

EXECUTIVE COMMITTEE MEETING

Thursday, April 15, 2021

MEETING DETAILS

Meeting Details

Meeting Agenda

Welcome

Roll Call

Public Comment

Approval of
Minutes

Information /
Discussion /
Action Items

Other Business

Adjournment

What: Executive Committee Virtual Meeting

When: Thursday, April 15, 2021
2:00 p.m. – 3:30 p.m.

Where: Virtual Meeting via Zoom

Link: <https://careersourcecf.zoom.us/j/92694445910?pwd=TkpkT3dGdGdyeUVzdWRxa1V1MWx6Zz09>

Dial In: 1 (929) 205-6099

Meeting ID: 926 9444 5910 / **Password:** 053336

4/15/21 EXECUTIVE COMMITTEE VIRTUAL MEETING AGENDA

- Meeting Details
- ▶ Meeting Agenda
- Welcome
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Agenda Item	Topic	Presenter	Action Item
1.	Welcome	Mark Wylie	
2.	Roll Call / Establishment of Quorum	Kaz Kasal	
3.	Public Comment		
4.	Approval of Minutes	Mark Wylie	
	A. <u>2/18/21 Executive Committee Meeting</u>		X
5.	Information / Discussion / Action Items		
	A. Chair’s Report	Mark Wylie	
	B. President’s Report	Pam Nabors	
	C. Committee Reports		
	1) Audit (<i>no meeting currently scheduled</i>)	Larry Walter	
	2) Career Services (<i>met on 3/25/21</i>)	Dr. Kathleen Plinske	
	a) <u>Expanding Emerging Career Training Programs</u>		
	3) Community Engagement (<i>meeting on 5/17/21</i>)	Jody Wood	
	4) Facilities Ad Hoc (<i>no meeting currently scheduled</i>)	Matt Walton	
	5) Finance (<i>met on 4/13/21</i>)	Eric Ushkowitz	
	a) <u>FY 2021-2022 Health Insurance Plan Renewal Update</u>		X
	6) Governance (<i>meeting on 5/12/21</i>)	Richard Sweat	
	7) Revenue Diversity Ad Hoc (<i>met on 3/10/21</i>)	Eric Jackson	
	D. <u>4/23/21 Board Meeting/Retreat Agenda</u>	Mark Wylie	
6.	Other Business		
7.	Adjournment		



UPCOMING MEETINGS

Meeting Details

▶ Meeting Agenda

Welcome

Executive Committee Meeting

6/17/21

9:00 a.m. – 10:30 a.m.

Roll Call

Consortium & Board Meeting

6/24/21

9:00 a.m. - 11:00 a.m.

Public Comment

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Other Business

Adjournment

WELCOME



Meeting Details

Meeting Agenda

Welcome

▶ Roll Call

Public Comment

Approval of Minutes

Information / Discussion / Action Items

Other Business

Adjournment

ROLL CALL / ESTABLISHMENT OF QUORUM

Meeting Details

Meeting Agenda

Welcome

Roll Call

Public Comment

Approval of Minutes

Information / Discussion / Action Items

Other Business

Adjournment

PUBLIC COMMENT



Meeting Details

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APPROVAL OF MINUTES



**Draft
Executive Committee Meeting**

Thursday, February 18, 2021, 2:00 p.m.

MINUTES

MEMBERS PRESENT: Mark Wylie, Paul Bough, Jeff Hayward, Eric Jackson, Sheri Olson, Kathleen Plinske, Eric Ushkowitz, Larry Walter, Matt Walton and Jody Wood

