

**State Employee Benefits Committee**  
**Friday, May 13, 2016 at 2:00 p.m.**  
**Tatnall Building, Room 112**  
**Dover, Delaware**

The State Employee Benefits Committee met on May 13, 2016, at the Tatnall Building, Room 112, Dover, Delaware. The following Committee members and guests were present:

**Committee Members:**

Ann Visalli, Director, OMB  
Geoff Klopp, COAD  
Mike Morton, CGO  
Evelyn Nestlerode, AOC  
Ken Simpler, OST  
Henry Smith, DHSS  
Jennifer Vaughn, DOI (Designee)  
Valerie Watson, Finance (Designee)

Judy Grant, HMS  
Andrew Kerber, DOJ  
David Leiter, DHSS  
Omar Masood, OST  
Casey Oravez, OMB  
Karol Powers-Case, DRSPA  
Rebecca Reichardt, OMB  
Kimberly Reinagel-Nietubicz, CGO  
Paula Roy, Roy Associates/DCSN  
Roger Roy, Roy Associates  
Shari Sack, Aflac  
Aaron Schrader, SBO  
Jim Testerman, DSEA-R  
Stuart Wohl, Segal Group

**Guests:**

Brian Maxwell, Deputy Director, OMB  
Brenda Lakeman, Director, SBO  
Faith Rentz, Deputy Director, SBO  
Lisa Porter, SBO  
Wendy Brown, DHSS  
Alexis Bryan-Dorsey, OMB  
Ronald Burrows, DRSPA  
Lisa Callaway, Pensions  
Ben Deeble, DRSPA  
Lois Deeble, DRSPA  
Karin Faulhaber, PHRST

Mike North, Aetna  
Andrew Brancati, Highmark  
Ashley Morris, Highmark  
Haley Maher, Highmark  
Angela Hua, SBO/Truven Consulting  
Steven Shelton, Truven Consulting

**Introductions/Sign In**

Director Visalli called the meeting to order at 2:00 p.m. and announced this was her last day with the State of Delaware. Appreciation was shown with a cake for the many years of service as Director Visalli has held various positions and remains the longest serving member of the SEBC Committee. The Treasurer's Office presented the Director with a portrait of the Core Values signed by members of the Treasurer's Office. Director Visalli is leaving with 22 years of service and going to the St. Andrew's School. Brian Maxwell will be confirmed as the new Director for the Office of Management and Budget (OMB) on Wednesday. Anyone who had public comment was invited to sign up to provide comment at the end of the meeting. Introductions were made.

**Approval of Minutes** - handout

Director Visalli requested a motion to approve the minutes from the April 22, 2016 meeting. Controller General Mike Morton made the motion and Deputy Secretary Henry Smith seconded the motion. Upon unanimous vote the minutes were approved.

**Director's Report** – Brenda Lakeman

Highmark & Bayhealth Negotiations Update:

- Sunday, May 15<sup>th</sup> is the deadline to reach an agreement, otherwise all Bayhealth facilities will be processed as out-of-network; negotiations are actively continuing.
- Information will continue to be posted on the Statewide Benefits Office (SBO) website.

## Open Enrollment (OE) Updates:

- OE started Monday, May 9<sup>th</sup> and ends Thursday May 26<sup>th</sup>.
- Stats for the first week of OE show lower call volume which is consistent with last year. The majority of calls relate to the Spousal Coordination of Benefits (SCOB).
- Pension Office states their calls have been steady, possibly a little less this year.
- Two Health Benefit Fairs were held to date with one at DelTech Stanton with 175 attendees and the other at DelTech Owens with 100 attendees; the third fair will be held in Kent County at the Duncan Center Building and a fourth fair at the Carvel Building in Wilmington; Health Fair dates are posted on the SBO website.
- Director Visalli thanked DTI and PHRST for their technical support during OE.
- It was confirmed if a member does not have a spouse and has no changes to their benefits, no action is required yet it is encouraged for each member to review their benefits during this period.

## Financial Reporting

### Fund Equity – April 2016 – handout – Casey Oravez

- Received a coverage gap discount a little under \$4.2M.
- Ending April balance of \$41.192M.
- Projected fiscal year end fund balance is \$24.3M, leaving the projected deficit in the claim liability at \$20.69M.

