

USG MEETING WITH RETIREES re: CHANGES IN HEALTHCARE BENEFITS
Thursday, April 9, 2015 Z-6, UWG campus

Juanita Hicks, Executive Director of Human Resources at UWG welcomed retirees back to campus and introduced those visiting from the Board of Regents:

Karin Elliott - Associate Vice Chancellor for Total Rewards

Lydia Lanier - Director of System Benefits, Voluntary Benefits Plans

Karin explained that Lydia would be taking notes and writing down questions so they could get responses back to persons if questions couldn't be answered today. She also explained that a fellow named Mitchell was recording a video of today's presentation so persons could review what was said at another time.

Karin thanked all in attendance for being here. She said she, herself, was glad to be here and that she and Lydia were taking notes of all of the questions they receive. The purpose of the meeting, she explained, was to tell retirees about all the changes in retiree healthcare for 2016. They were here to give retirees information about what's changing and she said she will talk about the timing of what will be happening in the next couple of months. She said the plan for the morning was for her to go through a presentation and then open things up for questions. She explained that persons from the System HR office have been out meeting with groups of retirees on all campuses. She said she had never been on the campus of UWG and thus appreciated the opportunity to come to this campus. During these visits, she said "We're hearing questions and concerns and will try to address the questions we're getting the most frequently."

The first question asked of us is **about the amount of the contribution to be given in 2016**. "I want to tell you up front," Karin said: "We do not have that information, and I'll tell you why." Every year, normally in August, we make a presentation to the Board of Regents meeting about this. We do it in August because we need to wait until the Legislature approves our budget. So that's when we find out what we have to spend for the coming year. We also look into our expenses over the prior year, what claims have been made and then determine what we can about what healthcare costs are likely to be in the future. We will share this information when we have it.

Why did the USG make this change?

I'm going to go over what is changing. If you think of something once you go home, you're more than welcome to send your question to the Human Resources office at UWG and they will forward it to me.

As many of you know when you read the newspaper, and as Human Resources personnel talk about the plans in place, healthcare costs are increasing more than the cost of living increases (which are 2-3% annually). Healthcare costs are increasing at a rate of 7-8%/year. A bigger chunk of your paycheck and ours is going to that. Also, healthcare

costs are rising because our retired population is growing. Very soon, the baby boomers will be retiring, and that will increase the retired population even more.

What the USG spends for all retirees was 85 million dollars last year. The USG made a commitment to all retirees so while you were working here you were working toward the possibility of retiring. We want you to have that benefit, but we want to know this benefit will be here, too, for those of us currently working. So, rising healthcare costs are a factor.

There has also been the rising retiree liability. We have to disclose this every year on our financial statements. It had reached \$1.8 billion last time. That is for all of our current and future retirees. All public entities are required to report that number. When the BOR saw this, and saw the number increasing very quickly - in part due to rising retiree numbers - they had growing concern and asked our office to look at options. It's not that this liability is expected to go away - but we were asked to determine what changes or solutions could be found so this number doesn't grow so quickly.

We work with the Total Rewards Steering Committee that helps advise our office about benefits. This group is made up of faculty and staff from across institutions in the state. They have leverage, expertise. They are people with expertise in the healthcare field. They help us evaluate the situation. Also, a retiree was involved and the Chair of the Committee was one of the System presidents who was actually in the process of retiring. We do take into account the concerns of retirees. Also those on the committee hoped to be in your shoes at some point.

The process of assessing the situation took place over 15-18 months. We also worked with a national consulting group with healthcare experience with public higher education groups as part of this experience. We did a lot of analysis of options. We looked at other public employers and private employers and did benchmarking to see what was successful and what wasn't. All that to say it was a thoughtful decision. Many on our campuses were involved. After that analysis was done, a recommendation was made to move retirees to an exchange. What led us to this recommendation was this: it was the option that provided the most value to our retirees and provides retirees with the most choices and tools and resources when they go through them. This is how the change came about. It wasn't done without thoughtful consideration. We then made a recommendation to the Board of Regents (BOR) in 2013 and the Board approved the recommendation. That recommendation is on the USG website - on the **AGENDA** [emphasis mine] for the meeting in which it was approved (November, 2013). A two-part process was approved at the time. The first stage involved all Medicare-eligible retirees getting on Medicare as their primary provider, with the USG plan serving as a secondary (supplemental) plan only. A small number of retirees (800-900) are not enrolled in Medicare, Part B. We've been helping them get on that.

