 63:17</p> <p>maximum (6) 18:23;58:22;91:23; 93:1,17;132:2</p> <p>maximums (3) 28:4;47:16;78:11</p> <p>may (53)</p>	<p>6:8;16:24,24; 26:13,15;27:24;29:6; 31:24;32:4;48:20; 52:10;53:18,20;55:3, 23;71:19;73:20;74:2; 75:11,22;76:19; 78:24;79:3;89:7; 90:9;91:2;95:22; 134:7,8;147:7;152:3; 154:19;156:7,18; 157:4;169:13,18; 170:6,12,16;186:2; 198:23;205:7;207:5; 209:22;211:4; 214:14;225:15; 227:14;231:20; 232:1;242:8,13</p> <p>maybe (41) 7:14;34:24;56:6; 58:17;64:7;65:14; 74:9,16;82:22,23; 83:19;94:6;97:24; 132:8;138:16; 148:17,18,19;170:5, 7,8;186:5;188:17,18; 191:12;193:22; 194:19;199:1;200:6, 23;205:7;207:14; 209:11,14,18;210:10; 212:14,18;215:2,15; 243:11</p> <p>mean (33) 7:16;41:20;43:5; 63:8,11;65:22,23; 69:5;70:23;71:7; 81:13;82:22;88:17; 89:12,15;136:7; 174:12;192:13; 196:24;198:10,13; 200:17;202:6,12,18; 203:7;204:19; 206:21;207:8;211:6, 21;214:14;241:6</p> <p>means (6) 42:11;60:15;80:19; 163:5;208:3;241:11</p> <p>measure (1) 36:9</p> <p>measures (1) 218:5</p> <p>mechanical (1) 52:21</p> <p>mechanism (2) 186:16;235:4</p> <p>mechanisms (1) 235:15</p> <p>med (1) 172:24</p> <p>media (1) 200:8</p> <p>mediate (1) 213:2</p> <p>Medicaid (1)</p>	<p>62:4</p> <p>medical (19) 22:13,14,15;36:1; 40:6;46:12,17;49:8; 91:17;140:9,24; 150:19;151:13,15; 159:11;161:15; 171:21;173:7;178:4</p> <p>Medicare (13) 9:13,14,19,21,24; 10:2;45:16,19; 170:14;172:19; 178:13,18;243:15</p> <p>Medicine (2) 28:20;38:4</p> <p>meet (1) 18:17</p> <p>meeting (81) 4:8;8:9;15:2,7; 18:18;21:7;24:2; 25:15,20;26:4;30:14; 31:13;42:19;44:23; 69:4,10;75:11;76:23; 77:1,22;83:1,6;84:3; 86:12,13;87:19; 88:13;89:18,21; 90:15;92:7;94:7; 95:9,11,12,14,15,18; 96:5,8,13,14,14,17, 23;97:5,6,16,18,20; 98:5;130:6;134:9,22; 138:17;156:6,7,21; 160:3;176:24; 179:10;183:22; 184:16;188:17; 190:2,12;194:1; 195:23;210:7; 212:13;216:5;217:1; 218:7;220:2;221:11; 223:7;224:1;240:11; 243:4;244:14;245:2</p> <p>meetings (14) 25:11,16;96:6; 138:16;180:3; 188:18;217:8; 220:22;228:5; 231:21,23;239:13; 241:17,21</p> <p>MEMBER (231) 4:14,16,19,21;5:1, 3,7,10,13;13:23;17:7; 24:11,12;26:18;32:8, 16,18,21;33:13,23; 34:1,10,11;35:6,8,11, 21;36:18;37:16; 39:23;40:1;41:9; 42:9;44:8,10;52:23; 56:4;58:5;62:13,23; 63:7,13,19,23;64:2, 19;65:2;66:19,22; 68:11,14;69:1,21; 70:4,12,19,21;71:4; 72:21,24;74:7,13;</p>
---	--	--	---	---

M

Madam (6)
5:22;20:19;31:10,
16;95:20;244:10

mainly (1)
234:22

maintain (4)
15:16;21:11;145:6;
200:6

maintained (3)
146:9;167:5;180:1

maintaining (3)

<p>75:18;77:16;79:1,4, 24;81:24;82:1,4; 83:14;84:10,13,15; 85:1,2,6,10,19;86:7, 10,16,21;87:2,14,21; 88:6,16,23;89:5,9,17, 22;90:9,12;92:7; 93:22;94:2,8;97:3,8; 130:13;133:3,18; 134:12,15,23,23; 135:8,22;136:1,20; 137:5,8,10;140:4,5; 144:11,13;146:16; 147:6,14,18;148:2,3; 149:8,9;150:13; 151:7,13,17;152:16, 22;153:1,3,4,14,15, 19;154:5,11,16,24; 155:12;162:12,15,21, 23;163:15,21;164:9; 166:7,22;167:13,23; 168:13,17,19,23; 173:4;174:9,22; 175:10;179:21; 181:2,9,11;182:18; 183:5;186:10,24; 187:3,9,13,15,20; 188:6,14;189:3; 190:3,7,15;193:5; 194:22;196:3; 197:11;198:7; 200:15;201:1,18; 202:3,10;203:19,23; 205:21;207:8; 208:17,21;209:7,9; 211:2;212:1,3,21; 213:4,15,20,22; 214:19;215:11; 216:14,16;222:22; 223:11;224:2,4; 227:4;228:24;237:9, 23;238:10,17;239:2, 24;240:1,9,10,19,20; 241:20,24</p> <p>Members (78) 6:20;8:17;9:3; 16:6;17:5;18:1,13; 19:19;20:4,6;21:13; 25:15;26:22;27:11; 28:7,12;29:17;30:2; 31:19,21;32:1,3,4,5, 13;37:19;42:2;44:5; 47:10;48:14;55:15; 64:24;66:16;67:13, 17,21;72:10;85:22; 86:19;91:9,17,17; 92:18,21;93:11,14, 20;130:8;131:4; 140:7;150:16,20,23; 152:2;154:4;192:13; 217:8;219:4;220:12; 221:20;222:1,4,23; 223:4,15;224:6,19;</p>	<p>226:14;229:18; 230:4,5,5;231:19,20; 233:5;234:12; 240:23;244:15</p> <p>membership (1) 10:9</p> <p>Memorial (1) 91:15</p> <p>memories (1) 227:22</p> <p>mental (1) 59:19</p> <p>mention (1) 78:17</p> <p>mentioned (10) 33:22;41:17;79:6; 133:19;135:10; 145:22;147:17; 158:11;164:24; 195:10</p> <p>mentioning (1) 71:5</p> <p>mentions (1) 205:16</p> <p>menu (1) 48:15</p> <p>Messier (74) 156:12;157:6,7; 162:14,17,22;163:3, 24;164:13,19,20; 165:13,13;166:11,15, 15;167:14,14;168:1, 16,18,20;169:7,7; 173:11;174:14,15; 175:11,12;176:17; 177:4,4,7,9,13,17,22, 22;178:1;181:8,10; 182:5,5;183:8; 186:15;187:1,8,11, 14,19,23,23;188:12, 12,15,20;190:14,14, 17,17;197:15;198:18, 18;204:23;207:22; 208:1,1;209:4,5; 212:10,10;214:6,7,7</p> <p>messing (1) 177:20</p> <p>met (2) 45:6;156:2</p> <p>method (2) 188:7;212:8</p> <p>methodology (7) 186:17,19;194:9, 10;195:2,7,7</p> <p>metric (4) 35:22,23,24;36:21</p> <p>Michelle (27) 4:20;33:13;44:10; 56:4;79:24;84:13; 87:15;93:22;97:3; 130:13;134:15; 137:8;148:3;153:21; 162:12;166:22;</p>	<p>167:24;173:5; 186:10;189:5;193:5; 198:7;201:1;214:19; 215:13;228:24; 238:17</p> <p>mid (2) 156:4;232:10</p> <p>middle (3) 183:17;193:24; 201:23</p> <p>midst (1) 14:1</p> <p>might (25) 8:6;33:7,8;38:8; 52:24;54:9;57:2; 68:10;73:23;80:21; 87:22;147:6;155:2; 157:19;170:19; 184:9;192:3;195:20; 197:7;213:2;214:21; 215:3,17;226:20,20</p> <p>migrate (1) 91:18</p> <p>migration (2) 161:10;235:22</p> <p>million (28) 45:9,12;48:12; 78:6,9,10,13;79:7; 80:4;87:6;88:20,20; 91:14;132:3;146:4; 207:18,18;208:4; 224:14;225:10,15; 226:2,6,19,20,21; 234:22;238:1</p> <p>millions (1) 9:17</p> <p>mind (11) 13:5,11;50:12,13; 52:16;58:1,3;69:4; 81:20;147:14;198:22</p> <p>mindful (1) 221:22</p> <p>minimal (2) 91:16;94:12</p> <p>minimize (1) 72:21</p> <p>minimized (1) 197:7</p> <p>minimizing (1) 46:10</p> <p>minus (1) 151:8</p> <p>minute (5) 44:23;79:22;97:15; 230:14;234:6</p> <p>minutes (8) 6:7;33:14;34:13; 35:7;43:23;44:6; 96:18;242:12</p> <p>mirrored (1) 233:4</p> <p>mispronounce (1) 5:12</p>	<p>missed (1) 86:6</p> <p>mission (4) 7:12;49:3;67:21; 239:5</p> <p>misspeaking (1) 171:20</p> <p>mitigate (2) 66:6;157:5</p> <p>mitigated (1) 30:22</p> <p>mix (1) 160:9</p> <p>mixed (1) 17:12</p> <p>mixture (2) 199:11,12</p> <p>model (3) 45:16;235:12,13</p> <p>models (1) 232:23</p> <p>modification (1) 96:21</p> <p>modifications (1) 222:8</p> <p>modifying (2) 134:17,21</p> <p>mom (1) 25:6</p> <p>moment (4) 4:23;58:11;59:14, 20</p> <p>MONAT (3) 232:19;233:17; 235:18</p> <p>Monday (2) 8:7;230:22</p> <p>money (23) 9:15;10:1;13:2; 54:24;57:8;65:13; 69:13;71:13;136:9; 164:11;165:22; 191:6;198:24; 200:17,20;205:17; 225:1,2,13;228:2,12; 230:5;238:19</p> <p>monies (2) 58:21;225:5</p> <p>monitors (1) 157:11</p> <p>month (16) 15:15;28:6;61:6,7; 63:9,9;64:17,17; 136:17;168:10; 171:14;172:22; 173:1;174:16; 175:15;226:20</p> <p>monthly (6) 63:14;64:14;70:6; 231:21,23;241:17</p> <p>months (4) 67:8;79:12;159:11; 226:17</p>	<p>MOONEYHAN (25) 31:16,17;34:22; 35:1;49:22,24;50:22; 52:6,8,8;55:17,22; 65:14;74:8;80:20,20; 82:7,14,16;89:18,19; 95:20,22;96:1; 213:12</p> <p>Mooneyhan's (1) 82:13</p> <p>more (107) 7:8,23;10:4;13:3,3; 14:14,21,22;15:18; 19:23;24:18;25:15; 29:11,11;32:23;41:3, 13;46:19;49:2;52:7; 54:15;56:2;64:22; 65:14;68:10;69:13; 73:5;80:22;82:23; 88:7;89:6,9,17;95:6; 133:21;134:21; 136:14;138:24; 145:5;146:8,22; 148:6;149:4,16; 154:19;156:14; 158:14;159:23; 161:3;162:1,7;169:4, 21;170:1;171:23,24; 173:15,15,17;174:3; 175:21;177:5; 184:18;185:7,9,12; 186:5;189:23;191:5, 12;192:4;193:10; 194:4;195:12;196:6; 197:1,4,4,22;199:24; 200:3,4,21;201:22; 206:18,19;208:5,19; 210:5,10;211:17,20; 213:24;215:22; 221:5;222:1;226:3; 227:9,12;233:10; 236:5,7,18;239:6; 241:8;242:2;244:2</p> <p>morning (15) 4:5,5;5:10;6:9;9:3; 13:21;16:6;17:5,22, 24;22:6;30:1;57:15; 58:7;182:12</p> <p>most (19) 7:24;31:20;37:23; 40:17;47:4;60:14; 62:1;66:24;91:16; 94:23;133:10; 150:13,15;161:23; 174:21;198:3; 218:21;228:6;234:7</p> <p>mostly (1) 43:16</p> <p>mother (1) 22:10</p> <p>motion (63) 33:20;34:7,8;44:6, 9,15,16;78:5,14;</p>
---	--	---	--	--

