

PREPAID HEALTH CARE ADVISORY COUNCIL MEETING

State of Hawaii
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 320
Honolulu, HI 96813

April 25, 2019
1:30 p.m. to 4:30 p.m.

Council members present

Mr. Paul Tom, Chair
Mr. Michael Moss
Ms. Laudra Eber
Ms. Carol Shimomura
Ms. Sharon Leng
Dr. John McDonnell

Council member not present

Mr. Paul Marx

DC Staff Present

Lois Iyomasa
Misty Sumida

Others Present

Alyson Estrella, UHA
Jennifer Barad, UHA
Lance Kaneshiro, UHA
Austin Bunag, HMSA
Gary Dymally, HMSA
Joleen Sato, HMSA
Aleksandr Korelion, HMSA
May Goya, Kaiser
Chad Hertzog, Kaiser
Mitchell Lau, Kaiser
Kehau Wedemeyer, HWMG/HMAA
Paula Young, Kaiser
Adam Rosenberg, Attorney General's Office

With a quorum present, Chair Tom called the meeting to order at 1:30 p.m.

APPROVAL OF MINUTES

Chair Tom asked if there were any corrections, amendments, deletions, or changes to the circulated minutes of the January 31, 2019 meeting. On page seven, regarding United Healthcare Options PPO, Mr. Moss corrected paragraph three, sentence one to "He inquired whether there was communication between the contractor..." Chair Tom corrected paragraph three, sentence two to "There was none." Mr. Moss removed "a" from paragraph three, sentence eight to correct

the sentence to "...it should be simple to resubmit it as a new plan." Dr. McDonnell reminded the Council he had not been at the meeting but corrected the plan name on page two to "Option Plus One." A motion was made by Dr. McDonnell to approve the minutes as corrected. The motion was seconded by Mr. Moss and carried by unanimous vote.

REVIEW OF PLANS

UnitedHealthcare Insurance Company (UHC)

UnitedHealthcare Options PPO

UHC requested approval of the plan under Section 393-7(a). Council reviewed the contractor's comparison of its plan against the prevalent plan which shows some benefits such as surgical benefits and diagnostic testing were better than the prevalent plan.

A motion was made by Ms. Shimomura to recommend approval of the plan under Section 393-7(a). The motion was seconded by Ms. Eber and carried by unanimous vote.

Mr. Moss commented that as of today, employers should have this plan, not previous versions of the plan that were not approved. Chair Tom felt that the Department's correspondence to the contractor should inform the contractor that the plan was noncomplying and that if any benefits were improperly paid the contractor would be held to the qualifying standard which is at least the prevalent plan.

University Health Alliance (UHA)

UHA 600 90/10 Preferred

UHA was represented by Alyson Estrella and Lance Kaneshiro.

UHA submitted a new plan to be effective January 1, 2020 and requested approval under Section 393-7(a).

Council reviewed UHA's comparison of its plan against the prevalent plan.

Ms. Estrella stated the plan is designed for small employers and has the Affordable Care Act requirements for small employers.

Dr. McDonnell inquired about immunization benefits. Ms. Estrella confirmed the plan covers adult and child immunizations.

Dr. McDonnell questioned UHA about the provision requiring the provider or plan participant to notify UHA within one business day of emergency and non-elective admissions. Ms. Estrella stated the requirement has been in UHA's plans but UHA was not opposed to changing it on all its plans. Chair Tom felt the provision should mimic or be better than the prevalent plan. Mr. Bunag of HMSA stated the prevalent plan did not include a provision stating how long the patient had to provide notice to HMSA of the admission. Chair Tom stated the Council's

standard was two business days to notify the contractor and he suggested HMSA look at the issue.

Ms. Estrella and Mr. Kaneshiro confirmed that the exclusion of other imaging services applies to chiropractors and acupuncturists only, not to other providers.

A motion was made by Ms. Shimomura to recommend approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Dr. McDonnell and carried by unanimous vote.

UHA 3000 90/10 Preferred

UHA submitted a new plan to be effective January 1, 2020 and requested approval under Section 393-7(a).

