

State and School Employees Health Insurance Management Board

September 28, 2022

1. Minutes of August 24, 2022 Standing Monthly Board Meeting – Ms. Liz Welch, Chairman
2. Fiscal Year 2022 Actuarial Report – Mr. Wm. Lynn Townsend, FSA, MAAA, Consulting Actuary
3. Benefit Changes for 2023 – Ms. Cindy Bradshaw, State Insurance Administrator, Office of Insurance
4. Financial Statements – Ms. Angela Inman, Deputy Director, Office of Insurance
5. General Schedule – Mr. Chris Shaman, Deputy Director, Office of Insurance
6. Old Business
7. New Business

Next Meeting: October 26, 2022

Agenda Item 1

Minutes of August 24, 2022 Standing Monthly Board Meeting

Ms. Liz Welch, Chairman

Description of Issue

The minutes of the August 24, 2022 standing monthly meeting of the State and School Employees Health Insurance Management Board are included in this section.

Action Requested

Approval of the minutes

State and School Employees Health Insurance Management Board

Standing Monthly Meeting August 24, 2022

The standing monthly meeting of the State and School Employees Health Insurance Management Board convened Wednesday, August 24, 2022, at 9:02 a.m., in Room 117 of the Woolfolk Building located at 501 North West Street in Jackson, Mississippi, at 9:05 a.m. The meeting was held in person with some Board members and vendors joining the meeting virtually using Microsoft Teams®. The presiding officer was Ms. Liz Welch, Chairman of the Board. A quorum was present.

Voting Members Present

Ms. Liz Welch, Chairman
Dr. Kim Benton *(Represented by Dr. Felicia Gavin via Teams)*
Mr. Mike Chaney *(Via Teams) (Represented by Mr. Bob Williams)*
Mr. Kelly Hardwick
Dr. Alfred Rankins *(Via Teams)*
Mr. Kell Smith

Non-Voting Members Present

The Honorable John Read – Chairman,
House Appropriations Committee
The Honorable Walter Michel – Chairman
Senate Insurance Committee

Voting Members Absent

Mr. Christopher Burkhalter, Vice Chairman
Mr. Mark Formby
Mr. Larry Fortenberry
Mr. Ray Higgins

Non-Voting Members Absent

The Honorable Briggs Hopson – Chairman,
Senate Appropriations Committee
The Honorable Henry Zuber – Chairman
House Insurance Committee

Department of Finance and Administration Staff Present:

Ms. Cindy Bradshaw
Mr. Chris Shaman
Ms. Angela Inman
Ms. Amanda Murphy
Ms. Carlotta Edwards *(Via Teams)*
Ms. Krista Robinson *(Via Teams)*
Ms. Stacie Sheriff *(Via Teams)*
Ms. Christina Young *(Via Teams)*

Attorney General's Office Staff Present:

Ms. Liz Bolin

Call to Order

The meeting was chaired and called to order by Ms. Liz Welch, Chairman of the Board.

Agenda Item 1: Minutes of the July 27, 2022 Standing Monthly Board Meeting

Chairman Welch announced that the minutes of the Board's July 27, 2022, standing monthly meeting had been provided to all Board members for their review in advance of today's meeting. A motion was made by Mr. Kelly Hardwick for the Board to approve the minutes for July as presented. Mr. Mike Chaney seconded the motion. The motion passed by a 6 – 0 vote, with members Chaney, Gavin (designee for member Benton), Hardwick, Rankins, Smith, and Welch voting affirmatively.