83:10;84:1,2,12;86:1, 8,10,17,20;88:3,7,10, 24;89:13;90:1,3,4, 130:9,20;131:1,4, 134:16;137:1,14, 139:17;142:7, 152:19;153:9,11,18, 23;155:10,12,16, 201:2;203:19, 208:22;209:3;210:5, 14;212:23;213:1,8, 11,13;219:12,13,18; 223:11,21,23;224:2, 9;229:6 motions (1) 85:23 move (53) 5:20;9:17;32:12; 49:9;55:22;60:16; 73:6,10,14,18,18; 74:10,15,18,20;75:6; 76:17;83:11;84:6,21; 90:16,22;130:10,21; 137:15;139:13; 147:6;153:12; 154:18,18,21;156:9; 159:14,19;167:22; 168:22;183:9; 205:12;214:9,17; 216:11,12;219:6; 226:7;228:19;236:6, 19;238:24;239:9,10, 23;242:2,15 moved (8) 130:14;137:6; 145:8,10;179:18; 183:10,14;186:20 movements (1) 170:9 moves (1) 238:9 moving (13) 30:7;37:6;76:15; 137:21;138:4;147:8; 170:14;178:2; 179:14;229:19; 230:1,12;239:14 much (57) 5:9,16;7:1;8:24; 10:16;13:7,9,15; 17:14;24:1,22;25:7; 27:10;31:6,11;47:21; 54:11;58:17;65:16; 69:1;74:13;86:13; 88:21;138:11,19,23, 24;145:19;147:15; 149:5;157:12;169:8; 176:1;177:10; 179:19;180:24; 188:11;190:4;192:7; 195:12;199:21; 200:9;204:20,22; 208:18;215:13,19;	217:9;218:24; 222:19;233:15; 236:22;240:9;243:6, 20;244:12,15 muddy (1) 230:1 multiple (2) 36:23,24 multiplied (2) 187:6,7 multiply (1) 168:4 must (4) 28:1,24;51:3;226:9 mute (7) 26:16;45:3;70:19; 88:14,15;97:8; 156:10 myself (8) 33:18;40:9;52:19; 69:17;152:18;183:4; 219:23;240:24 N name (33) 5:11,13,23;6:4;9:4; 10:18,22,24;13:17, 21;15:24;16:4,7,23; 17:6,16,20;18:1; 20:17,20,21;22:4,6,7, 8;24:8,9;26:13,15; 29:23;31:8;242:6,17 namely (1) 34:15 names (1) 35:2 national (3) 37:8;140:11,24 nationwide (1) 140:16 nature (3) 7:19;8:21;169:5 near (1) 132:11 nearly (1) 199:20 necessarily (7) 54:17;55:12;56:23; 89:13;169:6;197:2; 203:18 necessary (7) 20:8,13;40:10; 90:21;132:19;219:1; 238:3 need (54) 10:9;14:8,17,18, 22;19:10,15;20:2,4,6; 30:9;42:15,16;43:19; 55:9;62:24;74:19; 76:5;78:7,9,9;80:21; 81:19;82:17,18;84:4; 89:13;136:11;	137:19,21;138:3; 142:7;145:3;152:14; 155:2;158:14; 166:20;172:6; 195:22;196:1;208:3; 209:3,14,24;210:5; 215:15;219:8;223:1; 227:12;236:13; 237:11,14;238:24; 240:7 needed (4) 94:2;167:10; 218:17;228:8 needing (1) 21:7 needs (15) 10:12;14:19;30:20; 46:21;60:17;61:8; 83:8,8;94:7;148:18; 213:7;222:15;238:5, 6,6 negative (3) 32:24;233:21; 234:18 negatively (1) 239:4 negotiate (3) 142:5;150:9; 160:10 negotiated (4) 45:15;91:11; 131:10;149:23 negotiation (1) 155:24 neither (1) 50:15 nerd (1) 166:18 net (7) 7:6;16:17;59:12; 60:4;64:20;163:20; 243:15 nets (2) 60:6;62:6 network (29) 33:15,18;35:12; 36:5;37:8;45:18; 91:1,1,4,14,14;93:5, 12,23;94:8,11;131:8; 140:10,11,18;141:1, 3,4;147:2;171:22; 172:15,20;173:18; 174:3 networks (5) 140:21;141:10; 172:1;231:4,5 neutral (1) 232:3 NEVADA (27) 4:1;6:12;9:6;14:4, 15;15:12;16:8;17:8; 19:24;22:9;24:11; 26:20,20;27:1,17;	58:7,18;78:1;92:16, 19;93:3;130:1;169:1, 5;199:5,23;233:6 Nevadans (4) 14:22,24;233:3,20 Nevada's (1) 232:17 new (41) 5:10;28:4;36:17; 37:6,14;45:11;46:22; 48:17;69:7;75:23; 90:23;91:3;92:11; 93:4,21;97:18,19; 98:7;130:7;142:23, 24;149:10;151:18; 153:12;161:11; 164:16;168:10,11; 170:4,8,8;189:15; 195:6;202:19; 208:19;223:4;231:6, 7,20;233:24;235:20 newer (1) 192:13 news (1) 224:13 next (27) 15:5;26:24;40:2; 82:18;92:11;131:20; 150:22;151:23; 152:7;159:20; 169:13,18;170:23; 172:11;175:13,24; 177:10,20;201:24; 205:13,20;208:15; 214:9;231:11,12; 232:13;242:15 nice (1) 238:14 nobody (2) 53:9;88:3 Nodded (2) 97:7;147:5 noise (1) 193:16 none (3) 8:1;32:12;172:11 nonetheless (1) 219:2 non-standard (1) 65:20 non-state (1) 169:17 norm (3) 142:14,18;143:2 normal (1) 72:2 normally (1) 27:19 north (1) 4:6 no's (1) 86:5 notch (1)	243:7 note (12) 32:6;96:2,9,12; 132:6;165:1,11; 167:16;216:13; 232:1;239:16,18 noted (3) 71:22;72:2;197:15 notice (5) 34:12;37:23;156:4; 171:23;178:22 noticed (1) 237:15 notification (1) 25:18 notified (2) 25:22;26:2 notwithstanding (1) 83:10 November (28) 6:17,20;8:11; 10:12;21:7;35:7; 45:5,8;47:22;51:3; 56:16;67:3,18;76:24; 77:21;79:9;83:1; 85:11;86:12;88:12; 91:7;93:8;160:3; 184:16;195:10; 230:1;232:14;243:4 NRS (12) 27:14;32:2;50:7; 96:2,5,7,10,20; 221:21;224:24; 225:4,10 NSHE (3) 7:24;20:21;21:14 number (35) 17:12;27:21;28:17; 37:21;62:14,18;79:5; 80:1,3,9,10;88:19; 89:7,8;134:13,24; 163:23;168:4,9; 172:24;173:12; 175:15;178:17; 185:1;205:18; 208:14;209:18; 210:21;217:13; 222:7;223:5;238:8; 241:4,13;242:7 numbers (17) 15:23;84:3;145:23; 157:15;158:23; 182:13,15;183:17,18; 184:14,16;186:7; 195:4,6;207:19,19; 208:20 numerous (2) 18:2;193:18 O o0o- (2) 4:2;130:2
---	---	---	---	--

<p>object (1) 9:6</p> <p>objects (1) 216:2</p> <p>obligations (1) 131:18</p> <p>obvious (1) 28:3</p> <p>obviously (14) 36:8;59:5;61:24; 94:10;138:6;164:10; 170:9;193:24; 214:20;225:16; 230:17;231:2; 235:22;239:3</p> <p>occurred (3) 156:17;182:21; 225:11</p> <p>occurs (2) 73:19;174:1</p> <p>o'clock (2) 4:6;98:1</p> <p>October (7) 91:5,7;92:14,15, 16;93:6,7</p> <p>odd (2) 168:17,21</p> <p>off (19) 25:13;51:7;85:11; 136:17;163:19,21; 164:5;172:19;173:1; 183:3;188:11;189:4, 19;190:1;196:22; 197:4;229:20; 243:15;244:4</p> <p>offended (2) 159:5;244:20</p> <p>offer (7) 32:3;49:1;140:16; 143:16;148:10; 233:10;237:1</p> <p>offered (7) 16:14;46:21;139:8; 143:14;233:4,5; 235:12</p> <p>offering (4) 67:9;142:1;170:4; 243:11</p> <p>offerings (3) 136:17,18;161:14</p> <p>offers (3) 143:7;178:6; 203:19</p> <p>office (12) 20:5;27:6;45:8; 46:5;51:20;53:8; 56:19;57:7;161:18; 195:16;236:12;237:4</p> <p>officer (21) 18:16;29:13;36:19; 52:11;59:10;60:12; 79:2,4;80:14;148:4; 166:24;167:1;</p>	<p>182:19;193:6; 221:14;227:5; 229:10;237:10; 238:14,17;240:20</p> <p>officers (2) 27:9;192:22</p> <p>offices (1) 9:7</p> <p>offset (4) 215:8;225:18,22; 227:11</p> <p>often (2) 19:22;163:21</p> <p>Oftentimes (1) 18:5</p> <p>old (7) 13:22;16:9;17:8; 186:19;203:13; 206:22;234:15</p> <p>older (1) 61:13</p> <p>Once (11) 6:3;33:19;44:21; 74:14;150:24; 165:14;169:11; 173:9;187:16; 236:18;244:15</p> <p>one (93) 7:12;10:9;17:13; 22:14;32:23;35:24; 36:19;37:1;38:3; 39:12;43:6;47:8; 53:1,24;58:12;68:21; 73:22;74:1,2;79:21; 84:22,23;85:24; 89:17;94:10;98:7; 131:1,3,4;132:6,9; 135:10;137:23; 143:20;146:15,17,18; 147:11;148:6;149:3, 10;151:16;152:19; 154:8,22;156:5; 158:18;162:1;167:6, 15;169:13,18;171:7, 8;172:8;176:5; 181:11;182:1; 183:17;187:6,6; 190:1,20;192:6; 194:11,14,16,17; 199:17;200:14; 202:20;205:13,19; 209:12;210:11; 215:8,22;217:18,19; 223:22;225:7; 232:13,23,24;233:23; 235:21,21;236:8,11; 239:17;242:15; 243:13;244:22</p> <p>one-all (3) 196:8;197:3,12</p> <p>ones (6) 18:7;26:1;33:22; 137:20;138:6;140:6</p>	<p>one-time (1) 156:23</p> <p>one-year (1) 150:1</p> <p>ongoing (3) 37:2;50:14;138:3</p> <p>only (46) 7:21;18:12;20:24; 30:11;64:16;71:2; 76:22;77:8,9;96:14, 15;140:23;149:2; 165:4;166:4;167:8; 170:21;172:5;173:9; 182:1;185:3,11; 190:4;191:16; 192:15,20,20;196:17, 18;199:1;201:4; 203:9;205:7;208:10, 11;209:11;210:18; 214:8,9;225:3,5,7; 234:9;235:14,23; 239:15</p> <p>onto (5) 32:12;132:9; 137:15;165:6;178:3</p> <p>oops (1) 207:17</p> <p>open (21) 48:16;60:10;63:10; 66:15;89:18,21; 95:17;96:6,8,13,22, 22;150:22;170:1,16; 202:6,10;208:2; 230:12,13;244:5</p> <p>openness (1) 29:14</p> <p>opinion (12) 34:24;139:19; 141:15,17;144:19; 149:11;154:19; 166:13;191:21; 193:8;238:4;244:3</p> <p>opportunity (9) 14:3,14;20:20; 36:20;42:6;213:19; 224:21;230:6;239:5</p> <p>opposed (12) 34:6;44:14;85:4; 86:4;90:2;130:19; 137:13;155:15; 219:16;223:19; 224:7;229:4</p> <p>opposing (1) 22:10</p> <p>opposition (2) 13:24;21:3</p> <p>opted (1) 42:10</p> <p>opt-in (1) 21:21</p> <p>option (30) 8:1,8;25:9,22; 46:23;141:2,4,6;</p>	<p>186:5;188:24;192:2, 6;201:23;212:18; 213:1;232:17,22; 233:2,10,14,18,19; 234:5,21;235:8,9,11, 18;236:1;237:2</p> <p>optional (4) 40:14;41:21,23; 148:8</p> <p>options (12) 33:17;37:10;46:20, 21;49:11;76:20; 139:17;148:19; 151:24,24;157:4; 226:15</p> <p>oral (1) 6:13</p> <p>order (15) 4:8;24:2;44:23; 83:7;90:15;130:6; 159:14;179:5;209:5; 217:1;226:8;227:24; 228:13,22;234:3</p> <p>organization (1) 10:5</p> <p>organizations (1) 141:9</p> <p>original (8) 17:10;21:24;47:3; 67:18;131:10;139:3; 149:24;222:12</p> <p>originally (4) 194:15;224:20; 227:6,23</p> <p>origination (1) 227:6</p> <p>others (4) 14:20;86:6;166:19; 176:18</p> <p>otherwise (1) 224:18</p> <p>ought (1) 222:16</p> <p>out (95) 5:18;9:18;15:4; 20:4;25:24;26:2; 36:14,15;38:10;41:3; 42:1,10,21;49:1;50:6, 8;57:19;58:22,22; 59:15;60:20,21,22; 62:1;63:20;68:15,21; 69:13;75:24;77:5; 79:16;82:7;83:11; 86:11,23;87:4;88:11; 92:8,8;97:15;135:15; 138:3;139:11,21; 141:3,10,18;142:2, 17,17;143:12,22; 145:17;146:7; 147:23;148:5;149:5; 151:18,20,24;152:10; 154:18,19,19,21; 155:22;158:22;</p>	<p>160:18;163:1,17,24; 164:1;169:2;174:20; 179:4;183:2;185:17; 189:16;191:7; 192:23;200:5,24; 206:3;222:16;226:6; 228:4,13;229:11; 231:24;232:9,12; 236:13,24;237:13; 240:22</p> <p>outcome (1) 21:18</p> <p>outdated (2) 28:1;218:16</p> <p>outlier (1) 142:10</p> <p>outline (1) 206:11</p> <p>outlined (2) 201:3;238:1</p> <p>outlines (1) 232:22</p> <p>out-of-network (3) 45:15;160:2;172:3</p> <p>out-of-pocket (4) 18:23;28:3;47:16; 78:11</p> <p>out-of-state (1) 172:1</p> <p>outreach (1) 29:14</p> <p>outreaches (1) 57:15</p> <p>outset (1) 72:14</p> <p>outside (4) 41:7;142:18;143:2; 192:11</p> <p>over (38) 5:21;7:14;22:12; 24:4;71:18;72:12; 73:2;78:6;79:7;80:6; 88:15,18;91:19;96:7; 142:23,24;144:7; 145:9,10;146:3,23; 159:4;161:18;164:7; 184:18;185:15; 194:11,12,14,19; 196:12;205:2; 214:22;215:3;217:2; 228:17;232:2;241:5</p> <p>overall (8) 21:11;46:3;48:23; 169:19;180:15; 200:20;231:7;233:15</p> <p>overly (1) 15:6</p> <p>override (2) 50:1;51:12</p> <p>overrode (1) 7:3</p> <p>oversee (1) 222:7</p>
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<p>oversight (3) 28:23;154:20; 221:5</p> <p>overstepping (1) 51:21</p> <p>overview (2) 90:19;95:7</p> <p>overwhelmingly (1) 58:15</p> <p>own (11) 20:24;42:11;72:4, 5;140:21;168:2; 181:21;190:22; 198:3;215:6,10</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>package (12) 20:1,3;46:18; 140:17,19;141:9,12; 142:11;146:12,13,19; 148:17</p> <p>packets (1) 245:2</p> <p>page (12) 32:23;33:2;50:24; 64:15;99:1.3;139:21; 187:3;196:13;221:1, 2;222:7</p> <p>Pages (1) 98:10</p> <p>paid (4) 25:10;159:12,16; 225:20</p> <p>painful (2) 209:22;227:22</p> <p>palm (1) 34:4</p> <p>pan (1) 163:17</p> <p>pandemic (8) 14:1;18:12;27:3; 39:13;59:17,17; 194:16;216:11</p> <p>panel (1) 163:22</p> <p>parents (3) 13:12;157:2;184:9</p> <p>part (17) 31:22;48:18; 133:10;137:17; 140:19;141:4; 142:11;146:19,23; 147:12,21;161:16; 166:18;192:23; 199:12;220:9;223:8</p> <p>partially (1) 6:17</p> <p>participant (35) 38:19;42:22;43:6; 63:14;80:6;88:11,17; 168:10;171:14; 173:1,12;174:16,19,</p>	<p>22;175:7,15,18,19; 176:9,11;177:1; 178:10;179:17; 180:5;181:13; 193:12;197:22,23; 198:4;205:24; 206:13,14;207:1; 211:19;221:16</p> <p>participants (22) 8:19;38:4,18; 40:15;43:20;57:3,14, 16;58:24;59:18; 64:14;66:8;172:7,12; 174:17;175:2;176:9; 178:17;192:7; 197:14;201:16;207:4</p> <p>participant's (1) 38:13</p> <p>participate (3) 42:16;143:10; 217:8</p> <p>participating (2) 19:8;152:3</p> <p>participation (1) 158:14</p> <p>particular (11) 6:23;31:22,35;15, 17;36:21;40:12,18; 43:23;68:2;194:13; 197:3</p> <p>particularly (1) 169:15</p> <p>parties (1) 222:12</p> <p>partnerships (1) 140:22</p> <p>parts (1) 220:23</p> <p>party (3) 140:1;142:13; 148:14</p> <p>pass (4) 73:8,8;80:15;157:5</p> <p>passed (2) 53:2;240:18</p> <p>passes (1) 223:20</p> <p>past (12) 19:7;33:4;41:18; 73:7;142:19;166:8, 24;167:2;168:22; 179:23;189:8;218:9</p> <p>paternalistic (1) 198:21</p> <p>path (2) 165:3;235:11</p> <p>patient (1) 38:10</p> <p>patiently (2) 24:4;68:23</p> <p>patterns (2) 159:16,16</p> <p>Paul (1)</p>	<p>24:20</p> <p>pause (3) 49:10;138:19; 227:2</p> <p>pay (20) 9:18,18;16:9,15; 18:10;20:1;24:19; 29:6;136:3,16;140:2; 159:15;178:23; 184:7,10;185:10; 190:4;199:2;228:9, 22</p> <p>paychecks (1) 69:14</p> <p>paying (4) 25:8;171:12; 185:13;215:16</p> <p>payment (1) 159:16</p> <p>payments (2) 133:7;160:11</p> <p>payroll (2) 226:3;228:6</p> <p>pays (2) 177:14;209:7</p> <p>PBM (9) 132:11;144:8; 149:20;150:5;151:4, 9,10,18,19</p> <p>PCP (1) 33:3</p> <p>PEBP (178) 5:21;6:17,24;7:10; 8:8,17;9:4,14,15,17; 10:1;15:9;18:4; 19:18;20:4,7,21,2, 17;24:4,12;25:20,23; 26:23;27:1,8,9;28:12, 24;29:16,18,31,14, 19,21,24;37:22;40:7; 44:24;45:6;46:8,18, 21;47:5,11;48:14; 49:1,3,6,11,13;50:1; 51:11;52:9,22;54:5, 12,14,21;55:5;56:15; 60:18;61:6;64:7; 66:4,5,7;67:8;71:15, 19;72:10,11,15;73:5, 10;74:10;84:2,7; 85:7,14;88:11;90:15, 20;91:5,9,11;92:14, 18;93:6,11;95:6,11; 97:1;132:10,18; 137:24;138:2,18; 140:16;142:8; 143:12,24;144:18; 148:19;152:13,19; 153:12;154:17; 155:18;157:4; 162:18;163:16; 165:15;166:4;167:6; 169:9,14,18;170:7, 20;171:11,13,15,16;</p>	<p>173:7;174:24;175:2, 17,24;178:6;179:6, 18;182:8,11,15; 183:12;184:2; 185:17,20;186:20; 211:12;217:2; 218:24;219:9; 220:14;225:2,7,24; 226:9,11;227:15,16; 228:4;229:13,19; 230:11,21;231:9,15, 17;232:1,14;233:2,5, 7,14,20;234:11,21; 235:9;236:1,5,11; 237:3;239:4;242:4; 243:12;244:17,18,24</p> <p>PEBP's (14) 66:11;71:9;72:8; 92:19;93:12;138:24; 161:18;170:11,22; 171:2,20;180:23; 188:3;205:13</p> <p>peek (1) 230:7</p> <p>peer (1) 77:4</p> <p>penalize (2) 194:11,13</p> <p>penalizing (1) 196:15</p> <p>penalties (2) 37:14;147:21</p> <p>penalty (4) 35:15;36:23,24; 37:5</p> <p>people (40) 13:6,11;14:21,21; 15:16;38:14;42:21; 57:1;58:7,13,15,17; 59:13;64:2,2;73:23; 74:22;77:3;159:1; 160:9;161:10;168:3, 5,10;172:18;173:22; 176:3;189:9;190:9, 12;196:15;200:17; 205:12;207:6;234:1, 7,9;235:8;244:5,20</p> <p>people's (2) 14:6,17</p> <p>PEPB's (2) 161:18;172:6</p> <p>per (26) 7:21;9:22;28:6; 42:5;45:9,20;80:6; 161:1,2;168:10,10; 171:14,14;172:21; 173:1,9,12;174:16, 16,19,22;175:7,14, 15;178:19;180:5</p> <p>percent (104) 6:16;7:21;15:3,5; 18:21,23;19:4,9; 21:8;35:18;45:7,16,</p>	<p>24;47:3,4,17;56:16; 57:8;62:16;63:22,22, 22,24;64:3;69:5,13; 74:18,18;79:7,10,14, 16;87:17;88:13; 158:3;162:8,10; 163:4,10;164:2,6; 166:10;184:4,6,7,10; 185:2,3,8,11,13; 186:12;191:16,22; 192:8,16,18,19,19; 197:16;199:2,7,9,20; 200:18,18;201:4; 202:16;203:9,12,15; 204:5,6,13,14,16,17; 205:3,7,8,10,24; 206:2,6,14,15,24; 207:2,3;208:2,3,10, 10,11,12;209:10,12, 13;210:19,22;230:2, 18,20;233:15</p> <p>percentage (16) 63:6;64:8;177:1, 20;183:11;185:9; 189:1;191:22; 192:16;202:5;205:6, 20;206:7;209:21; 211:5;228:6</p> <p>percentages (8) 184:20,20;197:19, 20,20;213:18,23,24</p> <p>percents (3) 190:24,24;191:1</p> <p>perfect (1) 199:21</p> <p>perform (1) 235:4</p> <p>performance (9) 35:17;36:6,9;37:5, 14;154:9,13,21;162:3</p> <p>perhaps (12) 37:2;43:9;54:23; 56:1,2;77:20;133:19; 154:9;160:12; 189:23;206:4;237:17</p> <p>period (16) 7:7;18:15;31:13; 33:5;36:24;67:10; 68:1,17;91:6;92:15; 93:7;147:24;184:23; 191:7;218:18;242:3</p> <p>periods (1) 58:9</p> <p>permission (5) 52:14;73:6,18; 76:3;182:11</p> <p>PERS (5) 7:24;21:15;28:13; 224:23;228:17</p> <p>person (3) 9:22;13:6;178:19</p> <p>personal (3) 192:6,10;238:4</p>
---	---	--	---	---