Chair Tom reminded the Council the plan is a comprehensive medical plan with the same benefit for PPO and NPO providers. Ms. Estrella stated the “90/10 Preferred” in the plan name refers to the drug benefit.

Council discussed balance billing for comprehensive medical plans.

Ms. Estrella confirmed the plan has a \$200 deductible that applies to various services including hospitalizations, surgery, ambulance, and radiology. The plan has a \$2200 out-of-pocket maximum.

A motion was made by Ms. Leng to recommend approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Mr. Moss and carried by unanimous vote.

OTHER BUSINESS

Hawaii Medical Service Association (HMSA) Preferred Provider Plan

HMSA was represented by Mr. Austin Bunag and Ms. Joleen Sato.

HMSA informed the Department of changes and clarifications being made to the prevalent plan effective January 1, 2020.

Chair Tom suggested HMSA file its prevalent plan changes separate from its other plans.

Chair Tom reviewed the benefit changes including the addition of artificial insemination, removal of exclusion for infertility diagnosis, modification of diabetes prevention benefit, and

modification of in vitro benefits. He inquired whether any of the benefit changes reduced benefits in any respect. Mr. Bunag replied that the benefits are not reduced.

Chair Tom inquired whether any of the four benefit changes reduced benefits in any respect. Mr. Bunag replied that the benefits are not reduced. Chair Tom inquired whether any of the language changes were intended to reduce the benefits. Mr. Bunag said the changes did not.

Dr. McDonnell asked whether the plan covered the recommended immunizations for adults. Mr. Bunag confirmed the plan covers adult immunizations and added that the coverage is required by ACA. HMSA also covers travel immunizations.

Chair Tom was concerned that the plan states, “covered in accord with HMSA’s medical policy” because if the policy changes, the benefit is not fixed. He suggested HMSA look at another way of describing the benefit or declaring that the policy is fixed for a specific time period until notice is provided to the Department. Mr. Moss asked about accessing HMSA’s policies. Mr. Bunag stated the policies and the history of policies are available online.

Dr. McDonnell raised the concern that complications of cosmetic surgery are not covered. His belief is that the plan covers people who are in barroom brawls and people who are injured in the commission of a crime, but the plan does not cover a person who innocently pays money for a cosmetic procedure and due to something out of his control, HMSA refuses to pay for complication of the cosmetic procedure. He asked if that was HMSA’s position. Mr. Bunag said HMSA could review his concern.

Preferred Provider Plan-A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Shimomura and carried by unanimous vote.

Preferred Provider Plan 2010

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Shimomura and carried by unanimous vote.

CompMED

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Leng and carried by unanimous vote.

CompMED - A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Chair Tom stated that the plan has a \$100 deductible, \$200 special deductible for the first hospital admission, and \$2000 out-of-pocket maximum. Chair Tom stated the deductible applies to physician services; surgical services; lab, testing, radiology; hospital facility services; emergency services; and physician anesthesia and consult services. Ms. Eber stated the deductible does not apply to some services including advanced care planning, online services, diabetes prevention, and annual physical. Chair Tom felt the deductible applied to everything except the least-used services and was unlike the UHA 3000 plan. He recommended that HMSA take the plan back and discuss what the Council has recommended for approval for other comprehensive medical plans. He suggested the plan could be recommended for approval if it mimics the UHA 3000 plan. Mr. Bunag stated HMSA would take the plan back.

A motion was made by Ms. Eber to defer recommendation on the plan due to the Council's concern that the deductible applies to all the major services. The motion was seconded by Ms. Leng and carried by unanimous vote.

CompMED Choice

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Chair Tom and Ms. Eber stated the deductible applies to some, not all services. It was noted that the deductible does not apply to physician services. Mr. Bunag stated the plan is similar to UHA 3000. Chair Tom felt that the plan is not better than or equal to the prevalent plan. He suggested that since the plan has a \$200 deductible, the out-of-pocket maximum should be reduced to \$2000 instead of \$2200. He felt the deductible on this plan applies to more services than the deductible in UHA 3000 and so the plan was closer to a 7(b) plan than a 7(a) plan.