Agenda Item 2: Selection of Consulting Services Vendor

Chairman Welch recognized Ms. Cindy Bradshaw, State Insurance Director, reminded the Board that staff was authorized to issue a Request for Proposals (RFP) for Consulting Services for a contract to be effective October 1, 2022, and assigned a subcommittee consisting of Mr. Ray Higgins, Dr. Alfred Rankins, and Mr. Kell Smith. The RFP was issued in June with the proposals being received in July. Following evaluation of the proposals, the finalists were interviewed by staff and the subcommittee. A motion was made by Mr. Kell Smith for the Board to approve entering into contract negotiations with Gallagher Benefit Services, Inc. to provide consulting services for the State and School Employees' Life and Health insurance Plan, and subject to successful contract negotiations, for the Chairman of the Board to execute the contract on behalf of the Board. Mr. Hardwick seconded the motion. The motion passed by a 6 – 0 vote, with members Gavin, Hardwick, Rankins, Smith, Welch, and Williams (designee for member Chaney) voting affirmatively.

Agenda Item 3: Fiscal Year 2022 Actuarial Report Preliminary Projections

Chairman Welch recognized Mr. Wm. Lynn Townsend, FSA, MAA, to discuss his preliminary actuarial analysis of the State and School Employees' Life and Health Insurance Plan for the period ending June 30, 2022. A copy of Mr. Townsend's report entitled, *FY22 Preliminary Actuarial Report Projections*, was provided to the Board for review prior to today's meeting. Mr. Townsend provided information on the Plan's financial results and current status, as well as the projected financial impact of premium rate increases and trend assumptions for subsequent time periods. Mr. Hardwick moved that the Board approve a 6% health insurance premium rate increase for the non-Medicare coverage classes to be effective January 1, 2023, and for Chairman Welch to provide the Legislative Budget Office (LBO) with a proposed 7% premium rate increase projection effective January 1, 2024, for LBO's FY 2024 budgeting purposes. Mr. Williams seconded the motion. The motion passed by a 6 – 0 vote, with members Gavin, Hardwick, Rankins, Smith, Welch, and Williams voting affirmatively.

Agenda Item 4: Financial Statements

Chairman Welch recognized Ms. Angela Inman, Deputy Director, Office of Insurance, who briefly reviewed the financial statements for the State and School Employees' Life and Health Insurance

Plan for the month of July 2022. Copies of the financial statements from July 2022 were provided to the Board members for review prior to the meeting. No action was required or taken by the Board on this item.

Agenda Item 5: General Schedule

Chairman Welch recognized Mr. Chris Shaman, Deputy Director, Office of Insurance, who reviewed the schedule of major activities and actions to be taken by the Board for the next several months.

Agenda Item 6: Old Business

Chairman Welch recognized Mr. Hardwick who served on the CVS – PrudentRX subcommittee with Mr. Chaney and Mr. Larry Fortenberry. The subcommittee and staff met with CVS to discuss the PrudentRX Program. After dialogue with CVS and careful review of the information provided, the subcommittee does not recommend proceeding with the implementation of this program at this time. Mr. Hardwick stated the subcommittee wanted to provide this decision so staff would not consider this program in their analysis for potential benefit changes for 2023.

Agenda Item 7: New Business

Chairman Welch recognized Ms. Bradshaw who stated that staff had received two requests from school districts to be allowed to come back into the life insurance program offered by the State and School Employees Health Insurance Plan. The requests have been reviewed and evaluated by our staff and Minnesota's Life actuary. It has been determined that it would be beneficial to the Plan to allow these schools' active and retiree participants to enter the life plan. The two school districts making this request are Laurel School District and Pascagoula Gautier Schools.

Adjournment

Chairman Welch announced that the next standing meeting of the State and School Employees Health Insurance Management Board is scheduled for 9:00 a.m., on Wednesday, September 28, 2022, in Room 117.

As there was no further business, the meeting was adjourned at 10:03 a.m.

Liz Welch
Chairman
State and School Employees Health Insurance Management Board

Agenda Item 2

Fiscal Year 2022 Actuarial Report Mr. Wm. Lynn Townsend, FSA, MAAA

Description of Issue

Mr. Townsend will review key points from the Fiscal Year 2022 Actuarial Report. A copy of the *FY22 Actuarial Report Highlights* and the *Actuarial Report Fiscal Year 2022* are included in this section.