<p>personally (2) 69:19;80:8</p> <p>perspective (5) 9:13;76:9;160:15; 196:24;198:15</p> <p>pertains (1) 223:17</p> <p>peruse (1) 32:15</p> <p>Peter (1) 24:19</p> <p>pharmaceutical (1) 38:11</p> <p>pharmacy (17) 42:12;149:17,18; 150:19;151:11,15,19, 21;153:11,13;159:10, 17;160:5,7;161:15; 172:11;173:8</p> <p>phenomenon (1) 205:19</p> <p>philosophy (1) 151:14</p> <p>phone (3) 6:2;42:5;242:7</p> <p>physical (2) 43:9;59:18</p> <p>physician (1) 28:20</p> <p>pick (4) 163:23;164:3,6; 178:19</p> <p>picks (2) 179:21;205:15</p> <p>piece (4) 37:3;142:9;148:11; 170:23</p> <p>piggyback (1) 146:17</p> <p>pipeline (1) 41:12</p> <p>pivot (2) 74:24;83:22</p> <p>place (11) 60:13;66:23;68:2, 8;85:3;162:20; 167:19;179:6; 198:20;199:4;233:9</p> <p>placed (1) 49:8</p> <p>places (4) 39:15;158:20; 169:1;179:7</p> <p>placing (1) 215:24</p> <p>plan (212) 8:11;15:7,9;16:14; 18:22,24;19:2,8,8,20; 20:12;21:2,8,9,10,11; 26:23;27:12,20,23; 28:4;29:9;31:23,23; 45:6,6,10,11,18;47:1, 10,12;49:14,18;50:5,</p>	<p>11,14,17,19,23; 51:19;52:10,14; 53:17;54:4,5,18,24; 55:13;56:1,8,9,16,20; 57:2,9,12,21;59:4,7, 24;60:13;62:18,20, 22;66:7,11,23;67:7,9, 11,13,16;68:1,4,5,8; 69:2,17;71:15,19; 72:16;73:11;74:5; 75:14,17;76:4,11; 78:5,10;80:17,24; 82:18,20;83:7,8,12; 84:18,19;85:8,10,15; 86:11;87:5,6,16; 91:19;92:16,19;93:3, 13;131:12,13,13,23; 155:23;156:5; 157:18;158:17; 159:19,21;160:13,14, 23,23;161:1,2,3,5,9, 10,11,13,21;162:3; 169:22;170:3,4,21, 21;171:1,2,11,23,24, 24;172:3,22;173:3, 16,17;174:17,19; 176:2,15,23;178:7; 179:16,20,21,21,21; 180:1,12;183:14,24; 184:1,4,8,19;185:10, 15,15;192:17; 198:22;201:23,24; 202:4,5,8,19;204:2; 205:4,5,7,10,13,15, 19,22,23,23;206:9; 209:7;214:10,15,16; 218:10,12,19;219:2, 7,9;231:6,7,9;233:4, 4;235:12,21;236:22; 237:17</p> <p>planning (4) 84:7;151:2;197:12; 236:15</p> <p>plans (23) 19:4,5,6,6;45:18; 59:1,3;85:3;170:7, 11;171:5,6,7,8;192:9; 202:5,22;205:3; 206:7,12;217:20; 220:5;233:7</p> <p>platform (3) 143:15;145:10; 150:15</p> <p>play (3) 41:17;170:1;191:1</p> <p>playing (3) 80:5;226:18,21</p> <p>pleading (1) 47:11</p> <p>please (48) 4:9;5:11,15;6:3,4; 10:18,21;13:10,17; 14:12;15:19,24;16:3,</p>	<p>23;17:16,19;19:19; 20:14,17;21:23;22:4; 24:7;26:12,14;29:23; 31:2,8;32:16,20; 34:4;55:15;58:3; 66:18,21;80:19;88:9; 93:24;97:2;159:3,6; 166:19;208:16; 210:16;211:23; 242:9,14,16,17</p> <p>pledge (1) 8:15</p> <p>plenty (1) 95:16</p> <p>plus (34) 151:8;157:1; 158:24;161:6;168:8; 171:6;175:14,18; 176:9,12,14,21,21; 177:18,19;179:3; 180:8,11,18;181:1, 24;184:24;185:12, 23;187:6;192:8,24; 193:1;197:22,23; 207:1,2;211:9,10</p> <p>pm (5) 98:5;130:1,5; 245:4,7</p> <p>pocket (3) 41:3;59:16;62:1</p> <p>pockets (1) 58:22</p> <p>point (32) 13:2;36:15;49:12, 15,18;50:20;58:22; 69:23;79:19;82:7; 142:5;162:13;166:3, 23;167:9,11;173:24; 174:18;189:22; 206:8;209:2,4,5,8; 213:17;214:4; 226:18;227:9,17; 231:14;239:11;241:5</p> <p>pointed (2) 56:11;77:5</p> <p>pointing (1) 195:4</p> <p>points (3) 162:2;209:1; 212:15</p> <p>policies (15) 5:18;187:24; 192:14,23;203:14; 213:18;219:22,24; 220:6,8,23;222:3; 223:6,16,23</p> <p>policy (40) 29:12;51:10,10,19, 22;52:12;55:12;65:4, 5,8,21;71:10,10,12; 72:6,8;73:10;81:5,5, 7,8,16,19,20;82:23; 156:24;176:22;</p>	<p>177:19;189:22; 192:21;193:3; 196:14;197:19; 198:5;202:23;214:3; 217:4,5;220:1; 223:24</p> <p>political (1) 235:17</p> <p>pool (7) 191:6;205:17; 233:23;234:1,3,12,14</p> <p>poor (1) 67:9</p> <p>popular (1) 236:10</p> <p>population (6) 131:14;162:2; 169:15,20;233:5; 235:23</p> <p>portion (6) 96:12,17,18;164:5; 177:14;225:19</p> <p>position (5) 16:18;69:10;70:1; 226:4;239:6</p> <p>positions (1) 170:1</p> <p>positive (1) 33:1</p> <p>possibility (1) 65:1</p> <p>possible (17) 37:2;73:24;74:1; 75:3;76:20;94:13; 145:19;157:15; 162:19;191:10; 214:20;224:11; 236:11,22;237:6; 238:7;241:19</p> <p>possibly (2) 41:6;151:20</p> <p>posted (2) 25:22;26:3</p> <p>potential (8) 15:8;27:11;50:16; 67:24;205:12;218:1; 232:22;234:2</p> <p>potentially (12) 134:19;157:1; 169:20;175:4; 190:24;212:11; 230:1;231:17;232:1; 233:21;236:16;239:3</p> <p>power (4) 50:3,3;71:2;221:20</p> <p>powerless (1) 27:22</p> <p>powers (3) 27:7;28:1;50:8</p> <p>PPO (9) 28:4;33:15,18; 35:12;69:7;90:24; 91:4;131:8;204:4</p>	<p>practice (1) 19:7</p> <p>practices (2) 220:14,16</p> <p>pragmatic (1) 82:23</p> <p>pre-65 (3) 170:10,13,14</p> <p>pre-budget (1) 230:21</p> <p>precautions (1) 14:23</p> <p>precise (1) 56:3</p> <p>preclude (1) 32:6</p> <p>predicated (2) 56:2;84:8</p> <p>predictions (1) 160:4</p> <p>pre-empt (1) 202:2</p> <p>prefer (2) 131:2;163:8</p> <p>preference (3) 155:7;210:18,19</p> <p>preferences (1) 81:19</p> <p>prefers (1) 163:13</p> <p>prefund (1) 227:24</p> <p>prefunding (1) 228:12</p> <p>premature (6) 54:23;68:19;84:16, 18;134:17;195:11</p> <p>premise (1) 19:24</p> <p>premium (18) 46:1;63:9;64:14; 67:14;77:8,9;79:12, 14;87:11,12;88:11, 17;168:14;175:2; 192:16;211:19; 215:13,18</p> <p>premiums (15) 14:1;28:1;29:3; 46:13,24;61:4;69:8; 77:12,13;78:12; 86:15;183:24;215:1; 233:10,11</p> <p>preparation (1) 193:24</p> <p>prepared (5) 87:23;201:2;210:2; 212:13,17</p> <p>prerogative (3) 51:20;56:13;66:14</p> <p>prescribed (1) 42:21</p> <p>prescriptive (1) 205:1</p>
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<p>Present (16) 5:1;25:16;75:11; 157:4;158:2;165:20; 185:19;210:2,9; 211:1;213:2;214:10; 229:16;230:3,7,21</p> <p>presentation (9) 51:7;92:6;146:20; 156:13;157:6; 158:12;159:5; 167:19;230:21</p> <p>presentations (1) 194:1</p> <p>presented (19) 33:6;49:12;50:17; 53:3;89:1;137:19; 180:2,6;184:15; 194:15,24;217:4; 218:6,14;229:14; 230:17,19,24;232:20</p> <p>presenting (3) 9:5;65:8;231:15</p> <p>presents (1) 190:21</p> <p>preservation (1) 46:12</p> <p>preserve (1) 8:8</p> <p>pre-session (1) 55:4</p> <p>president (1) 26:20</p> <p>press (16) 6:3;10:19,22; 13:18;16:1,5,24; 17:17,21;20:17;22:4; 24:7;31:8;242:9,14, 18</p> <p>pressing (1) 10:9</p> <p>pressure (2) 183:13;184:12</p> <p>pretty (15) 13:7;24:22;38:4; 66:7;69:4;73:20; 87:3;140:7;150:3,5; 166:13;214:22; 218:15;221:8;222:19</p> <p>prevail (1) 96:7</p> <p>prevent (5) 7:10;8:22;212:4,5; 215:17</p> <p>prevents (1) 28:16</p> <p>previous (8) 15:14;138:16; 180:2,3;183:1,4; 185:22;191:9</p> <p>previously (8) 149:24;170:6,8; 179:8,24;180:6,22; 182:20</p>	<p>price (6) 64:4;79:12,16; 86:11;87:16;195:13</p> <p>priced (1) 63:20</p> <p>prices (1) 49:5</p> <p>pricing (5) 83:11;86:23; 140:19,22;160:7</p> <p>primarily (2) 71:12;174:12</p> <p>primary (11) 94:16;97:5;174:12; 193:9;204:13,16,18; 205:23;206:13; 210:18,23</p> <p>prime (1) 73:21</p> <p>prior (24) 18:18;33:5;40:19; 69:4,10;157:22; 159:11,15;161:10; 164:24;179:24; 180:23;182:9; 183:11,15,21;184:2, 14;186:16,16,20; 191:9;194:16;204:1</p> <p>prioritization (1) 236:17</p> <p>prioritize (1) 21:24</p> <p>prioritizes (1) 46:15</p> <p>priority (1) 49:8</p> <p>Priscilla (1) 30:4</p> <p>P-R-I-S-C-I-L-L-A (1) 30:5</p> <p>private (2) 15:13;163:8</p> <p>proactive (1) 25:23</p> <p>probably (24) 24:18;33:6;42:1; 52:7,16;53:17;75:16; 76:10;87:21;132:6; 134:7;157:9,16; 162:1;166:3;168:20; 171:15;173:5; 187:21;189:12; 194:23;215:7;234:6, 6</p> <p>probe (1) 168:20</p> <p>problem (6) 136:3,12;190:8; 191:20;208:6;234:5</p> <p>procedures (12) 187:24;192:14,23; 203:14;219:22; 220:1,8,24;222:3;</p>	<p>223:6,16,24</p> <p>proceed (11) 6:5;50:18;52:14; 55:19;82:18,19;83:3; 93:24;131:6;146:6; 152:1</p> <p>proceedings (1) 14:9</p> <p>process (51) 10:6,16;26:23; 27:4,19;36:3,11; 40:1;41:6;42:23; 56:11;71:13,14; 74:16;75:6;76:5,18; 78:21;87:13;95:8,19; 97:4;130:10;134:1; 138:11,12;145:21; 150:22;151:23; 155:24;156:15,17; 159:20;161:17,19; 165:5,8,9;169:6; 174:7;175:5;181:5; 183:4;185:17; 189:18,20;220:24; 221:12;222:9;239:1, 6</p> <p>processed (1) 42:7</p> <p>processes (3) 50:14;75:1;140:3</p> <p>procured (1) 222:14</p> <p>procurement (2) 220:24;221:12</p> <p>produced (2) 45:19;157:16</p> <p>product (5) 48:22;60:19;63:10; 169:3,4</p> <p>products (3) 48:16,18;145:9</p> <p>profitability (1) 163:6</p> <p>program (31) 4:7;8:19;38:8,15; 40:7,14;41:24;42:2,3, 16;46:9,22;50:9; 51:10;63:15;78:15; 81:6,14;92:20; 132:23;133:1; 135:11;149:7;151:6; 229:22;230:11; 232:24;233:22; 234:21;238:7;241:19</p> <p>programs (1) 38:10</p> <p>progressive (1) 169:16</p> <p>prohibition (1) 35:2</p> <p>project (1) 238:7</p> <p>projected (1)</p>	<p>195:1</p> <p>projecting (1) 225:24</p> <p>projection (1) 233:9</p> <p>projections (1) 163:19</p> <p>pronounce (1) 5:11</p> <p>pronounced (1) 5:13</p> <p>properly (1) 6:21</p> <p>proposal (4) 96:4;153:12; 212:14,22</p> <p>proposals (7) 91:6;92:14;93:7; 94:19,19;96:10,16</p> <p>propose (1) 205:21</p> <p>proposed (9) 13:24;15:1,2,7,9; 18:20;28:8;69:5; 240:12</p> <p>proposing (2) 212:7;226:5</p> <p>protect (5) 6:24;14:7,18; 16:20;67:21</p> <p>protected (1) 6:23</p> <p>protecting (1) 78:1</p> <p>protection (2) 7:17;154:14</p> <p>protective (1) 244:20</p> <p>protest (1) 72:6</p> <p>provide (21) 18:9,9;34:24;49:4; 84:23;152:11; 156:14;179:17; 183:23;197:13; 201:8;215:2;218:9; 232:4,12;236:7; 237:12;239:15; 240:22;241:20,22</p> <p>provided (21) 18:10;25:6;34:17; 62:15,15;63:3; 167:18;168:4;181:4, 6;183:15;186:20; 193:17;196:7; 217:22;218:13,13; 232:7,14;236:4; 239:23</p> <p>provider (10) 36:4;91:1;93:13; 94:11;141:14,17; 148:21,24;231:4; 235:16</p>	<p>Providers (5) 33:17;60:23;91:18; 94:17;231:5</p> <p>provides (5) 25:19;96:2,10; 213:19;235:11</p> <p>providing (3) 180:4;214:12; 237:11</p> <p>provision (1) 144:24</p> <p>provisions (3) 96:7,8,13</p> <p>prudent (1) 149:6</p> <p>psychic (1) 43:9</p> <p>public (40) 4:7;5:20,23;9:6; 13:1;14:5,15,21; 27:10;30:13,16; 31:10,13;34:14;48:4; 50:9;53:20;56:10; 58:9,13;65:8;67:15; 76:17;95:4,18;179:2; 181:4;182:15; 191:10;196:10; 218:2,4;221:10; 232:17,22,23;242:3, 6;243:11;244:11</p> <p>pull (8) 32:16;33:12,16; 40:1,8,10;42:17; 217:17</p> <p>pulled (4) 6:18;37:20;203:24; 217:18</p> <p>pulling (2) 35:23;207:19</p> <p>purchase (3) 172:18,21;233:3</p> <p>purchased (1) 48:13</p> <p>purchaser (1) 40:13</p> <p>purchasing (1) 144:1</p> <p>purely (1) 161:20</p> <p>purpose (5) 68:4,5;189:2; 225:17;227:11</p> <p>purposes (6) 8:10;156:14;178:8; 183:23;184:15;225:2</p> <p>pursuant (5) 32:2;50:6;96:20; 221:21;225:20</p> <p>pursuing (1) 10:5</p> <p>purview (1) 51:18</p> <p>push (4)</p>
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22:12;165:23; 184:23;192:7 put (31) 9:13,14;14:23; 18:5;25:3;56:3; 60:24,24;66:23;68:2; 76:6;80:15;83:20; 84:1;97:9;142:7; 145:23;148:5,9; 154:12;167:20; 169:2;175:4;185:22; 208:23;213:17; 214:2;217:9;218:2; 226:12;232:10 putting (10) 60:1;65:11;67:22; 151:8;158:20;168:9; 183:13;184:12; 187:22;206:3	radar (1) 241:15 raise (1) 49:2 raised (1) 24:18 raises (2) 22:18,18 raising (1) 64:12 RAM (3) 17:22,24;18:1 ran (1) 164:7 range (2) 61:5;185:2 rare (2) 7:13,16 rate (52) 8:8,10;60:19;83:7, 7;84:3,8,22;156:15, 16,20;157:8,13; 158:7;159:9;161:17; 162:24;166:4; 168:10;169:4; 173:12;174:22; 175:19;176:10,14,23; 177:2;178:22; 179:22;180:23; 181:5;183:11;184:2, 23;188:3;190:1; 193:3;195:2;197:17; 203:22;206:24; 207:2,13,15;208:4; 210:19;211:1,3; 216:7;220:5;228:3,8	51:23 ratify (6) 51:14;55:10;56:7; 91:24;93:2,18 ratifying (1) 55:18 RBIF (7) 224:18,24;226:6; 227:23;228:3,10,17 reach (3) 20:4;36:14;146:7 reaches (2) 42:1,21 reaching (2) 232:9,12 reacted (1) 66:3 read (3) 52:6;77:20;188:23 readily (1) 191:6 reading (1) 27:4 re-adjudicate (1) 43:13 reads (1) 77:19 ready (4) 44:24;55:22;80:10; 90:16 real (6) 65:18;68:7;146:17; 151:17;157:15; 209:21 realize (1) 174:24 realized (1) 220:11 really (84) 16:20;22:19;25:14, 18;30:9;34:12;39:13; 47:9;48:10,21;49:3,6, 13;53:6,17,19;58:12; 62:1;68:21;70:22; 71:13;72:19;74:24; 75:21;83:22;85:10; 88:19;139:17; 143:12;144:8;147:9; 152:14;154:8,14; 155:2,2;156:13,23; 158:12,15;159:1,9; 166:2;176:7;184:23; 190:18;194:5,17; 195:15,19;196:5,23; 197:18;198:1,2,19, 24;199:4,14,17,22; 200:6;203:13,20,24; 204:4,10;205:13; 207:9;209:11; 212:16;217:3; 219:23;220:13; 222:15,16;225:17; 234:8;236:13;238:2;	243:17,21;244:18; 245:1 realtime (2) 41:13;77:3 reason (10) 27:7;34:23;36:13; 38:2;67:6;145:10; 152:18;167:5,6; 195:22 reasonably (1) 231:8 reasons (2) 169:12,17 reassuring (1) 41:15 rebates (1) 160:12 Rec (21) 47:22;51:23;55:13; 56:2,23;62:22;64:16; 65:4,11,20;69:23; 75:6;78:18,20;84:22; 85:12;131:24; 172:22;178:6; 184:17;230:24 recall (3) 69:3;145:7;156:19 receipt (1) 36:2 receive (4) 180:19;181:8; 241:2,17 received (9) 55:5;91:5,10; 92:14,16;93:6,9; 96:16;179:23 receives (4) 18:6;20:8;185:6; 236:5 receiving (3) 170:12;178:17; 181:1 receptive (1) 231:9 Recess (4) 44:20;90:13; 216:17,23 Recessed (1) 98:9 recession (3) 15:10;66:5;228:11 recipients (1) 18:7 recognize (7) 16:13;69:24; 166:18;179:11; 185:21;200:8;205:9 recognized (1) 19:22 recognizes (1) 96:6 Recognizing (1) 214:14	recommend (2) 191:8;220:10 recommendation (26) 49:9;50:21,22; 62:11;65:24;69:15, 20;77:18,24;81:21; 82:8,17,21;84:7; 86:2;92:1;138:13; 141:18;142:15; 143:16,22;148:21; 155:7;175:6;202:11; 203:10 recommendations (9) 47:14;50:6;53:6; 66:12;71:23;85:11; 130:11;198:14;217:5 recommended (35) 7:2;21:2,4,10; 30:23;45:1;46:8; 49:13;50:2;51:12,14; 52:15;53:9;55:1,5, 10;62:21;72:6;73:3; 74:6;76:11;78:3; 81:4;83:2,5,12,16; 84:8;140:23;201:23; 210:21;223:2,8,9,12 recommending (5) 76:13;91:24;93:2, 17;226:22 reconsider (1) 15:19 reconsidering (1) 25:14 reconvene (1) 216:22 record (88) 4:10;6:4,10;18,22; 13:17;14:10;15:24; 16:4,7,23;17:6,16,17, 20;20:17;22:4;24:8; 26:21;29:23;31:17; 32:12;34:1,21;35:16; 37:4;39:3;44:8;45:4; 52:9;53:21;56:1,5; 57:11;64:6;66:20; 69:2;70:4,13,18,21; 75:4;79:20;80:21; 82:11;84:16;85:1; 88:23;90:19;92:5,11; 95:22;96:1,23;98:3; 130:13,24;133:3,10, 23;134:16,24;135:5, 13;137:5,8,18; 144:14;162:12; 164:20;165:14; 167:24;168:21; 173:6;174:15;177:4; 182:24;198:18; 209:6;212:10; 213:15;216:13; 224:3;227:5;238:18; 240:2;242:2,17; 245:3
Q				
qualified (3) 135:12;170:15; 235:12 qualify (2) 233:13;243:16 quality (1) 49:5 quarter (2) 14:20;35:19 quashed (1) 15:6 Quest (1) 143:10 queue (2) 73:15;74:21 quick (8) 32:21;90:9;144:11; 146:17;166:7; 203:21;231:21; 240:10 quickly (10) 39:19;40:20;60:18; 83:22;137:21; 139:14;144:8; 149:17;151:17; 203:24 quite (7) 13:14;24:16;49:1; 157:23;168:17; 189:4;192:13 quorum (2) 5:8;216:14 quote (1) 203:12 quote/unquote (1) 72:2 quoting (1) 140:6	rated (1) 169:2 rates (64) 24:15;46:3;47:7; 49:3;54:13;64:12; 87:3;156:20;157:3, 17,21,23;158:4,8,13; 159:8;161:12,23; 162:4,9;163:5; 165:20;167:18; 168:4,5;175:17; 177:13;178:4;179:8, 14,15;185:18;186:1, 18,21,23;189:8,10; 193:1,1;194:24; 195:1,9,11,14,17,18, 20,20;196:1;206:22, 23,23;210:2;211:10, 15;212:7;214:10,21; 215:20,24;234:18; 239:4;243:20 rather (12) 45:16;49:20;57:4; 63:8;65:20;80:6; 92:8;150:11;155:8; 191:19;196:8;222:17 ratification (1)			
R				

