



OAPFF HEALTHCARE TASK FORCE REPORT

David Montgomery

5th DVP, Committee Co-Chair

Thomas A. Rave

Retiree VP, Committee Co-Chair

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Taskforce Summary

David Montgomery, OAPFF 5th DVP and Tom Rave, OAPFF Retiree VP
Taskforce co-chairmen

In December of 2018, Ohio Association of Professional Fire Fighters (OAPFF) President Mike Taylor established a Health Care Task Force for the express purpose of searching and exploring any and all possible solutions to the Ohio Police & Fire Pension Fund (OP-F) healthcare crisis. As co-chairs, our objective was to direct the committee in this endeavor. The following is a summary of the committee's findings and recommendations.

Because of the urgent nature of the crisis confronting our retirees, the committee was committed to work within a very limited timeframe, which meant from the onset that we were extremely aggressive with our approach to problem solving. The first order of business was to select task force members, and while including everyone who wanted to participate proved challenging, we were able to accommodate the more than thirty people who expressed a desire to help by dividing the entirety of the group into subcommittees. Our diverse group, made up of both retired and active-duty firefighters, was multitalented, experienced, and included people who were intimately familiar with the insurance industry. We settled on three subcommittees -- Alternative solutions, Stipend, and Legislative - - with the collective mandate to search for any attainable health insurance alternative to the existing state of affairs prior to July 1, 2019.

The committee determined that we had three basic areas of concern: identification of potential alternatives to the Aon model, prospects for the extension of the healthcare stabilization fund, and legislative options regarding the viability of the healthcare trust and the pension fund in general. Our basic premise was to divide and conquer, so we split into our assigned subcommittees and the discussions began.

To identify alternate products and companies with which to partner, it was first necessary to have a complete understanding of the issues surrounding Aon. After researching the insurance offerings available to the retirees, and after talking with many of those who are actually acquiring their insurance within the Aon system, it became painfully apparent that these people are caught in what amounts to a black hole of poor customer service. The pitch from OP-F prior to January's transition was that Aon was selected because it was the one company that could manage all facets of our unique and multidimensional changeover; one that took us from a self-insured entity to employing a brokered reimbursement system for our retiree's medical insurance purchases. What Aon promised, and what it actually delivered are two entirely different things. OP-F states that Aon

committed to numerous plan choices with multiple levels of care and physician options for the pre-65 group, but what the company ultimately delivered was a fraction of what it pledged. From day one, OP-F retirees, both pre-65 and post-65, were met with what was unanimously defined as incompetent customer service. In order to become eligible for stipend reimbursement, retirees had to establish online accounts within Aon's website, and while this sounds easy enough in 2019 America, it proved to be too difficult a task for Aon's information technology department. Months went by as retirees were unable to set up their own accounts, and telephone calls to Aon requesting assistance went unreturned.

Once online accounts were finally established with Aon, the reality of what was to come was disappointing to state it politely. The promises of 'multiple plans' and 'numerous physician and facility choices' were nowhere to be found. Retirees found but two providers for their major medical needs, Oscar and Med Mutual, and while these insurers offered multiple pricing tiers, all of them included the same exorbitant out of pocket maximum (\$7900.00), excessively restrictive HMO offerings, wholly inadequate prescription plans, and an inability to offer coverage outside of Ohio's borders. So, after paying into a system for decades while risking their lives serving communities across Ohio on a daily basis, these retired fire fighters and police officers were sold a bill of goods by a European-based, international insurance broker and in addition to that, OP-F offered very little assistance and very few answers.

Anyone reading this who has ever been caught in a customer service nightmare while desperately trying to resolve an issue can certainly empathize with the retirees. The difference, however, between incapable customer service with your internet provider, as an example, versus the unskilled client services offered by Aon is that the former results in a short-term unresolved internet issue while the latter results in retired Americans being unable to obtain meaningful, worthwhile healthcare, or to be reimbursed for the thoroughly inadequate health insurance they've been forced to purchase... and literally we do mean 'forced to purchase,' because choosing to go outside of Aon for your major medical healthcare needs meant to forgo your stipend.

After listening to countless stories told by the very people who were being mistreated by the company who misled the pension board, to phrase it as diplomatically as possible, it became all too apparent to the committee that this issue was infinitely more complex than some were led to believe. This was far more involved than a few grumbling retirees being inconvenienced by change. This was flat-out wrong.

The details of our findings and solutions will be included in the three subcommittee documents found in this report starting on page 5 and continuing through page 10, however we would like to take some time to synopsize those findings here.