Action Requested

None

Agenda Item 3

Benefit Changes for 2023

Ms. Cindy Bradshaw

Description

The Board previously approved a list of potential benefit changes to be evaluated for implementation in 2023. An analysis was conducted for each proposed benefit change, including the potential financial and programmatic impact, and the results were compiled and presented to the State and School Employees Health Insurance Plan Advisory Council. A copy of the analysis of the proposed benefit changes, including the Advisory Council's recommendations, is attached.

Action Requested

Approval of calendar year 2023 benefit changes

Evaluation of Potential Benefit Changes for Calendar Year 2023

1. Modify Prescription Drug Coverage

Discussion: The Plan's strategy for prescription drug coverage continues to be to provide access to safe, effective, and whenever possible, the most affordable medication for participants. The benefits are designed to provide access to covered medications in the most cost-effective manner and to ensure equitable cost sharing between the participant and the Plan. This is accomplished by encouraging the use of generics when appropriate and available, as well as preferred brands over non-preferred brands. The prescription drug benefit structure includes deductibles and copayments. Participants with Select Coverage must first meet a separate prescription drug deductible of \$75 in the calendar year before the Plan will pay any of the cost of prescription drugs. Participants with Base Coverage have a separate \$75 prescription drug deductible applicable only to preventive medications. For non-preventive medications, Base Coverage participants must first meet their overall \$1,800 calendar year deductible (medical and prescription drug expenses combined) before the Plan begins to pay any of the prescription drug costs.

After the appropriate deductible has been satisfied, a generic copayment is either \$12 or \$30 (for a 30-day supply), depending on the cost of the medication. A \$45 copayment applies to preferred brands, and a \$100 copayment applies to non-preferred brands and specialty drugs. The Plan also offers a mail-order option by which a participant can receive a 90-day supply of medication subject to only two times the 30-day copayment, rather than three times the copayment collected if purchased at retail.

Pharmacy benefits continue to be an increasing cost driver of the Plan. Controlling costs without pricing the copays out of the reach of our participants remains a major goal. Due to the relatively low deductible and copayments, most participants are not aware of the true cost of medications and simply rely on the provider's recommendation with no discussion of the cost. In some cases, the providers are not aware of the medication's costs either. This often leads to participants receiving expensive prescriptions when equally effective lower cost alternatives are available.

One strategy to assist participants in being wise consumers is to exclude certain non-preferred drugs whenever a preferred equivalent alternative is available. Controlling unnecessary cost through a well-managed formulary that restricts coverage for high cost and low efficacy medications may generate moderate savings for the Plan. The Plan implemented CVS's Value Formulary effective July 1, 2022 which is expected to generate an annual savings of approximately \$18M.

The Plan's \$75 pharmacy deductible has been in place since 2010. Increasing the deductible will generate some savings as indicated below:

Scenarios		
	1	2
	\$150	\$200
Projected Savings*	\$3.4M	\$5.6M

Projected Costs/Savings:

Recommendation Staff does not have a recommendation.

2. Modify Medical Deductibles, Coinsurance, Copayments, Out-of-Pocket Limits

Discussion: Currently, the Plan’s Select Coverage option includes a network individual calendar year medical deductible of \$1,500, family calendar year medical deductible of \$3,000, 20% coinsurance, \$3,000 coinsurance maximum, a primary care provider (PCP) office visit copayment of \$25, and a \$10 copayment for online doctor and online registered dietitian visits. The Plan’s Base Coverage option qualifies under IRS regulations as a high deductible health plan (HDHP) that can be used with a health savings account (HSA). Base Coverage currently has an individual \$1,800 deductible, 20% coinsurance, and \$3,000 coinsurance maximum and a \$10 online doctor visit copayment subject to the calendar year deductible. The IRS reviews the minimum HDHP deductibles annually. For 2023, the minimum individual deductible for HDHPs is \$1,500. Based on a review of the Plan’s current deductibles, coinsurance maximums, and the respective out-of-pocket (OOP) limits for both Select Coverage and Base Coverage, these limits continue to be compliant with the applicable IRS regulations.