MEMBERS ABSENT: Richard Sweat

STAFF PRESENT: Pam Nabors, Lisa Burby, Carla Sosa, and Kaz Kasal

GUEST PRESENT: Heather Ramos / GrayRobinson

Agenda Item	Topic	Action Item / Follow Up Item
1	Welcome Mr. Wylie, CSCF Chair, called the meeting to order at 2:01 p.m.	
2	Roll Call / Establishment of Quorum Ms. Kasal, Executive Coordinator, reported a quorum present.	
3	Public Comment None offered.	
4	Action Items <u>Approval of Minutes – 12/10/20 Executive Committee Meetings</u> <ul style="list-style-type: none"> • Reviewed minutes (attachment). 	Mr. Walter made a motion to approve the draft minutes from the 12/10/20 Executive Committee meeting. Mr. Walton seconded; motion passed unanimously.
5	Information/Discussion /Action Items <u>Chair's Report:</u> <ul style="list-style-type: none"> • Congratulated Dr. Plinkse on her upcoming role as President of Valencia College. <u>President's Report</u> <ul style="list-style-type: none"> • Thanked Mr. Wylie for his continued business engagement support by connecting another construction business to CSCF. • CSCF is partnering with Lockheed Martin and Tesla to provide recruiting support. • Reviewed State activities. • Reviewed legal update. • Reviewed "Help Is Here" wrap-up and current "Help Is Here Central Florida" extension, with NEG funds, to all 5 counties. • Reviewed Opioid grant updates – newly hired Ms. Maura King to oversee the project. • Board training next week – recording will be provided to all Board members. • Staff Town Halls currently underway. 	



Committee Reports

Audit

Mr. Walter, Audit Committee Chair, reported on the following:

- Met jointly with Finance Committee on 2/9/21.
- Reviewed and accepted the Audit results for FY 2019-2020 - clean audit, no findings. Approved to forward for Board approval.
- Reviewed DEO's FY 2019-2020 Monitoring results for both program and fiscal - there were no findings and two small observations. Approved to forward for Board approval.

Career Services

Dr. Plinske, Career Services Committee Chair, reported on the following:

- Met on 1/28/21.
- Reviewed scorecard performance through 1st half of FY (7/1/20 – 12/31/20).
- Reviewed youth engagement challenges and opportunities.
- Reviewed business service strategies to enhance services and increase job placements.
- Discussed how to best align CSCF services to unique needs seen in the community.

Community Engagement

Ms. Wood, Community Engagement Committee Chair, reported on the following:

- Met on 1/12/21.
- Reviewed results of HIH campaign.
- Reviewed priorities for 3rd & 4th quarters.
- Reviewed charter, no changes at this point.
- Discussed ways to network in the business community to promote CSCF, as well as building relationships and engagement.

Facilities Ad Hoc Committee

Mr. Walton, Facilities Committee Chair, relayed updates on Seminole County lease. Southeast Orange's lease will expire September 2021 and the Committee will be scheduling a meeting to review lease prior to that time.

Finance Committee

Mr. Ushkowitz, Finance Committee Co-Chair, reported on the following:

- Met jointly with Audit Committee on 2/9/21.
- Reviewed financials through 12/31/20.
- Reviewed Retirement Plan updates.
- Reviewed and concurred to forward for Board approval budget adjustment of additional revenue totaling \$9.5M.



	<p><u>Governance</u> Ms. Nabors, on behalf for Mr. Sweat, Governance Committee Chair, reported on the following:</p> <ul style="list-style-type: none"> • Met on 1/20/21. • Reviewed Board Engagement activities 7/1/20 thru 12/31/20. • Reviewed new process for calculating enterprise assessment and priorities. • Revising Bylaws to align with DEO's new subagreement to be reviewed at next Committee meeting. <p><u>Revenue Diversity Ad Hoc</u> Mr. Jackson, Revenue Diversity Ad Hoc Committee Chair, informed the next meeting will be scheduled on 3/10/21.</p> <p><u>2/25/21 Board Meeting Agenda</u></p> <ul style="list-style-type: none"> • Reviewed agenda for 2/21/21 Board Meeting. 	
6	<p>Other Business</p> <ul style="list-style-type: none"> • Committee provided updates of their organizations during ongoing pandemic environment. 	
7	<p>Adjournment Meeting adjourned at 2:51 pm.</p>	

Respectfully submitted,

Kaz Kasal
Executive Coordinator

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INFORMATION / DISCUSSION / ACTION ITEMS



INFO ITEM

To: Executive Committee
From: Career Services Committee
Subject: Info – Approval to Expand Career Training in 21-22 Budget
Date: 4/15/21

PURPOSE:

- To gain approval from the Executive Committee to expand career training opportunities in FY 21-22 budget to include emerging markets in addition to the current six HGIs (High Growth Industries).

BACKGROUND:

- Since 2019, CSCF has invested in training career seekers in the following HGIs:
 - Advanced Manufacturing
 - Construction/Utilities
 - Healthcare
 - Hospitality
 - Trade and Logistics
 - IT and Finance

As the current market evolves due to COVID-19, it is critical that CSCF be responsive and adaptable to the changing needs in the local workforce. As such, a data analysis was conducted to explore these workforce needs and that data validated there were emerging markets / in-demand occupations that should be considered for training investments and the delivery of talent solutions to career seekers and businesses, and was presented to the Career Services Committee on 3/25/21.

