<u>CLARKSVILLE MONTGOMERY COUNTY EMPLOYEES</u>
<u>INSURANCE TRUST MEETING</u>
September 10, 2018

The meeting of the Clarksville Montgomery County Employees Insurance Trust was held Monday, September 10, 2018 in the Lecture Hall at Central Office. Members in attendance were Jeanine Johnson, Patricia Bailey, Mark Banasiak, Amanda Beck, Tommy Butler, Blake Frerking, Danny Grant, Charli Hall, Leslie Helmig, Kellie Jackson, Ed Long, Donna Mahoney, John Smith, Jeff Taylor, Tim Swaw and Kimberly Yarbrough. Also in attendance were Chris Fessenden and Kim Phelps of Fessenden Consulting Group, Bailey Martin and Scott Donnellan with Jack Turner and Associates, David Johnson with MetLife, Carol Joiner CMCSS General Counsel, Donna McIntosh, Amy Wigington, and Faye Tryon from the CMCSS Benefits Office and Pam Clark from County HR.

Jeanine Johnson called the meeting to order at 4:15 p.m. A quorum was established.

Minutes from the August 20, 2018 meeting were reviewed. Motion to accept the Minutes was made by Mark Banasiak. Kimberly Yarbrough seconded. Motion carries.

Tommy Butler reported that Onsite has 1350 participants in the Alive and Well program. Also, the annual kickball tournament will be this Saturday, September 15, 2018. August was a record month for the largest number of patients seen at Onsite compared with past August numbers.

Tim Swaw provided the Trust members with answers from James Smith of Five Points to the questions Trust members had submitted concerning the Alternate/Bridge plan (attached as Appendix A). Tim reiterated that the Alternate/Bridge plan was for the County employees only. He also commented that until the plan is implemented we will not know how it will affect the Onsite Clinic. Discussion followed. Tim provided Trust members with a comparison of the premium cost to the employee, deductibles, and prescription coverage for the Preferred Plan, Standard Plan and the Proposed Alternate Plan. Discussion followed. James Smith via the telephone fielded questions and provided answers. Jeanine Johnson asked James concerning the Alternate plan, if it is the same plan that the State of Tennessee prohibited other school systems to participate in. James stated yes it was. Jeanine highlighted the reasons that the State does not allow the Alternate plan. The State indicated that a higher use of Emergency Room visits occurred after the Alternate Plan went into effect. James indicated that the coverage for the ER visits could be a non-covered service. He also emphasized the need to price the premiums at a level that would cover the Alternate plan's claims. Chris Fessenden added the Trust's Standard plan's and it's pricing were established to meet the requirements of the Affordable Care Act. The ACA requires that the plan provide affordable coverage (employee contribution cannot exceed 9.5% of household income) and the plan must offer coverage that meets minimum value requirements. The school system's 6.5 hour Support Staff is the only employee group that was impacted by the affordability threshold and it was determined that all employees in this segment met the affordability threshold. Based on the current enrollment of 7 employees in the Standard plan, the price point is satisfactory. Since the County currently represents 21.7% of the employees covered, the overall impact may not be a large increase but in our opinion there could be an increase in the cost to the remaining group. The magnitude would depend on the census characteristics of the group electing the Alternate plan. If the electing group has the same demographics as the overall group then the impact would be minimal. Also, the medical plans offered by the Trust must meet the State's superior or equal to requirements. Some concern was expressed that the Alternate plan would be sold to the employees and that they would not understand the type of plan they had chosen. Tim Swaw stated Five Points was not to sell the plan to the County employees and that there would be education concerning the Alternate plan. Also of concern was the potential negative impact the Alternate plan may have on the Trust fund. It was stated several times that Jeff Truitt had stated that the savings from the Alternate plan would be set aside to offset any negative impact the Trust may experience. Danny Grant made a motion to add the Alternate/Bridge plan. Tommy Butler asked if the issue of whether to include or exclude ER visits needed to be addressed. Trust members discussed this issue. County members would not support the Alternate/Bridge plan if ER visits were non-covered. Motion to add the Alternate/Bridge plan, keeping the ER coverage was made by Danny Grant. John Smith seconded. Motion carries.