### DOI Insurers Bulletin 86 – Transgender Identity Nondiscrimination Act of 2013 - handout

Director Visalli informed the Committee that she attended a meeting with representatives of this community where they were informing what is going on with the insurance market and coverage. The State's plan currently does not allow coverage of transgender medical services or prescription. As this landscape changes, the interpretation from the Insurance Commissioner (DOI Insurers Bulletin 86) is categorizing as discriminatory practices. Ms. Lakeman added SBO has received some cost estimates but the HSS office for Civil Rights just issued their final rule which needs to be reviewed along with discussions with the medical and prescription vendors who have not been covering this for any of their other commercial businesses. This item will be addressed further at the June meeting.

### DelaWELL Health Management Planning FY17 – handout – Brenda Lakeman

- A recap of items covered at the last meeting that included past participation, lessons learned of the DelaWELL program and Segal's review of what other states are doing in this area.
- Today's presentation is shared by Highmark and Truven. Highmark will present on Wellness and Disease Management. Truven will provide information on Disease prevalence, chronic conditions and how this impacts the State's spend.
- Key Points for Today's presentation include:
  - An effective health management strategy can bring value through increased health awareness and improved health outcomes.
  - Higher utilization of preventive services leads to healthier patients and lower costs.
  - Disease Management programs can help the member navigate the healthcare system to get the most effective treatment available.
- Ms. Haley Maher with Highmark Clinical Client Relations continued with Health and Wellness Strategies.
  - Need to focus on short-term goals before looking at long term goals. How do we **increase employee awareness** and **increase employee engagement**. Highmark offers an integrated, proactive approach to health care management that involves members at every stage of health and helps clients to effectively manage cost at every phase of care:
    - Complex (Extreme Risk) → Chronic (High Risk) → Acute (Elevated Risk) → At Risk (Moderate Risk) → Healthy (Low Risk)
    - Reduced Risk = Reduced Costs as Increased Productivity = Increased Engagement
  - Highmark did a study of over 300,000 members to estimate the value of Health Coaching:
    - Results showed an average savings of \$1,242 per year per engaged member
    - Most of this savings comes from having lower ER admissions and less in-patient stays

- The people who worked with a Health Coach managed their conditions a lot better than those who did not utilize a Health Coach
  - In another study, Highmark compared two groups – one group containing employees from employer groups who participated in a wellness program and a second group containing employees from employer groups who did not participate in a wellness program. The group with employees who participated in a wellness program realized savings of \$332 more per employee than the employees in the second group.
    - Treasurer asked how Highmark determined who to reach out to. This was done through their Identification and Stratification Model; looking at gaps and care in the population where the benefit would be greater by contacting these members.
    - Treasurer asked how Highmark calculated the savings. Highmark was able to compare members that participated versus those members who did not participate and estimate the savings between claims.
    - Ms. Watson asked if it's a challenge to get member to actually take the call from Highmark. Response was that about one out of two people take the call and that goes back to culture which will be discussed later in this presentation.
  - Next was how to engage those members within the “healthy end of the spectrum”, this is where awareness comes in. The wellness profile and preventative exam will provide members a picture of what their overall health looks like. The wellness profile gives the member immediate feedback (score), triggers outreach by health coaches and provides aggregate data to the SBO. Using the study of the f47 employer groups divided into two categories, Group One participated and Group Two did not participate. Results showed if 20% of SOD employees completed a wellness profile, estimated 8,006 x \$332 = \$2.6M employer savings.
  - The value of Preventive Physical Exam shows:
    - Nearly 20% of Americans with high blood pressure do not know they have an issue
    - Less than 10% of U.S. adults with prediabetes report that they have never been told they have diabetes
    - Half of U.S. adults with high blood pressure and two-thirds with high cholesterol do not have their condition under control
    - 26% of State of Delaware employees had a preventive physical exam in the last year
    - Nearly 9% of folks put their insurance card in their pocket and don't do anything else; we need to get these people screened – get their preventive physical exam done
    - The average costs for prevention (cholesterol screening at \$30) were compared to average costs for treatment (Heart Attack at \$25,000 - \$95,000)
  - Importance of Worksite Wellness Culture include:
    - Culture: supports the health and wellbeing of employees
    - Engagement: supportive culture leads to employee engagement and behavior change
    - Outcomes: sustained behavior change results in financial and non-financial outcomes
  - 2015 Incentive Results for Public Administration Clients was:
    - Average participation was 46%
    - In 2015, 14 clients offered 18 incentives with the most common incentives being premium differential, cash, paid time off and reduced copay or deductible
    - average value was around \$300
  - Encouragement for the Long Term Strategy is:
    - How can we help keep healthy people stay healthy
    - Costs follow risks; more costly to the medical plan in the long run
    - Other Long-Term Goals include manage or reduce health care costs, reduce employee health risks and improve employee productivity
- Mr. Steve Shelton with Truven Health presented the Member Engagement and Chronic Conditions with objective to examine the current state of member engagement in the State of Delaware population and identify opportunity in three areas:

