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Loudoun County Public Schools, Special Committee of the Board on Retiree Health Benefits, Thursday, September 4, 2025

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Place LCPS Administration Building / School Board Room, Ashburn, Virginia
Length 1h 29m (video)

- Official meeting video (Vimeo / LCPS-TV): <https://player.vimeo.com/video/1116117682?rel=0>

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Speech-to-text: whisper.cpp, model large-v3-turbo. Produced 2026-10-13. Each paragraph starts with its time [HH:MM:SS] in the meeting video.

[00:00:01] good morning I call to order the September 4th 2025 select committee on retiree health benefits I'm just reminding everyone that this committee is audio recorded and should be available on board docs good morning everyone thank you for being here I'll go ahead and say this that I said I would say on every time to ensure we're on the same page the special committee will receive information regarding LCPS as retiree health benefits including key historical background and evolution of related policies and an overview of current practices committee members are encouraged to ask questions and engage

[00:00:41] in discussion focused on past and present aspects of the program please know discussions with discussions related to future of retiree health benefits such as proposed plan changes premium structures or other potential modifications are outside the scope of this committee as such discussions related to future benefits would need to be addressed through the collective process if such discussion arises I'll redirect the conversation to remain with the intended focus on historical and current information we will move on to

[00:01:15] public comment looks like we have two public comments if you've signed up to speak please come forward when I call your name from the signup list please note that speakers shall limit their

remarks to the topics of retiree health benefits when you come forward please state your name and limit your comments to three minutes we look forward to hearing your comments and let's see the

[00:01:46] first person is miss Celeste Laskowski okay my name is Celeste Laskowski I live out in Lovitzville and I've been retired now for like eight years first I want to

[00:02:24] ask everybody when you do speak make sure your microphone is like this so that I can hear you since I do wear hearing aids and have for 30 years oh and I want to thank you for doing this instead of blocking it off here so I can hear better okay after the last meeting I came away thinking that there is a financial mess not of your making it really kind of scared me as a taxpayer and somebody who really watches their finances i now see that that proposed rhra plan was a cost

[00:03:01] saving idea while still honoring the policy of health benefits for retirees i would ask that the rhra plan be offered as a choice to the current recipients of the medicare advantage plan in order In order to do that, there's one caveat: a credible letter or disenrollment form showing the employee leaving the employer-sponsored plan would need to be provided to avoid underwriting in the state of Virginia.

[00:03:35] Retirees outside the state of Virginia need to be aware that not all states follow this rule. For example, Florida can ask medical questions. So that was one part.

[00:03:50] Now, in researching, I found that Plan G in place of our Medicare Advantage plan would only cost \$173 for a 71-year-old, I used me as an example. The plan goes up with every birthday to \$321 for an 85-year-old, and then it stops going up.

[00:04:12] The RHRA plan must have increases built in to account for the changes, assuring the retirees that each year we will be taken care of. Many retirees are afraid that if they leave the Advantage Plan, LCPS could give less money for the RHRA plan whenever they want.

[00:04:34] You need a solid plan that would outline the lifespan of the RHRA and a choice between it and the Advantage Plan for everyone. This RHRA plan, really, when it was rolled out, it was just thrown out \$400, and it was like, what?

[00:04:58] So, we're smart people. We look at our finances. We go over the time, and we need all the facts. So, the first meeting of communication really is key, or you're going to lose retirees, and then you're going to start losing current employees.

[00:05:17] Thank you. Thank you. Okay, the next person is Ms. Sandy Simpson. Hold on one sec while I reset.

[00:05:37] I'm sorry. I've never spoken in the meeting before. Good morning. My name is Sandy Simpson. I live in Hamilton, Virginia. I taught 30-some years in Loudoun County Public Schools. All of my teaching career is in Loudoun County Schools, and I have lived in Loudoun County over 50 years.

[00:05:57] My husband is a native. When I heard we were changing retirements and changing our choices, my big question was, I live in Loudoun County, one of the best school systems in the whole United States, one of the richest counties in the whole United States, who have now lots and lots of data centers, which are bringing millions of dollars to this county.

[00:06:25] How on earth can this county not fully fund retirement insurance for your teachers who have been here many, many years? I cannot fathom that. I just think, how can we not have money when we can fund so many other things for the county and you can't fund your school employees' retirement?

[00:06:48] That's all I have to say. Thank you. Thank you. Okay, thank you all for providing your comments. your input is valuable to us and we listen so next I will move on to the draft minutes the draft minutes of August 28 2025 special committee on retiree health benefits I'll entertain a motion to accept those minutes down a

[00:07:24] motion I move to accept the minutes from the last meeting I have a motion from chernoff do i have a second second i have a second by uh miss chandler um has been properly moved and seconded is are there any uh is there any discussion seeing none we will go ahead and vote all in favor say aye aye and that motion passes unanimously okay we will now move on to

[00:07:54] item for Atari health benefits and this will be our information item for public information let's see it will be our panel and our panel will consist of let's

[00:08:29] see we have mr. James Roberts who's with us from a on health solutions we have Nathan McClardy from Apple federal credit union welcome and we have miss Jane Bredsen who's with the Loudoun County Department of Parks and Recreation and Community Services Area Agency on Aging we really welcome you guys being here we're thankful that you're here and we're interested in hearing your question I mean your answers to our questions so I think how we'll structure

[00:09:07] sure at first is that let's warm it up with a question from Miss Brown just to warm up everything to all three of our panel members and then you guys why don't you raise your hands and afterwards and if you have your questions then we'll I'll call on you okay so let's get this party started we have Miss Brown thank you good morning and again I just want to express my gratitude to the members of the panel who have agreed to be here I'm this morning and share with us their expertise and so I do have prepared questions and we'll start off with the

[00:09:42] first one some of these will be targeted to your specific area of expertise some of them will not be if you have an answer that might overlap in one we've directed to another panelist feel free to chime in and also it's you guys are in very different roles and careers so if you just say hey I don't have anything to say on this that's totally fine to pass as well but the starting question that we have for all of you is what does a sustainable retiree health benefit program look like for a k-12 organization balancing fiscal responsibility with employee expectations and just a reminder if you

[00:10:21] guys could like have the mic around this far away so we can hear you that's that's probably most appropriate for me to try to answer given the given the panelists here and and just by way quick quick introduction my name is James Roberts Jamie if you if you like I work right on I've been there for almost 30 years in a variety of roles I sit on our retiree health care steering committee which is a group of actuaries consultants and pharmacists they really focus on the Medicare and retiree health care space and of the actuaries