Jeanine Johnson presented the history concerning the possible discontinuation of the MetLife 403(b) plan and going to the State 401(k) plan. In a previous Trust meeting, Larissa Whittle from SageView had presented several good reasons that the Trust should consider transitioning to the State 401(k) plan. Bailey Martin with Jack Turner and Associates, brought up the question of the Market Value Adjustment and Surrender Charges. The MVA is a plan level cost that would be paid by CMCSS and is currently $118,855.93. Surrender Charges are the participant's cost and currently 22 participants would be assessed Surrender Charges if the 403(b) plan was terminated. David Johnson with MetLife presented a new pricing model to the Trust for the 403(b) plan. The current pricing model is the "non-offset" model. This pricing model is not very flexible or transparent. David recommends the "offset" pricing model which is more flexible and transparent and will have a lower administrative fee for the plan. A motion was made by Mark Banasiak to accept the new pricing model from MetLife. Danny Grant seconded. Motion carries. Carol Joiner is in the process of reviewing the new MetLife Service Agreement. Scott Donnellan, from Jack Turner and Associates, spoke briefly about the services he could provide if the Trust chooses to seek a new Consultant for the 403(b) plan. Scott believes he can offer quality service to the Trust for a lower consulting fee. Jeanine Johnson stated that the consulting agreement would be placed on the agenda for discussion at the next Trust meeting.

Chris Fessenden and Jeanine Johnson provided an update concerning the Pharmacy Benefit RFP. The RFP finalists were EpiphanyRx and Navitus. Each company made a presentation to the RFP Sub-committee on September 6, 2018. A copy of the minutes from the presentation meeting is attached as Appendix B. The Sub-committee recommended EpiphanyRx to the Trust. The recommendation is based on the following:

- EpiphanyRx provides 100% transparent and pass-through administration.
- EpiphanyRx has a proven transition plan that provides continuity of coverage and live person customer service.
- EpiphanyRx has an established relationship with BCBS of TN and we can continue to have one ID card.

Motion to accept the Sub-committee's recommendation was made by Mark Banasiak. Amanda Beck seconded. Motion carries. EpiphanyRx will be the Pharmacy Benefit Manager, effective January 1, 2019.

Chris Fessenden stated that BCBS had waived the $.02 increase to the High Tech Imaging fee that they had previously requested.

Danny Grant provided the Trust members with the July 2018 Financial Statement. The fund balance is at $14 million, which is good. Motion to accept the Financial Statement was made by Tim Swaw. Kimberly Yarbrough seconded. Motion carries.

Chris Fessenden provided the Trust members with the Medical and Dental Plan Experience Reports for August 2018. The Medical plan loss ratio for August was 116.2%. The Dental plan loss ratio for August was 109.14%.

Christ Fessenden provided the Trust members with a summary concerning renewal of the BCBS Dental plan for the school system. BCBS has submitted two proposals:

- 2% increase with a rate guarantee for one year
- 3.5% increase with a rate guarantee for two years

Jeanine Johnson recommended accepting the one year 2% increase and then have a Dental RFP in the Spring. Motion to accept the 2% increase for one year was made by Danny Grant. Charli Hall seconded. Motion carries.

Tommy Butler and Tim Swaw presented the question of whether elected officials may use the Onsite clinic. A newly elected official had asked Tim to use the clinic. Elected officials are not employees of either the County or CMCSS. But Tim stated that County elected officials do have County benefits. Jeanine Johnson stated that if County elected officials are allowed to use Onsite, school board members would be allowed also. School board members and County elected officials would be required to pay the $40 Onsite fee plus any other applicable fees. Motion to allow elected officials and school board members to use Onsite and the fee to be paid by payroll deduction was made by Mark Banasiak. Blake Frerking seconded. Motion carries.