1. Utilization of offered benefits and programs
  2. Closing gaps in care for preventive services and recommended care for chronic conditions
  3. Smart choices in use of available care
- Study Population – Member Engagement
    - Employees, Early Retirees and their dependents with medical coverage, unless otherwise specified (both Highmark and Aetna)
    - Claims data based on medical and prescription drug claims incurred July 2014 through June 2015 (paid through February, 2016), unless otherwise specified
  - Benefit Utilization – Active and Early Retirees
    - 11% of members did not use the medical benefit
    - 24% of members did not use the prescription drug (Rx) benefit
    - 9% of members did not use either the medical or Rx benefit
    - Males had lower utilization than females
    - Males age 18-34 had the lowest use of benefits, with 26% of members not incurring a claim
  - Continuum of Care (Five levels shown)
    - Healthy (minimal cost), At Risk, Acute Conditions, Chronic Conditions, Catastrophic (high costs)
  - Preventive Care Utilization – Active and Early Retirees
    - 26% of females and 46% of males did NOT receive a preventive care service
    - Overall, 35% of members did not have a preventive care service in FY 2015
    - Males age 18-34 had the lowest use of preventive care
  - Recommended Preventive Screenings – Active and Early Retirees
    - Among members for whom a test is appropriate: 50% did not receive cholesterol screening; 34% did not receive cervical cancer screening; 25% did not receive a mammogram; 62% did not receive a colon cancer screening
  - Disease Progression All Members - Diseases are grouped into episode groups which can also be stratified by severity. A disease naturally progresses through major ‘stages’ of increasing complexity and system involvement.
    - Chart shows average patients and costs per Episode Stage (Stages 1 through 3) incurred FY2015
    - The progression of costs per patient as patients move from Stage 1 into Stage 2 along with potential savings from Preventing Disease Progression
    - Findings revealed Delaware incurred over \$213M in 2015 on patients with Asthma, CAD, COPD, Diabetes, Hypertension and Musculoskeletal episodes (Stages 1-3)
    - Over \$9.4M was spent on patients who migrated from Stage 1 in 2014 to a Stage 2 in 2015
    - If just 15% of these people did not progress to Stage 2, there are potential savings of over \$1.4M
  - Avoidable Admissions All Members are hospital inpatient admissions that generally could have been avoided (including consideration of patient age, secondary diagnoses and principal procedures), if appropriate prior treatment had occurred.
    - The State of Delaware had over 1,200 patients with one or more avoidable admissions in FY 2015 resulting \$11.0M in payments
    - \$4.7M of these admission payments were from conditions that are risk-modifiable with lifestyle changes
  - Recap Key Points
    - An effective health management strategy can bring value through increased health awareness and improved health outcomes
    - Higher utilization of preventive services leads to healthier patients and lower costs.
    - Disease Management programs can help the member navigate the healthcare system to get the most effective treatment available
      - Director Visalli referenced Slide 22 – Musculoskeletal with 30,015 patients with a cost of \$84.2M for one year; requested more detail
      - Director referred to Slide 14 – Incentive Page – added if you require employees to get basic fundamental health risk assessment completed prior to their first day of work or prior to re-enrollment in their health insurance, is this creative to get that first contact underway?