<p>recoveries (5) 142:22;143:1; 146:1,2,7</p> <p>red (2) 221:3;223:16</p> <p>redesign (1) 87:16</p> <p>redesigning (1) 63:3</p> <p>reduce (3) 87:8;145:11;218:5</p> <p>reduced (13) 8:11;21:9;24:15; 29:6;45:23;47:16,20; 57:8;63:16,16;79:13; 86:14;88:21</p> <p>reduces (1) 205:12</p> <p>reducing (4) 48:8,9;87:7;187:17</p> <p>reduction (13) 10:8;19:9;45:20; 48:2;51:4;63:20; 79:9,23;80:4;86:12; 132:1;133:15;193:11</p> <p>reductions (3) 132:3;169:16; 228:14</p> <p>reevaluating (1) 200:12</p> <p>refer (1) 59:6</p> <p>reference (1) 214:4</p> <p>referred (1) 229:15</p> <p>referring (2) 196:5;237:21</p> <p>refers (1) 60:22</p> <p>refine (1) 206:4</p> <p>reflect (2) 51:2;133:6</p> <p>reflected (1) 46:6</p> <p>reflective (1) 211:17</p> <p>refresh (1) 45:5</p> <p>regarding (10) 33:4;49:11;69:21; 80:13;90:20;96:6; 133:4;134:24; 219:22;224:11</p> <p>Regardless (7) 80:1;85:16;178:11; 180:11;205:15,24; 206:13</p> <p>regards (5) 70:12,13;147:19; 151:18;155:1</p> <p>REGI (5)</p>	<p>226:1,7;228:3,4,8</p> <p>regressive (1) 28:7</p> <p>regular (3) 98:4;130:5;154:7</p> <p>regulatory (2) 236:3,3</p> <p>rehabilitation (1) 7:7</p> <p>reimbursement (1) 235:16</p> <p>reinstate (4) 77:6,6;78:22,23</p> <p>re-issuance (1) 96:21</p> <p>relabeled (1) 164:15</p> <p>related (1) 132:16</p> <p>relates (1) 206:6</p> <p>relating (2) 32:24;181:5</p> <p>relation (2) 138:6;176:8</p> <p>relationally (1) 158:6</p> <p>relationship (5) 142:13;148:16,23; 149:3;179:5</p> <p>relationships (4) 142:19;146:4,9; 148:15</p> <p>relative (1) 38:21</p> <p>relatively (3) 7:13,16;48:11</p> <p>release (3) 21:1;132:11;148:4</p> <p>released (5) 46:7;91:5;92:12; 93:6;156:1</p> <p>relied (1) 34:15</p> <p>relief (2) 67:3;237:11</p> <p>rely (4) 9:10;19:18;34:16; 167:7</p> <p>remain (3) 8:11;46:24;179:20</p> <p>remainder (1) 131:18</p> <p>remaining (1) 155:21</p> <p>remains (3) 177:9,19;211:10</p> <p>remarks (1) 58:1</p> <p>remediation (1) 74:5</p> <p>remember (8) 38:8;66:10,12;</p>	<p>138:17;145:24; 154:12;227:22;241:4</p> <p>remind (1) 63:16</p> <p>reminder (10) 6:2;10:19;13:18; 16:1,4,24;17:17,20; 26:3;31:12</p> <p>reminds (1) 206:22</p> <p>remiss (1) 58:21</p> <p>remotely (4) 14:4,6,14,16</p> <p>remove (1) 193:16</p> <p>renewal (1) 147:21</p> <p>renewals (1) 132:20</p> <p>repeat (3) 88:6;145:3;219:23</p> <p>replace (1) 60:19</p> <p>replaced (1) 218:17</p> <p>replacement (2) 61:2;64:20</p> <p>replaces (1) 60:9</p> <p>replacing (1) 37:15</p> <p>report (25) 15:4;32:19,23; 33:8,9;35:12;36:17; 51:16;66:17;188:23; 189:1;218:11; 229:10;230:24; 232:20,22;233:2,17; 234:20;235:18; 236:4,5;237:15; 238:1,14</p> <p>Reporter (3) 14:9;24:3;164:21</p> <p>Reporters (1) 14:11</p> <p>Reporter's (1) 203:5</p> <p>reports (5) 32:14;33:21; 229:17,17;230:4</p> <p>represent (2) 9:5;29:17</p> <p>representative (1) 28:20</p> <p>representing (2) 18:1;30:6</p> <p>repricing (3) 36:1,5,7</p> <p>reps (2) 40:15;42:18</p> <p>request (11) 8:17;34:19;46:4;</p>	<p>53:7;54:6;71:16; 88:10;90:9;153:12; 201:7;216:16</p> <p>requested (1) 188:5</p> <p>requesting (4) 76:19;90:23; 132:21;226:10</p> <p>requests (1) 65:3</p> <p>require (8) 83:7;87:10;132:12, 23;146:20;151:1; 238:23;240:2</p> <p>required (8) 51:17;131:16,22; 229:16;230:12; 234:22;236:2;238:2</p> <p>requirement (2) 51:13;170:10</p> <p>requirements (1) 45:7</p> <p>requires (2) 77:1;78:8</p> <p>re-relates (1) 63:24</p> <p>research (2) 80:22;183:2</p> <p>reserve (2) 45:7;163:19</p> <p>reserves (10) 133:16;162:5; 163:19;164:5,10,12, 15;234:22;238:2,3</p> <p>resolution (3) 40:2,11;232:15</p> <p>respect (1) 66:13</p> <p>respected (1) 17:24</p> <p>respective (1) 173:8</p> <p>respectively (1) 8:17</p> <p>respond (1) 149:2</p> <p>respondents (1) 148:10</p> <p>responding (1) 31:9</p> <p>response (4) 27:12;91:6;92:15; 174:11</p> <p>responses (1) 132:14</p> <p>responsibility (4) 8:18;62:17;80:13, 19</p> <p>responsible (2) 71:11;244:21</p> <p>rest (3) 64:7;166:1;172:6</p> <p>restate (1)</p>	<p>24:8</p> <p>restore (2) 8:6;67:24</p> <p>restored (1) 15:11</p> <p>result (6) 96:3;156:16; 186:18;217:6,7; 223:7</p> <p>resulted (1) 189:8</p> <p>resulting (4) 90:23;91:4;92:12; 93:5</p> <p>results (1) 96:15</p> <p>retail (1) 42:11</p> <p>retain (4) 8:8,17;67:17;77:20</p> <p>retained (1) 74:17</p> <p>retaining (1) 16:12</p> <p>retains (6) 50:2;71:18;72:12, 23;81:2;221:19</p> <p>re-tiered (1) 176:24</p> <p>Retired (4) 9:5;218:17,18; 228:5</p> <p>retiree (20) 9:24;10:2,13;28:6; 30:6,14;132:4; 178:20,24;192:20; 203:11;204:12; 225:6,6;226:1; 227:24;228:9,23; 234:3;243:6</p> <p>retirees (20) 9:13,14,19,20,21, 22;29:5,16;30:12; 31:4;45:23;46:16; 47:23;49:4;77:13; 178:18;204:17; 205:18;225:23;243:6</p> <p>retirees' (4) 225:3;226:7;227:1; 228:21</p> <p>retirement (9) 7:20;65:16;224:12, 17;226:9,24;228:21; 229:11,14</p> <p>retraining (1) 7:7</p> <p>return (3) 7:7;44:19;64:10</p> <p>returns (1) 71:24</p> <p>revealed (1) 39:13</p> <p>revenue (3)</p>
--	--	---	--	---

