GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2005

Legislative Actuarial Note

HEALTH BENEFITS

BILL NUMBER: House Bill 1059 (Fourth Edition)

SHORT TITLE: State Health Plan Changes.

SPONSOR(S):

SYSTEM OR PROGRAM AFFECTED: Teachers' and State Employees' Comprehensive Major Medical Plan.

FUNDS AFFECTED: State General Fund, State Highway Fund, other State employer receipts, premium payments for dependents by active and retired teachers and State employees, premium payments for coverages selected by eligible former teachers and State employees, premium payments for coverages selected by firefighters, rescue squad workers, members of the National Guard, certain County local governments, and the North Carolina Symphony Society, Inc.

BILL SUMMARY: The 4th Edition of the bill makes various changes to the Teachers' and State Employees' Comprehensive Major Medical Plan:

Section 1(a): Allows the Executive Administrator and the Board of Trustees to authorize coverage of certain over-the-counter medications as recommended by the Plan's Pharmacy and Therapeutics Committee. Allows the application of a co-payment paid by plan members who purchase authorized over-the-counter medications. Requires the Executive Administrator and Board of Trustees ensure that each authorized over-the-counter medication has been analyzed for plan member safety, medical effectiveness, and financial impact to the Plan. Prior to implementing an over-the-counter medication policy and co-payment requirement the Plan must submit its proposed policies to the Committee on Employee Hospital and Medical Benefits. Authorization for the coverage of over-the-counter drugs by the Plan sunsets July 1, 2009.

Section 1(b): Allows the Executive Administrator and the Board of Trustees to authorize the establishment of incentive programs. Requires an impact analysis by the Executive Administrator and Board of Trustees for any incentive program to determine (1) whether an incentive program is likely to result in significant plan member satisfaction, (2) quality of care will not be adversely affect quality of care, (3) whether significant savings will accrue to the Plan. Prior to implementing any incentive program the Plan must submit any proposed program to the Committee on Employee Hospital and Medical Benefits. Authorization for incentive programs by the Plan sunsets July 1, 2009.

Section 2(a): Changes the reference to "branded prescription" to "preferred branded prescription", "branded prescription with a generic equivalent" to "preferred branded prescription with a generic equivalent", and "each branded or generic prescription not on a formulary used by the Plan." to "each non-preferred branded or generic prescription."

Section 2(b): Requires prior approval for Bone Anchored Hearing Aids (BAHA) surgically implanted for the treatment of hearing loss.

Section 3: Authorizes the Plan to create up to 13 new full-time positions, 10 of which shall be subject to the State Personnel Act, and three of which shall be exempt from the State Personnel Act. The proposed language also authorizes the Plan to expend up to $794,278 to fund positions authorized under the proposed legislation.

Section 4: Amends G.S. 135-39.5B to clarify that plan members may only enroll in a single health benefit program or plan offered by the Plan.

Section 5: Amends G.S. 135-40.13A to do the following: 1) limit the Plan's amount of recovery under a subrogated claim to 50% of the total damages recovered by a Plan member exclusive of the costs of collecting a recovered amount; 2) allow the amount of reasonable costs of collection to be set by the Plan at its sole discretion and not be contestable as a final agency decision under Chapter 150B of the General Statutes; and 3) exempt the Plan's proposed 50% right of recovery exclusive of collection costs from the recovery limit of $4,500 under G.S.28A-18-2, the wrongful death statute.

Section 6: Allows the Executive Administrator and the Board of Trustees the discretion to allow up to eight local governments to participate in the Plan. Current local governments participating in the Plan are to be included under the limit of eight total local governments.

EFFECTIVE DATE: Sections 1, 2, 3, 4, and 6 of this act become effective July 1, 2006. Section 1 of this act expires July 1, 2009. The limit on the number of local government employers that may participate in the Plan under G.S. 135-39.5(28), as enacted in Section 6 of this act, shall include those local government employers participating in the Plan on June 30, 2006. The remainder of this act is effective when it becomes law and applies to actions to exercise rights of recovery under G.S. 135-40.13 or G.S. 135-40.13A commenced on or after that date.

ESTIMATED IMPACT ON STATE:

Over-the-Counter Drug Coverage (Section 1(a)):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, estimates a negligible savings to the Plan from the proposed program.

