The State of Kansas State Employees Health Care Commission (HCC) meeting was called to order on Tuesday, June 2, 2026, at 9:00 a.m. The meeting was conducted in person at the KPERS Board Room in Topeka, Kansas, with a virtual video broadcast available to the public using YouTube and the SEHP website.

The following HCC members were present:

- Commission Chair Adam Proffitt - present
- Commissioner Cristi Cain - present
- Commissioner Steve Dechant – present
- Commissioner Anthony Hensley – present (virtual)
- Commissioner William Sutton – present
- Commissioner Vicki Schmidt – present

The following staff members were present:

- Jennifer Flory, SEHP Director
- Pete Nagurny, SEHP Deputy Director, Finance and Administration
- Paul Roberts, SEHP Deputy Director, Health Plan Operations
- Michelle Lopez, Assistant Manager, Health Plan Operations
- Cris Loomis, Administrative Director
- Anna Garner, SEHP RFP & Project Analyst
- Jordan Brewer, Department of Administration Chief Counsel
- Tracy Diel, Department of Administration Counsel
- Melanie Ingleby, Segal Consulting
- Kirsten Schatten, Segal Consulting

Topic	Discussion	Action	Follow-up
Welcome and Roll Call	Commission Chair Adam Proffitt called the meeting to order at 9:00 a.m.		
1. Approval of Minutes	Commission Chair Adam Proffitt opened the floor for any comments or edits. No edits were suggested.	Commissioner Dechant made a motion to approve the minutes for May 11, 2026. 2nd – Commissioner Cain. The motion was passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant - Yes • Commissioner Anthony Hensley - Yes • Commissioner Vicki Schmidt - Yes	
2. Preferred Lab Vendor Contracts	Director Jennifer Flory presented the Preferred Lab contract bids for consideration.	Commissioner Cain made a motion to award a three (3) year contract to Quest Diagnostics, Stormont Vail Health, and The University of Kansas Health System. 2nd-Commissioner Dechant. The motion passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant - Yes • Commissioner Anthony Hensley - Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt - Yes	

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3. Pharmacy Transparency Vendor Contract	Director Jennifer Flory presented the Pharmacy Transparency Tool contract bid for consideration.	Commissioner Sutton made a motion to award a three (3) year contract to Rx Savings Solutions. 2nd-Commissioner Dechant. The motion passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant - Yes • Commissioner Anthony Hensley - Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt - Yes	Secretary Proffitt requested Rx Savings provide additional details regarding the $3.6 M plan savings.
4. Voluntary Insurance Contract	Director Jennifer Flory presented the Voluntary Insurance contract bids for consideration.	Commissioner Dechant made a motion to award a three (3) year contract to MetLife. 2nd-Commissioner Sutton. The motion passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant -Yes • Commissioner Anthony Hensley - Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt - Yes	
5. Financial Report	Melanie Ingleby, Segal Consulting, presented a summary of the financial update, including data through the end of April 2026 and the key assumptions included in the projections.		

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6. 2027 Plan Design and Rates		Commissioner Schmidt made a motion to eliminate GLP-1 coverage for Anti-Obesity Medications (AOM) for plan year 2027 and as soon as possible this plan year. 2nd- None Motion Failed Commissioner Schmidt made a motion to add a $300 copay for a 30-day supply of GLP-1 Anti-Obesity Medications. 2nd- Commissioner Dechant Commissioner Schmidt withdrew the motion and made a new motion to add a $200 copay for a 30-day supply of GLP-1 for Anti-Obesity Medications. 2nd- None Motion Failed Commissioner Schmidt made a motion to increase the Plan C and Plan N member plus deductibles to $3,500 for the first deductible, as required by the Internal Revenue Service.	Secretary Proffitt requested that Segal and Caremark model cost-sharing arrangements that provide increased member cost sharing and net cost savings to the plan for the August meeting.

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		2nd- Commissioner Cain The motion passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant -Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt – Yes Commissioner Dechant made a motion to eliminate the Plan A Special Case pharmacy tier. 2nd- Commissioner Cain The motion passed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant -Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt – Yes Commissioner Schmidt made a motion to decrease the Specialist Office visit copay to $50. 2nd- Commissioner Cain The motion failed with a roll call: • Commissioner Cristi Cain - Yes • Commissioner Steve Dechant -No • Commissioner William Sutton - No • Commissioner Vicki Schmidt – Yes	

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		Commissioner Dechant made a motion to apply the Plan A deductible to both medical and pharmacy costs. 2nd- Commissioner Sutton The motion failed with a roll call vote: • Commissioner Cristi Cain - No • Commissioner Steve Dechant -Yes • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt – No Commissioner Dechant made a motion to: • Increase the Employee rate for both Aetna and Blue Cross and Blue Shield of Kansas by 10% • Increase the Employer contribution rate by 15% • Increase the Plan A Deductible from $1,000/$2,000 to $1,250/$2,500 • Increase the Plan C member plus dependent coverage tiers Deductibles: from $3,400/$5,500 to $3,500 /$5,700 • Increase the Plan N member plus dependents coverage tiers Deductibles: from $3,400/$5,500 to $3,500 /$5,700 • Increase the Plan C Single only Deductible from $2,750 to $2,900 • Increase the Plan N Single only Deductible from $2,750 to $2,900	