RECOMMENDATION:

CSCF recommends that training investments and opportunities be expanded to include emerging, in-demand occupations in addition to its HGI strategy.

Action Item:

- Career Services Committee recommends the Board of Directors approve expanding career training opportunities in FY 21-22 budget to include emerging markets outside the current six HGIs (High Growth Industries).



Action Memorandum

To: Executive Committee
From: Leo Alvarez
Subject: CareerSource Central Florida – Employee Benefits
Date: April 15, 2021

Purpose:

To provide a recommendation to the Executive Committee regarding the Fiscal Year 2021-22 employee health benefits renewal.

Background:

CareerSource Central Florida staff met with the health benefits broker, OneDigital to discuss medical benefit renewal options. The loss ratio for the Cigna plan (claims vs premiums) ran at 111% over the last 12-month period (1/1/20-12/31/20). There were several large claimants that factored into the renewal increase and several are predicted to be ongoing. CSCF's broker took the plan to market received multiple quotes. Several carriers were uncompetitive in pricing or plan design. However, two carriers have favorable rates by utilizing HMO or narrow networks for some of the plan options. Below is a recap of the renewal options for the new fiscal year.

Option #1 – Renew Cigna Plan

- Cigna's initial renewal called for a 24% increase, which was negotiated to a 17% increase for CSCF's current plans. CSCF's broker was able to negotiate an additional 2%, leaving the total increase at 15% above current to renew with the same plans.
- Update: Cigna has offered additional concession due to the competition from other carriers. The increase is now 9.7% to renew with the same plans.
- Increasing the deductible by \$500 on our richest plans brings the renewal to a 9.3% increase. Additional plan changes have been requested to bring the increase down even further.

Option #2 – Florida Blue

- By moving to Florida Blue's HMO platform for two of the plans and keeping a PPO option for the third, the increase over current pricing would be 4.3%
- Adding an additional PPO option to the mid-level \$1,500 deductible plan brings the renewal to 6.5% (assumes 50% migration between the HMO and PPO option).
- Florida Blue would require some minimal plan design changes
- Florida Blue's HMO network includes both hospital systems in Central Florida, but there would be no out of state coverage, except for emergencies

Option #3 – United Healthcare

- The savings for moving two of the three plans to the HMO/narrow network options with NHP would result in a 4.8% decrease. Neighborhood Health Plans (NHP) is United Healthcare's HMO network. One plan would remain a buy up option that has a broader network with out-of-network coverage available
- However, the NHP HMO network would require using only the AdventHealth hospital system in Central Florida. The network would not have out of state coverage
- United would require some minimal plan design changes

- CSCF will consider plan design changes to offset this increase. The Cigna HMO plans didn't achieve the savings that Florida Blue and United offered

Next Steps

- Review network analysis to determine if the HMO platforms offer enough in-network providers to support all CSCF locations
- Continue rate negotiations with Cigna and Florida Blue.
- Finalize the medical plan options and contributions
- Select a carrier

Dental and Vision

- The recommendation has been made to move dental and vision to MetLife. This will provide an annual savings to CSCF of approximately \$16,222

Life and Disability

- Currently the life and disability plans are in a rate hold with Cigna
- After considering several proposals, the recommendation has been made to move life and disability to The Hartford
- The premium savings for employer paid life and LTD equate to approximately \$17,515 in annual savings
- CSCF would use some of the savings to have The Hartford offer FMLA outsourcing. The cost for this service is \$6,700 annually. By outsourcing FMLA administration, CSCF would reduce its liability risk for FMLA compliance

Action:

1. Staff recommends that the Executive Committee approves continued negotiations with Cigna and Florida Blue and select a health benefits carrier for CareerSource Central Florida's, with a not to exceed increase of 10%.
2. Staff recommends that the Executive Committee select MetLife for dental and vision and The Hartford for Life and Disability coverage.