Jeanine Johnson presented the claims history for the past year and three large claims. Jeanine reminded Trust members that claim information is confidential.

Next meeting will be held Monday, October 15, 2018 at 4:15 p.m.
The meeting was adjourned at 6:15 p.m.

FIVE POINTS
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Questions from Insurance Trust Committee Members
Evaluating the Alternate/Bridge Plan Proposal

September 7, 2018

Thank you for providing the questions that you have in advance of the upcoming meeting of the Insurance Trust Committee. We can tell from the questions that you are considering the proposal and its impact carefully. While many of these responses are lengthy, we want to fully provide the information necessary to reach a decision. We grouped the questions by topic. If additional questions arise, please feel free to contact us directly. My personal cell phone is (615)426-2221 or you can email me at james.smith@fivepb.com. We appreciate your time and consideration.

County Government Insurance Only

Note that we are discussing changes to the health plan design for County employees only. The County is asking the Trust to approve the Alternate/Bridge plan for the County employees only. As such, BEP funding requirements do not apply. County governments do not have to meet equal or superior determinations. Counties do not have MOUs or other obligations with the state as relates to employee benefits. There will be no change to school district employee benefits as a result of the proposed Bridge.

Trust Plans Versus Bridge Plan

Note that the underlying medical plan will still be provided by the Trust and administered by Blue Cross Blue Shield. However, the Bridge plan is administered and provided by another insurance carrier, Beazley, and is layered on top of the underlying Trust's medical plan. It functions very similarly to a Medicare supplement plan being paired with Medicare.

Change to Bridge Plan Design Since Insurance Trust Meeting

We do not recommend a Bridge plan that is a higher and richer benefit than the maximum out-of-pocket cost under the plan. Following our meeting with the Insurance Trust, we discovered that the maximum out-of-pocket expense under the plan is $5,250 rather than $6,250, and $10,500 for family coverage. This differed from information we received originally, so we have revised the Bridge to reduce the benefit to $5,000 (instead of $6,000) / $3,000 (instead of $4,000). We have modified all Q&A to reflect this change. We also revised the proposal you received during the Insurance Trust Committee meeting. Note that the County's projected savings has been recalculated based on a lower premium for the Bridge plan, because it is not as rich a benefit and thus costs less. Please refer to the updated proposal rather than the one provided during the Insurance Trust Committee meeting.

Administration of Plan

1. Q. Could we please verify with BCBS if there would be an additional cost to administer this plan?

   Answer-BC-BS has confirmed they will add/administer the PROPOSED County alternate plan at no additional ASO charge. (Answer prepared by Chris Fessenden)

2. Q. Also, since we are looking at Pharmacy Carve Out, and if this additional plan was approved how would that work since we are looking at a co-pay vs. a coinsurance?

   Answer-The Alternate Plan uses copays while the Standard Plan uses a 70% coinsurance and this plan design should not impact the PBM's administration or administrative costs. Based on our analysis the difference in the prescription drug benefit results in a contribution increase of 5.413% increase for the Alternate Plan compared to the Standard Plan. (Answer prepared by Chris Fessenden)

County Funding from Savings if Problem with Under Collection of Premium

3. Q. The County indicated they would reimburse the Trust for any losses the Preferred Plan may experience if a large number of "healthy" members move to the Standard plan- Would the accuracy be able to determine if there were losses? If so brief explanation of how that would be determined.

   Answer- We recommend that a formula for calculating any adverse selection be determined in advance to facilitate transparency and accountability.