As of January 1, 2015, the USG plan will be a secondary plan only for all USG Medicare-eligible retirees.

As of January 1, 2016, Medicare-eligible retirees and their Medicare-eligible dependents will get their healthcare through the AON Retiree Health Exchange. It's not that you'll be

out on your own. We will be very involved with this process. To give you an example of other institutions in higher education that have made this same shift, there's Emory University. I don't know if you have friends there. We've talked to some of their retirees and heard some good feedback from them, so you might want to talk to them also. So in 2016 you will get secondary coverage through the AON Retiree Health Exchange. The USG will provide you a benefit. Every year we determine what the premium is - you pay a portion and we pay a portion. This will still be the case.

In 2016, the USG will be giving you a contribution into a health reimbursement account (or hra). And you will use that to pay for your premium through the healthcare exchange. We're still giving you a benefit - just in a different way.

What's NOT Changing in 2016

What's not changing is the USG's commitment to provide retirees a benefit. The Chancellor and the BOR want to make sure you knew that - that is not what this change is about. It's a way we can help preserve and sustain that benefit - we can still give you a valuable benefit while still reducing costs. So it's not that we're getting out of paying a benefit. It's that we're trying to sustain it for all of you and all those coming behind you.

What is a Retiree Health Exchange?

It's an insurance marketplace that works with the same carriers you know from the past (e.g., Blue Cross/Blue Shield, Kaiser), and where you can

- *Compare coverage, carriers and prices
- *Get personalized, one-on-one support
- *Choose a coverage option that best meets your needs
- *Have the ability to choose a very rich plan design, coverage similar to what you have today, or other options.

Most retirees today are in the Comprehensive Care plan, where you pay a \$500 deductible. Then there is the Kaiser plan. There is also a High-deductible plan. There will be options in the exchange just like you have today. Some will be options with no deductibles and no out of pocket costs. Some retirees tell us they just want Comprehensive Care. If so, you can tell the benefit advisor this and provide your advisor with information about your plan and the advisor will help you find one just like what you have.

We contracted directly with AON. One of the retirees at another meeting had checked on the public AON site to look at what was available. But we will have our own set of options. Advisors will work with you and talk with you. You will get a personal advisor to work with. Each of you will be assigned your own benefit advisor. You will have a specific time this advisor will call you and help you find the best option for you.

Someone asked for me to give an example of how I think about the role of the advisor. Think about back in the old days when you were planning a trip. You'd call a travel

agent. This person would help you book reservations, a hotel with a pool perhaps. You might want two Queen-sized beds or one King. You would explain this to the agent. You would explain what you might want to do in the place you were traveling and the agent would inform you of options available and make the reservations. This is very similar to what your benefit advisor will do. They will want to know about you - do you travel internationally or across the country, or spend time in other states - because they want you to have coverage wherever you go. Some live in Tennessee and go to a hospital in Tennessee, although they are from Georgia. The advisors will ask you what providers you see because they want to be sure that all providers you currently are seeing are in the network for the plan you might choose with them. Also, they will want to know about prescriptions you are taking. Again, if you want to keep Blue Cross/Blue Shield, that will be an option available to you.

We moved to Silver Script for drug coverage in 2015. That will be an option for your pharmacy benefit. The advisors will recommend a plan specific for you.

What this is NOT is associated with the Affordable Care Act (Obamacare) or a public health exchange.

Retiree healthcare exchanges have been around for several years. There are several leading companies. We chose AON. It's a fully-developed market that has worked out all the kinks. There are 30 million individuals in this market. This is part of the reason why premiums for their plans are lower in cost. Premiums are lower even for comparable care. Because 30 million persons are in this exchange, it allows you to have the same value at a lower cost. The exchange provides more choices and better service. It includes Kaiser, Blue Cross/Blue Shield, Humana, Cigna and others. They have designed several plan options with AON. **The plans vary based on the county you live in.** Kaiser, for example, is only available in the metro area.

AON will provide very robust tools: 1:1 support. The USG will put a contribution into a healthcare account for you. Once you make a decision about a plan you want to enroll in, you will pay your premium for that plan directly to the carrier. Today ADP debits your account for the premium you pay. In 2016, you can set it up where the carrier will debit your account and automatically you will be reimbursed from the healthcare account. There are many different prices for these plans, so the premiums will vary based on the plan you choose.

