

Sunset Public Hearing Questions for
LOCAL EDUCATION INSURANCE COMMITTEE
 Created by Section 8-27-301, *Tennessee Code Annotated*
 (Sunset termination June 2014)

1. Provide a brief introduction to the Local Education Insurance Committee, including information about its purpose, statutory duties and staff.

RESPONSE: The Local Education Insurance Committee is established in Section 8-27- 301 of the Tennessee Code Annotated. The Committee consists of two constitutional officers (the State Treasurer and the Comptroller of the Treasury), three Cabinet members (the Commissioner of Finance and Administration – who also chairs the Committee, Commissioner of the Department of Commerce and Insurance and the Commissioner of the Department of Education), a representative of local school boards as selected by the Tennessee School Boards Association and three teachers, one for each of the state’s grand divisions, appointed by the Lieutenant Governor (West and East grand division) and the Speaker of the House of Representatives (Middle grand division).

The principle duties of the Committee are to establish a group insurance plan for Local Education employees. The Committee also has the authority to develop optional plans. In addition to the medical plan, the Committee presently offers two optional dental plans, two optional vision plans and long term care coverage. The Committee has the authority to determine eligibility criteria for plan membership and enter into contracts for plan administration and consulting and actuarial services. Additionally, the Committee adopts the Plan Document (<http://www.tn.gov/finance/ins/pdf/lepd2013.pdf>), which outlines the eligibility rules, plan of benefits, appeals process and other functions of plan management.

Administratively, the Local Education Insurance Committee is attached to Benefits Administration within the Department of Finance and Administration. Benefits Administration provides the personnel and other appropriate resources to the Local Education Insurance Committee to assist in carrying out its responsibilities. Benefits Administration also provides similar support to the State Insurance Committee and Local Government Insurance Committee.

2. Provide a list of current members of the committee. For each member please indicate who appointed the member, how the member’s presence on the committee complies with Section 8-27-301(a), *Tennessee Code Annotated*, and the member’s county of principal residence. Please indicate each member’s race and gender and which members, if any, are 60 years of age or older.

RESPONSE: The current members of the Committee are as follows:

Name	Representing	Race	Gender	= or >60	County of Residence
Larry Martin	Commissioner, F & A	C	Male	yes	Knox
Justin Wilson	Comptroller	C	Male	yes	Davidson

David Lillard	Treasurer	C	Male	No	Davidson
Julie McPeak	Commissioner, Commence and Ins	C	Female	No	Davidson
Maryanne Durski	Department of Education	C	Female	No	Sumner
Rebecca Jackman	Middle TN teacher rep	C	Female	No	Montgomery
Leigh Mills	Tennessee School Boards Assn.	C	Female	No	Wilson
Barbie Buckner	East TN teacher rep	C	Female	No	Bradley
Vacant	West TN teacher rep				

Pursuant to TCA Section 8-27-301 membership of the Local Education Insurance Committee consists of the following:

- Commissioner of Finance and Administration or their representative,
- State Treasurer or their representative,
- Comptroller of the Treasury or their representative,
- Commissioner of Commerce and Insurance or their representative,
- Commissioner of Education or their representative,
- Three (3) teachers representing the three grand divisions, and
- One (1) representative of local school boards selected by the Tennessee School board Association

Pursuant to TCA Section 8-27-301(a)(1), teacher representatives represent the three (3) grand divisions under the procedure contained in 8-34-302(a)(9), which specifies the criteria for selection as follows:

(9) Three (3) members of the retirement system who are teachers:

(A) Two (2) teacher trustees shall be appointed by the Speaker of the Senate and one (1) teacher trustee shall be appointed by the Speaker of the House of Representatives. No two (2) of the teacher trustees shall be from the same grand division of the state. The Speaker of the Senate shall appoint the teacher trustees serving from the eastern and western grand divisions. The Speaker of the House of Representatives shall appoint the teacher trustee serving from the middle grand division. Professional education employees' organizations may recommend to the Speaker of the Senate and the Speaker of the House of Representatives persons for appointment to teacher trustee positions; however, the Speaker of the Senate and the Speaker of the House of Representatives need not appoint any person so recommended.