- ◆ The only viable solution is to return to self-funded model. (the specifics of this model will be defined later in this document) The task force, within a period of six months, has identified and recruited four of America's largest major medical insurance companies to compete for our healthcare business. UHC, Med Mutual, Aetna, and Anthem have all committed to participating in an open RFP process. These four companies have committed to building a major medical self-insurance product for our retirees that includes multiple plan options and a national provider network for those not yet Medicare eligible.

- ◆ While three of the four aforementioned insurers (UHC already possess this data) have expressed confidence in being able to build the product our retirees deserve in order to provide the most accurate product pricing, they have requested that the committee gather claims data from OP-F so that the actuaries can offer us definitive costs. As a result, the task force has made multiple official requests to OP-F for the data being asked for by the insurers, and each time that official request has been met with the same response... no. OP-F, for reasons unknown or not made clear, refuses to provide the necessary data to the task force, and by extension to the insurers. This is an ongoing issue, and one that will be updated as information becomes available.

- ◆ In addition to requesting claims data, the committee also has made multiple official requests for the contract OP-F entered into with Aon, and while those requests were met with the same lack of cooperation we encountered with regard to the claims data request referenced above, OP-F, after much prodding, finally relented and provided the OAPFF President Mike Taylor with a copy of the contract... one that is so heavily redacted that making heads or tails out of it would be impossible for even experienced legal counsel. As with the claims data, this is an ongoing battle, and one that will be updated as information becomes available.

- ◆ The task force has identified supplemental insurance providers, Aflac being one, that want to provide immediate relief to the retirees so that they can at least travel this summer with some peace of mind. The products offered will cover accidents, injuries, and illness in emergency situations, and they will do so at a fair price. This insurance product is not the solution, but it will go a long way in protecting the hard-earned savings of our pre-65 retirees.

In this summary we have provided the reader with some details specific to immediate and near-term solution recommendations by the committee relative to the healthcare crisis. In addition, the documents that follow contain recommendations from the three Health Care Task Force sub-committees. We have also been informed that the four insurance providers referenced above will eagerly respond to an open RFP process, and that the company selected to serve the healthcare needs of our retiree population will be able to provide and administer a comprehensive insurance product. We would also like to point out that all of the dollars in the general fund, stabilization fund as well as all assets and holdings of the OP-F, belong to the members that contributed into the fund. These dollars do not belong to the taxpayers of Ohio, the pension board or the staff, they belong to the members! These are the members' wages set aside for the members' retirement.

In closing, we would like to thank all the committee members who gave their time, energy, and attention to this task force.

Fraternally,

A handwritten signature in black ink that reads "David Montgomery". The signature is written in a cursive, slightly slanted style.

David Montgomery
OAPFF 5th DVP, Taskforce Co-Chairman

A handwritten signature in black ink that reads "Thomas A. Rave". The signature is written in a cursive, slightly slanted style.

Thomas A. Rave
OAPFF Retiree VP, Taskforce Co-Chairman

The Taskforce Sub-Committee Objectives

Alternative Sub-Committee:

1. Determine if alternatives to the current process of using AON as a broker to provide healthcare option could be improved. This includes both the pre-65 (gappers) and post-65 retirees. This should include recommendations for both long term as well as short term.
2. Investigate if there are other long term alternatives available to improve the accessibility and affordability of a comprehensive healthcare benefit for both pre-65 and post-65 retirees.
3. Explore and develop optional indemnity products to supplement retiree health coverage.

Stipend Sub-Committee:

1. To explore and investigate any and all possibilities to extend the life of the Healthcare Stabilization Fund with or without additional funding.

Legislative Sub-Committee

1. To determine what if any legislation should be pursued by the OP&F as well as the OAPFF that would insure the long term viability of the Healthcare Stabilization Fund as well as the General Fund.

ALTERNATIVE PLANS/OPTIONS SUBCOMMITTEE

Findings:

◆ The Aon healthcare transition was rife with errors. The insurance broker selected by OP&F to oversee the healthcare conversion for retirees failed at nearly every turn. The frustration of Aon failing to provide guidance, recommendations, direction, or to even answer the telephone when called, was felt by our retiree population at large, but the pre-Medicare group, i.e., the "gappers," was impacted to a shameful degree. Aon proved itself wholly incapable of providing our retirees with meaningful healthcare choices, instead saddling the gappers with what amounts to catastrophic insurance from two Affordable Care Act (ACA) providers (Oscar and Med Mutual). This "insurance" is insurance in name only, as it is exceedingly restrictive with regard to preventative care and in-network physician choices, has extremely limited and expensive prescription options, and carries a \$7,900.00 out of pocket maximum. In order to reach this level of inadequacy, Aon had to create its own private healthcare exchange; one that did not include all available ACA plans, and one that left some retirees, depending on the county in which they live, with no available options for health insurance.