[00:10:58] pharmacists and consultants I am a consultant so I'm not an actuary or a pharmacist but I know something about each of those things so I think the the most appropriate thing I can say for that question is that every organization is different every organization has a different set of parameters that they have to respond to and K through 12 is tricky particularly in the retiree and retiree health care space because sometimes there are state plans that the that the district doesn't control sometimes there are consortiums of like counties and nearby counties that will come together for both the school system

[00:11:34] and the county government sometimes sometimes broad and sometimes narrow so I think the the answer to sustainability is for everyone to understand their constraints and those constraints are very different we've mentioned earlier Loudoun County has been a growth area not every place has that some places have really really serious financial constraints that they don't have any control over and that they don't have any options about so I think and I I'm trying to not answer the question it's it's just that there is not a one-size-fits-all answer so the most the most effective way to have a sustainable program is to understand your

[00:12:12] constraints and match your program to those constraints in the best way possible thank you very much good morning i'm nathan mcclarty with apple federal credit union i'm a financial advisor there primarily my responsibilities are helping members with their ongoing financial planning and goals and investments and whatnot so Jamie that's obviously more of a question is in your wheelhouse than mine my point to add to that would be from the individual person's perspective educate yourself on what's what the plan

[00:12:49] is supposed to provide to you and if you see shortcomings there look for alternatives that you can take over on your own thank you hi I'm Jane Bretzen And just specifically, I'm with the VICAP program.

[00:13:09] It's the Virginia Insurance Counseling and Assistance Program. We are a state health insurance program, so we are federally, state, and locally funded. Primarily, we offer free, unbiased Medicare counseling to people.

[00:13:25] So, again, the sustainability, I don't really, you know, have anything major to add, except that we do get calls from people who are retiring, who need help understanding their health plans that they have.

[00:13:42] A lot of times they don't know what their company offers or how the Medicare piece works with that. So that's our role in that process. Does anybody on the committee have any questions they would like to?

[00:14:01] Yeah, Mr. Palancey. It wouldn't be a meeting if I didn't have a question. So my question goes to Jane. So let me give you a little bit of background before I ask the question so it makes sense. In the presentation from benefits when they were talking about potentially moving our retiree Medicare insurance from an Advantage plan to being on your own, basically, they gave a couple of places where retirees could turn to get information and get help.

[00:14:33] And they listed both Area for Agency on Aging and VICAP, but it looks like they're one thing, not two things. You're correct. I like being correct. Thank you. My second part of that question is, if we have upwards of 2,000 retirees all of a sudden being pushed to a system that they're out getting Medicare on their own, what's the capacity of your organization to help with that?

[00:15:04] Oh, good question. Yeah, we haven't, historically, we haven't heard from folks that much in the school system except a couple years ago when you moved from the Surround to the Medicare Advantage, and then we had some calls from some folks.

[00:15:23] We, in our office, we have two full-time paid employees that are strictly VICAP. We have one that is a part-time position.

[00:15:39] We're getting another part-time position. And we have other colleagues who are trained in Medicare as well, maybe not as much specifically as our program. so I guess my response to that would be that we need to be offering you know presentations in the community that can you know answer deal with a large quantity which we have you know had from time to time and we have some coming up

[00:16:14] so thank you madam chair mm-hmm okay do you need one no that's okay we're used to sharing so the problem with that I mean the county over the years every time there's a health change they have a big presentation in this case it needs to be individualized Dave and I sat down with a fiduciary fiduciary and we

[00:16:49] went over he's in a different situation than I am it takes a lot of planning and and thinking and comparing and looking at and as celeste mentioned this morning um you know she didn't even mention that that amount of money does not even pay for the pharmacy for vision for dental so we are talking on top of the the amount that the county says they would give it doesn't even cover there's not enough money if you have dependents especially if you have a special needs

[00:17:26] child and there will be dependent on you the rest of your life how can four hundred dollars it doesn't we we've done the numbers I've had mine done I could maybe get by with it but it doesn't count anybody else in my family so yes a presentation is great but that is not going to help 2,000 people make decisions because it's very complicated there are many questions and it takes

[00:18:03] sitting down with a counselor one-on-one and going through your finances to figure out do you agree with that um yes to some degree I don't know I don't think necessarily that everybody needs that level of assistance to understand it. Our piece is really to help people understand Medicare as far as what Medicare can offer if they want to compare whether they're going to take their plan or just take Medicare. We do offer

[00:18:42] one-on-one for people that want to come in and do one-on-one, but we don't have a huge budget. the grant that we have is minuscule so and i think that's the problem you're turning loose 2 000 people and um you know to find help on an individual because it's more complicated when you're trying to pick out a medigap if you know that's the way to go it's what we've been told um there are a lot of as the county has said to us oh there's a b c d you know all these letters

[00:19:20] and this is like what you know we're used to having an organization bargain for us as a whole and we have not been on our own and it is very difficult to be negotiating individually um thank you any other questions or responses no yes mr. Chandler this is more a technical question would it be possible to put the

[00:19:59] prepared questions on board docs so that the community could have access to them now there weren't really necessarily like a prepared set of questions we at the last minute pulled together just a few questions just to help generate a conversation and perhaps in an example like this where there's kind of like this awkward silence that she could perhaps help with with another question so there's I mean we could type them up afterwards or though in the minutes of it it's not as formalized as that okay verification I think it would be very helpful to have them as part of the record afterwards thanks yes mr.

[00:20:38] Wagner um I singing about there's no set questions I was gonna wait until later to hear more of the information but I was asking I was asking now so let's take it let's say a scenario of a retiree who has special conditions who medical conditions that have carried along with them they now have an R8 or HRA

and they need to go and find their own Medigap or supplement to Medicare okay retirees live in different states so what is the process from that that retiree to go find

[00:21:17] their own and the underwriting that might be it might be needed in that case will there be a part where the retiree does not have any of those medical conditions looked at and they can go right on to a plan or will that possibly be a something that they need to contend with because there are a lot of special conditions or medical conditions and those plans can get pricing really quickly so can somebody explain that whole process well I think I can take part of this anyway so

[00:21:56] when somebody is retiring there are certain guaranteed issue periods now especially if you're talking about Medigap plans there is a guaranteed issue period for when they get their Medicare Part B, which is generally a requirement with your retiree plan. And then they have six months to get a Medigap plan at guaranteed issue, no questions asked. The only thing they can ask is if you smoke. And we do guide people to the most popular plans, which for most people now

[00:22:32] is a Plan G. The plans are all standardized, so even if they live somewhere else, except for three states, Michigan, Minnesota, and I forget the other one, Illinois, they're standardized.

[00:22:49] So whether they have a plan G from company X or from company Y, it's going to cover the same things. So, and if they are looking at Medicare Advantage, again, Medicare Advantage cannot, has to take anybody, basically.