<p>54:15,15;154:15 revenues (1) 72:17 review (9) 69:2;77:4;96:3,15; 193:7,19,21;213:19; 221:6 reviews (1) 96:3 revised (2) 201:8,11 RFP (25) 75:24;91:4,6; 92:12,15;93:5;96:21; 138:9;139:18;141:3, 10,13;144:21;145:1; 146:23;149:1,1; 150:3,8,8;152:1; 154:2,8;156:1; 221:16 RFPs (4) 132:11,14;152:10; 238:14 RFP's (3) 144:4;146:22; 222:4 Rich (110) 18:16;20:5;29:13; 34:21,21;35:16,16, 23;36:19;37:4,4; 44:2;45:3,4;50:21; 51:8;52:2,2;53:1; 55:3;59:10;60:12; 73:23;75:2,4,4;76:9; 78:4;79:2,4,14; 80:14;82:13,22;83:6, 23;85:18,20;86:22, 24;87:3;89:14;94:23, 23;97:11,23;137:17, 18;138:23;144:12; 145:4;147:5,13,23; 148:4,12;149:14,18; 151:10,22;155:20; 156:10,11;157:7; 163:18;164:23; 166:24;167:2,4,4; 182:19,24,24;193:6, 6,21;195:9;196:3; 198:8,11;202:21; 203:2,20,24;207:21, 23;209:24;214:6; 215:20;217:3,14,17; 219:8,21;222:22; 224:13;227:5,13; 229:9;237:10,21,24; 238:17,22;239:10; 240:5,16,20;241:4,22 richer (1) 205:5 right (115) 5:11,18,20;14; 22:15,16;24:2;34:9; 35:4,24;39:5,16;</p>	<p>41:20,20;42:24; 43:18;44:7,18,21; 54:7;59:1;61:7; 62:11;63:4,7,23; 64:24;70:19;71:7,17; 77:24;80:3;82:22,24; 88:9,14,17;89:5,12, 13;90:5,14;130:4; 134:5;135:4,16,16, 20;136:22;137:12; 140:7;142:2;143:5, 21;144:10;145:5; 146:5,12;147:1; 152:18;153:24; 154:1;155:10,17,22; 157:13;169:2,11; 173:3,11,15;174:12, 14;176:22;177:3,7, 12;181:18,24;182:3; 186:21;187:13,16,20; 189:21;190:6,6,19; 192:10;193:12; 194:19;196:9,13,17; 197:7;199:11;202:6; 204:18,19;205:5,21; 206:11;208:24; 210:3;213:23; 216:24;217:14,15; 224:10,13;226:19; 229:2,7;236:10; 241:13;244:4 rigid (1) 208:15 ripe (1) 66:2 risk (8) 14:24;163:16; 218:3;233:23,24; 234:3,12,14 risking (1) 28:22 risks (2) 218:1,6 road (2) 42:10;76:7 robbing (1) 24:19 role (1) 220:15 roll (3) 4:9,11;236:23 rolled (2) 139:6;141:1 rolls (1) 217:3 room (1) 243:1 rough (1) 38:5 rounding (2) 69:16;180:11 routine (1) 221:13</p>	<p>row (1) 36:24 rubber (1) 57:4 run (1) 54:11 runaround (1) 38:18 running (6) 82:19;160:17; 171:11,16;191:20,23 runs (2) 58:18;151:3 rural (2) 233:16;234:7 rurals (1) 237:11 rush (2) 60:15;166:17</p>	<p>41:21 saves (1) 9:17 savings (8) 62:17;143:11; 159:23;160:4;162:3; 233:16,16;237:12 saw (3) 41:8;76:24;221:7 saying (21) 25:19;34:4;56:8; 59:11;65:13;76:8; 83:18;90:1;137:12; 144:1;147:2;158:8,9; 188:9;189:14; 191:16;192:9;196:4; 197:20;209:17; 220:11 scary (1) 25:4 scenario (3) 65:7;147:19; 180:19 scenarios (2) 73:9;213:17 scene (1) 186:8 scenes (1) 140:3 schedule (3) 135:15;136:15,16 scheduled (2) 98:1;131:23 scheduling (2) 231:20,23 School (1) 28:20 scope (2) 222:8,9 score (3) 91:10;92:17;93:9 SCR (8) 232:13,14;237:22, 23;238:18;240:11,13, 21 screeching (1) 83:21 screen (6) 34:5;157:9;158:2; 159:4,4;204:9 Scripts (3) 37:23;39:6;149:19 seasonality (1) 159:15 second (45) 34:2;35:24;38:1; 44:11;54:13,17; 72:15;84:10;86:16, 18;130:15;137:7,9, 10;141:15,17; 149:11;152:22; 153:4,18,20;154:19; 155:11,12;156:15;</p>	<p>158:14;188:16; 201:9,10,12,15; 212:18;213:1; 215:14,17;217:11; 219:14;220:9;223:8, 14,22;224:5;228:24; 235:11;242:3 Secondarily (1) 190:23 seconded (2) 86:2;130:16 section (7) 157:13;158:15; 185:2;220:3;221:1; 223:17;227:22 Security (17) 8:2,3;16:10,10; 19:13,16;21:15; 24:23;25:6,10;28:11; 59:9;60:9;67:19; 68:18;218:1,6 seeing (7) 69:15;157:24; 158:1;184:11;185:1, 3;196:5 seeking (3) 52:14;81:17; 233:15 seem (1) 62:10 seems (6) 70:23;82:4;87:23; 197:8;210:15,17 sees (2) 14:21;199:19 select (2) 142:4;180:12 selection (2) 146:23;202:2 self-funded (3) 171:5,6;172:13 self-insured (2) 169:3;171:8 Senate (2) 224:16;232:15 send (4) 39:1;44:1;161:17; 226:14 sending (2) 25:23;97:14 sends (1) 97:19 senior (1) 10:13 seniors (1) 9:9 sense (20) 27:23;43:7;51:24; 54:12;71:9;72:11; 89:14;92:9;134:13; 143:12;167:12; 186:5;207:5;208:19; 209:14,17,23;210:10;</p>
		S		
		<p>sacrifices (1) 47:19 safe (2) 14:8,19 safety (9) 7:6;14:20;16:17; 59:12;60:4,6;62:6; 64:19;163:20 sage (1) 66:12 Saint (1) 91:15 sake (3) 14:11;157:20; 174:6 salaries (1) 171:15 salary (2) 7:21;20:23 same (25) 9:21;13:7;57:20; 81:15;143:14,18; 147:15;151:5; 159:17;177:14; 184:3;186:17;202:4, 5,5,8;204:3;205:19; 206:8,17,17;213:6; 233:4;234:12;243:8 sample (1) 183:19 satisfy (1) 41:3 save (3) 33:21;91:13; 233:14 saved (1) 215:15 SaveOn (7) 38:8;40:14,19; 41:16,23;42:1,6 SaveOn's (1)</p>		