◆ Working within Aon's web became more exasperating by the day. Having only two providers that offer HMO exclusive plans meant that the vast majority of retirees lost the ability to see physicians with whom they had spent decades building relationships, or the freedom to go to their hospital of choice. Retirees who were receiving treatment at The James, as an example, were left to find another health provider to treat their cancer. Retirees who still had children living at home were left without the option of taking that child to Nationwide Children's Hospital for treatment. Retirees who had hoped to travel were left without the ability to do so with peace of mind, because leaving Ohio's borders also meant leaving behind the HMO, network specific, overtly restrictive health insurance that Aon provides. All of this, in addition to customer service which can only be defined as incompetent, resulted in retirees feeling frustrated, afraid, isolated, and angry. Taking all of this into consideration, it is the committee's opinion that OP&F was derelict in its obligation to thoroughly vet its broker of choice, Aon, and in its inability to assist the retirees in navigating the transition process.

Recommendations:

- ◆ Near-term solutions. It has been determined that there is but one near-term solution to this enormous problem and that is to return to a self-funded model as soon as possible, at least in part. Currently, the stipend model allows the pension board to predict the life of the Healthcare

Stabilization Fund because it controls the dollars flowing out of the fund therefore allowing the pension board to both budget and predict the longevity of the fund. The committees' proposal is that the stipend program be maintained for the post-65 group while returning to a self-funded model for the pre-65's (gappers). This model will allow our gappers the ability to purchase quality comprehensive healthcare coverage and access into a national network which they so desperately need. If the pension board were to allocate the same dollar amount for a self-funded model as they are currently spending on the stipend program, the expenditures would be exactly the same. Provided no additional funding can be secured, the fund would be depleted within the same predicted timeframe. Any annual healthcare costs over the allotted amount would be shared by the participants and reflected in the following years' premiums. The self-funded model should include several plan options with varying levels of deductibles and co-insurance, increased stop-loss insurance and annual adjustments reflective of cost. Any and all cost containment measures should be explored that will limit the raising cost while maintaining the appropriate level of coverage. These recommendations should be made by a Healthcare Cost Containment Committee as defined later in this document. The taskforce committee's proposal is to solicit the business of a major health insurer, not a broker, for the purpose of providing a self-funded group health plan with multiple plan levels and a national provider network for the gappers, and Medicare supplement plans, multiple group Medicare Advantage Plans (MAPDs), and prescription drug plans (PDPs) for Medicare eligible retirees. After extensive research and significant amounts of time spent networking and brokering relationships, the committee has identified four leading insurance providers (UHC, Med Mutual, Aetna, and Anthem) who have expressed definitive interest in expeditiously building this product for us. The committee has been advised that an affordable group plan for Ohio's police and fire retirees absolutely can be built, that it can be built quickly and efficiently, and that any of the four major players cited in this document are ready to compete for our business. With that, the committee strongly recommends requests for proposals (RFPs) be sent out at once to the providers referenced above as well as any other insurance company willing to submit a bid, and that one of the insurers be selected for 2020. It is also the committee's recommendation that the business relationship between OP&F and Aon be terminated prior to the contractual deadline for separation.

- ◆ Near-term solutions. To create a Health Care Cost Containment Committee: This new committee shall be comprised of members of the OP&F, OAPFF, FOP and the OPBA. The number of members will be

determined by the leadership of the respective organizations and will meet on a regular basis.

The purpose of the Committee is as follows:

- a. Advise and consult the pension board on insurance plan design, premium rates, stop loss and service delivery issues as well as any cost containment ideas.
- b. Improve the communication between the OP&F and its members.
- c. Give a voice to the leadership of the OAPFF, FOP and the OPBA on issues of healthcare and costs that directly affect the membership.
- d. Enhance cooperation between the vested parties and provide a mechanism to more fully vet and understand the consequences of changes affecting retiree healthcare. (note: if implemented this committee might have allowed us to avoid the untenable situation currently affecting the pre-65 retirees.)

◆ Long-term solutions. Committee recommendations include the creation of a statewide VEBA (Voluntary Employees Beneficiary Association). A VEBA is essentially a trust fund permitted under federal tax legislation that allows for the employees of a particular entity to pool funds for the express purpose of subsidizing an expense such as health insurance costs/premiums in retirement.