[00:23:11] So as far as, you know, having pre-existing conditions, yes, you want to look, especially if you have Medicare Advantage, you know, sort of how, what are some of the costs in that plan in making a decision?

[00:23:30] Does that help? It helps. I guess it sounds like it's pretty straightforward, but I'm hearing from some that it's not as easy as everybody says it is.

[00:23:48] that there are differences, especially on individuals, and if you're carrying a dependent. So the worry along this whole thing, we've been guaranteed a Medicare Advantage. We've been given Medicare Advantage.

[00:24:04] Now it's, we'll give you this bunch of money, and we're going to set you loose on finding your own. So again, not only the navigation questions about how to navigate that, but also, okay, a lot of retirees are on a fixed income. how does that now affect how much we're gonna get how much we gotta pay the worries about pre-existing conditions underwriting like how all that goes and I think that is a huge void of unknown for a lot of retirees about okay what does that look like and I think that's a lot of the scare factor here about the change where you're we didn't have to worry about it before so how we have to

[00:24:44] worry about it so before you we answer that question you are aware that the board said no and so and so now it's subject to collective bargaining all right right but that part is whether or not it's going to be RHI RH are a later or or continue Medicare Advantage so I get the hypothetical but just I just want to be clear to everybody that right now and in the foreseeable future unless it's collective bargaining in there that it's going to stay the way

[00:25:20] it is right now and no changes and I understand it I'm just I'm talking about like when this all came up it there wasn't a clear understanding and I'm I think for a lot of retirees I think this would help if there was more of a like explain it understand it so that moving forward if there's questions about if it

comes up again I think everybody would then understand how that works that's only that's the only reason I'm trying to get to that Madam Chair, the one thing is, I know we keep talking about the collective bargaining,

[00:25:56] but last week it was pointed out, we don't have anyone representing us because we can't go to them. We're all, every retiree sitting here, we have no one to represent us because we're not part of that collective bargaining. Yes, but they are still, because as we talked about before, The active employees are still active, and they are a part of that retiree.

[00:26:22] You need to turn off your thing. They are a part of the bargaining unit. So until that pool is done, then you're still subject. And I understand the advocacy part, which is why we're here to talk about this.

[00:26:41] But we also have to understand that that's a future that you can advocate there and to us or the school board later. But right now, it's not a thing.

[00:26:57] And I'm sorry that that is so distracting. So, Mr. Wagner, would you please make your question a little bit more concise? Because I'm sorry, between that and everything else, I kind of lost it, so that they can answer your question.

[00:27:14] I think I've got some of the answer there, but I'm just, if there's anything else that can clarify that process, that would be great about the moving, once you become Medicare eligible, the process of getting a supplemental plan and anything that might be underlying there that would kind of get in the way of costs and that.

[00:27:38] I can add just a little bit to what we've previously said and maybe make it a little more clear. Can you bring your microphone? The men start, when the men start and they start talking, and they get lower and lower and lower, and it's really hard to hear.

[00:27:58] I apologize for that. If you enroll in a Medigap plan, so a Medicare supplement plan, in the time frame that we laid out, that's guaranteed issue. You can get that plan without underwriting, without anybody asking questions.

[00:28:16] Again, maybe other than tobacco, that varies a little bit state by state. And I think the point that we didn't make that is also relevant to that is that if you choose the other path and go with a Medicare Advantage plan or the prescription drug plan that would complement that Medigap plan, there's no underwriting on those plans ever.

[00:28:36] There's an annual open enrollment period. You can choose a different plan next year. So if you choose a Medicare Advantage plan and it's not for you for whatever reason, you can choose a different one next year. No underwriting, no concerns. everybody in that plan pays the same rate it's priced county by county but anybody in that county that chooses the plan you're in pays the same rate you pay no underwriting no nothing so that's that's wide open every year one thing that I can add is that the difficulty sometimes does come if you are in

[00:29:12] Medicare Advantage and then later on you you know you didn't like how that was covering you and you want to switch to a Medigap plan Medicare Supplemental then you may be subject to underwriting so that is something that when people call us we we always you know talk to them about

about what is there what is your physical condition medical what are your medical needs now what might they be in

[00:29:45] the future so what what do you want to do to assure coverage in the future because the Medicare supplement plans can deny coverage they can say we won't cover you because of some pre-existing condition mr. Stewart thank you I guess I'm gonna make a couple I'll make a couple comments I don't know who the questions are for, there may be my general observations or concerns. One is I'm a visual

[00:30:24] learner. So not being able to see these things, I feel like I don't know what's going on. And I know there's been some comparisons to other counties and things, but I'm 60, not retired. I don't know the impact of the changes on the future. And it sounds like we aren't able to talk about the future because it's going to go to collective bargaining.

[00:30:54] So we don't even know what they're going to bargain over and what those numbers are going to look like. So in that way, I feel like I'm at a disadvantage. I know there's three different areas, over 65 and retired, under 65 not retired, under 65 retired, and everybody has a different scenario for that.

[00:31:18] So I didn't know if these scenarios could be played out somehow. What are the differences for those ones? And then if we don't know what the collective bargaining options are going to be, that's a disadvantage.

[00:31:33] And then that led me to think, if they postpone the vote on the change last March or whenever that happens, what if the collective bargaining process doesn't happen prior to this year's budget? Will it get postponed again?

[00:31:50] It wasn't postponed. We decided to move forward with Medicare Advantage. Okay. All right. Go ahead, Ms. Meyer. Just to answer the first part of your question, you are correct that there is the post-65 group, there's the retired pre-65 group, and then the unretired, still actively working 65 group or pre-65 group.

[00:32:15] And so all of that information, all of our benefits can be found on the benefits website. And our benefits team is happy to answer any questions that you may have as you look at whatever group or whatever benefit it may be. They will help you determine what benefit you fall under and any question.

[00:32:30] so I know that health care stuff and medical coverage is very specific we're generally asking about very specific scenarios so they are happy to assist you if you have any specific questions and the information is out there for your consumption at any time yes Ms. Chernoff thank you Chair Mansfield and thank you all for being here I've already learned a lot so I'm very grateful as a school board member I have a couple of thoughts one was to piggyback off of what you just said Miss Bretzen about the underwriting process if you want to switch midway and just to clarify with Miss Willoughby because some of the conversations that we had when we were trying

[00:33:10] to get our legs under us and understand all of this was what are all those pathways and what are the pros and cons and I do specifically remember us talking about that being a positive for switching everyone in that group to our HRA so that the underwriting would be avoidable is that a correct summation of the process that was one of the reasons that we said moving that group to that would help avoid some of those roadblocks down the road is that true that that was a positive I'm going to ask for backup on that one to make sure my recollection it's really more my

[00:33:49] understanding yeah sure I can help answer that so and actually one of the public speakers at the beginning alluded to this there are Medicare supplement Medigap plans which are the ones that we're talking about in the context of underwriting are state-regulated.