213:21;215:4 sent (9) 26:2;36:5;42:18; 53:6;195:3;203:21; 204:8;208:20;228:10 separate (22) 81:10;95:10;96:18; 97:19;143:6,13; 144:15,20,23;145:2; 147:2;148:9;151:11, 21;154:2,6,21;155:9; 205:17;217:8; 222:14,17 separated (1) 161:14 separately (7) 96:18;139:22; 141:10,19;142:17,17; 143:23 September (2) 92:13;93:6 serious (2) 29:5;190:19 Serrochia (1) 22:7 S-E-R-R-O-C-H-I-A (1) 22:8 serve (5) 5:17;14:24;29:18; 76:12;197:12 servers (1) 218:16 serves (1) 156:13 service (13) 7:22,23;14:21; 25:3;35:12;39:24; 40:3;42:13;45:20; 140:8;146:14; 151:12;222:20 services (27) 18:9;91:22;92:12, 24;131:8,22;132:10, 12,16,19;138:7,15; 139:1,6,7,10,21; 140:16;141:15,18,19; 142:1,14;145:8; 148:22;149:6;222:14 serving (1) 20:23 SESSION (22) 4:1;54:14;94:24; 95:16,23;97:19,22; 98:9;130:1,8;134:10; 224:17;225:8; 229:21;230:2,8; 231:11,12,13,15; 239:14,18 set (27) 54:13;56:14,16; 75:1;96:15;135:2; 161:22;162:5; 174:14;179:8;	189:18;191:2,18,21; 195:6,11;202:24; 205:14;206:23; 207:12;208:8; 224:18,20;227:23; 228:12;235:2;240:24 setting (26) 8:9;83:7,7;84:3; 156:15,17,21;157:9, 13;158:13,17;159:9; 170:22;176:23; 180:23;181:5;184:2, 23;185:20;190:2; 191:3;199:16; 207:13,15;216:8; 235:16 settings (1) 158:7 seven (2) 93:7;217:15 several (2) 67:12;233:20 severely (2) 25:1,2 shall (2) 96:3;222:7 share (15) 35:22;40:22;41:11; 64:14;76:18;88:11; 157:9;177:1;189:2; 204:9;207:1,4; 211:19;228:2;241:3 shared (1) 40:6 sharing (2) 204:8;244:16 sheet (4) 182:9;183:11,15; 184:2 sheets (4) 180:2;185:22; 186:16,20 shelving (1) 76:6 SHERFIELD (2) 22:6,7 S-H-E-R-F-I-E-L-D (1) 22:8 shift (2) 28:4;170:16 shifts (1) 170:5 shoot (1) 203:8 shoots (1) 73:21 shop (2) 141:14,17 shopping (2) 149:12;154:18 short (10) 21:1;40:23;83:20; 162:10;163:5,13;	164:1;189:12;194:4; 243:18 shortfall (5) 15:3,5,8;225:24; 226:2 shortly (3) 95:13;232:9,12 short-sighted (1) 62:7 shot (2) 158:2;237:1 shout (1) 210:16 shove (1) 22:12 show (6) 32:24;33:1;155:21; 178:9;187:4;211:3 showing (4) 86:13;182:6;195:3, 9 shown (3) 58:8;66:6;235:14 shrinkage (2) 169:20;170:12 shunned (1) 22:18 shut (2) 97:6,10 shutting (1) 68:2 sick (1) 234:15 sickest (1) 28:5 side (9) 65:15;140:9; 145:22;158:16; 159:17;168:6; 169:15,17;170:13 Sierra (2) 33:17;37:10 sighed (1) 151:5 sign (1) 226:13 signature (2) 91:10;92:2 significant (21) 21:18;46:2;48:12; 77:12;83:16;140:7; 150:3,5,7,9,13,15,21; 151:6;154:12;183:1; 185:23;222:8;235:5, 15;239:16 significantly (3) 25:10;47:2;49:2 signify (3) 34:4;90:1;137:12 silly (1) 166:19 silver (5) 232:24;233:12;	235:7,9,13 similar (6) 160:9;168:5; 185:12,14;224:22; 236:24 Similarly (1) 205:16 simple (6) 87:4,13;158:24; 159:22;172:19; 218:15 simply (3) 16:16;183:21; 188:2 Simultaneous (1) 33:24 single (16) 13:12;157:2; 163:12;184:3,9; 194:19;198:21; 199:14,19;200:1,4; 208:11,11;209:7,18; 212:17 singles (5) 168:7;184:1; 185:10;200:7,21 sit (1) 77:23 site (1) 138:19 sitting (2) 190:12;228:16 situation (13) 6:16;13:14;16:19; 21:22;24:13;25:3; 38:3;40:18;67:23; 68:6;210:6;226:5; 230:1 situations (2) 40:8;42:17 six (30) 6:3;10:22;13:18; 16:1,5;17:1,17,21; 20:18;22:5;24:7; 29:24;31:9;47:3; 57:8;62:16;67:8; 139:2,3;162:18,20; 163:22,24;164:1; 166:11;185:3;200:2; 242:10,14,18 six-member (3) 91:8;92:17;93:10 six-month (5) 48:20;60:14;61:19; 67:10;218:11 size (1) 160:9 SLA (1) 36:23 slated (1) 41:12 slide (12) 97:21;147:16;	167:15,21;169:10,12; 175:11;178:2; 181:13;183:9;186:9; 214:18 slightly (1) 204:6 slots (1) 169:21 slowly (16) 6:4;10:18,22; 13:17;15:24;16:4,23; 17:16,20;20:17;22:4; 26:12,14;29:23;31:8; 242:17 smaller (3) 21:11;180:13; 201:15 Smart (1) 45:17 SMEs (1) 152:10 sneak (1) 230:7 snowy (1) 4:5 Social (15) 8:1,3;16:10,10; 19:12;21:15;24:23; 25:6,10;28:11;59:9; 60:9;67:19;68:18; 200:8 solicit (3) 138:3;143:23; 148:21 solicitation (22) 138:6,8,11,14,24; 139:11;142:16; 143:13;144:15,16,23; 145:21;146:11; 148:4;152:3,5,6,20; 154:3,6;155:8,9 solicitations (7) 90:24;132:17; 137:16,19;140:20; 155:22;221:9 soliciting (1) 151:20 solid (2) 171:1;213:24 solution (2) 197:19;234:4 solutions (2) 190:10;197:12 somebody (5) 25:5;43:10;81:22; 213:11;222:18 somehow (3) 28:24;78:21;87:5 someone (4) 59:22;180:8; 184:10;240:7 sometimes (10) 54:14;146:13;
---	--	---	---	--

<p>159:21,23;160:10; 175:22,22;176:5,6; 229:20 somewhat (4) 30:22;62:6;94:12; 200:16 somewhere (3) 78:13;133:12,15 soon (4) 26:2;236:11;237:6; 243:24 sooner (2) 150:11;186:4 Sorry (38) 14:12;19:6;25:4; 30:6,15;45:3;51:7; 55:24;59:10;60:8; 75:11;81:24;88:16; 16:94:4;98:2;141:20; 143:11;154:11; 156:11;160:16; 162:22;167:24; 176:19;186:11; 194:22;196:9,22; 203:5;204:11; 208:18;209:5; 217:14,19;220:5; 232:11,21;238:18 sort (4) 72:9,13,22;204:20 soul (1) 67:9 sound (3) 71:2;80:24;137:4 sounds (5) 64:6;153:6;207:9; 219:6;227:18 south (3) 37:11;94:20; 233:17 Southern (3) 16:8;17:7;26:20 Southwest (1) 91:17 speak (14) 13:23;16:4,23; 20:20;21:3;22:4; 26:14;31:8;40:20; 81:23;82:23;95:16; 222:18;243:3 SPEAKER (2) 242:19,21 speaking (4) 6:3;20:24;33:24; 220:23 special (4) 95:14;216:9;225:8; 227:22 specialists (1) 33:3 specialty (17) 38:4,5,14,17,22; 39:19,22;40:15,24;</p>	<p>41:4,14,21;42:21; 43:8,17;151:19,21 specific (7) 40:5,6;41:9;42:4; 67:19;136:16;240:6 specifically (9) 36:1;40:9;52:6; 220:14;221:19; 225:2,4;233:17; 238:1 spell (8) 6:4;10:18;13:17; 15:24;17:16,20; 26:13;242:17 Spelling (1) 22:7 spend (4) 63:9;136:2,10; 182:14 spent (1) 194:4 spirited (2) 216:4;244:16 split (2) 155:4;170:24 spoke (1) 140:13 spoken (1) 198:12 sponsor (1) 240:8 sponsored (2) 235:12;240:6 sponsoring (2) 236:16;240:4 spouse (14) 168:8;175:18; 176:12;180:8,11; 181:16,23,23;184:5, 11;185:13;197:22; 207:2,3 spouses (5) 161:6;180:15; 196:12;198:22;200:5 spreadsheet (4) 179:22;180:23; 181:6;182:8 spreadsheets (3) 183:21;188:3; 191:12 stability (1) 232:17 stable (5) 29:11;46:13,24; 47:7;169:14 Staff (70) 4:9;5:21;18:16; 20:5,6;22:6;24:4; 28:21;34:13;35:14; 42:22;44:24;48:24; 49:7;50:18;51:16; 52:4,5,14,22;54:5; 55:19;62:15;64:7;</p>	<p>75:7,8;81:17;84:2,6, 7,21;85:7,14;86:1,11; 90:16;93:1,17;95:6, 11;97:1;138:13; 143:24;144:1,18; 145:13,15;147:9; 150:10,23;152:13,20; 154:18;155:2,6,18; 161:18;163:16; 188:23,24;217:2; 218:5;221:14;222:2; 230:3;236:12;238:8, 12;239:5;242:4 staffed (1) 145:14 staffing (1) 238:6 staff's (3) 62:10;66:16;82:17 stage (1) 174:8 stamping (1) 57:4 stance (1) 232:4 stand (3) 27:9;66:1;97:2 standalone (2) 147:11;233:24 standard (18) 8:12;79:15,18; 87:17;88:18;131:21; 133:19;134:14; 135:1,23;136:16; 142:12;146:15; 156:22;161:24; 198:16,19;200:14 standardly (1) 174:21 standards (5) 45:16;146:21; 154:9,13,21 standing (2) 148:15,16 standpoint (2) 59:19,19 star (20) 6:3;10:19,22; 13:18;16:1,5,24; 17:17,21;20:18;22:5; 24:7;29:23;31:8; 158:20;160:22; 168:2;242:10,14,18 stars (1) 158:22 start (14) 25:14;76:5;83:19; 88:15;139:16;147:4; 165:19;168:11; 185:17;198:9;200:1; 209:19;240:2;241:21 started (4) 211:4;227:10;</p>	<p>236:15;241:6 starting (9) 97:18;205:22,23; 208:14;209:1,5,8; 229:11;240:24 starts (3) 136:6;147:3;201:2 state (118) 6:4,15;7:9,17;8:2; 9:20;10:18,22;13:17, 22;14:3,4,13,15,23; 15:12,19,20,24;16:4, 23;17:16,20;18:2,6,8, 10,12,13;19:12,21, 23;20:10,17;21:14; 22:9;24:10,10,14,22; 25:3,12,15;26:4,13, 14;27:2,10,16;28:5, 10;29:4,14,16,23; 30:8;31:8;46:11,16, 19;48:5;50:14;53:20; 56:13,15;57:4;58:6; 59:8;60:9,24;61:16; 62:2,4,5;146:5; 153:3;169:15; 174:24,24;177:10,14; 179:17;180:4,19; 185:7;190:4;191:1; 199:5,23;200:21; 205:20;208:5,6; 214:12;215:7; 224:21;225:3,9; 226:7,24;228:21; 232:24;233:12; 234:3;235:7,9,11,13; 236:3,14,16,21; 237:2;239:4;240:7; 242:17;243:7;244:5 statement (6) 32:19,22;33:10; 46:14;49:3;85:2 state's (3) 169:20;186:22; 208:13 State-wide (6) 91:1;93:23;140:14; 141:3,4;147:2 stating (1) 42:15 status (5) 155:21;218:11; 222:10;232:2;241:18 statute (1) 96:15 statutes (1) 80:23 Statutorily (1) 229:16 statutory (3) 27:8;51:13,18 stay (2) 59:2;209:6 staying (1)</p>	<p>59:1 stays (1) 10:1 step (26) 40:2;60:17;82:18; 151:23;152:7; 159:20;160:16,21; 161:7;165:1,2,7; 166:2,3,5,8,8;167:1, 2,3;175:5,9,13; 177:10,20;200:12 Stephanie (37) 164:20,23;165:10, 13;166:15;167:14; 169:7;174:15; 175:12;177:4,22; 181:3;182:5;183:7,8; 187:23;188:12; 190:14,17;198:11,13, 18;201:3;204:8,10; 206:8;207:22,24; 208:1,22;209:5,17; 210:1;211:23;212:6, 10;214:7 Stephanie's (2) 163:22;196:7 stepping (1) 240:21 steps (4) 41:7;158:13;175:3; 178:3 Steve (1) 97:11 stick (1) 21:23 sticking (1) 191:19 still (36) 14:2,6,17;15:8; 24:16;53:22;58:22; 95:3;130:6;145:19, 20;146:20;157:18, 21;160:18;170:11; 173:11;179:11,12; 182:1;185:1;190:23; 205:11;208:12,13; 212:8,12;216:14; 218:24;219:1; 220:18;227:22; 230:17,20;232:5; 243:8 stop (5) 97:20;130:24; 144:6,10;206:19 stopped (2) 161:17;227:8 straight (2) 4:6;192:4 strange (1) 71:9 strangely (1) 72:9 strategies (1)</p>
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220:13 strategy (6) 165:18;179:19; 185:21;200:13; 215:21,23 stray (1) 204:6 streamline (2) 174:7;179:10 streamlining (1) 220:6 street (1) 139:18 strengthen (1) 221:4 strenuously (1) 216:2 stress (1) 21:20 stretch (2) 229:9,9 strictly (2) 173:2,23 strong (1) 200:6 strongly (1) 9:6 struck (1) 58:12 structure (4) 60:20;84:8;191:18; 241:21 structures (1) 84:22 struggling (1) 13:13 study (2) 232:16;236:5 stuff (11) 37:24;43:15;51:19; 134:19;171:16; 175:21;202:14; 216:9;242:23;243:5, 9 stumble (1) 224:14 sub (2) 38:5;146:21 subcommittee (12) 55:6;138:17;217:6, 7;218:7;220:10,22; 221:4;222:23; 223:10,12;230:22 subcontract (1) 154:7 subcontractor (1) 144:20 subject (4) 43:23;91:9;92:18; 240:14 subjected (1) 27:5 submission (2)	193:7,15 submit (3) 30:13;219:9;226:9 submits (1) 71:15 submitted (8) 6:12;30:16;46:5; 180:3;181:4;184:16; 193:22;207:11 subrogation (14) 141:15,16;142:10, 10,14,19,24;144:16; 145:4,23;146:2,18; 154:1;155:7 subrogations (1) 142:22 Subsection (5) 96:2,5,10,20; 225:20 subsequent (5) 134:22;197:5; 206:7,12;218:11 subsidies (1) 233:13 subsidization (1) 203:21 subsidize (5) 197:16;198:23; 202:4;205:23;210:19 subsidized (3) 193:3;202:8; 203:15 subsidy (17) 62:20;165:18; 174:23,24,24;177:20; 185:7;192:15,19; 197:19;199:17; 200:12;204:16,20; 210:21;211:16;220:5 substantially (1) 15:13 substitute (2) 7:20;202:13 subtract (1) 179:4 sub-vendors (1) 141:24 successes (1) 47:18 successful (2) 46:10;146:11 successfully (2) 91:11;160:11 suddenly (1) 16:17 suffer (2) 28:17;29:5 suffering (1) 31:4 sufficient (6) 47:24;131:15; 132:18;162:9; 210:24;213:14	sufficiently (1) 214:6 suggest (4) 192:2,5;198:15; 202:15 suggested (5) 78:3;154:12; 175:16;190:9;221:4 suggesting (3) 62:19;64:11;74:4 suggestion (5) 74:14;77:14; 148:20;198:16; 202:10 suggestions (3) 174:10;190:15; 198:12 sum (2) 222:21;225:9 summary (1) 222:24 summertime (1) 139:18 super (2) 182:12;211:18 supervisor (1) 25:21 supplemental (4) 16:14;60:13;85:23; 86:8 support (13) 10:7,15;26:6; 47:13;49:6;62:2,3; 65:24;67:4;76:10; 213:4;238:19;240:7 supported (2) 62:5;238:24 supporting (1) 24:13 supportive (1) 134:16 supposed (1) 15:4 surcharge (6) 46:2;63:8;64:10, 10,12,13 Sure (30) 5:13;20:8;22:24; 26:22;35:1;38:17; 39:21;40:21;41:17; 43:16;48:21;49:24; 51:9;57:15;63:2; 66:2;77:4;86:9; 89:22;94:2;97:9,16; 135:18;145:20; 157:11;162:6; 231:19;237:1; 242:22;243:21 surely (1) 80:3 surface (1) 233:19 surrounding (2)	36:6;236:20 survive (1) 28:13 swallow (1) 69:18 switch (2) 160:17;186:1 switched (2) 142:23,24 Swords (2) 10:24,24 system (7) 9:21;41:1;48:17; 56:18;58:7;235:2,4 systems (3) 39:22;41:1,8 T table (3) 33:2;50:23;183:18 tables (5) 32:24;33:1,7; 211:1,3 tacked (1) 165:6 tacking (1) 87:11 talk (12) 20:6;65:14;80:18; 90:17;94:14;141:21; 158:15;166:20; 190:18;206:19; 219:19;235:3 talked (4) 75:19;166:23,24; 243:10 talking (14) 41:16;75:20;76:5; 80:3,9;88:20;135:3; 151:7;163:7;196:2; 206:18;217:12; 220:24;243:12 tap (1) 152:9 target (1) 56:15 tax (1) 28:7 taxpayer (1) 227:7 teaching (1) 20:22 team (4) 39:24;40:2,9;42:14 teams (1) 40:10 tech (1) 22:9 technical (2) 95:7;151:2 Technically (1) 50:11	technology (2) 217:23;218:17 telemedicine (7) 141:14,17;148:15, 21,24;149:12;154:18 telephone (1) 242:9 telling (3) 55:9;61:4;160:17 tells (1) 97:1 ten (1) 8:3 tend (3) 140:19;176:4; 215:8 tends (2) 197:22,23 term (1) 131:19 terminate (1) 75:21 terminology (2) 164:16;196:22 terms (17) 13:2;78:1;161:1, 13;165:17;170:11; 172:20;173:18; 174:3,23;184:6; 185:9,11;205:20; 213:18,24;236:24 testimony (8) 43:22;67:4,17; 192:10;232:4,7; 239:15,22 thankful (2) 57:6,6 thankfully (1) 15:6 Thanks (7) 37:18;44:3;130:19; 153:22;167:13; 219:17;229:5 Therefore (3) 8:7;77:23;157:20 thinking (3) 149:10;157:8; 168:24 third (9) 140:1;142:12; 148:14;161:8,11; 164:14;170:4;192:2; 213:1 though (6) 20:24;50:12;141:2; 146:19;181:20; 200:15 thought (12) 42:9;68:12,24; 74:7,8;75:2;80:4; 146:24;147:17; 193:8;202:6;204:9 thoughts (3)
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69:3;81:6,16 Thousands (2) 28:12;29:16 three (28) 6:7;22:10,14;36:2, 10;45:18;77:18,19; 91:9;92:18;95:17; 130:8,10,11;131:1,3, 6;149:12;161:13; 163:10;171:5,6; 191:7;193:11;205:3; 207:11;220:22; 242:12 throughout (7) 146:5;170:16; 184:21;194:21; 204:5;239:1,14 throw (4) 68:22;189:4,19; 200:24 throwing (2) 79:5;188:11 thumbs (1) 157:12 THURSDAY (2) 4:1;130:1 thus (1) 210:15 tickler (1) 241:1 tied (1) 65:5 tier (50) 77:8,9;156:20; 157:1;160:23;168:3; 171:2;173:9,14; 175:16;177:21; 178:11;179:1,7,16, 17;180:7,11;181:1, 23;183:10,14,20; 184:3,6,13,18,23; 185:6,6,16,23;187:4, 10;191:18,21; 192:20;194:11,14,18, 21;196:18;197:3,21; 199:14,19;201:23; 205:24;206:13; 211:17 tiered (3) 168:5;174:18; 175:17 tiering (10) 173:13,21;174:1,4, 6,20,23;175:13; 176:22;181:16 tiers (18) 191:23;192:19; 193:12;194:10,21; 196:16;199:20; 200:1;202:22;203:3, 3,14,16;204:17; 206:1,16;210:23; 220:6	till (1) 76:6 Tim (12) 4:24;34:1;69:2; 70:12;71:4;84:10; 88:23;130:16;166:7; 219:12;223:11; 240:10 timeframe (1) 21:1 times (16) 14:22;15:20;36:23, 24;58:19;139:2; 149:21;164:6,7; 169:24;175:19; 180:9,9;189:5; 193:18;207:11 timing (3) 137:21;230:11; 231:18 tiny (1) 212:17 tired (2) 58:10;173:6 TMCC (2) 20:22,24 today (54) 4:17;6:19;13:23; 18:20;20:13;21:3; 27:24;28:24;30:7,20; 39:17;45:22;52:16; 75:5;76:10;78:20; 80:2;82:6,10,12,14; 83:10;139:16; 141:21;142:1; 149:20;156:24; 157:17;158:1,8; 178:6,8;184:8; 189:22;193:18; 195:22;196:2;197:2; 199:13;204:3;209:7; 214:17;215:24; 218:14;221:7; 226:16;230:24; 231:22;233:11; 235:4;242:22;243:5, 9;244:13 today's (2) 31:20;156:13 together (8) 65:11;148:9; 149:11;151:14; 168:9;214:2;220:19; 226:13 told (3) 19:14;40:13; 207:17 Tom (14) 5:6;66:19;77:16; 78:4;85:1;133:3; 134:16;137:5; 213:15;227:4,23; 237:9;240:1,5	took (7) 42:15;182:8; 186:19;193:2; 212:22;218:5;230:16 tool (1) 141:15 top (7) 59:22;181:12; 183:3;193:14;235:6; 244:4,4 toss (1) 31:15 total (14) 45:9;65:12;139:3; 168:9;174:19;177:2; 185:12;192:16; 193:3;204:20;207:4; 210:19,20;211:19 totally (4) 53:22;65:9,9; 147:10 touches (1) 218:20 tough (5) 53:1;59:20;66:7; 243:17;245:1 toward (2) 25:2;165:23 towards (1) 180:20 TPA (28) 132:11;139:1,5,6; 140:11,17,18;141:1, 4,13,22;142:6,12,16, 16,20;144:17;147:3, 7,12;148:6;150:5; 151:4,9,10;154:8; 155:8;221:16 TPAs (1) 149:1 TPA's (1) 146:23 traditionally (3) 50:16;52:9,10 training (1) 40:15 transcribed (1) 96:18 transcript (1) 14:12 transfer (6) 41:5;225:9;226:10, 23,23;228:20 transparency (3) 141:24;142:3,9 transparent (2) 145:20;185:24 travel (1) 133:14 treatment (2) 59:1,2 trend (12) 159:19;161:24;	162:2,7;165:4;191:1, 24;199:13,18; 214:12;215:8,9 trends (1) 161:23 trickling (1) 241:6 tricky (1) 68:6 trimming (1) 6:22 triple (1) 143:1 trouble (3) 152:18;195:8; 200:19 troubled (1) 6:18 true (4) 51:13;85:16,20; 204:21 truly (3) 57:6;154:17; 174:10 trust (2) 224:22;225:1 trustees (1) 224:18 try (16) 5:18;6:13;13:13; 30:12;49:20;87:5; 88:8;135:14;167:20; 182:12;184:23; 186:7;189:20; 190:21;192:7;212:14 trying (21) 15:17;22:12,19; 26:7;42:11;83:17; 145:11;174:7,9,16, 18;179:10;183:16; 188:6;189:16; 196:13,23;202:13; 209:18;212:19; 214:18 turn (10) 5:21;24:3;75:22, 23;76:8;136:8; 207:16;208:21; 209:10;240:3 turnaround (1) 36:1 turned (1) 22:21 turning (1) 72:4 turns (1) 53:24 tweaked (2) 72:16;204:21 tweaking (1) 54:18 tweaks (1) 52:12	twice (2) 33:19;139:3 two (59) 35:18;73:21,24; 75:1;79:11;84:22; 85:3,7;92:14;93:11; 94:18;132:11;145:2; 150:13,15;156:13; 157:10;158:17,19; 160:1;162:2;163:24; 164:7;168:9,15; 172:14;175:19; 176:7,12,13,14,21, 21;177:18,19;179:3; 180:9;181:23; 184:24;185:19; 188:18;189:5,6; 191:19;192:22,24; 193:1;199:18;202:1; 211:9,9;214:12; 215:8,22;216:3; 223:2;226:17,17; 232:22 two-year (2) 191:2,6 type (2) 147:21;235:2 typically (15) 139:24;140:17; 141:9;142:11,12; 147:23;165:15,20; 166:1;175:7,20; 176:4;178:3;180:14; 232:3
U				
			ultimate (2) 50:3;81:3 ultimately (5) 18:8;62:24;72:12, 23;188:24 Um-hum (4) 74:12;85:9;178:1; 187:2 unable (1) 64:21 unanimously (1) 34:7 unanswered (1) 84:17 unanticipated (1) 132:15 unbundled (1) 46:1 uncertainties (1) 27:2 uncomfortable (2) 189:9,11 under (12) 31:4;35:17;72:18; 80:23;151:19; 152:21;164:1,11;	