(B) Each teacher member shall serve a three-year term;

The term of the teacher representative from west Tennessee will expire May 31, 2014; that position is currently vacant due to the retirement of the former Committee member. Benefits Administration has requested a replacement appointment from the Speaker of the Senate.

3. What per diem or travel reimbursements do members receive? How much was paid to committee members in fiscal year 2012 and to date for 2013?

RESPONSE: In the past, travel and other expenses for the non-state employee members of the Local Education Insurance Committee have been provided by the sponsoring entities (the Tennessee Education Association and the Tennessee School Board Association). Therefore, no per diem or travel reimbursements have been paid from the Local Education Plan. With the change in appointment of the teacher representatives through the legislature, Benefits Administration will develop a procedure to reimburse teacher representatives as an administrative expense of the plan starting in FY2014.

4. What were the committee’s revenues (by source) and expenditures (by object) for fiscal year 2012 and to date for 2013? Does the committee carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the committee does not carry a fund balance, what was the source of the revenue for the excess expenditures?

RESPONSE: The Local Education Insurance Committee itself receives no revenues and incurs no expenditures during the course of its operation. Revenues and expenses for the Local Education Plan are reported in the Comprehensive Annual Financial Report as teacher group insurance fund in the enterprise funds.

The Division of Benefits Administration reports to the Local Education Insurance Committee information concerning plan revenues and expenditures for the plans on a calendar year basis as benefits and premiums are determined on that time period. During FY12 the Local Education Plan collected over \$439 million in premiums and paid out over \$416 million in health insurance benefits and over \$26 million in expenses. The operating loss of approximately \$3 million was covered from Local Education Plan fund balance.

5. How many times has the committee met in the past two years and how many members were present at each meeting? How often did committee staff meet during that period?

RESPONSE: During the past two years, the Local Education Insurance Committee met on the following dates:

May 4, 2011*	9 members present
May 25, 2011	9 members present
July 27, 2011*	9 members present
August 11, 2011*	7 members present
February 14, 2012*	8 members present
March 28, 2012*	6 members present
June 28, 2012*	8 members present
July 11, 2012*	8 members present
December 11, 2012*	8 members present
June 19, 2013*	8 members present

* met jointly with the State and Local Government Insurance Committees

The staff for the Local Education Insurance Committee are within F&A Benefits Administration and meet regularly to discuss operational and benefit issues related to the Local Education Plan.

6. Is the committee subject to Sunshine law requirements (Section 8-44-101 *et seq.*, *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the committee have for informing the public of their meetings and making their minutes available to the public?

RESPONSE: Yes. The Local Education Insurance Committee is subject to the State Sunshine Law requirements. The Committee and Benefits Administration comply with the notice requirements of the law. Notices are posted in the Legislative Plaza in two conspicuous locations at least 24 hours in advance of the meetings. Additionally, an electronic notice is posted on the home page of the Benefits Administration website. We advise the parties who have expressed an interest in notice of the meetings of planned meeting dates and locations. The minutes of meetings of the Local Education Insurance Committee are available, during normal business hours, from Benefits Administration located in the WRS Tennessee Tower.

7. Describe the nature and extent of the committee's activities and any major accomplishments of the past year.

RESPONSE: The Local Education Insurance Committee has responsibility for managing health insurance plans involving employees of 127 school districts and educational co-ops in the State representing 111,125 covered lives. As such, the key accomplishment of the Committee is to provide health plans to local education agency employees and retirees that can be supported by sufficient funding through premiums and other sources to pay for benefits. The Committee deliberates strategies recommended by Benefits Administration to provide affordable and sustainable health benefits. Since the passage of the Patient Protection and Affordable Care Act, the Committee has also ensured that the plans comply with applicable requirements of the health reform law.