Mr. Bunag stated the only differences between this plan and CompMED is that this plan has a deductible of \$200 and \$2200 out-of-pocket maximum. CompMED has no deductible and a \$2000 out-of-pocket maximum.

Chair Tom stated there was a disparity between this plan and the prevalent plan. The deductible on this plan should be paired with a reduced out-of-pocket maximum. The prevalent plan has a \$100 deductible and a \$2500 out-of-pocket maximum. The CompMED plan, has a \$100 deductible and a \$2000 out-of-pocket maximum. The CompMED out-of-pocket maximum is \$500 less than the prevalent plan's out-of-pocket maximum. Since the CompMED plan reduced its out-of-pocket maximum by \$500, the Council considers it to be equivalent to the prevalent plan. In comparison, this plan has a deductible that is \$100 higher than the prevalent plan so this plan should have a out-of-pocket maximum that is lower than \$2000.

Mr. Bunag asked what the deductible and out-of-pocket maximum are for the UHA 3000 90/10 Preferred plan that was recommended for approval earlier in this meeting.

Mr. Moss and Ms. Leng stated that the UHA 3000 90/10 Preferred plan has a \$100 deductible and \$2200 out-of-pocket maximum.

Chair Tom read aloud the benefits that are subject to the deductible applies. He felt the plans' deductibles are not the same because this plan applies the deductible to more services UHA's plan and so this plan is not equivalent to the prevalent plan. He stated that although something was done in the past, it does not mean it was right and if it was a mistake, it can be corrected now.

Mr. Moss suggested the plan could be recommended for continued approval provided the plan mimics UHA 3000 90/10 Preferred plan. Chair Tom agreed.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(a) provided the plan complies with the medical benefits in the UHA 3000 90/10 Preferred Plan. The motion was seconded by Mr. Moss and carried by unanimous vote.

Health Plan Hawaii Plus

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Chair Tom stated that this plan is an HMO plan, so it must comply with the HMO prevalent plan which is on the agenda later in the meeting. He suggested deferring the HMSA's HMO plans until after Kaiser's plans are reviewed.

Ms. Paula Young and Ms. May Goya of Kaiser Foundation Health Plan stated Kaiser's HMO prevalent plan changes were reviewed by Council in January 2019 and that no prevalent plan changes are on this meeting's agenda.

Chair Tom informed HMSA that it must make the changes Kaiser made to the prevalent plan for 2020.

Dr. McDonnell stated that if someone who has a Kaiser plan elects to have cosmetic surgery performed by a Kaiser physician, it is not covered. The individual has to pay for it. If that does take place and the surgery goes forward and there is nothing wrong with the surgery, but subsequently something happens that is not under the control of or due to any bad behavior of the patient, it is his understanding that Kaiser will cover the repair. This HMSA plan is not in agreement with this provision. Chair Tom stated HMSA must put whatever is in the prevalent plan into its plan.

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a) provided:

1. All the prevalent plan changes that are applicable are incorporated into the plan (i.e. if the plan provision is better than the prevalent plan, the provision does not need to change); and
2. The plan complies with the prevalent plan.

The motion was seconded by Ms. Leng and carried by unanimous vote.

Health Plan Hawaii – A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag explained that unlike the previous plan's 90% benefit, this plan has an 80% benefit for most services. It mirrors Kaiser's plan except for the changes Kaiser made for 2020.

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a) provided:

1. All the prevalent plan changes that are applicable are incorporated into the plan (i.e. if the plan provision is better than the prevalent plan, the provision does not need to change); and
2. The plan complies with the prevalent plan.

The motion was seconded by Ms. Shimomura and carried by unanimous vote.

HMSA's Small Business Preferred Provider Plan – A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Chair Tom asked if the plan mimics Preferred Provider Plan – A. Mr. Bunag responded that the plan mimics Preferred Provider Plan 2010 and has additional provisions to comply with the Affordable Care Act (ACA).

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Leng and carried by unanimous vote.

HMSA's Small Business CompMED – A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag stated the plan mimics CompMED, not CompMED – A, and has additional provisions to comply with ACA.