183:17;185:2; 195:12;222:14 underlying (5) 175:17;177:13,19; 185:16;211:10 understands (1) 88:3 Understood (4) 52:19;74:4;82:6; 96:24 undertaking (2) 139:13;151:3 undertakings (2) 150:5,10 underwriting (1) 186:21 undo (2) 20:2;136:9 undoes (1) 167:10 undone (1) 165:8 unemployed (1) 60:3 unfair (2) 10:2;211:18 unfortunate (1) 18:11 Unfortunately (9) 7:2;47:18;48:5; 57:20;88:15;150:13; 157:14;199:4;241:6 Unger (7) 26:14,16,18,18; 30:10,18,19 U-N-G-E-R (1) 26:18 UNIDENTIFIED (2) 242:19,21 uninsured (2) 170:9;235:23 unintended (5) 199:18;211:8,22; 212:8,24 Union (5) 18:3;22:19;24:11, 11;25:23 unique (4) 15:12;46:20;169:5, 8 unit (3) 176:13;180:14; 196:20 United (2) 32:19;33:9 units (1) 176:2 unless (11) 90:7;91:18;97:1; 131:4;144:7;184:22; 189:13,15;200:16; 213:11;216:1 unlike (3)	26:24;27:6;173:21 UNLV (3) 26:18,19;28:20 unmute (18) 6:3;10:19,23; 13:18;16:1,5;17:1, 21;20:18;22:5;24:7; 26:15;29:24;31:9; 242:10,14,18;243:1 unmuted (2) 6:1;9:2 unmuting (1) 152:18 unnecessary (1) 19:7 unusual (2) 165:15;168:24 up (87) 4:6;25:1;35:23; 38:23;40:2;42:5; 58:8;61:5,6,12;62:3, 4,9;65:3,12;67:14; 68:16;69:7;75:1; 76:21,22;77:10;78:7; 79:21;80:12;81:23; 87:17;90:6;95:18; 97:21;133:18; 143:24;147:6,7; 148:13;156:16; 157:12;166:5,24; 167:8,11;168:10; 170:6,24;172:11,23; 174:15;176:9; 178:19;181:12; 184:4;185:8;186:23; 189:15;190:11; 199:10;203:24; 205:5;207:11;208:3, 10,19;209:16;210:6; 211:20;213:13,23; 214:2,6;215:18; 216:19;217:6; 220:13;222:18; 224:20;227:15,23; 230:12,12;234:9,11; 235:2;238:9,10; 239:2;241:1;244:5 upcoming (6) 46:22;47:1;135:3; 159:21;160:11; 161:21 update (2) 133:19;232:13 updated (3) 33:8;159:13; 182:10 updates (2) 232:12;236:7 upheaval (1) 14:22 uphold (1) 56:8 upon (8)	20:2;34:15;56:2; 57:9;77:22;91:21; 92:22;224:14 upset (1) 71:2 URBAN (13) 5:4;70:4,4,21,21; 71:4;86:5,16,16; 152:22,22;153:1,3 Urban's (1) 72:21 urge (6) 10:14;16:12,19; 21:11;25:14,17 urging (1) 198:2 usage (1) 173:15 use (13) 59:12;62:18; 133:15,17;154:9; 157:15,23;159:15; 167:8;183:21; 208:12;214:15; 215:21 used (18) 54:11;57:19;59:11; 138:1;143:1;162:2; 182:9;188:8,8,10; 189:4,7;203:11; 207:14;211:12; 225:3,7,22 useful (1) 222:5 using (13) 45:15;91:17; 161:24;163:22; 172:8;180:6;182:9; 187:11,16;201:7; 205:22;215:24; 221:20 usually (7) 65:3;141:11;149:2; 159:13;175:8; 191:15;229:17 utilization (2) 132:15;160:23 utilized (1) 48:11 utilizing (1) 133:14	91:11 value (4) 159:22;180:14; 200:7;225:12 values (1) 160:24 valuing (1) 196:11 varies (2) 176:7;181:13 variety (2) 169:17;171:4 various (4) 32:14;37:21;45:10; 62:4 vary (2) 174:2;179:19 varying (1) 183:9 veer (2) 156:21;190:20 vendor (13) 36:17;40:6;41:7; 86:24;92:20;141:20, 20,21;142:5;146:3, 20;151:21;222:10 vendors (9) 32:14;37:21;95:2; 138:12;143:18; 150:13,16,21;159:11 Verducci (32) 5:6,7;66:19,19,22; 68:10,11,14;69:21; 77:16,16;85:1,1; 86:5;133:3,3,18; 134:12;137:5,5; 213:15,15,22;227:4, 4;237:9,9,23;238:10; 240:1,1,9 verify (1) 182:12 verifying (1) 182:14 verse (1) 181:14 version (4) 47:17;210:11; 223:16;230:20 versions (2) 157:16;217:19 versus (9) 41:2;75:17;136:5; 146:12;159:2,2; 173:18;192:8;198:23 via (1) 242:9 viable (9) 19:17,20;20:8,14; 78:1;94:19,20;234:1, 4 view (1) 136:23 violates (1)	89:21 virtually (1) 39:11 visibility (1) 211:13 visits (2) 33:3,3 voice (1) 70:24 voices (1) 31:3 volume (1) 140:22 voluntary (13) 48:15,18,22;60:19; 67:9,12;143:15,15, 17,19;145:9,9,10 vote (5) 53:19;70:1;71:1; 212:19;223:15 voted (3) 71:19;160:1; 188:24 voting (4) 32:4,7;70:22,23 vulnerable (3) 62:2;66:24;67:11
W				
				wait (4) 8:13;70:1;217:11; 226:19 waiting (4) 24:5;68:23;136:24; 158:21 walk (4) 157:8;158:19,24; 187:5 walking (1) 158:12 walk-through (1) 157:21 wants (9) 32:16;34:24;61:16; 74:1;186:3;197:9; 198:24;199:24; 236:10 wards (1) 7:8 warehouse (1) 41:6 warnings (1) 157:14 waste (1) 70:23 watch (3) 55:3;158:22;159:4 watching (6) 31:12;57:12;97:22; 240:22;241:6,18 wave (1) 34:4