   The Trust consultants stated that they believe the risk to the plan is minimal assuming the migration demographics to the new alternative plan is the about the same as the preferred plan. The risk is that younger/healthier Trust participants will migrate to the lower cost plan, leaving the richer plan with an older demographic and less revenue from healthier employees. To mitigate the demographic risk, we recommend the following steps:

   1. *Have the actuary calculate the cost of the alternative plan now using the assumption that the youngest 25% of current participants migrate to the alternative plan.*
   2. *Compare the current alternative recommended rates to the rates if assuming the youngest 25% enroll. The delta between the two costs will be the worst-case scenario risk for the County.*
   3. *If the County is still willing to assume the risk, then they will educate and enroll the employees via a special open enrollment period for a January 1, 2019 effective date.*
   4. *Once the enrollment is complete, the actuary then calculates the alternative plan rates based on the actual demographics from the enrollment.*
   5. *The difference from the current recommended rates for the alternative plan, assuming similar demographics, and rates based on demographics from the actual enrollment will be the amount the county will pay back to the trust.*

This process allows the County to assess the worst-case scenario risk on the front end and determine if it is worth making the offer to their employees before actually enrolling anyone.

Additionally, the County could also reserve the right to not proceed with the alternative plan offering if the enrollment is not to their satisfaction. This takes both the liability and decision to offer the alternative plan off the shoulders of the Trust Committee and places it on the County.

4. Q: The County offered to put money aside, can that be put in writing and sent to the trust?

   Answer- Yes, once we determine a formula is agreed upon for making the trust whole in the case of adverse selection. See above.

Overall Trust Management Strategy

5. Q: Are we providing too many options? Will this end up like the 403b's where in a few years we have too many options and then we have to do a mass reshuffling to get back to only a couple of options?

   Answer- Currently there are two plans offered to County and school district employees, the preferred and standard plan. As to County employees only, we want to offer the preferred plan or the new alternative plan automatically paired with the Bridge plan. We are replacing the standard plan with a new alternative + Bridge strategy, so there will still be only two options for County employees. The school district plan offerings will not change as a result of our Bridge proposal.

6. Q: We have always offered top-notch insurance. Is the Bridge Plan a step forward or a step backwards? Is the Bridge Plan an industry standard or too new to tell?

   Answer- Recall that this alternative + Bridge proposal only applies to County employees and not all Trust participants. We believe offering employees the choice of plans, especially paired with supplemental Bridge insurance, is a step forward. Many employers offer dual option plans with a choice of lower deductible / higher premium plans or lower premium / higher deductible plans. The problem is that while employees like higher deductible plans that carry a lower per paycheck cost of insurance, many employees have a difficult time paying higher out-of-pocket expenses for major medical claims like hospitalizations or surgeries. Because the County is willing to provide employees who pick the higher deductible plan a supplemental Bridge plan, at the County's expense, employees who experience major medical claims will typically have a lower out-of-pocket cost over the preferred plan because of the Bridge pays from the first dollar of covered out-of-pocket expenses. This is a win-win solution for employees and their families.

   Supplemental Bridge plans are used and sold widely. While it is not possible to know where the industry will go, it is likely healthcare costs will continue to rise and outpace inflation in the future. As healthcare costs go up, so do insurance premiums. The only way to reduce premiums is to reduce claims (which isn't happening), or shift costs by moving to higher deductibles and out-of-pocket health plans to reduce premiums. While there are several tax advantaged ways to pay these higher out of pocket costs, such as HSA's, HRA's, and FSA's, these options are a $1 to $1 benefit. For example, if you put $85 in an HSA, you will have $1,020 at the end of the year to help pay out-of-pocket costs. If you have a claim before the end of the year, the money will not be available until it is deposited each month. However, with supplemental Bridge insurance, you also get a tax-free benefit, but the employees receive first dollar benefits up to $5,000 in benefits to help pay out-of-pocket costs and the benefits are fully available the first day, in exchange for the County's payment of roughly the same $85 premium. For these reasons, it appears as premiums *and out-of-pocket costs continue to go up, we expect Bridge plans will continue to become more popular as well.*

7. Q: Is this the best time to change what we offer when we are in the middle of reviewing RFP's for Rx and Med plans? Does the Fessenden group have a recommendation on this matter or the Bridge Plan in general?