[00:34:06] So all the other benefits we're talking about are federally regulated. There are some federal parameters with Medigap plans, but the final regulation, rate approvals, et cetera, are at the state level. So there are 50 different sets of rules, and I don't know all of them, but in general, if an employer-retiree health care program ends, health insurance program ends, there's a new guaranteed issue period.

[00:34:32] So, if the program doesn't end, there are potential other paths in some states. Some states don't have any underwriting at all. Some of them have a window where there's an open enrollment period. Some of them are pretty strict. So, when we advise employers to craft policies, they have retirees everywhere, we tend to think about the most restrictive being the one that the policy is set on.

[00:34:54] And, in this case, the most restrictive is if that program does not end, you may have to go and undergo underwriting. If the program ends, you will not. Thank you for that clarification that's super helpful and then as I'm I'm thinking for as I'm hearing chatter I know that there's a lot of talk about communication and action plan and next steps and preparing so my other question is and I'm trying to liken this to something similar that my brain understands a little better so like yesterday in our curriculum instruction committee we had a conversation about baseline staffing so we were talking

[00:35:30] about you know baseline staffing and then additional staffing that would be individualized to different schools that have different needs so I'm kind of thinking of health care this way and correct me if I'm wrong but will your present when you're talking about coming and doing presentations would that sort of be like a baseline for all different programs or plans and then if people needed individual one-on-one counseling that would be offered additionally those are both things that you can offer yes I think so we have done from time to

[00:36:04] time, you know, a Medicare 101, so to speak. Now, every year we do like some mini ones around the county where we're talking primarily during open enrollment, so people know what's new for 2026, you know, so that's more geared to people who already have Medicare. But yes, we would do like a 101, which would be what is Medicare? How do you enroll? Who needs to enroll? All right, you know,

[00:36:36] as opposed to being automatically enrolled and different enrollment periods and all that, you know, stuff. And then if they want to call us, you know, we have people come in. We sometimes help them over the phone.

[00:36:51] I had somebody yesterday. I was on my computer. He's on his. Okay, you go to Social Security. Did you see that thing at the top? Click that, you know, and get him on the, and then he took off. He said, you know, I'm good. I can finish this. But yeah, some things are a little more complex and then they come in and sometimes we'll call a Medigap company with a person, especially if they have a sort of special situation that, you know, I want to make sure that, you know, they're on the right road and help them if I can.

[00:37:30] But yeah, you're right. There's different regulations and I don't have any control over some of those, all of them. I really appreciate that is that usually coordinated through LCPS that those are offered those sessions is that something that LCPS could partner with or is that something that you all put on as retirees or how to how what are the logistics of that what I'm trying to get at is how can we help our

employees understand this better because that really seems to be the core issue of all the questions is I want to understand the baseline I think LCPS does a good job of putting out the fact sheets and

[00:38:10] having things available for all the baseline and comparing to other divisions and case studies and all that but at the end of the day healthcare is personal and so how do we continue to front load that is kind of what I'm getting at so how does that partnership work yes that would be if something changes in the future I'm collective bargaining correct I understand but I'm trying to put options on the table for us going forward in the future in terms of resources but I got it I think we know

[00:38:48] that yeah yeah yeah we have several people who are not part of collective bargaining but we still have those active employees yet are and go for everybody so are those some sessions something that LCPS could set up for retirees or is that more outside of the scope of LCPS is just what I'm asking I would say that we most certainly can set up information sessions like that if and when anything ever changes to our current offer okay that would be something we could think about yes thank you I do have a question so

[00:39:25] So where else can you find all this information from someone who will not have any of this and husband doesn't get a retirement, all the rest of that for, you know, working in the private sector? We found out that you only have like two or three people to help you out.

[00:39:46] What are the other resources that are out there to help people if things change? I mean, there's always medicare.gov, where you can't, there is a lot of information on there, and it's pretty straightforward.

[00:40:07] So that's one resource. There are people, I couldn't even tell you who they are, really, but there are places people can go and pay \$300 an hour to get the same information that we provide for free.

[00:40:26] Plug. So, and, you know, I have to say that our policy has been, you know, if somebody calls our office, we are, we try to get back to them same day or next day.

[00:40:44] Now, yes, we haven't, now during open enrollment, our volume increases immensely. And we do work with certified Medicare counselors who are volunteers. And they get trained through the state.

[00:41:00] They have to take a test. get certified and so especially during open enrollment we have volunteers who are helping people one-on-one because you're right we couldn't with just two of us full-time we couldn't handle the volume of people that are coming to us every open enrollment October 15th to December 7th to get help with their Part D or their Medicare Advantage so and we you know we're always looking to recruit more volunteers we recruited some this year we had a more of a push to get some

[00:41:39] more volunteers this year so any other questions where we can okay mr. Francie I guess I think my question is probably for Jamie as as I think the point of this process is really for the school board members to be well educated no matter what comes down the road whether it's through collective bargaining or not and so the one thing that stood out to me when when the budget process was going on and there was a potential change the one thing that stood out to me is group power versus

[00:42:16] individual power and Denise kind of alluded to that so when lcps contracts with insurance agents they have immense power compared to an individual and so were those pros and cons considered as we go you know I guess look back with looking when when that information was presented to through benefits and then ultimately as part of the budget I can't speak specifically to this process that occurred at lcps in in those decisions but I can't give you some general thoughts about how how folks approach that and kind of the difference in the markets

[00:42:57] first of all medicare who regulates all of those medicare advantage products is very focused on retirees and the retiree experience and that's not that's not lcps retirees that is that is you know medicare age americans across the board and i think you'll find i'll echo the comments that medicare.gov has great information there's a there's a booklet that they publish every year called medicare and you you have to get past some terminology and understand what they call things but once you get that there's a lot of really good information in there yeah there it is

[00:43:34] uh it it's really it's it's really a good publication a lot of those things are available on individual web pages but because medicare really regulates the the market aggressively there are there are a range and i'm really speaking here again about medicare advantage and the part d plans the drug plans there are a range of options that are available so that market power is important if you're in a group plan so a group plan that has 5 000 members is going to get a better deal than a group plan that has 500 members but a lot of these individual plans have tens of thousands of members in them hundreds of thousands of members in them

[00:44:13] and medicare is negotiating on their behalf with the with the insurance company so so that is occurring and and the other thing that happens in the individual market there are some puts and takes like everything else but and and i didn't mention this in an earlier comment to mr wagner Medicare plans are always individual plans so there you don't buy a family plan you don't buy an employee plus spouse plan or a retiree plus spouse plan everybody buys their own and there's some efficiency built into that because everybody might have different needs and that's also part of what happens in the individual space there are Medicare Advantage plans in Loudoun

[00:44:51] County that cover drugs that have a zero dollar premium in addition to the basic Medicare premium now you have copays and coinsurance and other things that might work really well for some people and not so well for others so there's some efficiencies in that market that the group plan can't capture. So, you know, like I said, puts and takes all the way around.