In 2011, Benefits Administration successfully launched a major overhaul of the benefit structure and procurements for medical, pharmacy and behavioral health services for the public sector plans administered by the State, Local Education and Local Government Committees. This redesign builds cost containment and health management practices into the overall plan design to increase the accountability of all stakeholders--contractors, providers and members. These changes aim to accomplish the following goals:

- Drive costs down by leveraging state's purchasing power and vendor core competencies
- Give members greater financial stake in their health and health care purchasing decisions

Since launching the Benefits redesign, the Local Education Insurance Plan has continued to evolve the benefits portfolio to support our mission to provide comprehensive, affordable, dependable and sustainable benefits. As a result of these efforts, the average annual rate increase for the Local Education Plan from 2011 to 2014 has been 3.0%, as compared with national annual health insurance rate increases of ~7.5%. In addition, the Plan continues to focus on wellness to address the root causes of our high rates of diabetes and other chronic diseases. These efforts have increased rates of preventive screenings and other measures that will help reduce the disease burden in our Plan.

The Committee periodically conducts research involving the level of benefits and their costs in other public sector plans as well as periodic comparisons of contribution policy and benefit packages available to employees of local education agencies throughout the state. The Local Education Plan offerings are innovative and competitive with the market.

8. Has the committee set goals and measured its performance compared to the goals? What performance indicators or goals does management use to measure the effectiveness and efficiency of the committee? How well has the committee performed, based on those performance indicators?

RESPONSE: The Committee's principle responsibility as contained in Section 8-27-301, *Tennessee Code Annotated* is to provide and maintain a group insurance plan for Local Education Agencies; the most important measure of performance is to properly fund both the operating expenses and reserve requirements associated with the Plan. As outlined in its Annual Report for 2011, the Committee has met that principle requirement. Benefits Administration, as an organizational component of the Department of Finance and Administration, participates in performance based budgeting and consequently, has established specific criteria for measuring and is benchmarking against those targets. In addition, our goal is to continue to manage the Plan so that premium rate increases are less than the national medical trend. As noted above in question 7, the Plan has been successful in achieving this target.

9. What reports does the committee prepare on its operations, activities, and accomplishments, and who receives those reports? Describe any reports required by statute, rule, or policy. Please attach copies of the latest edition of all such reports.

RESPONSE: The Local Education Insurance Committee has prepared, along with the other state sponsored Plans, an Annual Report which is distributed by Benefits Administration. Those reports are received by each employer participating in one of the plans, Members of the General Assembly, and members of the Insurance Committees. The annual report is not required by statute nor is there a reporting requirement laid out in either rule or policy. The purpose of the annual report is to provide a reasonable summary of the Plan's activities for plan members, participating employers, public policy makers and the public. A copy of the latest published Annual Report is found here: http://www.tn.gov/finance/ins/pdf/11annrpt_rev.pdf. We are in the process of compiling information for the 2012 Annual Report.

10. Does the committee have a web site? If so, please provide its web address. What kind of public information is provided on the site?

RESPONSE: Benefits Administration maintains a website <http://www.tn.gov/finance/ins/>. The website provides access to details concerning the state sponsored plans, contains all forms required to make additions or changes to employee insurance coverage, the plan documents, other publications prepared by Benefits Administration and detailed information concerning plan financing. The website contains links to detailed information about all health insurance carriers and the Summary of Benefits Comparison required by PPACA. Additional information about the

health benefit is found through the ParTners for Health link, accessed from the home page.
<http://www.partnersforhealthtn.gov/> .

11. Has the committee promulgated rules as authorized by Section 8-27-301(f), *Tennessee*

RESPONSE: The Committee has not promulgated rules under the provisions as authorized in 8-27-301(f) but has developed a Plan Document that governs the administration of the Local Education Plan and details plan eligibility and benefits available through the Plan. Additionally, the Local Education Insurance Committee adopted procedures for the handling and resolution of disputes regarding benefits of the Insurance Plan as authorized in subsection (g).