We have been getting the question: **Why are you picking on us and kicking retirees out of the health plan?** I want to say: you will still be part of our plan. We contract/partner with AON Health Exchange as we did with providers before. This market is available and fully-developed and they have gotten all the kinks out. This is a very competitive market so we could take advantage of the efficiencies and get a lower cost. We will all still be here. Our office will know, as we do today, who is enrolling and what plan they are choosing. We will work very closely with AON and make sure they will give you all the service they promised. So we need you to let us know if you are getting the service promised or if you have any issues.

Example: since we don't know the subsidy amount, we can't address that issue here, but when you start talking to the benefits advisor you will have choices such as those presented on the screen before you (projected on the screen in the room). Here are some comparison plans.

Medicare Advantage (similar to Kaiser Medicare). Contains A, B & D in one plan. You pay a co-pay at the doctor's, but no deductible. They have a specific and smaller provider network. For those plans, the premium is much lower, i.e., \$56.20/month. On the high end, the plan costs \$122.98.

If you choose a Medigap Premium plan, this is like the BlueCross/Blue Shield Comprehensive plan. Medicare A&B are primary. You enroll in a supplemental Plan D. At the low end, the cost is \$68.85. At the high end, the richest plan, Plan F, the cost is \$270.92/month. This plan involves no deductible, no co-pay, no co-insurance.

The PDP plan is for drugs/medications. Each person will have a personal plan, depending on the medications needed. The lowest end is \$15.63. The higher plan is \$133.70.

QUESTION: Is the money put into the Health Retirement Account taxable?

RESPONSE: Not under Federal and State law.

QUESTION: What about dental plans?

RESPONSE: They will continue as they are today. The payment for this is deducted from your account.

Each person makes his or her own decision for a plan. Each spouse and each retiree has his or her own appointment time and makes his or her own decision. You can have a conversation together if you want. If the retiree is Medicare-Eligible but the spouse is not, the spouse will stay in the USG plan until such time as he/she is Medicare-Eligible. If the retiree is not Medicare-Eligible and the spouse is, the retiree will remain on the USG plan. [NOT SURE I GOT THIS RIGHT.]

QUESTION: My husband is on Medicare, Part A. He is eligible for Part B. What would he be enrolled in if he is still actively at work? He is covered on my plan now.

RESPONSE: Because he is still active at work, at this time our coverage is only for secondary coverage. So we might need to get back to you on that.

QUESTION (Carol Ferling): How will this arrangement be done physically? Do you send the retiree the money set aside? Do you pay directly to that plan?

RESPONSE: Each retiree will have an HRA account and the USG will fund it, probably on a monthly basis. We don't know that yet. The retiree will pay the premium directly to the carrier. Then you will be reimbursed directly from the USG. This is an account in

your name but it is held by AON. Those funds can only be used for the premium or out-of-pocket medical expenses. Once that is deducted from your account, we will reimburse your account.

QUESTION (John Lewis): You will pay the premium to the carrier?

RESPONSE: Say it's Blue Cross/Blue Shield. Instead of the USG debiting your account, in 2016, BCBS will debit your account. Then the USG will put money in an account for you. Once you pay your premium, the account will reimburse you. If you choose a higher value plan you may have to pay out of pocket for the plan, as you do today.

QUESTION: What is the PDP?

RESPONSSE: The Preferred Drug Program.

QUESTION: So you don't cover drugs?

RESPONSE: That is a separate plan.

Why did we choose to work with AON?

AON has the depth and breadth of experience in the benefits arena. They are leaders in healthcare and experts in benefits administration and consulting. They serve 1/14 Americans. In August/September we will be arranging interpersonal meetings again, this time with a licensed agent from AON. And they will give you more detailed information. If you are not available to attend these meetings, we will mail information to you.

AON has a broad range of plan options under their exchange. Including ones our retirees have. They have some of the most robust tools for retirees. Some are in writing. Some on line. You can talk on the phone. When we were looking for a partner, AON was recommended by the National Council on Aging (NCOA). We chose AON because of its expertise and the level of resources and quality of support and service they provide. You can look at the NCOA website. In addition, we're working with AON to provide specific information to our retirees. Check out MyMedicareMatters.org.