[00:45:12] Ms. Powers. Thank you. I have so many questions. Let's go back to the start. What you're saying is we know for the coming year an advantage is going to be the health care plan, okay?

[00:45:31] but is benefits still working on trying to change to this r8 hra thing next year do we know i mean what's in the future it falls under collective bargaining i know it doesn't make sense because of you guys there's that that that um but but but benefits would be the one proposing it and it would be at that time I mean surely collective the retirees are not going to

[00:46:09] come up and say hey by the way I just want \$400 they are not going to do that I can't imagine I mean if they're going to come out bundles ahead yes but as Celeste said the price goes up Medicare is now going up to correct me if I'm wrong \$205 the last I saw I was actually 206 20 or 30 okay so our Medicare has gone up say \$20 that out of that \$400 we have to pay use that money plus on top

[00:46:48] of paying for that okay so so here's something I think is is something that I learned and Miss Willoughby and Miss Brown and Mr. Jamie Mr. Roberts can correct me for us it could be and could you turn off so that we don't for us it could it's more it could be more expensive for LCPS for the Medicare Advantage because the pool is smaller is that correct as opposed to if you

[00:47:27] buy separately if there was an RHRA plan, which there's not, not a thing right now. That could be less if you bought the Medicare Advantage at that point. So there's that. And then what was your other

point? You said it was more expensive. And so how, is that what you're getting at? So how do we know that RHRA at \$400, which is not a thing right now, how is, how we're trying to predict

[00:48:02] the future and i don't know that we can predict the future as far as costs are concerned um if there's going to be any bargaining about an rhra plan um is that kind of what you're asking for well i think we're looking what retirees are looking for is a guarantee what was promised to us that we're going to and i realize claims change and amounts change but vrs who has our retirement

[00:48:39] has been wonderful so somebody's running the ship very well we get our cost of living each year and they're not writing to us saying oh well now we need to change this so this is no different we were given those reward and I asked that question does benefits still send out the rewards papers telling everyone oh Oh, you make \$10,000, but in all honesty, you're making \$20,000 because we're giving you all these benefits.

[00:49:13] Do they still send that out? Yes, that is available in our employee self-service portal, and it comes out in the first quarter of each year. It's kind of like the W-2. It's a total compensation statement that is a retroactive look at the full calendar year prior, and it does show what you pay into your benefits as well as what LCPS contributes, and it's a total compensation statement.

[00:49:37] Yes, ma'am. Okay, that's great. So, okay, so we're looking at that. I'm an employee. I'm active. I'm looking 10 years out. Hey, I'm going to retire 10 years. I'm looking at that thinking, okay, I've taken a less salary because I have these benefits.

[00:49:59] I'm going to have health insurance when I retire. So, okay, it seems to me that if we're given that information, that's a promise. That's a promise to me. And so 10 years down the road after I'm retired, I find out, oh, forget it.

[00:50:22] We're not going to do that now. So why put out and publish that we're having these wonderful benefits that you're going to provide for us when, in fact, you're going to come out? I understand there are school systems that don't have this.

[00:50:40] I understand things are changing. But the bottom line is somebody needs to make someone accountable for making sure money is there. For the people that prior to 2013 who have committed their lives to this county, taken lower salaries, and expect this, I don't care that things change.

[00:51:08] I mean, it's just like you gave back the bonuses. Well, maybe that shouldn't have happened, those holidays. I mean, that's kind of shocking to me. You know, we should have saved that money for a rainy day to help pay for these things and provide for the people that you made these promises to.

[00:51:29] Thank you. I can't disagree with you that it's hard when something's promised at all. And I can't disagree with you that those holidays were probably short-sighted.

[00:51:44] That wasn't this board. It was what they thought was their best thought at the time. I think we can only try and move forward. And the reality is I don't know that anything is really guaranteed.

[00:52:04] And it's a hard, hard reality right now. It's a wild, wild west as far as I'm concerned right now. So it's really hard to say something like we can totally guarantee something later in 10, 20, 30, 40 years.

[00:52:25] Because I can't even guarantee what's going to happen in the next hour right now in education. So, Ms. Chandler, did you have something you wanted to say? Because I saw your hand up and I ignored you and I'm sorry. It's okay. Well, we won't call it ignoring since you got back to me eventually, right?

[00:52:47] So, in reflecting on the issue of collective bargaining, I really wanted to, and I'm going to try to do this to the best of my ability. because collective bargaining is something that the school board worked on over a year ago.

[00:53:03] And as part of the process now, we are separate from the process, so we are not necessarily read in to everything that's happening. But the way our resolution is written, there are only a certain number of topics that are allowed for each bargaining session, and so it's like a menu, right?

[00:53:25] And that's between the division and the collective bargaining, or the union, for lack of, you know, LEA. So at this point, we don't know what's on the menu. But once that period is closed, then those are the things that are on the table for collective bargaining.

[00:53:49] And we will address the rest of the things, right? So when you look at the RHRA, I mean, everybody agrees, right? That's our understanding of how it's going to work. It's the first time we've ever done it, right? So we can't say what can be in that area now, but it is possible that this will be another conversation.

[00:54:12] And I think it's so valuable that we have this time together to try to better understand what matters to the retirees and to have the opportunity. You know, I think we learned a lot from the process in the conversation that we had earlier in the year.

[00:54:28] and we would like to to hear from you and to understand um what these choices are and how they you know what how you feel about them um it is really difficult and and i i would also reiterate i think there's a conversation in the national environment right now about whether or not these programs are going to continue to exist it's terrifying right and um that's one of the things that we are working on and will have to work on as a school board because so many things are changing so quickly now.

[00:55:03] We may have to really reassess and make different choices. But ultimately, those are all things that are a little bit outside of our control. But I think if we build this relationship and work together and have a meaningful conversation, it's something that we can face together.