Hartman and Associates, consulting actuary for the General Assembly, indicates that it is not possible to determine the financial impact of the proposed change.

Incentive Programs (Section 1(b)):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, assumes no net financial impact from the proposed program.

Hartman and Associates, consulting actuary for the General Assembly, indicates that it is not possible to determine the financial impact of the proposed change.

<u>Outpatient Prescription Drug Benefit Language Changes</u> (Section 2(a)):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, estimates no net financial impact to the Plan as a result of the language changes with respect to the outpatient prescription drug benefit offered under the Plan.

Hartman and Associates, consulting actuary for the General Assembly, does not estimate any impact to the Plan with respect to the proposed change.

<u>Prior Approval for Bone Anchored Hearing Aids (BAHA)</u> (Section 2(b)):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, estimates that the prior approval authorization requirement for this specific procedure and device implantation will have a negligible impact on the Plan.

Hartman and Associates, consulting actuary for the General Assembly, does not estimate any impact to the Plan with respect to the proposed change.

<u>Created 13 New Positions Under the Plan</u> (Section 3):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, estimates the impact of the proposed legislation will cost the Plan $794,278 in the 2006-2007 fiscal year and $794,278 in the 2007-2008 fiscal year.

Hartman and Associates, consulting actuary for the General Assembly, estimates the impact of the proposed legislation will cost the Plan $794,278 in the 2006-2007 fiscal year and $794,278 in the 2007-2008 fiscal year.

<u>Clarify that Plan Members May Only Enroll in a Single Health Benefit Program or Plan Offered by the Plan</u> (Section 4):

Aon Consulting, the consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, assumes the language clarification will not have a financial impact on the Plan.

Hartman and Associates, consulting actuary for the General Assembly, does estimate any impact to the Plan with respect to the proposed language change.

Amend Subrogation of Claims Statutes Pertaining to the Plan (Section 5):

The consulting actuary for the Plan, Aon Consulting, estimates that the proposed legislation will produce negligible savings to the Plan based on the Plan's assumption that the proposed changes reflect the current subrogation process with respect to the 50% cap on recovered damages, the loss of some recovered amounts for the exclusion on reasonable costs of collection, and potential gains due to the exemption from limits on recoverable damages under the wrongful death statue.

The consulting actuary for the General Assembly, Hartman and Associates, estimates the bill will not have a significant impact on the Plan's financial condition based on the Plan's assumptions about the rate of recovery under the current subrogation process, and the net effect of the loss of recovery due to the exclusion of reasonable collection costs and the gain expected from the exemption from the limits on recovery in the wrongful death statute.

Allow up to Eight Local Governments to Join the Plan (Section 6):

The consulting actuary for the Plan, Aon Consulting, projects no net financial impact to the Plan assuming the Executive Administrator and the Board of Trustees would only admit additional local government employers on a neutral basis.

The consulting actuary for the General Assembly, Hartman and Associates, estimates that the effects of adverse selection may produce a cost to the Plan that may be significant given that there are no criteria established or stated that the Executive Administrator or the Board of Trustees would use in determining which local government employers may join the Plan.

Assumptions for the Senate Proposed Committee Substitute for HB 1059:

Incentive Programs: The Plan assumes that having the authority to waive deductibles, co-payments, and coinsurance in certain to be defined instances will allow the Plan to experiment with incentives to determine if lower claims costs can be achieved. The Plan does not have any specific programs researched and reviewed for possible implementation at this time.

Over-the-Counter Medications: The Plan assumes that having the authority to waive outpatient prescription drug co-payments will allow the Plan to experiment with incentives to encourage some plan members to use over-the-counter medications in lieu of prescribed medications to treat certain conditions to determine if lower claims costs can be achieved. The Plan does not have any specific programs researched and reviewed for possible implementation at this time.

Subrogation Changes: The Plan states that it is recovering claims under subrogation on the basis of the lesser of the full lien amount or 50% of recovered damages. The Plan's assumption for the legislation is that all eligible cases under the Plan will be subrogated. NC CHIP cases have not been subject to subrogation since August 2005. Data on recovered claims provided by the Plan indicate that for the 2005-2006 fiscal year total recovered amounts equal $2,229,281 based on 516 resolved cases out of 1,576 total cases.