◆ Immediate solutions. The committee has identified providers, Aflac, as an example, that will offer economical supplemental policies such as critical care and accident insurance for the purposes of augmenting the limited offerings currently available through Aon. Moving forward with one of these companies will allow gappers the ability to travel this summer with peace of mind and will help pay out-of-pocket expenses that Oscar and Med Mutual refuse to cover. Finally, the committee recommends that OP&F remove the obligation for all retirees to purchase health insurance through Aon in order to qualify for stipend reimbursement.

STIPEND SUBCOMMITTEE

Findings and Recommendations:

- ◆ As a point of fact, the Ohio Police and Fire Pension Fund (OP&F) is mandated by the state of Ohio to provide reimbursement to all Medicare eligible fund retirees specific to the cost of Medicare Part B. (ORC 742.45 B) Currently, the pension fund reconciles its state-mandated obligation to provide Medicare Part B reimbursement by taking money directly out of the healthcare stabilization fund (HSF) resulting in a twenty million dollar annual expense. The committee's position is that syphoning monies from the HSF is not in accordance with the statute, that raiding a finite fund to the tune of one hundred million dollars every five years is in direct contradiction to good stewardship, that these reimbursements should be taken directly from the general fund, and that this must be accomplished without delay.
- ◆ As has been the case since 1986, fire and police employers have been contributing nineteen- and one-half percent (19.5%) into the pension fund for police officers, while paying twenty-four percent (24%) into the fund for firefighters, and the result creates an unbalanced system. The committee's recommendation here is twofold: lobby to bring forth legislation that all fire and police employers contribute equal amounts for both fire and police and increase this equitable contribution to twenty-six percent (26%). The proposed increase could be implemented incrementally over an agreed upon period of time. The reality is that the fire and police employers across the state have not been required to augment their contribution obligation for 33 years, and this must be addressed as soon as possible. The committee's recommendation is that a portion of these additional funds be earmarked for the stabilization fund.
- ◆ As most reading this document are aware, OP&F is currently involved in litigation with its own members specific to the legality of the Aon healthcare transition, and the perceived absence of due diligence displayed by the pension board, OP&F administrators, and OP&F legal counsel in precipitating this change. While the committee's function is not to opine with regard to this lawsuit, we do find it disconcerting that OP&F has chosen to fund its legal defense directly out of the HSF. In short, the OP&F is paying to defend itself in the lawsuit brought by its members by using monies earmarked for the stabilization of the healthcare trust. It is the committee's opinion that this lawsuit is not directly related to healthcare but rather the actions and duty of the board. Therefore, these dollars should be taken from the general fund. If the committee's goal, at least in part, is to identify ways by which the healthcare fund can be extended beyond its current twelve year projection, then OP&F funneling money from that very fund to defend itself in a lawsuit would be in direct conflict with the stated goal. With that, it is the committee's recommendation that this be addressed immediately.

LEGISLATIVE COMMITTEE

Findings and Recommendations:

- ◆ Moving forward, the committee recommends that the pension board organize meetings consisting of legislative teams representing OP&F, OAPFF, FOP, and OPBA (Patrolmen's Association). While all of the aforementioned organizations have lobbyists, there are currently no regular meetings being held, or structure within which to operate. Although fire and police will differ at times with regard to strategy or legislative philosophies, it is critical in moving forward that we collaborate if we are to be successful legislatively.
- ◆ Medicare at 55 is a topic which has been passionately debated for quite a while now, and while it would be ideal for fire and police to have the ability to buy into or be eligible for Medicare at age 55, the probability that it comes to fruition is still in question. Having said that, it should be noted that Senator Sherrod Brown is advocating for Medicare at 55 along with other lawmakers. Still, it's a long row to hoe, and the obstacles, red tape, and bureaucracy are ubiquitous.
- ◆ State legislators passed a bill last session allowing line-of-duty survivors to buy health care through the state employees' insurance program. In stating the obvious, it was clearly the right thing to do and we commend the legislators at the statehouse for doing it. The question as it relates to this committee, however, is, if legislators are allowing surviving spouses to buy into the program, then why not the pre-65s? Note: if a major medical provider can be secured this legislation will not be necessary.
- ◆ As has been the case since 1986, fire and police employers have been contributing nineteen- and one-half percent (19.5%) into the pension fund for police officers, while paying twenty-four percent (24%) into the fund for firefighters, and the result creates an unbalanced system. The committee's recommendation here is twofold: lobby to bring forth legislation that all fire and police employers contribute equal amounts for both police and increase this equitable contribution to twenty-six percent (26%). The proposed increase could be implemented incrementally over an agreed upon period of time. The reality is that the fire and police employers across the state have not been required to augment their contribution obligation for 33 years, and this must be addressed as soon as possible. The committee's recommendation is that we lobby for this legislation and if passed a portion of these additional funds be earmarked for the stabilization fund.
- ◆ The final topic for discussion in this subcommittee document is specific to reference-based pricing. In short, Medicare sets a price on almost every