12. Section 8-27-301(b), *Tennessee Code Annotated*, authorizes the committee to "enter into contracts with insurance companies, claims administrators and other organizations for some or all of the insurance benefits or services" required under this chapter. At the present time, how many such contracts is the committee a party to and what procedures does the committee have to monitor the contracts?

RESPONSE: Currently the Local Education Committee is a party to 15 contracts with either claims administrators or organizations related to our insurance benefits and services. The Committee votes to approve Contracts with the Vendors selected through a competitive request for proposal (RFP) process. Updates or amendments to the Contracts are also brought before the Committee for approval. The Committee is made aware of the maximum liability amount for each Contract as well as the price per plan member or unit, whichever is applicable. The State, Local Education and Local Government Insurance Committees have an Audit Committee, whose primary purpose is to assist the Insurance Committees in fulfilling their oversight responsibilities with respect to the financial reporting process, the system of internal controls and risk management and the internal and external audit process. The Audit Committee is a standing committee of the Insurance Committees and includes a member of the Local Education Insurance Committee.

13. At the present time, how many local education agencies are covered under the group insurance plan described in Section 8-27-302(a), *Tennessee Code Annotated*? How many local education agencies have their own plans that have been deemed to be equal or superior to the basic plan?

RESPONSE: Currently there are 127 school systems covered under the Local Education Plan. Currently there are 12 school systems covered under their own equal or superior plans.

14. Please describe what programs or procedures the committee has to carry out the periodic evaluation of local plans required by Section 8-27-303(g), *Tennessee Code Annotated*. How often are local plans reevaluated?

RESPONSE: Benefits Administration requests a copy of the school systems current health insurance plan design which is compared to the Local Education Plan's Basic Health Plan. The plan design must contain a minimum of any co-pays, deductibles, co-insurance, out of pocket

maximum, or pharmacy benefits. Once our office receives the requested information we submit it to our consulting actuary, AonHewitt, for their assessment of the equal or superior rating.

As instructed by TCA code 8-27-303(g) *The committee shall periodically evaluate local plans determined to be equal or superior to the basic plan to ensure that such plans maintain benefits equal or superior to the basic plan.* The last evaluation was conducted in 2011.

15. During the last two full fiscal years, how many local education agencies had plans that were found to be inferior to the basic plan?

RESPONSE: One school system was determined to be inferior to the basic plan in the 2011 evaluation process. That school system enrolled in the Local Education Plan effective January 1, 2012.

16. How does the committee ensure that its members and staff are operating in an impartial manner and that there are no conflicts of interest? If the committee operates under a formal conflict of interest policy, please attach a copy of that policy.

RESPONSE: All employees receive a copy and sign a form acknowledging that they have received and read the contents of TCA 8-50-506 Career service employees – Financial disclosure law (see below).

8-50-506. Career service employees - Financial disclosure. –

(a) No employee in the career service under chapter 30 of this title, shall be required by the appointing authority to submit a disclosure statement or any financial disclosure statement, unless such employee or a member of the employee's immediate family has a financial interest with a value of more than five thousand dollars (\$5,000) which would constitute a conflict of interest or a potential conflict of interest under state law or the department of human resources' policy or other departmental policy.

(b) Notwithstanding the provisions of subsection (a) to the contrary, the appointing authority shall require any employee or person whose duties are to regulate, inspect, audit or procure goods or services or to administer tax laws to disclose the employee's or a member of the employee's immediate family's financial interests that would constitute a conflict of interest or a potential conflict of interest under state law or the department of human resources' policy or other departmental policy. Disclosures are required for individuals who have authority over these persons or these functions.