You will have a benefits advisor. This person is licensed, certified, and experienced in Medicare related insurance. The advisors go through a rigorous training, following requirements set by the state. They go through this once a year. They are not incentivized to steer you to specific health insurance carriers and/or plans. They are salaried employees of AON, dedicated to you throughout the entire process. You are assigned an advisor, but you can request to speak to another advisor if you are uncomfortable with the one initially assigned to you.

The first call from your benefits advisor can last up to 90 minutes. They will spend as much time with you as needed. If you want a friend or relative to join you in this conversation, you can have that person on the call to talk with you. If retirees don't want to make a decision during that first call, they will set up 2-3 more calls. You can talk to

the same person each time you call back. Every retiree will have their own appointment time. This will be mailed in September. They will ask you to confirm. If it's not a good time, you can set up another time. You will not have to wait on the phone. That's not what this is.

QUESTION: This is not an overseas call center is it?

RESPONSE: No. The call center is located in Chicago. They go through training renewals in August and September.

QUESTION: Before we talk to this person, will there be information on the web we can review in advance?

RESPONSE: Information will be available 24/7 on line. This is the fastest method of education and enrollment. You will see a detailed summary of benefits information, plan comparison tools, and there will be an online plan application collection.

There will also be information available over the telephone, through a Benefits advisor who will guide you. You work with the same benefits advisor throughout the process. **All enrollments must be completed with a telephonic signature.**

There will be a prefilled application form for individuals who prefer to review printed material before selecting a plan. The paper application will arrive via prepared envelopes or faxed. **Telephone or online enrollments result in faster receipt of an ID card.**

QUESTION: Is there a phone number we can use to call them?

RESPONSE: Yes.

QUESTION: If we have security concerns, can we call Denise Robinson?

RESPONSE: I know some retirees have a close relationship with campus HR personnel. But they don't have the time to sit down with each one of you to make this selection.

TIMELINE for TRANSITION PROCESS

April - Retiree meetings.

May - Website launched and Transition Guide mailed to retirees.

May-June - Retiree Advisor Training. We are asking for volunteers to help advise our office and to work with AON team members. You will see some of the communications in advance and provide feedback to our office about what may be missing and what we in the office should consider.

June - Informational videos are posted to the website.

August - Flyer/Poster will be sent out with invitation to September meeting.

September - In person enrollment/informational meetings.

Mid-September - Open enrollment packet mailed to retiree with enrollment appointment time with the AON Benefit Advisor.

October 1 - Enrollment opens.

December 31 - Enrollment closes.

We're providing a longer enrollment period than usual to give you plenty of time to make your decision.

LYDIA LANIER then shared a personal example.

I am very fortunate, she said, that both of my parents are still living. They are in their 80's and at the point in their lives when change is definitely, absolutely not welcome. Both parents have been moved to an exchange. They have their own individual policies with their companies. My mother is fortunate, she is in AON. My dad, unfortunately, is not. He moved first. My dad doesn't have a personal benefit advisor. He gets a packet. We get a phone number. Whether they speak "southern" or not is not the problem. The problem is whether they know the benefits. They try to get my dad to enroll in a particular one. They are trying to push him into a plan that is not good for him. I have to be on the phone with him when he talks with them. Benefits are my life, so I got on the phone with my mom as well, when it was her time to make the transition to an exchange. It was wonderful with her. I did not expect it (given my dad's earlier experience).

My mother's benefits advisor is named Donald. Donald will probably be added to their will at some point. He's a family friend. He's completely unbiased. He asked her dozens of questions to get to know her - what providers she sees now, if she travels. He conducted a good, refreshing, very customer-service friendly phone call. He is the most pleasant person she's dealt with in a long time. She was nervous because of the fact that things were changing, but all went smoothly.

The next year, I asked my mother about whether she wanted me to be on the phone with her. She said: "Donald and I can talk together by ourselves now." For my mother, I am no longer needed. But I have to be there for my dad every year.

I wanted to tell you that because I've had both sides of the spectrum. I thought it would give you some relief to know this. And I have high expectations and they met them. Maybe that will kind of calm the angst before you make that first phone call. [At AON] they were very, very helpful.

QUESTION (Jonathan Goldstein): Computers make mistakes all the time. When you give a company an opportunity to get into your bank account, this can be a problem. Will we have the option instead of AON diving into our bank account, can

they simply send us a bill in the mail? Then we will see if the amount is correct and then send it to them?