medical procedure imaginable, and while these fees are established regionally, the difference in cost on a national level is negligible. Essentially, the federal government instituted a cap on what it is willing to pay for medical procedures, which has resulted in a cost-controlled insurance industry for everyone over 65. The committee's position with regard to this cost strategy would be to request that the pension board lobby lawmakers to adopt Medicare language establishing a capped rate on medical procedures at no more than two hundred percent (200%) for all first responders in Ohio. It's important to note at this point that all medical providers are making a profit when treating capped-rate Medicare patients, and if they weren't then they would stop treating them. There is a caveat, however, and it's significant. If this capped-rate strategy is to work, the providers simply cannot participate in balance billing, which is essentially nothing more than extra billing as the providers are charging the patient the difference between what the patient's insurer pays and what the provider charges.

1967

- OP&F was formed

1974

- OP&F started offering healthcare to members at no cost

1977

- Fund pay Medicare Part B

1986

- Subsidy level change for members
- Retirement changed to 25/48
- Employer contributions frozen at 19.5% for Police and 24% for Fire

1992

- HCSF was created with an initial allocation of \$150 million and 6.5% of the employer contribution
- Member healthcare premiums started in July (cost?)

1994

- Monthly premium for member and spouse, non-Medicare, \$50.00

1996

- OP&F started offering vision and dental plans in March (cost?)

1997

- Monthly premium for member and spouse, non-Medicare, changed:
 - January \$50.00
 - February \$128.98
 - March \$100.00
 - July \$50.00

1999

- Employer Contribution to HCSF changed:
 - 7% for Police
 - 6.5% for Fire

2000

- Employer Contribution to HCSF changed:
 - 7.5% for Police
 - 7% for Fire

2001

- Employer Contribution to HCSF changed:
 - 7.5% for Police and Fire
- Monthly premium for member and spouse, non-Medicare changed:
 - January through June \$50.00
 - July through December \$35.39

2002

- Monthly premium for member and spouse, non-Medicare changed to \$82.40

2004

- Major changes to healthcare plans, including multiple PPO and HMO plans
- Started separate rates for medical and prescription drug
- Major cost increase (approx \$260)

2007

- HCSF Employer contribution rate reduced to 6.5%
- Premium for member and spouse increased to \$638

2008

- United Health Care - one plan, one provider
- Premium for member and spouse increased to \$671.23

2009

- Premium for member and spouse increased to \$714.85

2011

- Premium for member and spouse increased to \$740.10
- First year for members who completed 8 years of DROP

2012

- Premium for member and spouse increased to \$770.54

2013

- January Employer contribution to HCSF reduced from 6.75% to 4.69%
- June Employer contribution to HCSF reduced from 4.69% to 2.85%
- Premium for member and spouse increased to \$801.54

2014

- Employer contribution to HCSF reduced to 0.5%
- Premium for member and spouse increased to \$875.93