Authorization for New Positions: The following information within the quotation marks below was provided by the Plan as its supporting rationale for additional new positions requested:

"<u>IT Manager</u>: This position will report to the Director of Support Services and oversee the daily activities of our growing IT needs. The Plan's Information Technology Manager will be the technology officer responsible for developing IT management maturity, evaluating technology futures. The IT manager will be responsible for seeking important business and IT trends in order to facilitate organizational change to streamline business processes and improve efficiency and productivity. A key responsibility of this position will be to insure HIPAA compliance and the security of Plan data.

<u>IT Desktop Support</u>: This position will report to the IT Manager and respond to the many challenges of our IT infrastructure. The Plan's Desktop support specialist will serve multiple roles in information technology and telephony. Primarily the Desktop Specialist will be responsible for application management, network operations, and production management of the business toolset on a day- to- day basis. A key responsibility of this position is to insure proper usage of state owned hardware and software.

<u>Personnel Coordinator</u>: This position will assist the Director of Support Services in implementing and maintaining a broad and comprehensive personnel program. The Personnel Coordinator will be responsible for all records processing and maintenance, procedural and policy aspects of employee relations, recruitment, and policy administration. A key responsibility of this position is to insure personnel policies and practices are followed and address audit related concerns expressed by the State Auditors from previous examinations.

<u>Appeals Coordinator</u>: This position will report to the Director of Customer Relations and oversee the response to member inquiries. This will require the production of response letters and ensuring the timeliness of it. In addition work with the office of administrative hearings to follow contested cases resulting from appeals in grievance letter. Will assist in-house attorney or paralegal in research of material required for case. A key responsibility of this position is to insure the State Health Plan is timely responding to member appeals as required by state law.

<u>Benefits Counselor:</u> This position will interpret benefit programs administered by the Plan. The position is responsible for researching, documenting and responding to member complaints and inquires relating to prescription drug benefits, health plan benefits, case management and disease management programs; coordinates office of administrative hearings cases related to medical or pharmacy benefits and other programs as related to benefits. This position is being added to address the growing needs of the State Health Plan regarding member inquiries and timely respond to same because of the addition of three new products.

<u>Paralegal</u>: This position will report to the SHP legal counsel and support the legal area in various ways by drafting amendments, following up on requests for legal support from internal staff and provide any additional administrative needs for the Plan's in-house attorney. A key responsibility of this position is to insure deadlines are being met and the highest degree of quality in contracting and statue interpretation is being met.

<u>Population Health Management Coordinator</u>: Provide oversight and coordination of the worksite wellness component of the Integrated Health Management Unit within the State Health Plan. Requires assessment, planning and evaluation of the wellness and work related wellness needs of the entire member population. Based on current data analysis, the coordinator position uses expertise in health promotion, wellness and health care to identify the programs and resources needed to provide worksite wellness in multiple agencies and institutions across the state. The programs and resources must be integrated with all other programs within the Integrated Health Management Unit and must reinforce the care manager program and message. All planning and implementation is performed in collaboration with all IHM programs and appropriate programs

within the State Health Plan. A key responsibility of this position will be to continually identify opportunities to improve health care quality and lower the rising cost of health care expenditures for the SHP.

Population Health Management Coordinator: Provide oversight and coordination of the disease management component of the Integrated Health Management Unit within the State Health Plan. Requires assessment, planning and evaluation of the wellness and work related wellness needs of the entire member population. Based on current data analysis, the coordinator position uses expertise in disease management and health care to identify the programs and resources needed to provide oversight to the Plan's disease management vendors providing services to our members across the state. The programs and resources must be integrated with all other programs within the Integrated Health Management Unit and must reinforce the care manager program and message. All planning and implementation is performed in collaboration with all IHM programs and appropriate programs within the State Health Plan. A key responsibility of this position will be to continually identify opportunities to improve health care quality and lower the rising cost of health care expenditures for the SHP.

Director of Product Development: This position will report to the COO and will oversee the development and creation of new products required to meet the challenging needs to abate the rising cost of health care. Programs such as Consumer Directed Health Care, potential new indemnity plans along side the current offerings and exploring other cost effective alternatives to existing offerings will be a key role of this position.