- ♦ Mr. Shelton knows of a few companies in other states that has new employees and also for renewals, a health risk assessment is available with nurses and doctors with a few preventive care services performed as part of that premium being \$200; if employees brought the health risk assessment with them to the health fair or sign-up, the premium reduced to \$175
  - ♦ Ms. Maher added that large clients and even Highmark has a premium differential so we now make it mandatory as long as it is something “we do for” the members and “not to them”. This gets back to culture and the mindset to get people to participate. Offer a premium at one rate, but if member does this and that, their premium will be a lower rate.
  - ♦ Mr. Shelton mentioned to be transparent with the savings to the members so they see the savings translated down to the member level
  - ♦ Ms. Maher added to “Keep It Very Simple” so it’s not confusing to members versus points for this and you get points for that
  - ♦ Ms. Lakeman added that when looking at the Musculoskeletal on the State side, we are also talking about Workers Compensation savings, absenteeism, presentism and to keep these in mind for more dollars to be saved
  - Treasurer Simpler asked Truven for more clarification to understand Avoidable Admissions especially around the second bullet (Slide 25) showing \$11.0M in payments and third bullet with \$4.7M in admission payments.
    - ♦ Some of these are from conditions because the person is not managing themselves; \$4.7M of these admission payments could have been managed much better through a disease management program where it didn’t even exist to start with.
- Next Step at the June 10, 2016 SEBC Meeting, will review State initiatives with actionable items.

**SEBC Consulting Services RFP Contract Award Recommendation** – handout – Faith Rentz

Appreciation was expressed to those who assisted and participated with this process including the Proposal Review Committee (PRC), SBO staff and the Treasurer. The background of this RFP was shared. The PRC’s recommendation for Consulting Services for the State of Delaware’s Group Health Insurance Program is as follows:

- Contract award for Special Project services to The Segal Group, Cheiron Inc., Willis Towers Watson and Aon Hewitt.
- Contract award for Primary Support services to Willis Towers Watson for an initial term of two years with three one-year renewal options beginning May 24, 2016.
- Contract award to Willis Towers Watson for the Health Plan Administration RFP development, analysis of bids, and contracting beginning May 24, 2016.
- All awards shall be subject to a finalized contract which shall include performance guarantees and negotiated pricing along with a termination clause requiring that contracts for Primary Support and all Special Projects may be terminated by the State for convenience or cause upon thirty days’ written notice.

Director Visalli thanked Segal for their services recognizing they will still be part of the efforts with SEBC. Ms. Rentz emphasized the effective date of May 24, 2016 for Willis Towers Watson for the primary support as well as the Health RFP to be effective immediately so work can be started with that process. As noted before, there will be an overlap with the consultants and this is budgeted to allow for a smooth transition.

- It is noted there is no retainer fee except for the primary support services contract and there will be an actual executed contract with all consultants awarded special project services
- The consultants will be paid only if they are doing work for SBO
- Projects will be brought before SEBC before approved administratively as time permits and depending on the scope. This is a new process and SBO will continue discussions with SEBC as projects arise.
  - Director added instances where there is requests for data, as Truven is already on staff will be utilized so no need to bring this request before the Committee and comfortable this process will be followed.

- The motion to approve this recommendation will be taken after Public Comments.

Ms. Evelyn Nestlerode read a few recommendations from the Court's May 9<sup>th</sup> memorandum (which was previously sent to the SEBC Committee) in reference to this RFP and indicated that she will present related motions later in the meeting.

#### **Memo Proposal #1**

*As long as a health benefits consulting firm has adequate resources to back up their consultant, we can probably find a great consultant within any number of companies. To access the quality of health benefits expertise that we need, we want to ensure that we have the right to approve and reject an individual consultant or consulting firm's representative at any time during the contract term if those services do not meet SEBC's expectations or needs. This would enable us to select a consultant who meets our needs and to change a consultant if they do not. If not already done, references should be sought and contacted regarding our individually assigned consultants, in addition to the firm.*

- Ms. Nestlerode stated that she has been informed by SBO that references for team members are current being checked. There will be no motion to this first recommendation.

#### **Memo Proposal #2**

*There may be smaller "boutique" health benefits consulting firms that have wonderful expertise but would not qualify for our RFP due to lack of experience with large clientele or the Delaware market. Those requirements may be appropriate for our primary consultant, but there could be valuable experience in those firms that could be used in a limited capacity related to specific health benefits topics. For example, there may be firms which could be useful in an overall strategy discussion, or a specific complex strategy, even if they would not be our primary consultant.*

- Ms. Nestlerode stated that she had a motion to this point. We would like to see a second bidding process related to limited scope of services in the health benefits area as determined to be needed and to change the requirement that the firms must meet the qualifications for the full scope of services. It may be helpful to establish a sub group of the SEBC to explore specific health benefit topics that need to be addressed through additional expertise. For this bidding process the goal would be to ensure that firms know they do not have to qualify for the full scope of services required under the RFP to be included on the list. Provide a limited scope of services and that the new bidding process is advertised as widely as possible. The Chief Justice was concerned that there were only four firms to pick from and felt that requiring everyone to qualify for the full scope of services when the picklist would only be for a limited scope of services excluded a lot of potential people/firms from applying.