2015

- Premium for member and spouse increased to \$902.49

2016

- Premium for member and spouse increased to \$923.42

2017

- Premium for member and spouse increased to \$959.96

Health Care Stabilization Fund

YEAR	EMPLOYER CONTRIBUTION	MEMBER PREMIUM	TOTAL EMPLOYER & MEMBER	HEALTH CARE COST	EFFECT ON HCSF	YEAR END BALANCE	YEAR TO YEAR CHANGE
1997	75,277,682	5,251,898	80,529,580	76,459,832	4,069,748	249,421,643	22,648,103
1998	79,553,768	5,331,515	84,885,283	83,928,305	956,978	271,995,961	22,574,318
1999	91,109,660	5,518,098	96,627,758	100,522,731	-3,894,973	288,010,793	16,014,832
2000	101,205,133	5,657,431	106,862,564	111,817,485	-4,954,921	276,732,806	-11,277,987
2001	109,036,669	6,874,699	115,911,368	129,173,470	-13,262,102	250,585,001	-26,147,805
2002	118,459,642	12,623,875	131,083,517	153,651,881	-22,568,364	205,486,013	-45,098,988
2003	120,601,889	17,207,506	137,809,395	168,060,654	-30,251,259	231,061,935	25,575,922
2004	125,183,522	55,665,341	180,848,863	157,839,137	23,009,726	293,574,208	62,512,273
2005	128,183,051	55,271,881	183,454,932	163,311,330	20,143,602	343,040,038	49,465,830
2006	138,940,502	58,532,848	197,473,350	178,906,570	18,566,780	436,598,107	93,558,069
2007	121,721,828	56,031,875	177,753,703	149,237,194	28,516,509	526,998,849	90,400,742
2008	129,544,343	56,948,977	186,493,320	153,421,375	33,071,945	438,658,131	-88,340,718
2009	126,649,859	59,148,831	185,798,690	168,744,032	17,054,658	573,399,154	134,741,023
2010	128,774,894	58,923,329	187,698,223	159,913,915	27,784,308	717,729,941	144,330,787
2011	129,297,720	62,528,377	191,826,097	176,340,482	15,485,615	780,141,630	62,411,689
2012	130,285,935	65,066,253	195,352,188	187,445,986	7,906,202	935,605,451	155,463,821
2013	68,720,879	66,564,696	135,285,575	191,335,860	-56,050,285	1,053,534,069	117,928,618
2014	9,895,274	69,965,747	79,861,021	199,594,201	-119,733,180	1,031,941,202	-21,592,867
2015	10,211,723	71,187,555	81,399,278	213,235,336	-131,836,058	929,362,382	-102,578,820
2016	10,708,739	73,161,967	83,870,706	223,535,753	-139,665,047	901,653,715	-27,708,667
2017	10,871,453	74,450,733	85,322,186	193,595,036	-108,272,850	929,362,382	27,708,667
2018	11,337,852	73,156,768	84,494,620	217,862,957	-133,368,337	901,653,715	-27,708,667

NOTES:

January 1, 2007 - Employer contribution to HCSF reduced from 7.75% to 6.75%

January 1, 2013 - Employer contribution to HCSF reduced from 6.75% to 4.69%

June 1, 2013 - Employer contribution to HCSF reduced from 4.69% to 2.85%

January 1, 2014 - Employer contribution to HCSF reduced from 2.85% to 0.50%

March 2019 - HCSF Balance \$839,432,652

Health Care Committee Meeting

March 6, 2019

Columbus Local 67 Union Hall

Meeting opened by Vice President Montgomery

Welcoming and remarks by Columbus Local 67 President Mark Seemer

Vice President Montgomery gave general overview of mission and goals of the committee

Retired Vice President Rave was excused due to personal reasons but gave his notes to Vice President Montgomery

President Mike Taylor addressed the committee.

Announced letter sent to OP&F requesting an opt out of AON by July 1, 2019

OAPFF will be working with the FOP on the health care issue.

Addressed the many issues with current health care for retirees and possible solutions

Vice President Montgomery spoke

Giving an overview of Local 67' attempt to create a health care consortium

Announced that the committee is large and will be broken down in to small focus work groups

Various presentations from health care providers and various OAPFF and IAFF members concerning proposals and options(Aetna/IAFF will be one of the presentations.

Vice President Montgomery outlined the major issues

Medicare group

Pre-Medicare group(gappers)

Stipend concerns

Vice President Montgomery spoke on possible solutions to the fix the healthcare issues

1. Legislation(Increasing or equalizing the employer contribution
- 2.Drop increase to 10 years maximum (FOP endorsed)

3. Medicare buy in at 55 for safety forces

4. Combining healthcare for all 5 public pension funds in Ohio

Discussion followed concerning long term versus short term goals of the committee.

Secretary Treasurer Bill Quinn addressed the committee

The next meeting is scheduled for March 19, 2019 at Local 67 at 10 AM

Members attending:

OAPFF:

President Mike Taylor

Secretary Treasurer Bill Quinn

5th District Vice President Dave Montgomery

3rd District Vice President Cory Wilson

Trustee Jeff Younkins

Director of Communications Mark Hill

Steve Stein Columbus Local 67, Tom Rink Bazetta Local 3703

Jan Naso Cuyahoga Falls L-494, Howard Prager Barberton L-329

Richard Fosnaugh Lancaster L-291(Retired).

Andrew Rigsbee Springfield L333, Keith Pedergast(Columbus L-67

Chris Inskeep Lima L-334, Bobby Glorioso(Cleveland L-93,

Keith DeVault New Philadelphia L-1501,

Steve Teolis, Canton L-249, Joe Walter, Toledo L-92

Chuck Huddelston, Shakers Heights L-516

Jeff McDaniel Euclid L-337, Brad Nickels, Dayton L-136

John Lassiter Akron L-330, Greg Gearhard, Akron L-330

Logan Mathews Xenia L-698, James Nix Solon L-2079,

Frank Szabo Cleveland L-93, Brett Bowen Violet L-3558

OAPFF HEALTHCARE TASKFORCE MINUTES

March 19, 2019

Columbus Local 67 Union Hall

Meet opened by Vice President Montgomery

Minutes were presented from last meeting

Vice President Montgomery presented the goals and objectives of today's meeting including breaking the Task Force into Sub committees

Advised that Brett Bowen would discuss Aflac as secondary product coverage

President Taylor received letter from OP&F in response to his letter form March 18,2019. The letter was distributed to the Task Force members.