A. Modify Medical Deductibles

Discussion: The Plan’s Select Coverage deductible increased from \$1,300 to \$1,500 in 2022. The Base Coverage remained the same. The following chart indicates the potential savings from various options for the Select Individual and Family Deductibles.

Scenarios		
	1	2
Individual Deductible	\$1,800	\$2,000
Family Deductible	\$3,600	\$4,000
Projected Savings*	\$9.6M	\$15.6M

Recommendation: Staff does not have a recommendation.

B. Modify Coinsurance Maximums – Select and Base Coverage

Discussion: The 20% coinsurance is the amount a participant pays for services not otherwise associated with the deductible or copay. The participant’s responsibility is limited to \$3,000 after which the Plan pays 100% of covered services. The coinsurance maximum was increased from \$2,500 to \$3,000 for the 2021 Plan Year; however, prior to that increase, it had remained the same since 2011.

Potential Costs/Savings: N/A

Recommendation: Staff does not recommend changes.

C. Modify Out-of-Pocket Limits

Discussion: The maximum individual Out-of-Pocket (OOP) amount allowed under the Affordable Care Act (ACA) for 2023 is \$9,100. The Plan’s current OOP limit is set at \$6,500 for both the Base and Select Coverage and has not changed since 2017. Since the Plan’s current OOP limits do not exceed the 2023 federal maximums, no change is required in order to meet federal guidelines.

Potential Costs/Savings: N/A

Recommendation: Staff does not recommend changes.

3. Add Dental Services for Participants with Congenital Defects

Discussion: A request has been made to add coverage for dental implants in cases where children are born without permanent teeth.

Hypodontia is when six or fewer permanent teeth are absent and is typically associated with Down’s syndrome, cleft lip or cleft palate. Hypodontia prevalence ranges from 1.6% to 6.9% of the population. Having more than six permanent teeth missing is a condition called oligodontia. The absence of all teeth is referred to as anodontia. Aside from wisdom teeth, less than 2% of the population are born missing six or more permanent teeth. Children with oligodontia or anodontia often need prosthetic teeth (caps, dentures, etc.) between the ages of 2-5 and replacements every 1-3 years as their mouth grows. Permanent dental implants are normally installed once the child’s mouth has fully developed, normally around the age of 20. Dental implants with proper care should last 25 years. The cost of dental care to treat this congenital defect is estimated to be between \$100,000 and \$150,000 per member per life.

The Plan currently provides limited benefits for dental coverage. The limitation is based on Mississippi Code Ann. §25-15-7, which states “Such health insurance shall not include ... dental care and treatment, except dental surgery and appliances to the extent necessary for the correction of damage caused by accidental injury while covered by the plan, or as a direct result of disease covered by the plan;...”

While the medical need for dental services exists for children with oligodontia or anodontia, until the statute is modified to remove the specific restriction, expanded coverage for dental services is prohibited.

Potential Costs/Savings: N/A

Recommendation: N/A

Summary of Proposed Benefit Changes CY 2023	Cost (Savings) for Recommended Changes
1. Modify Prescription Drug Coverage	N/A
2.A Modify Medical Deductibles	\$9.6M
2.B Modify Coinsurance Maximums	N/A
2.C Modify Out-of-Pocket Limits	N/A
3. Add Dental Services	N/A
TOTAL	\$9.6M

The State and School Employees Health Insurance Advisory Council voted at their September 22, 2022 meeting to recommend the Board increase the Select Coverage deductible to \$1,800 (allowing an offset for the participants by completing the incentive) and increasing the participants share of the premium to offset the projected rate increases.

Agenda Item 4

Financial Statements

Ms. Angela Inman

Description of Issue

The August 2022 financial statements for the State and School Employees' Life and Health Insurance Plan are included in this section.