[00:55:29] Okay, yes, Mr. Palancey. Ms. Brown did you want to say something first and then I'll have Mr. I just have a question for the panel but we can continue this line of conversation I'll come back to my question um kind of echoing what Ms. Chandler just said I think it's not only important for the school board to hear from retirees but I also think it's been very beneficial for the benefits department and the finance department to hear what the concerns are to see what they are and that was the process that we lost during last year's budget session so i do want to reiterate for the people in the audience

[00:56:03] for everyone online for one in our email list who's been really helping us come up with questions and understanding we've been kind of the funnel we have lots of our own opinions but really trying to channel the opinions of everybody in so i really think that you know as admin goes to the negotiating table with the union they have an understanding of what's going on with people who are outside of that that area so i think we've we've really been able to help you all that way miss brown you want to yes thank you um i just wanted first i'll start with a comment and then

[00:56:41] kind of transition it into a question for our our panel but um it came up i believe in our last session about benefits that we're communicating to new employees that are coming in it was there was some concern about not having retiree health care making sure that people are aware of that one thing that i did want to highlight in 2017 we added the high deductible health care plan which comes with an

HSA plan. And so an HSA plan is one of those financial vehicles that people can participate in to help pay for Medicare medical costs in retirement. And so I then just wanted to kind of transition that into a question for Mr. McLargy. Just could you

[00:57:19] speak a little bit to how significant are health care costs in considering retirement? And are there any general products or how should employees be budgeting for them in light of financial I'm just we can't predict the future both on the organization side and what we can offer but also in the market as a retiree for uncertainty around their own health and the economy whenever it comes yeah thank you so yes the HSA is a very wonderful tool for everyone that can be able to use I use it personally with my family because you never know when a

[00:57:56] surgery happens or there's a big medical expense or just prescription drugs are more expensive in the beginning of the year because you haven't met your deductibles yet you can use those dollars now when you're in your 20s 30s 40s you don't have to wait till retirement age access that money generally they're considered a triple tax advantaged type of an account they're funded with pre-tax deductions from your paycheck it grows tax deferred while it's in the account and then third any withdrawals from that account as long as

[00:58:31] there's matching, you know, medical expenses, then you don't pay taxes on that. If you were to take money out of the HSA account and not use it for medical, IRS counts that as taxable income and there's a 10% penalty on that, similar to if you were to take money out of your 401k or 403b before 59 and a half early. There's also limits and I'm reading off of notes to be certain on that, But if you're an individual taxpayer, you can do \$4,300 a year into an HSA.

[00:59:08] Families have a limit of \$8,550 a year. And also, if you're over the age of 55, you can do an extra \$1,000 a year into those plans. They work just like a savings account or a checking account. Some of them come with debit cards or checkbooks, so they're very easy to use.

[00:59:26] That way, you can swipe the card at the pharmacy or pay the doctor bill right there with it. Also, and I've seen this with a couple of plans that I've been a part of and other people have shown me from their own personal accounts, once you reach a certain dollar amount, they can actually be invested in something similar to how your 403B is, like an index fund or some sort of fairly conservative but market-linked investment that can continue the growth of that.

[00:59:54] So if you're building up the costs or building up the savings for several years, maybe in your 20s and 30s where you're not spending as much money on your medical expenses, you can really build up this money that will help to pay for those accelerated medical expenses when you are older.

[01:00:16] Thank you. Any other questions? There's one part that we might want to think about, like lessons learned, like you were talking about earlier.

[01:00:36] And we were thinking about not having a meeting on the fourth meeting. But if we don't get to that, if we exhaust that today and we have like 15 minutes, we could talk about lessons learned or we could wait until the next and have that next meeting.

[01:00:55] That was just my thought today. Do you all want Ms. Brown to give another question? How many more minutes? 30 minutes. Okay.

[01:01:16] So, Mr. Roberts, I'll start with you. What trends are you seeing nationally in school divisions shifting away from offering traditional retiree health insurance? Especially given employers inability to guarantee pricing and benefit levels indefinitely. Yeah, that that's a great question And and I'll have to I'll have to caveat my answer a little bit in that we don't have great data about school systems uniquely There's a lot of information that separates kind of the public sector space

[01:01:51] County government state governments operate in some ways in very similar circumstances in some ways not But the the the specific cuts on kind of K through 12 are often not available, but what we're seeing in general across the board is a trend towards Less coverage, right?

[01:02:10] It's very true in in the corporate world and is is more true in the in the in the public sector space as well That either eligibility is being cut as you've done or benefits are being changed The benefit change and this is an interesting point benefit change is not always necessarily a benefit cut right there There are there are a lot of avenues especially in Medicare and I don't want to divulge diverge too much but You've heard us all talk about regulatory environment and the regulations and kind of how Medicare fits in

[01:02:43] And what seemed like relatively small changes to the Medicare program itself can have outsized impact on plans that wrap around Medicare and all the plans that we sort of have that. And so there's a lot of reaction right now to changes that have been made in Medicare over the last couple of years that's caused some cost pressure, and a lot of our clients are reacting to that in all sectors.

[01:03:10] if there's a trend it is probably less coverage and looking for ways to save money as the primary trend and you know there are other things always that come up but that's that's the through theme if there is one right now Mr. McLarty can you speak a little bit to what a financial advisor might be able to offer somebody who is close to retirement considering all the benefits that they have all of the savings that they've had over the years you just talk a little

[01:03:45] bit about kind of what that conversation would look like and what value a financial advisor could provide, specifically relating to figuring out medical expenses in retirement. Sure. Thank you, Kim. The job of a financial advisor in that regard would be, first, just consolidation of information. The more information you have, the better reporting or advice you can give after the fact. If they were to know not just your salary, but your income, your

[01:04:21] expenses, your debt, things that grand picture what your balance sheet looks like. Incredibly important. Also, not just that I have X amount of dollars in my 403B, but how it's invested. That gives a clear understanding of why you can't guarantee anything in the future as far as market-related investments. You can have a pretty good idea of how it's going to grow or perform over the next several years. Let's say we're 10 years out from retirement. You want to be making changes slowly, gradually, to something more conservative to reduce volatility in your

[01:04:59] investments. If you aren't invested or if you have a shortcoming, maybe you have two or three times the amount of your annual salary invested and maybe you're at a level where you need to be having six or seven times your salary already invested for your retirement, then you'd probably want to, or the advisor would indicate, hey, you should take advantage of catch-up. While there There are annual limits currently for 403Bs.

[01:05:30] You can contribute \$23,500 of your salary into that. After age 50, it bumps up to \$31,000. After age 60, 61, 2, 3, basically after age 60, it's \$34,000 plus.

[01:05:48] It's a lot more money that you can contribute, and it doesn't have to come from your paycheck. It can come from other sources that can be thrown in as additional contributions, but But as a whole, it's your total contributions going in. Always take advantage of any matching that your employer offers with your contributions.

[01:06:08] And then also on the side, IRA accounts. While it's not as much, you can put in \$7,000, \$8,000 a year depending on your age. That still goes a long way towards building up your retirement accounts, your savings for, because after you retire, you don't get a paycheck anymore.