Administrative Assistant: The purpose of this position is to provide administrative support to the Plan's Controller, Contract Compliance Manager, and Director of Communications.

Financial Analyst: The position will be report to the Controller and provide financial analysis on the Plan's claim experience. The position will report on trends and areas of concern as it relates to healthcare and administrative spending. The key responsibility of this position is to provide insights into opportunities to reduce health care expenditures. Currently the SHP relies solely on its actuarial contractor for most of this information. Having a person inside the Plan will help avoid costly analyses from being done by the actuary when not required by legislative authority.

Administrative Assistant: The purpose of this position is to provide administrative support to the Director of Strategic Planning and Director of Government Affairs.

Office Assistant: The purpose of this position is to provide clerical support to the Integrated Health Management Department.

New Positions	Status	Salary Grade	Salary Range	Budgeted Salary
Administrative Assistant	SPA	61	$24,101 - $37183	$30,642
Administrative Assistant	SPA	61	$24,101 - $37183	$30,642
Appeals Coordinator	SPA	67	$30,045 - $47,735	$38,890
Customer Relations Representative	SPA	68	$31204 - $49,965	$40,585
Financial Analyst	EPA	FR	$45,185 - $75,122	$50,000
IT Help Desk Support	SPA	n/a	$20,040 - $65,050	$55,375
IT Manager	EPA	FR	$54,167 - $100,500	$90,000
Office Assistant	SPA	59	$22,426 - $34,323	$28,375
Director of Product Development	EPA	FR	$75,000 - $90,000	$85,265
Paralegal	SPA	71	$35,134 - $57,152	$46,143
Personnel Coordinator	SPA	68	$31204- $49,965	$40,585
Population Health Coordinator	SPA	76	$43,157 - $71,761	$57,459
Population Health Coordinator	SPA	76	$43,157 - $71,761	$57,459
			Total	$651,420

Office space to support these positions has recently been leased by the Office of Property Management through the Council of State approval process on behalf of the SHP.

Additional supporting costs for the above positions are:

Benefits:

Social Security: 7.65% x $651,420 = $49,834 (assuming 12 months)

Retirement: 6.82% x $651,420 = $44,427 (assuming 12 months)

Health Insurance: Assume all take PPO, so $311.52 x 12 months = $3,738
$3,738 x 13 employees = $48,597 (assuming 12 months)

Space is already available and current furniture will be used. New furniture is being purchased commensurate with the current move process leaving the old furniture for the new staff positions."

Allow up to Eight Local Governments to Join the Plan: As of June 30, 2006 the counties of Bladen, Rutherford, and Washington are already in enrolled in the Plan. The consulting actuary for the Plan, Aon Consulting assumes the Executive Administrator and the Board of Trustees would only admit additional local government employers on a neutral basis. The consulting actuary for the General Assembly, Hartman and Associates, believes the cost to the Plan may be significant given that there are no criteria established or stated that the Executive Administrator or the Board of Trustees would use in determining which local government employers may join the Plan.

ASSUMPTIONS AND METHODOLOGY: The Comprehensive Major Medical Plan for Teachers and State Employees currently operates a self-insured indemnity type health benefit program serving covered employees, retired employees, eligible dependents of employees and retired employees, and eligible former employees and their eligible dependents authorized to continue coverage past a termination of employment other than for retirement or disability purposes. The benefits of the self-insured indemnity type of program are spelled out in Part 3 of

Article 3 of Chapter 135 of the North Carolina General Statutes (i.e., $350 annual deductible, 20% coinsurance up to $2,000 annually, etc. paid by the program's members).

The Plan also has statutory authorization under G.S. 135-39.5B(a) to operate optional prepaid programs of health benefit coverage. A prepaid program of coverage by health maintenance organizations (HMOs) was offered in July 1986 under this authority, as an alternative to the Plan's self-insured indemnity program, where HMOs were required to offer benefits that were comparable to those provided by the self-insured indemnity program at that time. Coverage under prepaid HMO plan alternatives ceased being offered after September 30, 2001 due to the lack of HMOs with certificates of authority to transact business in the state responding to solicitations by the Plan to offer them as alternatives.