   Answer: This question would best be answered by your consultant, not Five Points.

8. Q: Was it stated that the state does not offer this type of Bridge Plan?

   Answer- That is correct. The state does not offer this type of Bridge Plan for school district employees or local governments who participate in the state health plan. However, school districts and governments who are not part of the state health plan are free to implement a Bridge plan strategy. BEP funding requirements do not apply to County government employee benefits so there is no equal or superior determination required.

Coverage Details of Bridge

9. Q: Page 3, it was stated the Bridge Plan reimburses primarily on major medical expenses and is limited for outpatient expenses. Did the presentation state that there is no reimbursement for any doctor visits and prescriptions?

   Answer- That is correct. It is important to distinguish what the Trust's alternative plan will cover versus reimbursable expenses under the Bridge plan. The Bridge plan does not reimburse for out-of-pocket expenses related to most out-patient expenses with the exception of outpatient surgery, radiation/chemotherapy, and diagnostic testing in an approved outpatient facility. The Bridge is designed to help with costs associated with major medical, non-selectable (non-elective) healthcare needs. Again, it is designed to shift the risk of a major medical event—which is statistically unlikely to occur to every plan participant every year—but not those routine, typical expenses that all plan participants can expect. This limitation on risk shifting helps reduce over-utilization of health plan benefits.

10. Q: Page 9, It mentions BCBS Alt + bridge - what does that mean? Is the alternate our second plan (not preferred) plus the bridge?

    Answer- BCBST Alt+Bridge is an abbreviation for the new proposed Alternative health plan that will be paired with the supplemental Bridge insurance for County employees only.

11. Q: Page 12 discusses outpatient knee surgery. Does the Bridge Plan cover post-surgical therapy? What about assistive devices like crutches or knee scooter?

    Answer- No, the supplemental Bridge plan does not reimburse for out-of-pocket expenses related to outpatient therapy or durable medical supplies. The Bridge plan only reimburses for outpatient expenses related to outpatient surgery, radiation/chemotherapy, and diagnostic testing in an approved outpatient facility. The Bridge is designed to help with costs associated with major medical, non-selectable (non-elective) healthcare needs. Again, it is designed to shift the risk of a major medical event—which is statistically unlikely to occur to every plan participant every year—

but not those routine, typical expenses that all plan participants can expect. This limitation on risk shifting helps reduce over-utilization of health plan benefits.

12. Q: Page 13 example. Does the figure of $7,540 include all prenatal visits, hospitalization and all associated costs to the mother prior to, during, and post-partum? I ask as that seems like quite a small figure. What about the infant? Does this figure cover the pediatrician visits and medical care provided to the infant during the typical 2 or so day stay in the hospital? Does that infant have a $2,000 deductible the moment they are born?

    Answer- While all claim examples provided are for illustrative purposes only, we tried to make our examples be representative of what someone could expect to pay. We researched each claim to come up with average costs for the total claim cost, estimated discounts for PPO network providers, number of office visits, prescriptions, etc. We then applied the usage levels to each insurance plan based to determine out-of-pocket cost for the plans. For the "Having a Baby" example, it is for an employee who has employee only coverage when the baby is born. Most health plans require a new born baby to be added within the first 30 days of birth. Once the employee adds the child, their coverage and cost would change to employee + children or full family coverage, and additional deductibles and out-of-pockets cost would be assessed for the baby's expenses. To see an employee with child claim example, please refer to the "Having a Baby with Premature Birth" example.

    While there are many resources for getting data on average costs for having a normal vaginal delivery available, our research considering multiple resources landed on an average cost after PPO discounts of $7,540. While costs can be higher or lower on average, we believe this is a fair representation. For example, according to the Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project on average, U.S. hospital deliveries cost $3,500 per stay, add in prenatal, delivery-related and post-partum healthcare, and you're looking at an $8,802 tab, according to a Thomson Healthcare study for March of Dimes (https://www.parents.com/pregnancy/considering-baby/financing-family/what-to-expect-hospital-birth-costs/).