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		• Increase the Plan A OOP max from $5,250/$10,500 to $5,500/$11,000 • Increase the Plan C OOP Max from $4,500/$9,000 to $4,750/$9,500 • Increase the Plan N OOP Max from $6,650/$13,300 to $6,900/$13,800 • Increase the Plan J OOP Max from $7,350/$14,700 to $7,600/$15,200 *Commissioner Dechant amended his previous motion to:* • Increases the Employee rate by 10% for Aetna and 15% for Blue Cross and Blue Shield of Kansas • Increase the Employer contribution rate by 15% • Increase the Plan A Deductible from $1,000/$2,000 to $1,250/$2,500 • Increase the Plan C member plus dependent coverage tiers Deductibles: from $3,400/$5,500 to $3,500 /$5,700 • Increase the Plan N member plus dependents coverage tiers Deductibles: from $3,400/$5,500 to $3,500 /$5,700 • Increase the Plan C Single only Deductible from $2,750 to $2,900 • Increase the Plan N Single only Deductible from $2,750 to $2,900	

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		of 10% increase, no increase on Aetna and the Employer Contribution to 16%. 2nd- None Substitute Motion Fails Original Motion: Commission Schmidt made a motion to increase the Employee rate for Blue Cross and Blue Shield of Kansas by 15%, no increase for Aetna and increase the Employer contribution to 16%. The motion failed with a roll call: • Commissioner Cristi Cain - No • Commissioner Steve Dechant -No • Commissioner William Sutton - Yes • Commissioner Vicki Schmidt – No *Commissioner Dechant made a motion:* • Increase the Employer contribution rate by 16% • Increase the Employee rate for Blue Cross and Blue Shield of Kansas by 10%, with no increase for Aetna. • Increase the Plan A Deductible from $1,000/$2,000 to $1,250/$2,500 • Increase the Plan C member plus dependent coverage tiers Deductibles: from $3,400/$5,500 to $3,500 /$5,700	

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Topic	Discussion	Action	Follow-up
		Commissioner Dechant: *Explanation of vote from Commissioner Dechant: I am certainly not speaking for the rest of the Commissioners, but my motion was not one I took lightly given the dramatic changes not only in out of pocket direct costs on a monthly basis, but as well as to the deductibles and coinsurance. We are looking at ending in a terrible position this year, and what we have done with these changes will hopefully keep us from ending next year no worse than we are now. I'm not sure what we'll do if we have a similar course of events re-occur in 2027. That would simply wipe out the projected balance we have. I'm hopeful that what we project is what's going to happen. We need to see what is projected then into 28 and beyond. In the future as a commission, we've got to look at that target balance as not just simply a nice thing, but something that really must be taken seriously so that when circumstances happen with expenses, we can easily absorb it and not be looking at having to make large, dramatic changes just to stay precipitously solvent. So, again, for myself, I certainly didn't do so lightly but feel in terms of being responsible that it had to be done. We have got to get the reserve balance back up there where it should be or what is legislatively mandated. I think what's happened demonstrates we must keep that or stay pretty darn close to it and not feel like we are flush with cash just because we have $60 or $70 million in the reserve. We have it for a reason. Thank you.* ***Secretary Proffitt:***	

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		Explanation of vote from Secretary Proffitt: *Along those same lines, as we look toward future Health Care Commissions and whoever might be sitting in these chairs might be, my comfort level with being able to get to a yes vote here is there is a 0 percent price increase option on the monthly premium, a price increase on the back side should somebody back up against the out of pocket max. But as I look at the out years the 3.9 percent, my sincere hope for whoever follows us in these chairs is we stick to that or find ways to mitigate that. Given what I do professionally, I understand the numbers quite well, probably as well as anybody. Those are hugely important, and we have to take those into consideration. On the other side of this mandate is the statute for this commission to provide the best possible coverage for state employees and take that into account as well. That's my sincere hope as we move this thing forward. That would be my explanation of vote.* ***Commissioner Schmidt:*** *Explanation of vote from Commissioner Schmidt:* *I am voting "No" on the motion to approve a 16% increase on state employer and non-state employer premium contributions and a 10% increase on employee contributions for those selecting BCBSKS and a 0% increase on employee contribution for those choosing Aetna, along with plan design changes,*	

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		which include increasing deductibles and maximum out of pocket expenses as stated on the record: • *We were told at the May meeting that prior to June's meeting we would be provided several projected options for employee share differentials for Aetna and BCBSKS. Then at this meeting we were told that Segal/commission staff prepared such proposals, but was directed by the chairman not to share them with the commission members prior to the meeting. This is simply unacceptable. It was the Chairman who made the motion allowing for a differential between the two plans. I abstained from voting on that motion due to lack of information, among other reasons. By denying the differential projection information in advance of this meeting, the Chairman put us in a position to vote on an issue without proper time to review and consider our options.* • *We have been provided either, inaccurate or confusing, material by CVS Caremark. In May, we were given costs/plan member for GLP-1 medication for obesity management. Now in June, we are given completely different calculations for the cost, with one being almost 50% different. The only explanation was that CVS Caremark lowered the costs after being questioned by Segal. Why were the numbers so much higher in May? Have we been over paying? What were the specific reasons for the changes? I have almost no confidence in the*	

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		accuracy of the information being provided to Commission members by CVS Caremark. • *Instead of significantly increasing the burden to taxpayers and all state employees selecting BCBSKS, I believe we should have discontinued coverage for GLP-1 medications for obesity management. This would have saved us approximately 8.1 million in plan year 27' and a total of over 35 million for plan years 27'-30'. This would have prevented the Commission from having to pass a 16% increase in premiums onto taxpayers and a 10% increase onto individuals choosing BCBSKS.* *State employees and Kansas taxpayers are not properly served when there is inaccurate or incomplete information provided to Commission members. We should not make such important decisions without being properly informed prior to Commission meetings. I believe we had better options that would not have put such a significant financial burden on Kansas tax payers and state employees. Therefore, I must vote "No".*	
Next Meeting:	August 18, 2026, at 9:30 a.m. in the KPERS conference room, first floor.		

Topic	Discussion	Action	Follow-up
The meeting was adjourned at 12:27 pm.			