The 2005 Session of the General Assembly modified the Plan's statutes by adding G.S. 135-39.5(b) to allow the Plan to adopt an arrangement for optional hospital and medical benefits programs other than an option prepaid program on a purchased or underwritten basis including a preferred provider option (PPO) or other type optional program. After consultation with the Committee on Employee Hospital and Medical benefits in early 2006, the Plan has elected to offer benefit alternatives under a PPO option beginning October 1, 2006.

Beginning in July 2000, firefighters, rescue squad workers, and members of the National Guard and their eligible dependents were allowed to voluntarily participate in the Plan on a fully contributory basis, provided they were ineligible for any other type of group health benefits and had been without such benefits for at least six months.

In July 2004, the North Carolina Symphony Society, Inc., a non-profit corporation, was included as an employing unit under the Plan for the purpose of providing health benefits to the Symphony Society's employees and employees' families. The Symphony Society provides health benefits for its employees and employee family members through a labor contract with the Professional Musicians Association, a local of the American Federation of Musicians. Coverage under the Plan will be on a partially contributory basis for Symphony Society employees and enrolled spouses and dependent children. The amount of contributions provided by the Symphony Society and by their employees is determined periodically in accordance with the labor contract. The Plan's Executive Administrator and Board of Trustees are required to set premium rates for Symphony Society employees and their families separate from those charged to active and retired teachers and state employees and their dependents enrolled in the Plan. Retired employees of the Symphony Society are not eligible for health benefits under the Plan since they are not members of the State Retirement Systems. The North Carolina Symphony, Inc. is authorized to be deemed an employing unit until June 30, 2006.

Also beginning in July 2004, the North Carolina county local governments of Bladen, Cherokee, Rutherford, and Washington counties, and beginning in July 2005 the local government municipality of the Town of Forest City, were authorized to become employing units under the Plan for the purpose of providing health benefits to their respective employees, retired employees, and their employee's eligible spouses and dependent children. If a local government elects to participate in the Plan, they must by legal resolution approved by the Plan elect such participation and agree to make any contributions required by the Plan. A local government must allow all of its eligible employees and their eligible spouses and dependent children to enroll in the Plan on a non-contributory, partially contributory, or fully contributory basis. All enrolled employees, retired employees, and their family members will be required to participate in disease management, case management, and all other cost containment measures implemented by the Plan. If a local government elects to enroll its retired employees, and their eligible spouses and dependent children, the election is irrevocable. Local government employers making this election to cover retired employees are also required to make additional contributions to the Local Governmental Employees' Retirement System for this purpose as do all other employers participating in the Plan that cover its retired employees. If a local government does not participate in the Local Governmental Employees' Retirement System, but has another formally established retirement plan, and elects to cover its retired employees, it is required to make premium contributions to the Plan as it may require. Local governments and their employees and retired employees will pay the same premium rates as those charged by the Plan for active and retired teachers and state employees and their dependents enrolled in the Plan. County local governments authorized to participate in the Plan may do so through June 30, 2006. Of the county local governments authorized to participate in the Plan, only the counties of Bladen, Rutherford, and Washington have chosen to do so as of December 31, 2005.

Employer-paid non-contributory premiums are only authorized for the self-insured indemnity program and the three choices to be offered under the optional preferred provider option program's coverage for teachers, state employees and retired employees. All other types of premium contributions in the indemnity program and the preferred provider option program are fully contributory, except for job-sharing public school teachers who are authorized to pay partially contributory premiums at 50% of non-contributory rates. The Plan's Executive Administrator has set the premium rates for firefighters, rescue squad workers, and members of the National Guard and their families at 20% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Similarly the Plan's Executive Administrator has set premium rates for members of the North Carolina Symphony Society, Inc. and their families at 51% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Premiums paid by employers to optional programs are limited to like amounts paid to the indemnity program with employees and retired employees paying any optional program premium amounts above the indemnity program's non-contributory rates.