13. Q: Since the proposed plan doesn't allow those members to visit their family doctor, what are the costs for uninsured visits to most doctors?

    Answer- It is important to distinguish between what the Trust's alternative plan will cover versus reimbursable expenses under the Bridge plan. For clarification, doctor office visits are covered by both health insurance plan options. The only difference is the amount of deductible and out-of-pocket expenses incurred by the employee under each plan.

    The proposed alternative plan does allow employees to visit their family doctor and is covered by the Trust under either option. These services are subject to the annual deductible and co-insurance, but employees will receive the discounted PPO rate before their annual deductible is met.

    The Bridge plan does not reimburse for the out-of-pocket costs associated for most outpatient expenses like doctor visits. However, but it is covered by the underlying Trust health insurance plan. While routine office visits can vary widely, a good average cost for an in-network provider would be $40-$100. Specialist and additional tests would be additional costs. Again, those are *covered expenses with the Trust on both plans, but the out-of-pocket costs are not reimbursed by the Bridge plan.*

14. Q: Would it be possible to receive a copy of the actual coverage/plan document that they are proposing vs. the marketing material.

    Answer- Yes, we have brochures and SPD's for covered and non-covered expenses for the supplemental Bridge plan available.

15. Q: Would emergency room costs be covered by Bridge Plan?

    Answer- Yes, the current proposal includes coverage for hospital emergency room visits, although we could customize the benefit.

Medical Clinic Management

16. Q: Can On-Site handle the increased traffic if the only covered doctor visits would be at the clinic? Is there space to expand and what are the costs to hire more staff?

    Answer- Recall that this alternative + Bridge proposal only applies to County employees and not all Trust participants, which will reduce the impact to the clinic just based on enrollment. Nonetheless, questions as to on-site clinic capacity will need to be answered by the clinic representatives, and we have provided a copy of the Insurance Trust Committee presentation to the clinic director who was in attendance. For clarification, doctor office visits are covered by both health insurance plan options. The only difference is the amount of deductible and out-of-pocket expenses incurred by the employee under each plan.

Deductible, Reimbursement Levels, and Cost of Healthcare Savings of Bridge

17. Q: Is the $2000 deductible with the Bridge paid once or per occurrence? Is that deducible for one person or the family?

    Answer- The Bridge plan does not have a deductible, but rather reimburses for covered out-of-pocket expenses related to hospitalizations and certain out-patient expenses. The supplemental Bridge plan reimburses from the first dollar owed up to $5,000 annually for in-patient and up to $3,000 annually for covered out-patient out-of-pocket expenses. For example, if you were hospitalized for a car wreck and your EOB says you owe $4,400 in deductible and co-insurance out-of-pocket expenses, then the Bridge plan would reimburse the employee or provider for the $4,400. For family coverages the Bridge reimburses up to the number of covered lives responsible for deductibles and out-of-pocket expenses. For Example, the proposed Bridge plan will reimburse for two people (In-Patient $5,000 x 2 = $10,000 annually) because the health insurance plan has a two-person cap on the out-of-pocket expenses.

18. Q: Page 4, how do our current annual benefit amounts compare to the ones listed at the top of the page?

    Answer- Recall that this alternative + Bridge proposal only applies to County employees. The current preferred plan is the same benefit level as the prior preferred plan. The new alternative *design is the same as the standard plan with an added benefit of having a prescription drug card, with copays per prescription and not subject to the deductible. We have included a benefit summary outline and comparison with each plan option for your review.*

19. Q: Page 4, the bottom chart shows a $1200 deductible with no Bridge. Is that our current deductible? I though the family one was $850.

    Answer- The chart on page 4 is a generic example designed to help illustrate how Bridge insurance reimburses for covered expenses and is not specific to your benefit options. Actual claim examples are provided in the section titled "Total Cost of Healthcare."