(c) Disclosure to the immediate supervisor is required at the time an assignment is received which could result in a conflict. The immediate supervisor would then determine if a conflict exists which warrants reassignment of that task to another employee.

(d) [Deleted by 2007 amendment.]

(e) The appointing authority has responsibility for clearly communicating these provisions in writing to agency employees upon hiring and annually thereafter.

17. Describe any items related to the committee that require legislative attention and your proposed legislative changes. Are any changes needed in the committee's enforcement powers or in level of regulatory activity?

Benefits Administration is not aware of any items related to the Committee that require legislative attention at this time. The Council on Pensions and Insurance provides oversight in this area and the operation of the state sponsored plans is periodically reviewed with the Council, the Fiscal Review Committee, and the Senate and House Finance Ways and Means Committees.

18. Should the committee be continued? To what extent and in what ways would the absence of the committee endanger the public health, safety or welfare?

RESPONSE: The Local Education Insurance Committee acts much like the board of directors for a large scale insurance plan involving the provision of benefits to over 111,000 local education agency employees, retirees and their covered dependents. It is the position of Benefits Administration that the Committee represents an effective and efficient mechanism for establishing direction, both administrative and financial, for this purpose of providing and maintaining health insurance plans to local education agencies. Without the ability for local education agencies to pool covered lives in a consolidated risk pool, many of these agencies would not be able to provide affordable, comprehensive health insurance to their employees.

19. Please list all committee programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

RESPONSE: NOT APPLICABLE

If the committee does receive federal assistance, please answer questions 20 through 27. If the committee does not receive federal assistance, proceed directly to question 26.

20. Does your committee prepare a Title VI plan? If yes, please provide a copy of the most recent plan. **RESPONSE: NOT APPLICABLE**

21. Does your committee have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues. **RESPONSE: NOT APPLICABLE**

22. To which state or federal agency (if any) does your committee report concerning Title VI? Please describe the information your committee submits to the state or federal government and/or provide a copy of the most recent report submitted. **RESPONSE: NOT APPLICABLE**

23. Describe your committee's actions to ensure that committee staff and clients/program participants understand the requirements of Title VI. **RESPONSE: NOT APPLICABLE**

24. Describe your committee's actions to ensure it is meeting Title VI requirements. Specifically, describe any committee monitoring or tracking activities related to Title VI, and how frequently these activities occur. **RESPONSE: NOT APPLICABLE**

25. Please describe the committee's procedures for handling Title VI complaints. Has your committee received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status). **RESPONSE: NOT APPLICABLE**

26. Please provide a breakdown of current committee staff by title, ethnicity, and gender.

RESPONSE: See the attached breakdown for the entire Benefits Administration staff.

27. Please list all committee contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

Contractor	Edison ID/ Contract Number	Services Provided	Maximum Contract Liability	Ethnicity of Contractor/ Business Owner
Blue Cross Blue Shield of Tennessee	22036	PPO East – Third Party Claims Administrator for Health Plan	\$60,444,217	Not Minority/ Disadvantaged
Blue Cross Blue Shield of Tennessee	22042	PPO Middle– Third Party Claims Administrator for Health Plan	\$57,495,693	Not Minority/ Disadvantaged
Blue Cross Blue Shield of Tennessee	22043	PPO West– Third Party Claims Administrator for Health Plan	\$29,485,236	Not Minority/ Disadvantaged
Connecticut General Life Insurance Company (Cigna)	22045	PPO East– Third Party Claims Administrator for Health Plan	\$44,386,705	Not Minority/ Disadvantaged
Connecticut General Life	22046	PPO Middle– Third Party Claims	\$42,221,482	Not Minority/ Disadvantaged