Discussion of letter followed.

Vice President Rave discussed the logistics of Aon being cancelled. (timelines and process for RFP's)

Task force discussed minimum standards for the RFP's

President Taylor, Secretary Treasurer Quinn and OP&F Trustee Dan Desmond spoke with Aetna

Vice President Montgomery addressed the need to define the problem

Discussed considering national private insurances carriers compared to insurance brokers.

Vice President Montgomery discussed the formation of heath care consortiums.

Task force discussed starting RFP process now

Vice President Rave attended IAFF Legislative Conference and discussed status of Medicare at 55 for safety forces

Joe Walter gave history of health care provided through OP&F

Possibility of adding gappers to the VA insurance-discussion followed

Brett Bowen discussed the option of Aflac providing group coverage and logistics of OAPFF being the sanctioning body. It would include the gappers. – Discussion followed

Discussed Health care companies versus insurance brokers

Vice President Montgomery divided the Task Force into 3 sub-committees

1-Aon minimum standards, Broker compared to Providers-Brad Nickles, Chair

2.Products to Buy -Jan Naso, Chair

3. Distributoin of Stipends-Frank Szabo, Chair

4. Legislative solutions- Vice President Rave, Chair

Committees met separately

The entire Task Force reconvened.

Sub-committees will continue work on assigned areas and give report at next meeting

Discussion for Procedure for release of committee progress

Next meeting set for April 17, 2019

Members attending:

President Taylor

5th District Vice President Dave Montgomery

Metro Vice President Frank Szabo

OAPFF Trustee Jeff Younkins

Andres Rigsbee, Springfield Local 333, Jan Naso, Cuyahoga Falls Local 494

Howard Prager, Barberton Local 329, Steve Teolis, Canton Local 249

John Lassiter, Akron Local 330(retired), Jeff McDaniel, Euclid Local 337

Christian Inskeep, Lima Local 334, Joe Walter, Toledo Local 92(retired)

Jim Nix, Solon Local 2079, Keith DeVault, New Philadelphia Local 1501

Tom Rink, Bazetta Local 370, Chuck Huddleston, Shaker Heights Local 516

Greg Gearhart, Akron Local 330, Brad Nickles Dayton Local 136(retired)

Steve Stein, Columbus Local 67, Brett Bowen, Violet Local 3558

Bobby Glorioso, Cleveland Local 93

OAPFF HEALTHCARE TASKFORCE MINUTES

April 17, 2019

Columbus Local 67 Union Hall

Meeting opened by Vice President Montgomery

President Taylor addressed the taskforce giving latest updates:

- 1- OAPFF procedure for Endorsements of OP-F Trustees
- 2- Re-submitted request for information from the OP-F (no response form first request.)

Vice President Rave passed out partial report of Legislative Sub-committee

Director of Governmental Affairs Jim Carney spoke on possible Legislative options

Taskforce broke in the Sub-Committees

Meet reconvened

Jim Tate from IAFF spoke on National issues concerning health care including Referenced based pricing

Group broke for lunch

Meeting reconvened

Reports of Sub-Committees

Alternate Plan(Jan Naso -Chair) -contacted other Health insurance providers- need claims data. Also contacted other Ohio public pension funds concerning their retiree health care

Stipend(Frank Szabo-Chair) Sub-Committee-presented partial written report. Also needs data from OP-F

Legislative(Tom Rave, Dave Montgomery Co-Chairs) Sub-Committee- Legislative remedies

Aflac gave presentation

Next meeting May 6th 2019

Members attending:

President Michael Taylor

5th District Vice President Dave Montgomery

Retiree Vice-President Tom Rave

Director of Governmental affairs Jim Carney

OAPFF TRUSTEE Jeff Younkins

Howard Prager, Barberton Local 329, John Lassiter, Akron Local 3309(Ret),

Richard Fasnaugh, Lancaster Local 291(Ret), Jan Naso, Cuyahoga Falls Local 494

Jim Nix, Solon Local 2079, Jeff McDaniel, Euclid Local 332

Keith DeVault, New Philadelphia Local 1501, Tom Barnhill, West Licking Local 3025