#### **Memo Proposal #3.**

*Similarly, we would like to see additional outside expertise available to the SEBC regardless of whether a consultant submitted a bid for this last RFP. And, we want to ensure that SEBC has the ability to offer under-\$50,000 contracts to consulting firms with specific expertise and which were not involved in the RFP process.*

- We recommend that the option of allowing other companies to be used for smaller contracts under \$50,000 be pursued, where appropriate (as there is no legal impediment for us doing so).

#### **Memo Proposal #4**

*We believe that it is critical that the SEBC and its consultants have the ability to participate in open discussions about health benefits issues, given the complexity of the health care issues. We propose that a structured process be implemented which would allow the SEBC membership the opportunity to interact directly and without limitations with the consultant to discuss health care issues. One option would be to set up additional, optional meetings for the SEBC membership with the consultant to discuss health care issues of the members' and/or consultant's choosing. This would allow SEBC members to be more informed and part of the discussion.*

- Ms. Nestlerode stated that she would have a motion related to this.

Director Visalli thanked Ms. Nestlerode and stated we will now proceed to Public Comment and then take a vote on the Recommendation for Consulting Services. Then come back to Ms. Nestlerode's four items to determine if some of the

motions are to be voted on. We may not reject the concept(s) but may not have support for a Motion to change procedurally what we bid out.

### **Public Comment**

Ms. Karol Powers-Case referenced DelaWELL and understands giving people rewards if they are signed up but what about the people that really have a problem, will they be punished? None of us have ever understood the need for consultants; we wonder why it is necessary. Now we don't understand Truven and another consultant company coming in every once in a while and looks like money to our organization. All this being paid while our employee and retiree premiums are going up.

### **Motions**

Director Visalli asked for a motion to approve the recommendations as outlined in the handout titled Request for Proposal for Consulting Services for GHIP. Deputy Secretary Henry Smith made the motion and Controller General Mike Morton seconded the motion. Motion carried unanimously.

The Director returned to Ms. Nestlerode's comments and motions. Much dialogue continued around these comments and motions. Ms. Nestlerode summarized her previous comments to two motions.

Ms. Nestlerode made a first motion to open a second bidding process related to the provision of limited scope services in the health benefits area as determined to be needed, and change the requirement that the firms must meet the qualifications for the full scope of services. It may be helpful to establish a subgroup of the SEBC to explore specific health benefit topics that need to be addressed through additional expertise. For this bidding process, the goal would be to ensure that firms know that they do not have to qualify for the full scope of services required under the RFP to be included on the list to provide limited scope of services. And, that the new bidding process is advertised as widely as possible. Mr. Klopp seconded the motion. Five members opposed this motion and one did not vote. Having failed to receive the number of required votes, the motion failed.

➤ Treasurer Simpler added he supports the notion stated above as a secondary step if determined to come to a distinct category that our bench can't meet.

Controller General Mike Morton motioned that if it is found the bench is not deep enough for certain categories of initiatives that we want to pursue then we can form a subcommittee to define that scope of services to develop a new RFP and allow smaller firms to bid. Ms. Nestlerode seconded the motion. Five members voted in favor of this motion. One member did not vote. Motion carried.

- It is noted the subcommittee is just to look at and come back with recommendations to the formal SEBC committee.
- The subcommittee would not have any authority to take action.
- Mr. Kerber confirmed that any subcommittee formed will be a public body if it plans to make recommendations to SEBC.

Dialog continued about getting the new consultant up to speed through reviewing the Health Fund Task Report, all the meeting minutes and other materials.

- The Health RFP with the tight timeline of eight weeks was discussed.
- Allow the expertise of the SBO and note that SEBC members could be brought up to speed especially in the Health Care RFP but allow SBO to work with the new consultant, craft a scope of service, distribute and make sure everything is covered so that it is as broad or limited as we needed.
- Other option is to schedule bi-weekly or weekly public meetings but this may slow down the process of what needs to be done.
- It was clarified that one of the questions asked of public sector clients provided as references for the Consulting Services RFP finalists was how the consultant interacted with the Board and all of them gave a response that was very consistent with the way this Board is structured with the Benefits Office, OMB and the administrative arm with the consultant.