A motion was made by Mr. Moss recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Leng and carried by unanimous vote.

HMSA's Small Business CompMED Choice – A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag stated the plan mimics the CompMED Choice plan, which HMSA will amend to match UHA 3000, and has additional provisions to comply with ACA.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(a) provided the plan complies with the medical benefits in the UHA 3000 90/10 Preferred Plan. The motion was seconded by Mr. Moss and carried by unanimous vote.

HMSA's Small Business Health Plan Hawaii Plus

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag stated the plan mimics Health Plan Hawaii Plus and has additional provisions to comply with ACA.

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. All the prevalent plan changes that are applicable are incorporated into the plan (i.e. if the plan provision is better than the prevalent plan, the provision does not need to change); and
2. The plan complies with the prevalent plan.

The motion was seconded by Ms. Leng and carried by unanimous vote.

HMSA's Small Business Health Plan Hawaii Gold – A

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag stated the plan mimics Health Plan Hawaii – A and has additional provisions to comply with ACA.

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a) provided:

1. All the prevalent plan changes that are applicable are incorporated into the plan (i.e. if the plan provision is better than the prevalent plan, the provision does not need to change); and
2. The plan complies with the prevalent plan.

The motion was seconded by Mr. Moss and carried by unanimous vote.

Preferred Provider Plan – B

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(b).

Mr. Bunag stated the changes made mimic those made to the prevalent plan.

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Dr. McDonnell and carried by unanimous vote.

CompMED – B

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(b).

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Mr. Moss and carried by unanimous vote.

Health Plan Hawaii – B

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(b).

A motion was made by Ms. Shimomura to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Dr. McDonnell and carried by unanimous vote.

HMSA's Small Business Preferred Provider Plan – B

HMSA informed the Department of changes and clarification being made to the plan effective January 1, 2020. HMSA requested continued approval of the plan under Section 393-7(b).

Mr. Bunag stated the plan mimics Preferred Provider Plan – B and has additional provisions to comply with ACA. Ms. Eber asked if the plan deductible was being increased to \$350. Mr. Bunag stated the plan deductible is already \$350 and is not being changed.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Ms. Shimomura and carried by unanimous vote.

Kaiser Foundation Health Plan, Inc. (Kaiser)

KP Platinum – \$14

Kaiser was represented by Ms. May Goya and Mr. Chad Hertzog.

Kaiser informed the Department of changes being made to the plan effective upon the employer groups' contract renewal dates beginning January 1, 2020. Kaiser is requesting continued approval of the plan under Section 393-7(a).

Chair Tom asked if the KP Platinum – \$14 and KP Platinum – \$15 are ACA plans. Ms. Goya confirmed they are. Mr. Herztog and Ms. Paula Young of Kaiser confirmed that as required by the Department, the plans are available for any employer to purchase. For ACA purposes, the plan is for small employers.

Ms. Eber was concerned by the plan provision that allows dependents' coverage to be terminated on the same termination date when the member's coverage is terminated. She stated HMSA's plan was considerably different and felt if a person committed fraud and had her coverage terminated, it did not feel right that the dependents could also lose coverage mid-month. Ms. Goya stated Kaiser currently follows this provision but failed to insert the provision in the plan document when the document format was revised. She confirmed that the member is given advance notice of the termination and has appeal rights. Ms. Young confirmed that the document states the amount of advance notice provided.

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Leng and carried by unanimous vote.

KP Platinum – \$15

Kaiser informed the Department of changes being made to the plan effective upon the employer groups' contract renewal dates beginning January 1, 2020. Kaiser is requesting continued approval of the plan under Section 393-7(a).

A motion was made by Ms. Leng to recommend continued approval of the plan. The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Ms. Eber felt that it was not legal for the plan to state on page 68, paragraph four, fourth line under "Newly Eligible Person" section that if the health plan fails to receive the enrollment form within 31 calendar days from date the person is newly eligible, the person must wait for the next open enrollment period. Ms. Young explained this was special enrollment period for dependents. Chair Tom stated this provision applies to the employee's family member, such as a spouse or child, but does not apply to the employee, so the provision is acceptable.