<p>way (45) 13:7;27:19;36:3; 56:3;61:5;63:2;70:8; 72:13,21,22;75:19; 78:15;83:19;142:7, 16;143:4;145:5; 146:15;148:12; 154:22;166:2,24; 172:6;179:8;184:21; 185:17;187:1,22; 194:21,23;199:13,14; 201:19;206:16; 207:9;210:2,14; 211:10;212:9,12; 215:9;216:8;232:6; 236:13;238:7</p> <p>ways (6) 14:5,16;73:24; 170:15;185:20; 191:13</p> <p>web (1) 152:20</p> <p>website (5) 137:23,24;138:3, 14,18</p> <p>weeds (1) 194:5</p> <p>week (4) 15:5;193:22,23; 225:15</p> <p>weigh (4) 34:22;65:1;66:14; 232:5</p> <p>weighed (1) 82:3</p> <p>weighted (2) 175:15;205:2</p> <p>weird (2) 54:12;209:21</p> <p>welcome (6) 5:16;39:9;43:24; 44:4;62:8;204:10</p> <p>welcomed (1) 46:8</p> <p>welfare (4) 225:4,20;226:8; 227:1</p> <p>Wendi (1) 4:10</p> <p>Wendy (3) 97:11,19;232:12</p> <p>weren't (1) 208:20</p> <p>whack (1) 197:4</p> <p>What's (12) 41:11;60:19;61:6, 18;162:21,24;166:2; 180:3;186:7;187:12; 189:17;208:22</p> <p>wheels (1) 139:17</p> <p>whereas (2)</p>	<p>146:2;191:6</p> <p>whereby (3) 36:23;181:5; 182:22</p> <p>white (2) 81:1,12</p> <p>whole (7) 24:23;25:2;32:14; 53:7;196:18;197:6,7</p> <p>Whoops (1) 208:18</p> <p>who's (1) 43:10</p> <p>whose (1) 211:19</p> <p>Williams (15) 38:20;39:5,6,8,9, 16,21;40:17,22; 41:23;42:24;43:2,21, 24;44:4</p> <p>willing (2) 55:11;179:17</p> <p>willingness (3) 5:17;29:15;66:6</p> <p>win/win (1) 233:20</p> <p>windows (1) 97:6</p> <p>winning (4) 141:19,20,21; 142:5</p> <p>wisdom (1) 29:20</p> <p>wise (2) 76:21,22</p> <p>wishes (2) 92:7;182:15</p> <p>withdraw (5) 226:6,16,16,17,17</p> <p>withdrawal (2) 224:11;225:11</p> <p>within (20) 10:1;36:2;62:20; 63:3;147:24;154:13; 164:2,6;166:9;190:4; 195:1,2;200:16,20, 22;209:6;214:20; 222:11;231:5;235:4</p> <p>without (10) 7:6;16:17;28:22; 49:2;62:2;68:7;81:8; 193:12;210:14;238:8</p> <p>witnesses (1) 35:5</p> <p>wonder (1) 36:19</p> <p>wondering (14) 34:16;35:14;36:22; 73:6,10,21;75:1; 82:9;136:12;147:15; 162:24;193:17,18; 207:16</p> <p>word (1)</p>	<p>205:17</p> <p>words (6) 42:15;51:18;64:15; 73:15;211:9;237:16</p> <p>work (33) 7:7;13:1;14:4,14; 20:9;22:9;25:7;31:1; 48:21;52:13;58:17; 61:20;72:7;87:5,6; 95:8,19;132:23; 133:1;135:11;144:2; 145:5;150:6;154:23; 155:3;163:4;174:13; 206:10;209:19; 216:6;221:14;237:3; 238:12</p> <p>workbooks (2) 183:1;206:22</p> <p>worked (6) 16:9;17:8;19:23; 56:16;230:2;231:6</p> <p>workers (10) 14:6,8,17,18; 15:20;18:7;19:17,22; 20:9;28:10</p> <p>workforce (1) 30:8</p> <p>working (16) 13:13;22:23;24:22; 25:12;28:16;39:10; 48:15;62:24;75:7; 83:19;152:7;162:18; 187:2;199:15; 236:11,12</p> <p>workload (1) 238:11</p> <p>works (3) 28:21;36:3;71:14</p> <p>world (1) 148:9</p> <p>worried (1) 241:16</p> <p>worry (2) 59:21;68:16</p> <p>worth (1) 181:3</p> <p>wrap (1) 143:24</p> <p>written (6) 6:12;30:13,16; 57:10;78:2;240:17</p> <p>wrong (2) 97:1;217:18</p> <p>wrote (1) 243:4</p> <p style="text-align: center;">X</p> <p>X's (1) 176:12</p> <p style="text-align: center;">Y</p>	<p>yanked (1) 228:13</p> <p>year (92) 7:15,21;9:18; 20:12;26:24;31:23; 33:4;38:7;45:6,20; 47:1;50:15,15;54:13, 17;56:11;72:15; 131:13,13;135:2,4,7; 136:6;138:7;145:24; 147:4,8;149:22; 156:17;157:2,17; 158:18;159:19; 160:11,13,14;161:2, 22;163:9;164:24; 167:18;169:13,18; 170:16,21,21;171:11; 176:23;180:1;183:9, 14,24;184:8;188:8, 10;189:8,13;190:21; 191:4;195:21;196:8; 197:5,12;199:18; 201:5,9,10,12,14,15, 24;211:20,20;212:5; 214:8,10,12,15,16; 215:1,8,8,12,14,16, 17,22,22;216:3; 218:8;228:22;229:18</p> <p>years (25) 7:14,23;8:3;13:22; 16:9;17:8;18:3;19:7, 23;47:11;139:3; 145:8;158:17; 162:18,20;163:22; 164:1,11;166:9,11; 169:21;189:4;191:7; 200:2;226:17</p> <p>years's (1) 165:22</p> <p>yep (1) 206:24</p> <p>yesterday (3) 28:19;60:21; 181:10</p> <p>yield (1) 52:20</p> <p>young (1) 29:6</p> <p style="text-align: center;">Z</p> <p>Zoom (3) 95:9,10;97:6</p> <p style="text-align: center;">0</p> <p>0.85 (1) 187:17</p> <p>0020 (1) 10:18</p> <p>0071 (1) 13:17</p>	<p style="text-align: center;">1</p> <p>1 (6) 77:18;98:1;166:2, 8;192:6;223:5</p> <p>1.05 (1) 185:5</p> <p>1.7 (1) 226:20</p> <p>1.99 (2) 172:16,19</p> <p>1:00 (1) 98:5</p> <p>1:03 (1) 130:5</p> <p>10 (12) 45:22;88:20; 202:15;221:1; 224:10;232:13,14; 237:22,23;238:18; 240:13,21</p> <p>10,000 (1) 45:22</p> <p>10:10 (1) 44:18</p> <p>10:15 (1) 44:19</p> <p>10:16 (1) 44:22</p> <p>100 (4) 63:22;158:3;168:7; 241:5</p> <p>10th (1) 93:8</p> <p>11 (3) 187:3;196:13; 229:7</p> <p>11:30 (1) 90:10</p> <p>11:35 (1) 90:11</p> <p>11:38 (1) 90:15</p> <p>11:45 (1) 98:6</p> <p>11:50 (1) 97:24</p> <p>111 (1) 59:13</p> <p>11th (1) 93:6</p> <p>12 (18) 6:16;21:8;45:7; 47:3,17;56:16;69:5; 98:6;166:3;167:3; 183:9;186:9;221:2; 222:7;230:1,18,20; 242:3</p> <p>12,500 (1) 45:22</p> <p>12:00 (1) 98:8</p>
--	--	--	---	--

<p>12-month (1) 36:24</p> <p>13 (1) 214:18</p> <p>13th (1) 92:14</p> <p>14 (4) 15:3,5;64:4,16</p> <p>140 (1) 45:16</p> <p>14th (2) 92:15;218:7</p> <p>15 (2) 192:19;202:16</p> <p>15,000 (1) 47:23</p> <p>1500 (2) 235:20,23</p> <p>15th (1) 93:6</p> <p>16th (3) 30:13;93:7;229:13</p> <p>17 (1) 18:21</p> <p>18 (4) 16:9;17:8;207:18; 209:12</p> <p>180 (2) 64:22;148:1</p> <p>180-day (1) 147:23</p> <p>18th (1) 46:7</p> <p>19 (1) 131:13</p> <p>19th (1) 232:19</p> <p>1st (4) 91:22;92:24;135:6; 231:13</p> <hr/> <p style="text-align: center;">2</p> <hr/> <p>2 (11) 5:20;50:24;64:15; 77:18;164:2,6; 166:10;185:2;186:5; 207:18;225:20</p> <p>2.1 (2) 175:22;226:19</p> <p>2.2 (1) 175:22</p> <p>2.3 (2) 175:23;226:20</p> <p>2.5 (1) 7:21</p> <p>20 (9) 7:22;19:4;179:24; 185:2,13;192:18; 203:12;204:15; 212:18</p> <p>200 (1) 168:7</p>	<p>2005 (1) 56:18</p> <p>2007 (2) 224:16;227:14</p> <p>2008 (2) 15:10;57:18</p> <p>2010 (3) 7:1;57:18;225:8</p> <p>2011 (3) 9:14;66:10;139:2</p> <p>2014 (1) 131:11</p> <p>2015 (1) 137:24</p> <p>2016 (3) 149:20;204:4,5</p> <p>2018 (1) 204:5</p> <p>2020 (19) 30:15;37:23;38:9; 45:5;77:21;91:2; 159:18;176:24; 182:9;186:17; 188:21,23;191:9; 204:5;217:21,21; 223:24;229:13; 232:19</p> <p>2021 (9) 4:1;30:16;41:12; 91:23;92:24;130:1; 131:19;138:2;231:14</p> <p>2022 (5) 31:24;60:14;139:4, 12;150:2</p> <p>2022/'23 (1) 45:1</p> <p>2025 (1) 92:23</p> <p>2026 (2) 91:22;93:16</p> <p>21 (6) 131:13;135:4; 176:23;180:1; 183:24;184:8</p> <p>21st (2) 91:5;131:11</p> <p>22 (14) 20:12;45:6;135:2, 7;159:19;160:4,13, 14;170:21;171:11; 183:14;186:21; 214:10,15</p> <p>2244 (2) 10:21;15:24</p> <p>23 (2) 170:21;214:16</p> <p>23rd (6) 21:7;35:7;45:5; 220:1;223:7,24</p> <p>24 (1) 159:11</p> <p>24.7 (1) 225:10</p>	<p>241.016 (1) 96:5</p> <p>25 (9) 199:2;204:17; 208:10,12;209:1,10; 210:22;212:15,18</p> <p>25,000 (1) 45:21</p> <p>250 (1) 73:17</p> <p>25th (2) 30:15,16</p> <p>26 (1) 227:22</p> <p>2733 (3) 16:3,22;17:16</p> <p>27th (1) 92:16</p> <p>28 (4) 4:1;13:22;18:23; 130:1</p> <p>281A420 (1) 32:2</p> <p>287 (2) 52:6;72:18</p> <p>287.043 (2) 27:14;50:7</p> <p>287.04345 (3) 96:2,7,20</p> <p>287.0436 (2) 225:4,10</p> <p>287.046 (1) 225:20</p> <p>28th (1) 91:2</p> <p>2D (1) 221:19</p> <hr/> <p style="text-align: center;">3</p> <hr/> <p>3 (10) 31:14;77:18;96:5; 143:18;164:2,6; 166:10;188:24; 221:1;223:17</p> <p>3:16 (1) 216:19</p> <p>3:24 (1) 216:24</p> <p>3:25 (1) 216:20</p> <p>30 (2) 184:6;204:17</p> <p>301 (1) 69:17</p> <p>304 (1) 69:17</p> <p>30th (9) 36:16;91:21;92:23; 93:16;131:19;138:2; 139:4,12;150:2</p> <p>31st (1) 188:18</p>	<p>333.335 (2) 96:10;221:21</p> <p>34 (1) 145:13</p> <p>355.220 (1) 224:24</p> <p>37 (2) 184:4;185:8</p> <p>375 (2) 180:17;187:16</p> <p>380 (1) 61:5</p> <p>3rd (2) 45:8;91:7</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 (12) 9:22,24;32:12; 96:2;160:16,21; 165:1,2,7;166:5,8; 167:1</p> <p>4.1 (2) 33:16;34:10</p> <p>4.3.6 (4) 33:15,17;35:10; 44:7</p> <p>4.5 (3) 33:18;37:19;44:6</p> <p>4:11 (2) 245:4,7</p> <p>40 (3) 19:9;185:2,11</p> <p>4041 (4) 18:2,19;24:11;30:6</p> <p>44 (3) 69:16;204:6,11</p> <p>4404 (1) 17:19</p> <p>441 (1) 13:23</p> <p>457 (1) 224:16</p> <p>46 (2) 64:17;69:16</p> <p>4900 (2) 235:20,24</p> <p>4th (1) 92:13</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5 (15) 6:13;8:13;27:21; 31:22;44:18;45:1,22; 90:6;96:20;134:13; 137:1;167:3,15; 169:10;230:24</p> <p>5,000 (6) 45:22;60:2;64:3; 73:17;79:10;87:18</p> <p>50 (11) 45:24;63:22;64:3;</p>	<p>74:18;79:10,14,16; 87:17;88:13;162:8, 10</p> <p>50/50 (2) 162:16,24</p> <p>500 (3) 38:14;63:19;73:17</p> <p>5550 (1) 22:4</p> <p>585 (7) 180:9,19;181:24, 24;182:2;186:22; 187:6</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>6 (8) 6:13;8:14;10:19; 33:2;90:7,16;169:12; 221:8</p> <p>6.1 (1) 90:19</p> <p>6.2 (3) 90:22,22;130:6</p> <p>6.2.1 (2) 91:3;92:6</p> <p>6.2.2 (2) 92:6,11</p> <p>6.2.3 (1) 93:4</p> <p>6.3.1 (3) 131:7;134:13; 137:2</p> <p>6.3.2 (3) 131:20;134:24; 137:3</p> <p>6.3.3 (3) 92:6;132:9;137:2</p> <p>6.4 (2) 137:15;155:18</p> <p>6.4.1 (1) 152:21</p> <p>6.4.2 (3) 138:22;149:16; 153:24</p> <p>6.4.3 (2) 149:17;153:10</p> <p>6.5 (1) 155:18</p> <p>60 (8) 63:17,22,24;64:17; 74:18;79:7;157:16; 200:18</p> <p>60-day (1) 218:10</p> <p>64 (2) 204:6,11</p> <p>65 (3) 79:10;87:18; 203:15</p> <p>6500 (3) 233:18;234:1,2</p> <p>6837 (1)</p>
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242:13 685 (1) 187:12	45:17;208:11 900 (1) 180:10			
7	92 (1) 205:7			
7 (5) 6:13;96:10;156:9; 234:21;238:1	93 (3) 204:5,11,13			
7,000 (1) 28:14	9369 (1) 242:16			
70 (9) 191:16;197:16; 199:9;201:4,4; 203:15;206:2,15; 207:3	95 (18) 163:4;192:16; 199:7;200:18;201:4, 11;203:9;204:24; 205:2,3,24;206:6,14, 24;207:2;208:2,3; 210:19			
72 (5) 184:7,10;186:12; 192:8;209:13	9709 (1) 20:17			
73 (3) 204:6,11,14	99-130 (1) 98:10			
7338 (1) 29:23	9th (6) 91:21;92:22;93:15; 188:21,23;217:21			
75 (1) 192:19				
7500 (3) 30:23;47:23;63:24				
7800 (1) 31:8				
78-year-old (1) 243:6				
7947 (2) 24:7,9				
8				
8 (6) 88:20;139:21; 216:13;217:2,3; 222:7				
8.42 (1) 178:10				
81st (1) 231:13				
85 (12) 179:23;180:9; 181:14,17,24;182:3, 3,22;187:7,10;189:5; 196:19				
89 (1) 208:10				
8th (2) 91:5,7				
9				
9 (9) 4:6;6:13;80:4; 178:2;205:7;217:13; 219:20,21;233:15				
9:39 (1) 24:2				
90 (2)				