The demographics of the Plan as of December 31, 2005, include:

	Self-Insured Indemnity Program	Optional Programs	Plan Total
Number of Participants			
Active Employees	300,899	-0-	300,899
Active Employee Dependents	132,737	-0-	132,737
Retired Employees	133,486	-0-	133,486
Retired Employee Dependents	19,676	-0-	19,676
Former Employees & Dependents with Continued Coverage	2,482	-0-	2,482
Firefighters, Rescue Squad Workers, National Guard			

Symphony Members & Dependents	176	-0-	176
Local Government Members & Dependents	1,308	-0-	
Total Enrollments	590,764	-0-	590,764
<u>Number of Contracts</u>			
Employee Only	354,033	-0-	354,033
Employee & Child(ren)	41,686	-0-	41,686
Employee & Family	42,632	-0-	42,632
Total Contracts	438,351	-0-	438,351
<u>Percentage of Enrollment by Age</u>			
29 & Under	25.8%	-0-%	25.8%
30-44	20.4	-0-	20.4
45-54	19.7	-0-	19.7
55-64	18.6	-0-	18.6
65 & Over	15.6	-0-	15.6
<u>Percentage of Enrollment by Sex</u>			
Male	37.5%	-0-%	37.9%
Female	62.5	-0-	62.1

<u>Assumptions for the Self-Insured Indemnity Program</u>: For the fiscal year beginning July 1, 2005, the self-insured program started its operations with a beginning cash balance of $188.1 million. Receipts for the year are estimated to be $1.879 billion from premium collections and $9.6 million from investment earnings for a total of $1.888 billion in receipts for the year. Disbursements from the self-insured program are expected to be $1.740 billion in claim payments and $77.7 million in administration and claims processing expenses for a total of $1.817 billion for the year beginning July 1, 2005. For the fiscal year beginning July 1, 2005, the self-insured indemnity program is expected to have a net operating gain of approximately $70.9 million for the year. The Plan's self-insured indemnity program is expected to have an available beginning cash balance of $259 million for the fiscal year beginning July 1, 2006. The self-insured indemnity program is assumed to be able to carry out its operations for the 2005-2007 biennium without increases in its current premium rates or a reduction in existing benefits or payments to health care providers or both.

This assumption is further predicated upon the fact that the program's cost containment strategies (hospital DRG reimbursements, discounts on hospital outpatient services, pre-admission hospital testing, pre-admission hospital inpatient certification with length-of-stay approval, hospital bill audits, case and disease management for selected medical conditions, mental health case management, coordination of benefits with other payers, Medicare benefit "carve-outs", cost reduction contracts with participating physicians and other providers, a prescription drug benefit manager with manufacturer rebates from formularies, and fraud detection) are maintained and improved where possible.

Current non-contributory premium rates are $244.48 monthly for employees whose primary payer of health benefits is Medicare and $321.14 per month for employees whose primary payer of health benefits is not Medicare. Fully contributory premium amounts for employee and child(ren) contracts are $152.16 monthly for children whose primary payer of health benefits is Medicare and $200.18 monthly for other covered children, and $364.92 month for family contracts whose dependents have Medicare as the primary payer of health benefits and $480.14 per month for other family contract dependents.

Claim cost trends are expected to increase at a rate of 11% annually. Total enrollment in the program is expected to increase less than 2% annually over the next few years. The number of enrolled active employees is expected to increase about 2.5% annually over the next few years, whereas the growth in the number of retired employees is assumed to be 5% per year. The program is expected to have a 1% decrease in the number of active employee dependents per year whereas the number of retiree dependents is expected to increase 1% per year. Investment earnings are based upon a 4.5% return on available cash balances. The self-insured indemnity program maintains a claim stabilization reserve for claim cost fluctuations equal to 7.5% of annual claim payments without reserving additional funds for incurred but unreported claims.

SOURCES OF DATA:

-Actuarial Note, Hartman & Associates, Proposed Senate Committee Substitute to House Bill 1059 – CSLN – 95(3) An Act to Make Changes to the Comprehensive Major Medical Plan, Clarify Enrollment in the PPO Optional Program, and Allow Local Governments Optional Coverage, July 20, 2006, original of which is on file in the General Assembly's Fiscal Research Division.

-Actuarial Note, Aon Consulting, House Bill 1059 (Third Version) State Health Plan Changes, July 20, 2006, original of which is on file with the Comprehensive Major Medical Plan for Teachers and State Employees and the General Assembly's Fiscal Research Division.

TECHNICAL CONSIDERATIONS: None
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