Action Requested

None

STATE AND SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN
STATEMENT OF CASH RECEIPTS, DISBURSEMENTS, AND BALANCE
 August 31, 2022

	CURRENT YEAR				LAST YEAR			
	MONTH ENDING August 31, 2022	FY2023 YEAR TO DATE	FY2022 YEAR TO DATE	CY 2022 YEAR TO DATE	MONTH ENDING August 31, 2021	FY2022 YEAR TO DATE	FY2021 YEAR TO DATE	CY 2021 YEAR TO DATE
RECEIPTS:								
PREMIUMS RECEIVED:								
HEALTH INSURANCE	\$65,988,221.03	\$131,221,988.22	\$795,719,905.92	\$531,146,846.92	\$62,485,380.26	\$125,139,732.68	\$761,670,287.89	\$499,962,771.83
LIFE INSURANCE	1,544,895.60	3,086,482.86	18,804,837.75	12,359,303.77	1,506,897.64	3,034,867.62	18,413,048.06	12,052,916.36
REFUNDS OF CLAIM OVERPAYMENTS	31,157.07	31,769.85	222,490.08	165,251.93	13,067.21	21,453.43	324,048.12	260,361.36
SUBROGATION RECEIPTS	62,007.46	119,429.46	1,323,479.01	1,077,750.48	27,004.97	91,241.57	994,054.50	587,086.33
LATE FEES RECEIVED	262.26	262.26	31,357.76	20,830.50	2,161.87	2,674.50	441.45	3,115.95
INTEREST RECEIVED	106,433.28	116,949.37	655,388.39	414,106.02	103,932.82	124,733.10	1,098,517.36	623,157.25
PHARMACY REBATE	35,537,336.75	37,802,686.52	124,649,294.38	104,313,816.92	113,560.80	113,560.80	101,754,159.56	63,680,322.85
TOTAL RECEIPTS	\$103,270,313.45	\$172,379,568.54	\$941,406,753.29	\$649,497,906.54	\$64,252,005.57	\$128,528,263.70	\$884,254,556.94	\$577,169,731.93
DISBURSEMENTS:								
NON-ADMINISTRATIVE:								
CLAIMS PAID - MEDICAL	55,482,585.99	102,977,532.22	609,760,091.01	396,217,886.56	52,002,529.32	104,453,071.07	613,422,182.52	397,537,819.72
CLAIMS PAID - PHARMACY	31,509,402.45	31,476,642.87	334,895,181.84	215,485,648.97	26,414,407.64	26,414,407.64	279,403,866.43	182,403,613.92
CLAIMS PAID - LIFE	2,848,288.00	1,455,535.00	17,836,399.79	11,376,872.81	1,573,161.02	1,573,161.02	20,443,035.71	14,101,011.95
PREMIUM REFUNDS	86,120.55	107,111.40	669,796.99	513,985.08	53,444.80	104,995.10	592,949.27	365,916.77
SUBTOTAL NON-ADMINISTRATIVE	\$89,926,396.99	\$136,016,821.49	\$963,161,469.63	\$623,594,393.42	\$80,043,542.78	\$132,545,634.83	\$913,862,033.93	\$594,408,362.36
ADMINISTRATIVE AND COST CONTAINMENT FEES:								
ADMINISTRATIVE EXPENSE - STATE	119,666.67	199,948.63	1,265,335.67	821,910.85	95,130.00	183,285.84	1,289,215.05	829,967.83
BKD - AUDITOR	0.00	0.00	74,000.00	6,000.00	0.00	0.00	76,167.25	13,000.00
CTI - MEDICAL CLAIMS/PERFORMANCE AUDIT	0.00	0.00	26,339.00	26,339.00	0.00	0.00	28,038.75	26,483.00
PILLAR- PHARMACY CLAIMS/PERFORMANCE AUDIT	7,783.54	0.00	66,374.55	66,374.55	0.00	0.00	91,250.00	91,250.00
CAVANAUGH MACDONALD - ACTUARY	0.00	0.00	30,000.00	15,000.00	0.00	0.00	30,000.00	9,898.00
LYNN TOWNSEND - ACTUARY	0.00	0.00	198,005.25	109,952.00	23,655.00	23,655.00	153,924.25	107,505.75
SEGAL - CONSULTANT	4,680.00	0.00	65,876.25	44,487.50	2,396.25	0.00	91,406.25	61,148.75
BLUE CROSS BLUE SHIELD OF MISSISSIPPI - TPA	1,530,604.00	1,530,604.00	18,687,515.00	12,372,907.50	1,578,528.00	1,578,528.00	18,882,007.39	12,580,143.50
PRIME - PHARMACY NETWORK	0.00	0.00	0.00	0.00	0.00	0.00	3,259,018.82	584,212.98
CVS CAREMARK-PHARMACY NETWORK	255,322.00	255,322.00	3,297,775.05	2,195,012.06	245,431.94	245,431.94	1,485,358.90	1,730,790.84
MINNESOTA LIFE - LIFE INSUROR	161,415.30	80,096.54	967,434.70	652,156.75	76,643.60	76,643.60	947,325.53	630,517.68
ACTIVEHEALTH - WELLNESS PROMOTION	485,466.35	231,317.25	3,104,437.38	2,276,327.24	251,799.66	251,799.66	6,509,147.70	4,016,372.38
KEPRO-UTILIZATION MANAGEMENT	188,772.15	188,772.15	2,232,123.91	1,503,260.92	187,680.56	187,680.56	0.00	187,680.56
HDMS - DECISION SUPPORT	20,153.17	20,153.17	241,838.04	161,225.36	20,153.17	20,153.17	241,838.04	161,225.36
AMERICANWELL - TELEMEDICINE	0.00	0.00	0.00	0.00	0.00	0.00	133,000.00	72,000.00
TRUSTMARK - BANK SERVICES	2,028.94	2,028.94	25,192.28	16,833.66	2,019.08	2,019.08	24,558.81	16,206.05
SUBTOTAL ADMINISTRATIVE	\$2,775,892.12	\$2,508,242.68	\$30,282,247.08	\$20,267,787.39	\$2,483,437.26	\$2,569,196.85	\$33,242,256.74	\$21,118,402.68
TOTAL DISBURSEMENTS	\$92,702,289.11	\$138,525,064.17	\$993,443,716.71	\$643,862,180.81	\$82,526,980.04	\$135,114,831.68	\$947,104,290.67	\$615,526,765.04
NET INCREASE (DECREASE) FOR PERIOD	\$10,568,024.34	\$33,854,504.37	(\$52,036,963.42)	\$5,635,725.73	(\$18,274,974.47)	(\$6,586,567.98)	(\$62,849,733.73)	(\$38,357,033.11)