Insurance Company (Cigna)		Administrator for Health Plan		
Connecticut General Life Insurance Company (Cigna)	22047	PPO West– Third Party Claims Administrator for Health Plan	\$21,652,236	Not Minority/ Disadvantaged
CaremarkPCS Health LLC	23653	Pharmacy Benefits Manager (PBM)	\$17,500,954	Not Minority/ Disadvantaged
Magellan Behavioral Health	28410	Behavioral Health Organization and Employee Assistance Program	\$30,568,966	Not Minority/ Disadvantaged
Truven Health Analytics	3620	Decision Support System & Executive Information System	\$2,495,600	Not Minority/ Disadvantaged
Delta Dental	22446	Preferred Dental Organization (PDO)	\$68,210,000	Not Minority/ Disadvantaged
Union Security Insurance Co.	21851	Prepaid dental	\$14,106,000	Not Minority/ Disadvantaged
EyeMed Vision Care, LLC	33248	Optional Vision Plan	\$16,373,768	Not Minority/ Disadvantaged
Aon Consultants, Inc.	33213	Benefit Consultants and Actuaries	\$3,434,050	Not Minority/ Disadvantaged
American Healthways Svc.	33009	Health Management & Wellness Services	\$94,929,024	Not Minority/ Disadvantaged
Truven Health Analytics	21137	Early Retiree Reinsurance	\$369,500	Not Minority/ Disadvantaged

NOTE: These contracts are for the combined services offered to all three Insurance Committees (State, Local Government, and Local Education). The Maximum Liability represents service provided to all three Committees. Local education agencies make up approximately 40% of the total lives covered (276,998) by all three plans.

First Name	Last Name	Title	Gender	Ethnicity
John	Allen	DIRECTOR BHO SERVICES	M	01
Michael	Anderson	RETIREMENT ANALYST 1	M	01
Keith	Athow	DIRECTOR PHARMACY SERVICES	M	01
Darlene	Bailey-Lentz	TRAINER	F	01
Kayali	Bennett	BENEFITS ANALYST 1	F	02
Peggy	Birthrong	INSURANCE BENEFITS MANAGER	F	01
Gena	Bishop	BILLING SPECIALIST	F	01
Renona	Black	BENEFITS ANALYST 1	F	02
Holly	Blakemore	INSURANCE BENEFITS ANALYST	F	02
Renee	Boles	BILLING & RETIREMENT MANAGER	F	01
Seannalyn	Brandmeir	OUTREACH COORDINATOR	F	01
Eric	Brewer	AUDITOR 4	M	01
Jo	Brinn	BILLING SPECIALIST	F	01
Sherry	Buchanan	ADMIN SERVICES ASSISTANT 4	F	01
Joshua	Burns	AUDITOR 3	M	01
Dick	Chapman	LEGISLATIVE LIASON	M	01
Sylvia	Chunn	PROCUREMENT MANAGER	F	02
Richard	Cobb	RETIREMENT ANALYST	M	01
Kristin	Coile	LEGISLATIVE LIASON	F	01
Melody	Craft	ADMIN SERVICES ASSISTANT 2	F	01
Brian	Cunningham	RETIREMENT ANALYST 1	F	01
Pamela	Davis	QA SPECIALIST	F	02
Tony	Del Priore	SERVICE CENTER DIRECTOR	M	08
Kathy	Dugan	PROGRAM INTEGRITY SPECIALIST	F	01
Jeff	Frame	RETIREMENT ANALYST 3	M	01
Tracey	Frame	BILLING SPECIALIST	F	01
David	Freyer	ADMIN ASSISTANT 1	M	01
Angie	Gargaro	RETIREMENT SPECIALIST	F	01
Laurie	Gibbs	QA ANALYST	F	01
Kendra	Gipson	PUBLIC PLANS DIRECTOR	F	01
Pamela	Goodwin	INSURANCE BENEFITS ANALYST	F	02
Debbie	Gordon	CONTRACT COMPLIANCE MANAGER	F	01
Takashi	Gordon	BART SPECIALIST	F	02
Connie	Guthrie	BILLING SPECIALIST	F	01
Lauren	Hall	PUBLIC INFORMATION OFFICER	F	01
Brenda	Hamner	INSURANCE BENEFITS ANALYST 3	F	01
Pamela	Hodges	INSURANCE BENEFITS ANALYST	F	01
Greta	Hollar	SOCIAL MEDIA SPECIALIST	F	01
Melissa	Horsley	BILLING SPECIALIST	F	01
Elaine	Johnson	INSURANCE BENEFITS ANALYST	F	02
Tresa	Jones	PUBLIC PLANS ASST DIRECTOR	F	01
Cindy	Kessler	OPTIONAL PLANS MANAGER	F	01
Sandra	Klukas	RETIREMENT SPECIALIST	F	01
Debby	Koch	COMMUNICATION DIRECTOR	F	01
Sherri	Lawrence	TRAINER	F	01
Laurie	Lee	FA PROGRAM DIRECTOR 3	F	01
Teresa	Liles	PROGRAM INTEGRITY MANAGER	F	01
Jim	Lodl	ADMIN ASSISTANT 1	M	01
Vanessia	London	ADMIN SUPPORT MANAGER	F	02
Christa	Martin	FINANCIAL & PRGM INTEGRITY DIR	F	01
Rodney	Martin	INSURANCE BENEFITS ANALYST 3	M	02
Melanie	Mayes	ADMIN SERVICES ASSISTANT 4	F	01
Scott	McAnally	LEGISLATIVE & POLICY RESEARCH	M	01
Elaine	McDonald	RETIREMENT ANALYST 2	F	02
Kassa	Mengistu	BILLING SPECIALIST	M	
Alisa	Minton	COMMUNICATION MANAGER	F	01
Christopher	Moore	INSURANCE BENEFITS ANALYST 1	M	01
Valerie	Payne	ADMIN ASSISTANT	F	02
Aaron	Perkins	SYSTEMS SUPPORT SPECIALIST	M	01
Jessica	Phillips	TRAINER	F	02
Steven	Porter	BILLING ANALYST 3	M	01