Logan Mathews, Xenia Local 698, Dave Martin, Miami Valley Local 1832

Chuck Huddleston, Shaker Heights Local 516, Greg Gearhart, Akron Local 330

Robert Glosioso, Cleveland Local 93, Tom Rink, Bazetta Local 3703

Andrew Riggsbee, Springfield Local 333, Brad Nickels, Dayton Local 139(Ret)

Christian Inskeep, Lima Local 334(Ret), Brett Bowen, Violet Local 3598

OAPFF HEALTHCARE TASK FORCE MINUTES

May 6, 2019

Local 67 Union Hall, Columbus, Ohio

Meeting opened by Vice President Montgomery

-Vice President Montgomery attended Health Care Convention in Las Vegas.

Anthem (Mike Holt) gave presentation to the group.

- Anthem needs data for formulating group plan
- Discussion and questions followed

TLC Insurance Group (Craig Villwock, Kris Wildman) gave presentation to the group.

- Needs data for formulating a group plan
- Discussion and questions followed

Next meeting scheduled for May 28th at 1000.

Members attending:

5th District Vice President Dave Montgomery

Retiree Vice President Tom Rave

OAPFF Trustee Jeff Younkins

Keith DeVault, New Philadelphia Local 1501, Jeff McDaniel, Euclid Local 337

Richard Fosnaugh, Lancaster Local 291(Ret) Charles Huddleston, Shaker Heights Local 516

John Lassiter, Akron Local 330(Ret), Tom Barnhill, West Licking Local 3025

Bobby Glorioso, Cleveland Local 93, Brad Nickels, Dayton Local 136(Ret)

Tom Rink, Bazetta Local 3703, Andrew Rigsbee, Springfield Local 337

Dave Martin, Miami Valley Local1832

OAPFF HEALTHCARE TASK FORCE

May 28, 2019

Local 67 Union Hall, Columbus, Ohio

Meeting opened by Vice President Montgomery

Introduced the Gallagher Group (Chicago) to give presentation

The Gallagher Group gave its presentation for both long term and short-term options

Lengthy discussion, questions and answers followed

- Need Data to formulate accurate plan.

Group broke for lunch.

Vice President Montgomery reopened meeting

- Discussed the content and format for the final Task Force report.
- Subcommittees are to create draft of their final report.
- Final meeting is scheduled for June 13th, 2019

Broke into sub-committees

Members attending:

5th District Vice President Dave Montgomery

Retiree Vice President Tom Rave

OAPFF TRUSTEE Jeff Younkins

Jeff McDaniel, Euclid Local 337, Richard Fosnaugh, Lancaster Local 291(Retired)

Chuck Huddleston, Shaker Heights Local 516, Keith DeVault, New Philadelphia Local 1501

John Lassiter, Akron Local 330(Retired), Tom Rink, Bazetta Local 3703

Andrew Rigsbee, Springfield Local 337, Brad Nickels, Dayton Local 136(Retired)

Jan Naso, Cuyahoga Falls, Local 494, Brett Bowen, Local 3558

OAPFF HEALTHCARE TASKFORCE MINUTES

June 13, 2019

Columbus Local 67 Union Hall

Meeting opened by Vice President Montgomery

Newly elected OP-F Trustee Marco Miller was introduced and made brief remarks.

Introduced TLC Health group (Craig Villwock) and staff from United health Care who gave presentation- discussion and questions followed

Taskforce broke for lunch

Vice President Montgomery reopened meeting

Draft of final report was distributed

Taskforce members given time to review

Discussion followed- the Final report was amended as needed and then approved with the amendments

Vice President Montgomery will e-mail final copy to all members

Vice President Montgomery thanked all the members for all the hard work and time spent on the Taskforce

Members attending:

President Michael Taylor

Secretary-Treasurer William Quinn

Retiree Vice-President Tom Rave

Metro Vice-President Frank Szabo

Director of Government affairs Jim Carney

Director of Communications Mark Hill

OAPFF Trustee Jeff Younkins

Chuck Huddleston, Shaker Heights Local 516, Jeff McDaniel, Euclid Local 337

Jan Naso, Cuyahoga Falls Local 494(Retired), Andrew Rigsbee, Springfield Local 333

Keith DeVault, New Philadelphia Local 1501, Richard Fosnaugh, Lancaster Local 291(Retired)

Christian Inskeep, Lima Local 334, Howard Prager, Barberton Local 329(Retired)

John Lassiter, Akron 330(Retired), Brett Bowen, Violet Local 3558

Tom Rink, Bazetta Local 3703, Steve Stein, Columbus Local 67