[01:06:26] You are your paycheck. And so that's a huge part of this. Health care expenses, as you should all know, generally increases about 5% per year. That's the understanding. It's more than inflation costs per year.

[01:06:44] Inflation is about 2% or 3% a year. Medical expenses is about 5% a year. You're going to have to start saving earlier than you would expect to be prepared for that. Thank you very much. I have a question real quick.

[01:06:59] So you said medical expenses you can expect about 5% a year. But it seems like pharmaceuticals are going even higher. Is that correct, Mr. Roberts? Yeah, and I think a partial answer to that question has to involve the underlying cost versus the cost to the consumer or the patient.

[01:07:26] So, yes, pharmaceutical costs right now in the country for health plans are growing. That's not all necessarily passed through to the member or to the patient or to the retiree. If you have co-pays, for instance, the cost is going up. It's going to manifest in premium more than in out-of-pocket cost.

[01:07:44] So there are different ways that it flows through. But you're 100% right that pharmacy costs are growing faster than 5% right now across the country. Mr. Streffi. Thank you, Madam Chair. So I wanted to make a comment and also ask a follow-up question.

[01:08:00] So we talked a lot about that initial knee-jerk change. And without getting into the lessons learned, just the idea of moving away from the current retiree program that we have opened up so many questions that we're trying to address now in terms of how do we prepare for any change, period, and what does the market look like when it comes to Medicare plans and how we should be thinking about those.

[01:08:29] And so that, I think it's good to ground ourselves in the idea that that is overwhelming by default, regardless of this situation, any retiree or potential retiree, whether you have unique medical circumstances or you're close to retiring. And then I think everyone knows that the medical costs are increasing, the premiums are increasing every year. For me, I kind of want to dig into a little bit more around this topic of uncertainty. So I have a certain level, at least anecdotally um with the family members that i have around me um we all kind of know that those

[01:09:07] costs will increase over every year i think what really concerns the people that i'm around are the it's it's the uncertainty of coverage or specific prescriptions moving tiers or um you know whether i can take um you know i can't take a generic drug i have to take this specific one And are there situations where I think that uncertainty is more paralyzing, at least from where I'm coming from.

[01:09:37] And so are there situations where you find this perfect plan, you consult with experts or you get an insurance agent and you get all the consultation you need and you figure out, well, I have this amount of coverage.

[01:09:53] I asked about my specific prescriptions and I know I'm covered here and they're going to give me access to this drug. And then a year later, does that plan, can that plan change? Or does it, does a supplement plan automatically disappear and get merged somewhere else?

[01:10:09] And then I have to go and have the stress of asking all these questions again. So that, is that, how do we, how do we factor in those types of situations? I don't want to be too specific, but I want to make it a general bucket of concern so that we can talk about it. Ms. Bretton.

[01:10:28] Sorry. one of the reasons they have open enrollment period is because these plans can the drug plans can change their formularies they can raise premiums so every year every medicare beneficiary that has a part d plan they get an annual notice of change from their plan which says this is what's happening for next year and i always i i always tell people if there's you know any mail that you

[01:11:03] get from medicare or from your drug plan please read because you know i'm the same way oftentimes people don't read their mail it goes in the pile and whatever but so they can change plans if somebody is on a drug that say they didn't change during open enrollment they can have like a courtesy fill for at least like a month while they figure out with their doctor what they can do.

[01:11:32] But hopefully people are looking at comparing drug coverage every year, whether they have Medicare Advantage or Part D to make sure that medications that they need are covered. We do help people to look for foundations that sometimes can, or the drug manufacturer, can step in and help cover a really expensive drug so we're always talking to people like that

[01:12:04] the other thing is that just might add that beginning 2026 there are through the inflation reduction act company medicare is able to negotiate drug prices so they pick 10 drugs To start with, Eloquist being one, we hear a lot of people on Eloquist.

[01:12:30] So, you know, those prices are going to be lower in 2026 for some of the drugs on these 10 drugs. And then every year there will be 10 more drugs. And plus, beginning last year, there was a \$2,000 out-of-pocket maximum for co-pays for medications in Medicare.

[01:12:54] Part D. So when I say Part D, even if you're in Medicare Advantage, you have Part D or you have a separate Part D. So those are some things that they're trying to, you know, try to rein in some of the medication costs. But, you know, it is something that sometimes people who are retiring find that, well, my retiree plan covered this drug and now Medicare doesn't. And so, you know,

[01:13:26] that's reality. But we can help people try to see if there's some foundations that can help if they qualify. There's always eligibility, but it's generally higher than, say, I didn't mention the extra help benefit, but that is a federal benefit where if somebody has low enough income and low enough assets, they can get a lot of help with their drug coverage, very, you know,

[01:13:58] so they're paying very low costs but of course in loudon county what people consider being low income is is oftentimes not low enough for the federal benefit that is the um sad part about it but um miss chandler thank you madam chair um and really it's so we're so grateful that you're here to offer your expertise and I do have a follow-up question and I sort of want to go out on a limb

[01:14:37] here for a minute. I hope you'll entertain me. One of the biggest challenges and rewards of being a school board member is that you often come to make decisions about things that you don't have an extensive expertise in. So you have to consume a great deal of information to try to build your understanding so that you can make an informed decision it's just part of the process so I since you're here would like to hear a little bit more because I'm not an expert in insurance

[01:15:10] but have to make decisions that impact lots of employees and former employees so when it comes to the cost of prescription drugs in Medicare you said they could negotiate for at least 10 to get the best price for people who are on um medicare um what happens otherwise i mean is it is just basically you're in a pool and whatever your pool can negotiate is what you get i mean

[01:15:47] yeah i'm not sure i have an answer to that one i i can i can at least shed some light i don't think there's an answer to that question but but i can shed some light on on on process right um so traditional Medicare when we talk about medical benefits pays doctors right pays hospitals there's a set rate Medicare sets what that is if you have a supplement plan it just pays the difference so pretty straightforward in drug plans Medicare does not buy those drugs Medicare contracts with private

[01:16:24] companies to supply those drug benefits those private companies negotiate on your behalf to keep premiums low to keep drug costs low so there is absolutely a negotiation happening but it is not directly with Medicare generally which as she described is changing going forward for a small portion of drugs so there is absolutely negotiation some of that negotiation is why those drugs are in different tiers and again I don't want to say more than I know about how formulaires are developed as we were just saying but a lot of those changes are in response to changes in the marketplace prescription drugs is very dynamic space new drugs come onto the market drugs come off patent new