CareerSource Medical Renewal Benefit Summary Effective July 1, 2021

PROVIDER	Cigna	Cigna	Cigna
PLAN TYPE	Open Access Plus H S A	Open Access Plus \$1500 Deductible	Open Access Plus \$500 Deductible
	Current Plan	Current Plan	Current Plan
IN-NETWORK			
DEDUCTIBLE & MAXIMUMS			
Calendar Year Deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	\$500/\$1,000
Coinsurance (carrier/individual)	100%/0%	80%/20%	100%/0%
Calendar Year Out of Pocket Maximum (individual/family)	\$4,000/Individual \$6,850/Individual in a family \$8,000/Family	\$3,000/\$6,000	\$1,000/\$2,000
Out of Pocket Maximum Includes	Deductible, Coinsurance	Deductible, Coinsurance, Copays	Deductible, Coinsurance, Copays
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES			
Primary Care Office Visit	0% after deductible	\$30 copay	\$25 copay
Specialist Office Visit	0% after deductible	\$60 copay	\$50 copay
Preventive Care (services defined by carrier)	100% Covered	100% Covered	100% Covered
HOSPITAL SERVICES			
Inpatient Hospitalization	0% after deductible	20% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	20% after deductible	0% after deductible
DIAGNOSTIC SERVICES			
X-ray	0% after deductible	Covered 100%	Covered 100%
Labs	0% after deductible	Covered 100%	Covered 100%
MRI, CT Scan, Ultrasound	0% after deductible	Outpatient and Office- \$250 copay	Outpatient and Office- \$250 copay
EMERGENCY SERVICES			
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay
Urgent Care Visit	0% after deductible	\$75 copay	\$75 copay
OTHER BENEFITS			
Rx (Tier 1/Tier 2/Tier 3)	After Deductible; \$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply
NON NETWORK			
Calendar Year Deductible (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$2,000/\$4,000
Coinsurance (carrier/individual)	80%/20%	50%/50%	50%/50%
Calendar Year Out of Pocket Maximum (individual/family)	\$8,000/Individual \$16,000/Individual in a family \$16,000/Family	\$6,000/\$12,000	\$4,000/\$8,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Office Visit	20% after deductible	50% after deductible	50% after deductible
Inpatient Hospitalization	20% after deductible	\$500 per admission, plus 50% deductible does not apply	\$500 per admission, plus 50% deductible does not apply
Outpatient Surgery	20% after deductible	\$500 per admission, plus 50% deductible does not apply	\$500 per admission, plus 50% deductible does not apply
Diagnostic Services	20% after deductible	50% after deductible	50% after deductible
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay
PREMIUMS			
Current Employee Participation	# Enrolled	# Enrolled	# Enrolled
Employee	37	32	8
Employee + Spouse	6	15	1
Employee + Child(ren)	16	23	0
Employee + Family	15	13	1
Total Enrollment	74	83	10
Current Monthly Premiums*			
Employee	\$724.35	\$760.38	\$872.81
Employee + Spouse	\$1,558.12	\$1,627.20	\$1,867.85
Employee + Child(ren)	\$1,353.35	\$1,414.29	\$1,623.45
Employee + Family	\$2,296.77	\$2,395.18	\$2,749.39
Total Monthly Premiums	\$92,255	\$112,406	\$11,600
Total Annual Premiums	\$1,107,058	\$1,348,874	\$139,197
Total Annual Premiums (Combined)	\$2,595,129		
Renewal - Monthly Premiums*	9.72%	9.72%	9.72%
Employee	\$794.76	\$834.29	\$957.65
Employee + Spouse	\$1,709.62	\$1,785.42	\$2,049.36
Employee + Child(ren)	\$1,484.95	\$1,551.80	\$1,781.21
Employee + Family	\$2,520.11	\$2,628.08	\$3,016.56
Total Monthly Premiums	\$101,225	\$123,335	\$12,727
Total Annual Premiums	\$1,214,696	\$1,480,020	\$152,725
Total Annual Premiums (Combined)	\$2,847,442		
Variance in \$\$	\$252,313		
Variance in %	9.7%		

*HSA plan rates do not include \$4.95 PEPM administration fee.

NOTE: This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by the insurance carrier. For a complete description of benefits and exclusions, please review the Benefits Booklet and Schedule of Benefits; its terms prevail.