RESPONSE (Lydia): I don't know if this is an option. I will check on it.

QUESTION (Ben Kennedy): You said this coverage varies depending on where you live. I'm here half of the year. I am in a rural area in the mountains the other half. How will that affect my coverage and my cost?

RESPONSE: If you're asking whether it will affect your premium, you'll likely need to have coverage in more than one county.

QUESTION: You seem to have nailed down everything except that reimbursement. We don't want to wait a month for that reimbursement. Does it come at the end of the month, the end of the year?

RESPONSE: It will go into your checking account monthly. Within 4-5 business days, your reimbursement will be back in your account.

QUESTION (John Lewis): I have some comments to make. I came to Georgia in 1977 as an Academic Vice President. For 17 years, I got information from the central office. Not one time ever did I see anything about any change. I have a contractual relationship with the USG. That said I would be covered. It did not say I would be outsourced by someone else. This puts us into Medicare as the primary provider. This detracts from my coverage because the best doctors in the system will not accept Medicare. So the System is telling me that I am not worthy of the best care. I'm saying that the system has opened itself up to a class-action lawsuit.

Secondly, the University has a budget, but you've been looking only at the retirees to deal with the budget problem. You could look at administrators. You could go through and cut 1/3 to 1/2 of the administrators and accomplish increased efficiency and lower costs.

Third, you've got faculty who are supposed to be teaching. If they taught five courses each, you could remedy the greatest amount of expenditures for healthcare.

In sum, there are other sources of revenue other than retirees. I know we are a burden to the USG and the System would like us to just disappear. But we're here and we deserve the best, not the second best. Up until this year, things were going well. But you've gone too far and you will get sued.

RESPONSE (Karin): We do have a state-appointed attorney. We have gone over things about this change with him and he has advised us that we are not running afoul of any laws at this point. **Also, for our active employees we're moving to a defined contribution plan as well.**

(John Lewis?): They will then have a lower value plan

RESPONSE (Karin): Again, we're still providing that healthcare benefit and we're trying to preserve this. The benefit is still being made to you, we're just providing it in a different form.

Other state employers have made a different choice. There could be an option where you have one choice of one plan. We wanted to give retirees their choice. That commitment to retiree benefits is still there. We're providing it to you in a different form. Our liability is still there.

QUESTION: The money placed with AON, what if you don't use it all in one year?

RESPONSE: We have some options.

- (1) It could be use it or lose it.
- (2) It could be that, up to a cap, a piece of it could roll over.
- (3) The entire amount could roll over year to year.

We'll communicate that when we tell you the amount of the defined benefit.

One question we get - will the amount increase from year to year?

We will review things every year, as we do today. We will determine how much or if we have to increase that amount. The increase is normally shared between employees and the USG. That same process will occur every year.

QUESTION (Ross Miller): You've stopped preaching and gone to method - a phrase some in here will understand. I find myself questioning whether I'm on the right path. In my professional career, I typically had to try to convince Dr. Lewis to come to my side. Yet here we are, on the same side. We appreciate this meeting. I think I understand what you have written and said. Just because we are pleasant here, it doesn't mean we are happy. I'm not uncomfortable, just have fears and concerns about what will come down the way. It seems (1) Our cost could or will go up; (2) our coverage could or will go down; (3) or both. I accepted a reduced salary over the years with the expectations I would have benefits during retirement. But these have gradually gone away. I had a choice of additional healthcare at the time I made the choice to retire. I chose not to pursue this because of what the USG provided. Now I'm concerned my coverage may be going away.

RESPONSE (Karin) : Some plans will have greater value than what you have today. There were other options we had. We could have taken away value. In this exchange you can go out and choose a very rich plan design that you don't have today. It will have a higher premium. We will pay a significant portion of that premium. I hear your concerns. I will definitely take that back.

QUESTION (Carol Ferling): I have a question about that contribution. Will it be the same for all retirees or based on your years of service, or your position when employed?

RESPONSE (Karin): It will be the same for every retiree. I'm not sure if it will be the same for the spouse of each retiree. **In 2013, we put in place a new policy at the**

system office. Any employee hired after 2013, their retiree benefit would be based on their years of service. The schedule for this is on our website.

QUESTION (Carol Goodson): I am Medicare-Eligible but still actively working. Will the USG become a secondary policy for me?

RESPONSE: The change in healthcare policy does not affect those actively working. The USG plan will be in place for active employees until they retire.