KP Platinum I – \$20

Kaiser informed the Department of changes being made to the plan effective upon the employer groups' contract renewal dates beginning January 1, 2020. Kaiser is requesting continued approval of the plan under Section 393-7(a).

Ms. Goya stated the cost share for basic labs and for general imaging will each increase to \$20 per day from \$10 per day. She stated the \$20 cost share matches the prevalent plan.

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Leng and carried by unanimous vote.

KP Gold I – \$20

Kaiser informed the Department of changes being made to the plan effective upon the employer groups' contract renewal dates beginning January 1, 2020. Kaiser is requesting continued approval of the plan under Section 393-7(a).

Mr. Hertzog stated the cost share for basic labs and for general imaging will each increase to \$20 per day from \$10 per day.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(a). The motion was seconded by Ms. Shimomura and carried by unanimous vote.

KP Gold – \$15

Kaiser informed the Department of changes being made to the plan effective upon the employer groups' contract renewal dates beginning January 1, 2020. Kaiser is requesting continued approval of the plan under Section 393-7(b).

Ms. Goya stated four benefit changes are being made. The out-of-pocket maximum will increase to \$3000 per member from \$2500. The family out-of-pocket maximum will increase to \$6000 from \$5000. The deductible will increase to \$300 per member from \$250. The family deductible will increase to \$600 from \$500. Specialty care will increase to \$25 per visit from \$15. The emergency services cost will change to 20% after the deductible instead of 20%.

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Ms. Eber and carried by unanimous vote.

KP Gold – \$17

Ms. Goya informed the Council the plan changes were withdrawn and the plan will be discontinued. Mr. Hertzog stated that in accordance with ACA rules, contracts that auto-renew effective January 1, 2020 will crosswalk to KP Gold - \$15.

UHA

UHA 600

UHA was represented by Ms. Alyson Estrella and Mr. Lance Kaneshiro.

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

Ms. Estrella stated the plan changes are consistent with the UHA plans reviewed earlier in the meeting and that there are no benefit changes. The plan aligns with the 2019 prevalent plan that UHA had but does not include the 2020 prevalent plan changes discussed earlier in this meeting. The 2020 changes need to be added to the plan. Chair Tom stated his understanding is that there are no benefit changes to the prevalent plan other than descriptions and rearranging benefits.

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Ms. Shimomura and carried by unanimous vote.

UHA 3000

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

Mr. Moss asked if the plan matches up with the UHA 3000 90/10 Preferred Plan that was recommended for approval earlier in the meeting. Ms. Estrella confirmed it does.

A motion was made by Ms. Eber to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Ms. Shimomura and carried by unanimous vote.

UHA 600-S

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

Ms. Estrella confirmed the benefits of this plan are the same as the UHA 600 with additional provisions to comply with ACA.

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Ms. Eber and carried by unanimous vote.

UHA 600-T

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

A motion was made by Mr. Moss to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Ms. Eber and carried by unanimous vote.

UHA 3000-S

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

Ms. Estrella stated no changes were made to the medical benefits but there were changes to the ACA drug benefits.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Mr. Moss and carried by unanimous vote.

UHA 3000-T

UHA informed the Department of the changes being made to the plan effective January 1, 2020. UHA is requesting continued approval of the plan under Section 393-7(a).

Ms. Estrella stated no changes were made to the medical benefits but there were changes to the ACA drug benefits.

A motion was made by Ms. Leng to recommend continued approval of the plan under Section 393-7(a) provided the provider or plan participant is allowed at least two business days to notify the health care services department of emergency and non-elective admissions. The motion was seconded by Mr. Moss and carried by unanimous vote.

ADJOURNMENT

Chair Tom felt there should be fewer plans on the agenda and the plans should be split onto different agendas. The council members are volunteers and so the Department and contractors should more have consideration for the members since it takes time to review the plans and to attend the meeting. He preferred to have the members polled for the next meeting date instead of setting a tentative meeting date. Chair Tom adjourned the meeting at 4:30 p.m.