20. Q: Page 9, it shows an annual savings of $1439 for a family however their family deducible would increase to $2000 (or more) so their net savings would be what figure? Will they be educated about those savings and their deductible versus sold on it being more cash in their pocket?

    Answer- Yes, the County will require that all employees attend mandatory group educational meetings, but there will be no change to the school district employees because they are unaffected by the proposed alternative + Bridge plan. During those mandatory group meetings, we will educate employees on health plan benefits and differences, covered and non-covered expenses with the Bridge plan, premium differences, total cost claim comparisons, how to file claims, service resources, and how to enroll in each plan. The education process is the key and vital to helping County employees pick the right plan for their families.

21. Q: When looking at the bar graph on page 6, I inquired about the percentage of employer/employee contributions being 86%/14%. He responded with something about 90%/10%. Will that be the contribution percentage with the Bridge Plan? Can you please explain that in more detail?

    Answer- The graph is a summary of the total cost for each plan based on various assumptions and the current number of covered full-time and part-time employees. For the dual option plan, it assumes a 75% participation in the preferred plan and 25% participation in the alternative health plan paired with the Bridge insurance. The county wanted to give back as much of the savings as possible to the employees and their families, so the proposed contributions are as follows:

    1. *Preferred plan – county will continue to contribute 85% for single or family coverages.*
    2. *New alternative plan – county will contribute 90% for single or family coverages.*
    3. *Supplemental Bridge insurance paired with alternative plan – county will contribute 100% of the supplemental Bridge insurance cost for employees who pick the lower cost alternative health plan.*
    4. *Part time covered employees' contributions are 10% less than full time employees.*

    A more complete financial analysis, including contribution and cost breakdowns, has been provided and reviewed with county executives and administrative staff over the course of several months evaluating the proposed Bridge plan.

22. Q: Is it possible to compare the out-of-pocket costs to a family based on the 10 most frequent hospitalization costs that we have had in the last several years?

Answer- Yes, if details for type of claims, costs, and volume of care items are provided by the Trust, we can demonstrate those scenarios as part of our employee education. We do not have the information available to us at this time.

Employee Choice

23. Q: This may have been asked at the meeting on Monday, if an employee opts to switch to the Bridge Plan and then realizes it is not right for them. Will they be able to switch back?

    Answer- If an employee wants to change before the plan goes into effect, we could accommodate a change back to the preferred plan. Once the plan goes into effect, employees only will be able to change plans each year at annual open enrollment.

APPENDIX B

CLARKSVILLE MONTGOMERY COUNTY EMPLOYEES
INSURANCE RFP Sub-Committee Meeting
September 6, 2018

The RFP Sub-Committee met on Thursday, September 6, 2018 for presentations from the two finalists of the Pharmacy Benefit RFP. The presentations were given in the HR Conference Room #2 at the Central Office. Members in attendance were Jeanine Johnson, Tommy Butler, Danny Grant, Charli Hall, Tim Swaw, Lori Bryant, CMCSS Procurement Officer, and Carol Joiner, CMCSS General Counsel. Also in attendance were Chris Fessenden and Kim Phelps of Fessenden Consulting Group, Marcia Demorest, Jessica Hernandez and Donna McIntosh.

The interview with Navitus was at 9:30 a.m. Navitus provided attendees with a hardcopy of their power point presentation. The meeting attendees were given the opportunity to ask the Navitus team questions. The Navitus interview ended at 11:15 a.m.

The interview with Epiphany was at 1:00 p.m. Epiphany provided attendees with a hardcopy of their power point presentation. The meeting attendees were given the opportunity to ask the Epiphany team questions. The Epiphany interview ended at 2:30 p.m.

After the interviews, the RFP Sub-Committee met to discuss the finalists. The Sub-Committee made the determination to recommend Epiphany to the Trust at the September 10, 2018 Trust meeting.