STATE AND SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN
STATEMENT OF ESTIMATED UNOBLIGATED CASH
August 31, 2022

CASH AND CASH EQUIVALENTS:

TREASURY FUND 3153
 CLAIMS BANK ACCOUNT - NET (LESS OUTSTANDING CHECKS)
 TREASURY FUND 3154
 TREASURY FUND 3144
 RETIREE INSURANCE TRUST (OPEB) - TREASURY FUND 3645

TOTAL CASH AND CASH EQUIVALENTS

ESTIMATED OBLIGATIONS:

OUTSTANDING CLAIMS - HEALTH (INCURRED BUT NOT REPORTED)
 OUTSTANDING CLAIMS - LIFE (INCURRED BUT NOT REPORTED)
 OUTSTANDING CLAIMS - HEALTH (INCURRED BUT NOT PAID)
 ADVANCE PREMIUMS
 BKD - AUDITORS (AUGUST)
 CTI - MEDICAL CLAIMS/PERFORMANCE AUDIT
 PILLAR-PHARMACY CLAIMS/PERFORMANCE AUDIT (AUGUST)
 CAVANAUGH MACDONALD - ACTUARY
 WM. LYNN TOWNSEND - ACTUARY (JULY & AUGUST)
 SEGAL - CONSULTANT (JULY & AUGUST)
 BLUE CROSS BLUE SHIELD OF MISSISSIPPI - TPA (AUGUST)
 PRIME - PHARMACY NETWORK
 CVS -CAREMARK -ADMIN (AUGUST)
 MINNESOTA LIFE - LIFE CLAIMS/FEEES (AUGUST)
 ACTIVE HEALTH - WELLNESS PROMOTION (AUGUST)
 KEPRO-UTILIZATION MANAGEMENT (AUGUST)
 HDMS - DECISION SUPPORT SYSTEM (AUGUST)
 AMERICANWELL -TELEMEDICINE
 TRUSTMARK - BANK SERVICES (AUGUST)