[01:17:03] competitors emerge for drugs that exist and that changes the negotiation position of a company like Caremark a company like OptumRx the big the big prescription drug managers so as those dynamics change the deal they can get with the manufacturers changes and a lot of those formulary changes are in reaction to that a new competitor might emerge at a lower price and they might say we prefer that instead so I think that's that's a that's an important point is that there is someone negotiating on your behalf so for the

[01:17:37] plans you have now obviously the LCPS is negotiating with a PBM who then in turn is negotiating with manufacturers that same dynamic happens without LCAPS involved for those individual plans but it still happens and it's pretty aggressive thank you I really did want to couch it by saying we're going out on a limb because I knew it was going to be a stretch but that does help really quite a lot um and then april to add um just from the individual's kind of perspective on this i have an app for good rx on my phone you know pretty much anytime there's a new prescription

[01:18:14] that's asked for my family i run it through that because like you said it's a competitive market caremark and optima and everyone else it can also matter which pharmacy you get it filled at that's why you see those ads in the paper online and the news use good rx that's unfortunately getting discount coupons is a huge factor in this. Thank you for that. And just on my last point, Ms. Bredsen, could you tell us a little bit more about what the programs are available for some of

[01:18:50] our low-income community members? I find myself thinking, in reflecting on some of the past conversations that we've had today on some of our hourly employees and whether or not some of those

things like the HSA and the individualist savings plans are truly workable for them and what options are available and how else could we think about supporting people who

[01:19:24] are in that position. Well, again, some of the levels that you're, that people find are pretty low as far as getting, getting help, but there is the extra help benefit, which everybody that calls us, we try to screen to see if they might qualify for that benefit. And it's, you know, that is going to depend on, are they married? Are they single? Are there children in the home? So all

[01:19:54] those things can help to allow them to have more income, possibly a little more assets. For people in the real low, lower income, there are Medicare savings programs.

[01:20:13] Those are a Medicaid benefit, so they have to apply for Medicaid with the state, with the Department of Family Services in Loudoun County. Their savings programs, depending on the level of income and asset they have, they can either at the lowest level, which is called qualified Medicare beneficiary, the state would pay their Part B premium, plus would pay any co-pays or co-insurance.

[01:20:49] So those folks really don't need a supplemental insurance or some kind of secondary insurance. And every level above that, which there's a SLMB, specified Medicare, oh, shoot, beneficiary, basically, the state pays your Part B premium only.

[01:21:17] And co-pays and co-insurance are up to the individual. Then there's a QI, qualified individual, which, again, they say is dependent on if there's still money. I've never heard of anybody being denied because there wasn't enough money for it.

[01:21:39] But anyway, so again, the state pays your Part B premium. Other than that, and if they have Medicare Savings Program, they automatically also get the extra health benefit.

[01:21:56] So some people are paying as low as between like \$1.60 for medication up to \$4.60. And some people are in the 460, I might be a little off on that, 460 to 1215 for a brand name drug.

[01:22:13] So that's a huge savings. Plus they would most likely get a Part D plan that has a zero premium, whether that's a separate Part D or it's a Medicare Advantage plan. So extra help, doesn't matter what you're in, you get that benefit.

[01:22:30] There are, so you're just asking about drug costs as far as health. What level of income would somebody be approximately in to qualify for that extra health benefit?

[01:22:46] Okay, so I do have that, but it's basically for a single person around \$1,976 gross income, which is for, you know, for what we're talking about, it's very low. And the savings, they can't have more than \$17,300, somewhere around there, in resources.

[01:23:11] That is an application that you make with Social Security. For a married couple, it's around \$2,400 and something. I did bring the thing here, but I don't want to scramble through it. And then they can have up to \$35,000 in savings.

[01:23:30] So, again, it's very low. for Medicare savings program, it's even lower. So the highest is maybe in that QI level, like \$1,700 for a single person. And I don't really remember, but those are things that we go over with people.

[01:23:52] We, you know, can direct them, help them apply. I do wish the application was easier. There was talk of trying to make that application a little easier for Medicare savings program, but at this point we

you know we deal with what it is but um so thank you for that information I mean it really does hammer home your point about whether or not it's something that would truly impact many people in Loudoun County but it's good to have that information so that people

[01:24:30] know it is available um thank you I have one question are we noticing that less and less doctors are taking Medicare, Medicaid patients? Well, sort of anecdotally, I think that is maybe true. I think people who are here at the time that they age into Medicare, generally if their doctor, if they have a doctor, the doctor is going to take their Medicare. That's what I find.

[01:25:07] The folks that have more difficulty sometimes finding doctors who accept Medicare is finding doctors who are taking new Medicare patients. So that can be somewhat of a challenge, but there are doctors out there.

[01:25:24] The other thing that we've seen and you've probably all seen over the past several years is a lot of doctors moving to these concierge services where you're paying a large amount of money every year to get same-day appointments and all that.

[01:25:43] So I would imagine maybe some of them, somebody, I guess it was a client, just told me the other day that that doctor wasn't taking Medicare. But at one time I tried to do a canvas, but it's just overwhelming to try to hit every medical practice and see if, are you taking Medicare?

[01:26:07] because that can change monthly, and it just ended up sort of being a fruitless endeavor. Thank you, and I appreciate all you guys being here. It's been, for me, educational. We have five minutes.

[01:26:24] I wanted to take a little poll to see if you guys wanted to meet again next week. Or is it next week? Yes, next week. And if we do, so let's take a poll, like a thumbs up, if you want to meet again.

[01:26:40] Okay. Okay. then the second thing is when we meet again I think what would be a good idea is to think of this week about like five things lessons learned and come come to the table with your five lessons learned at least and and I guess we can go from there any other thoughts discussion yes miss when Jane made the comment in the

[01:27:16] beginning about presentations I forgot almost every year we do have someone come in to our association and we had Jeanette Evans come in this spring and talk to us so you know it gives us insight as to what's going on but I'll get back to the point that everyone leaves the meeting like oh well my plan you know you're in all different scenarios and so it's difficult and it gets back to the point you know we we need admin to advocate for us and

[01:27:54] bargain and you know give us good plans so anyway but we do do that we had many people come in and we have AARP come in also thank you thank you anybody else yes mr. Roberts just a just a quick note I listened to the first two sessions that you all had and the session today and and I appreciate you inviting me it's really nice to see this process happen I learn a lot in these kinds of settings so I always appreciate coming so I just wanted to say thank you to everyone in

[01:28:33] the room for the work you're doing because I think it helps a lot and not everyone does that anyone else no okay well so if there's any is there any new business afterwards no okay so then I will say that the September 4th 2025 select committee on the retiree health benefits meeting is now adjourned the next meeting will be held on September 10th at 10:00 a.m. come with your at

[01:29:11] least five lessons learned and we can start from there thanks y'all



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