Carol: I would like to receive information about this new plan, however, as I am considering retiring in the near future.

RESPONSE: You will receive information about this one year prior to your retirement. Once your plans for retirement are known, HR will get you the information.

QUESTION: My spouse will become Medicare-Eligible June 2016. I'm retired. Neither of us are Medicare-Eligible now. What do I do?

RESPONSE: You'll have coverage from the USG. He'll be contacted after his birthday in June. Most likely, he'll move off the USG policy by January 1. The process starts very early. Probably, someone will be talking to him in January. But this year, your coverage will remain the same.

FOLLOW-UP QUESTION: If something happens to me, will coverage continue for him?

[AT THIS POINT, a lot of people decided to leave, or to talk privately with Karin Elliott and Lydia. The orderly process of a question coming from the audience via a microphone and being responded to over a microphone by one of the USG representatives broke down. We were told that some persons wanted to avoid the use of a microphone because they felt their question was a private one. Many who got up to leave began talking with each other or with Karin Elliott. Individuals who still had questions also had a chance to talk with Lydia Lanier. I was seated closest to her and thus what follows in these notes are the questions she received and the responses she provided.]

QUESTION (Linda Wagner): From what you've presented, and what I've looked at, to replicate my current USG plan it seems it will cost me more money and it will be less coverage. I'm not charged a deductible now. My premium covers my deductible and my medical expenses. With these changes, I'm concerned now about my money running out before the end of the year.

RESPONSE (Lydia): If you pick a high deductible plan and you still have to pay additional costs all of your HRA goes to your premium.

QUESTION (Linda Wagner): Will we still have the additional \$75 fee for smokers?

RESPONSE: That's USG policy. They [AON?] don't look at your medical history when they do this.

QUESTION (Linda Wagner): When you researched this, were there people who ran out of money?

RESPONSE (Lydia): Only if they spent it on their deductible and not their premium. I'm 2 years and 11 months behind you in moving into retirement so I can appreciate your concern.

QUESTION (Carol Ferling): What will happen to those now in assisted care or nursing homes?

RESPONSE: We know about these individuals. I'm from UGA. We have the highest volume of retirees. And we don't know where they all are, who takes care of them. We have no address for some. We've been trying to reach them and it's not to take their benefit away.

QUESTION (Linda Wagner): I'm on Medicare because of a disability. If a change occurs in my disability status and I'm no longer disabled, will I be able to go back on the USG plan?

RESPONSE (Lydia): I have never heard of someone having their disability status revoked. It's very difficult to get this status in the first place.

QUESTION (Anne Richards): I have read things online about Hewitt - the company AON merged with a few years ago. Hewitt created a healthcare program for persons at higher risk for medical problems (known as Sageo) but it soon dissolved because its costs exceeded its revenue. When Karin mentioned that AON has "worked out all the kinks," did she mean that AON has learned important lessons from this so it will be able to handle retiree healthcare needs and stay afloat financially as it moves forward?

RESPONSE (Lydia): That was Hewitt, this is AON. We are dealing with AON. The two are not connected.

QUESTION (Anne Richards): A colleague of mine sent me information last night indicating that a person in the Atlanta office of AON had been arrested for siphoning over a million dollars from AON. I don't know the details of where she found this information. She came to today's meeting, but I saw her leaving early. In your meetings with AON representatives, do you hear about such things and discuss the implications of them for the soundness of this company?

RESPONSE (Lydia): I know nothing about this, have heard nothing about this. I do know that a million dollars is a relatively small sum to a company like AON. Also,

major companies like AT&T and others have considered AON sound enough to move their employees into this company for healthcare. [Editorial note: Have subsequently gotten the following url: <http://www.dailyherald.com/article/20140414/news/140419137/>]

QUESTION: [Someone] **asked if the USG was planning to shift all active employees into AON.**

RESPONSE (Lydia): We are moving toward a defined contribution instead of a defined benefit plan for employees and their spouses. It will probably occur around 2017-2018.

QUESTION: [Someone] **asked about coverage for vision and whether their current plan could continue.**

RESPONSE (Lydia): some of the annual plans available to retirees through AON will have built into them an annual vision check. So some retirees currently paying extra for visual coverage might not need their separate plan in the future.

The meeting ended a little after noon.

Respectfully submitted,

Anne C. Richards