TOTAL ESTIMATED OBLIGATIONS

TOTAL ESTIMATED UNOBLIGATED CASH PRIOR TO PREMIUM DEFICIENCY RESERVES)

PREMIUM DEFICIENCY RESERVE - ESTIMATE FOR FY 2022

TOTAL ESTIMATED PREMIUM DEFICIENCY RESERVES

TOTAL ESTIMATED UNOBLIGATED CASH'

CURRENT YEAR at 8/31/2022	LAST YEAR at 8/31/2021	VARIANCE
83,764,248.25	104,338,716.70	(20,574,468.45)
68,950,822.74	60,724,488.31	8,226,334.43
7,556,426.57	6,943,038.89	613,387.68
782,130.77	634,590.82	147,539.95
1,050,293.13	1,045,179.25	5,113.88
\$162,103,921.46	\$173,686,013.97	(\$11,582,092.51)
(57,790,908.00)	(43,092,577.00)	(14,698,331.00)
(364,302.00)	(4,554,299.00)	4,189,997.00
(33,317,637.00)	(22,024,802.00)	(11,292,835.00)
(11,496,027.00)	(9,791,656.53)	(1,704,370.47)
(9,400.00)	(7,500.00)	(1,900.00)
0.00	0.00	0.00
(8,886.00)	0.00	(8,886.00)
0.00	0.00	0.00
(62,336.00)	(36,541.00)	(25,795.00)
(9,320.00)	(10,000.00)	680.00
(1,550,154.00)	(1,570,314.00)	20,160.00
0.00	0.00	0.00
(388,825.00)	(340,184.00)	(48,641.00)
(1,453,534.00)	(1,827,587.00)	374,053.00
(266,962.00)	(270,611.00)	3,649.00
(190,000.00)	(190,171.21)	171.21
(20,153.00)	(20,153.00)	0.00
0.00	0.00	0.00
(2,000.00)	(2,000.00)	0.00
(\$106,930,444.00)	(\$83,738,395.74)	(\$23,192,048.26)
\$55,173,477.46	\$89,947,618.23	(\$34,774,140.77)
(29,000,000.00)		
(\$29,000,000.00)		
\$26,173,477.46		

*NOTE: OTHER THAN AMOUNTS LISTED IN THE RETIREE INSURANCE TRUST (OPEB) - TREASURY FUND 3645 SHOWN ABOVE, THE ESTIMATED UNOBLIGATED CASH AMOUNT DOES NOT INCLUDE ANY ADDITIONAL RESERVES FOR THE \$643,682,000 UNFUNDED ACTUARIAL ACCRUED LIABILITY FOR CURRENT AND FUTURE RETIREE LIFE AND HEALTH INSURANCE BENEFITS.

Agenda Item 4

General Schedule Mr. Chris Shaman

Description of Issue

A general schedule of major activities associated with the Plan and actions to be taken by the Board in the next few months is included in this section.

Action Requested

None

State and School Employees' Life and Health Insurance Plan
General Schedule
September 2022

October Open Enrollment period
 Board votes on revision to the Plan Document to be effective January 1, 2023
 Board considers legislative proposals for 2023 legislative session
 Board considers annual HIPAA Exemption Election

November *2023 Plan Document* released
 Fiscal year 2022 Financial Audit Report presented to Board
 Fiscal year 2022 OPEB Actuarial Reports presented to Board