Doretha	Rhodes	INSURANCE BENEFITS ANALYST	F	02
Jonathan	Robinson	INSURANCE BENEFITS ANALYST	M	02
Rose	Sanders	RETIREMENT SPECIALIST	F	01
Jereme	Sanders	INSURANCE BENEFITS ANALYST	M	01
Robert	Schlink	INSURANCE BENEFITS ANALYST	M	01
Dana	Simons	SYSTEM SUPPORT MANAGER	F	01
Bob	Smith	DIRECTOR OPTIONAL PRODUCT SERVICES	M	01
Kim	Smith	INSURANCE BENEFITS ANALYST	F	02
Gary	Smith	INSURANCE BENEFITS ANALYST	M	02
Stephanie	Stedry	INSURANCE BENEFITS ANALYST 3	F	01
Patrice	Steinhart	FA PROGRAM DIRECTOR 2	F	01
Kathy	Stubblefield	RETIREMENT ANALYST 2	F	01
Larrissa	Sweatt	INSURANCE BENEFITS ANALYST DEATH CLAIM ANALYST	F	02
Marilyn	Talbot	PUBLIC PLANS ADMIN ASSISTANT	F	01
Georganna	Thomas	ADMIN SECRETARY	F	01
Paige	Turner	DIRECTOR OF EMPLOYEE WELLNESS	F	01
Vanessa	Watson-Hill	SYSTEM SUPPORT IRSS 4	F	02
Linda	Whitlock	INSURANCE BENEFITS ANALYST 3	F	01
Timothy	Winkles	QA SPECIALIST	M	01
Melissa	Wiseman	SERVICE CENTER DIRECTOR	F	01
James	Wormann	INSURANCE BENEFITS ANALYST	M	01
		01 – White		
		02 – Black or African American		
		03 – Hispanic or Latino		
		04 - Asian		
		05 – American Indian or Alaska Native		
		06 – Unknown		
		08 - Other		