Ms. Nestlerode made a second Motion to implement a structured process allowing SEBC membership the opportunity to interact directly with the consultant and without limitations to discuss health care issues. (This may involve optional meetings for SEBC members and OMB to hear directly from the consultant prior to SEBC meetings, rather than vetting the information through OMB alone prior to SEBC meetings).

Likewise, the RFP process for the consulting services should be more interactive with the SEBC, if the SEBC requests. The current process involves emailing the RFP document for review prior to publishing on the website. These documents are often long, come without background information or summary points, and require a great deal of time and legal understanding of contractual principles and the specific terms of the RFP to thoroughly understand. When RFP's are drafted, there should be a more workable approach for ensuring that SEBC members understand the terms of an important RFP, such as the preparation of summaries that focus on critical aspects of (and changes to) the RFP, and optional meetings to discuss the points of the RFP with the SEBC.

- Further discussion continued around direct access to the consultants and not filtered through the Benefits Office and to provide a summary of the RFP of what is being changed.
  - Director Visalli stated we cannot commit to share discussions between the Benefits Office as part of their statutorily responsibility and the consultant for whom we hold the contract. This is our job and responsibility.
  - Ms. Nestlerode asked to first circulate to come up with ideas to further improve the interactions.

Director Visalli asked what the Committee's pleasure is.

- Mr. Klopp suggested to table the issue and have more conversation around it to try to come up with some ideas between now and the next meeting. There's a lot of responsibility that falls on all SEBC members and everybody works hard, has different ideas and will have tough decisions to make with exception of our leaving wonderful leader. I understand the Courts concerns, and just want to get the best information to get to the best decision to make. Explore the possibility of how we can work more effectively to communicate amongst one another so we are able to get the RFP out. If this committee needs to meet every two weeks to come up to speed with what's going on in OMB, than do it. Meeting once a month won't be efficient for the task in front of us.
- Ms. Watson thanked Ms. Nestlerode for bringing the concerns from her department. In all of this discussion, a concern as a representative of Secretary Cook, is respecting the work the Benefits Office has been doing and don't know if it was the intent to imply that somehow the Benefits Office is not being completely transparent. I have worked with this office for years, there is integrity in their work. There is always room for improvement so we should look at those opportunities.
- Ms. Vaughn expressed concern about the consultant billing if we allow individual agencies to contact any of the consultants. This goes back to what Ms. Karol Powers-Case was saying, who will pay the bill? Are the agencies willing to pay the bill because it should not be put on the backs of our State employees? I do agree with the Treasurer's comments and would like to participate to see new plans, new ideas and give input. We are very willing, very much want to participate if it's more frequent meetings, subcommittees, DOI is there to support this and want to be involved in trying to form whatever the future is going to look like for the employees.

Director Visalli stated the consultants are going to come in effective immediately, will have their work cut out for them, getting them up to speed on the health task force, minutes, recommendations and making themselves available before the drafting of the RFP even begins in terms of scope of work to make sure that they're not only gathering information but asking questions and providing information. Creating a forum for this outside of this traditional meeting structure so that maybe two hour blocks of time, maybe an alternate location, some period where committee members can be there and interacting with a predefined subject (wellness, covering dependents, etc.) and make them available for one on one conversational sort of development like proof of concept work which is one form with unfettered questions but is done with government work.

- ♦ Treasurer Simpler said like the Health Fund Task, we brought up a huge list of items and some members supported items where others did not. We don't have that luxury at this time, we have to get actions into some decisions. The earlier and more intensive our buy-in is with the new consultant, the more likely we are to sit around the table in a number of months from now as a committee and support these significant decisions.

Director Visalli asked Ms. Nestlerode if she agrees with Mr. Klopp's request to table her motion.

- ♦ Ms. Nestlerode agreed stating at least it is clear that a number of us want to be more involved.

#### **Other Business**

Director Visalli stated the next SEBC meeting is scheduled for Friday, June 10, 2016.

A motion to adjourn the meeting was made. Ms. Watson made the motion and Controller General Mike Morton seconded. Upon unanimous voice approval, the meeting was adjourned at 4:00 p.m.

Respectfully submitted,

Lisa Porter  
Executive Secretary  
Statewide Benefits Office