CareerSource Medical Renewal Benefit Summary Effective July 1, 2021

PROVIDER	Cigna	Cigna	Cigna
PLAN TYPE	Open Access Plus H S A	Open Access Plus \$1500 Deductible	Open Access Plus \$500 Deductible
	Current Plan	Current Plan	Current Plan
IN-NETWORK			
DEDUCTIBLE & MAXIMUMS			
Calendar Year Deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	\$1,000/\$2,000
Coinsurance (carrier/individual)	100%/0%	80%/20%	100%/0%
Calendar Year Out of Pocket Maximum (individual/family)	\$4,000/Individual \$6,850/Individual in a family \$8,000/Family	\$3,000/\$6,000	\$1,000/\$2,000
Out of Pocket Maximum Includes	Deductible, Coinsurance	Deductible, Coinsurance, Copays	Deductible, Coinsurance, Copays
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES			
Primary Care Office Visit	0% after deductible	\$30 copay	\$25 copay
Specialist Office Visit	0% after deductible	\$60 copay	\$50 copay
Preventive Care (services defined by carrier)	100% Covered	100% Covered	100% Covered
HOSPITAL SERVICES			
Inpatient Hospitalization	0% after deductible	20% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	20% after deductible	0% after deductible
DIAGNOSTIC SERVICES			
X-ray	0% after deductible	Covered 100%	Covered 100%
Labs	0% after deductible	Covered 100%	Covered 100%
MRI, CT Scan, Ultrasound	0% after deductible	Outpatient and Office- \$250 copay	Outpatient and Office- \$250 copay
EMERGENCY SERVICES			
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay
Urgent Care Visit	0% after deductible	\$75 copay	\$75 copay
OTHER BENEFITS			
Rx (Tier 1/Tier 2/Tier 3)	After Deductible; \$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply
NON NETWORK			
Calendar Year Deductible (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$2,000/\$4,000
Coinsurance (carrier/individual)	80%/20%	50%/50%	50%/50%
Calendar Year Out of Pocket Maximum (individual/family)	\$8,000/Individual \$16,000/Individual in a family \$16,000/Family	\$6,000/\$12,000	\$4,000/\$8,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Office Visit	20% after deductible	50% after deductible	50% after deductible
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Outpatient Surgery	20% after deductible	\$500 per admission, plus 50% deductible does not apply	\$500 per admission, plus 50% deductible does not apply
Diagnostic Services	20% after deductible	50% after deductible	50% after deductible
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay
PREMIUMS			
Current Employee Participation	# Enrolled	# Enrolled	# Enrolled
Employee	37	32	8
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Employee + Spouse	\$1,558.12	\$1,627.20	\$1,867.85
Employee + Child(ren)	\$1,353.35	\$1,414.29	\$1,623.45
Employee + Family	\$2,296.77	\$2,395.18	\$2,749.39
Total Monthly Premiums	\$92,255	\$112,406	\$11,600
Total Annual Premiums	\$1,107,058	\$1,348,874	\$139,197
Total Annual Premiums (Combined)	\$2,595,129		
Renewal - Monthly Premiums*	9.38%	9.38%	9.38%
Employee	\$792.29	\$831.72	\$954.71
Employee + Spouse	\$1,704.26	\$1,779.85	\$2,043.14
Employee + Child(ren)	\$1,480.29	\$1,546.96	\$1,775.79
Employee + Family	\$2,512.20	\$2,619.87	\$3,007.39
Total Monthly Premiums	\$100,908	\$122,951	\$12,688
Total Annual Premiums	\$1,210,895	\$1,475,414	\$152,259
Total Annual Premiums (Combined)	\$2,838,568		
Variance in \$\$	\$243,439		
Variance in %	9.4%		

*HSA plan rates do not include \$4.95 PEPM administration fee.

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CareerSource Medical Renewal Benefit Summary & Comparison Effective July 1, 2021

PROVIDER	Cigna	Cigna	Cigna	Florida Blue	Florida Blue	Florida Blue	Florida Blue
PLAN TYPE	Open Access Plus H S A	Open Access Plus \$1500 Deductible	Open Access Plus \$500 Deductible	BlueCare HSA 122/123	BlueCare 48	BlueOptions 05904	BlueOptions 05360
	Current Plan	Current Plan	Current Plan	BlueCare HMO	BlueCare HMO	BlueOptions	BlueOptions
DEDUCTIBLE & MAXIMUMS							
Calendar Year Deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	\$500/\$1,000	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000	\$500/\$1,000
Coinsurance (carrier/individual)	100%/0%	80%/20%	100%/0%	100%/0%	80%/20%	80%/20%	100%/0%
Calendar Year Out of Pocket Maximum (individual/family)	\$4,000/Individual \$6,850/Individual in a family \$8,000/Family	\$3,000/\$6,000	\$1,000/\$2,000	\$4,000/\$8,000	\$3,000/\$6,000	\$3,000/\$6,000	\$1,000/\$2,000
Out of Pocket Maximum Includes Lifetime Maximum	Deductible, Coinsurance Unlimited	Deductible, Coinsurance, Copays Unlimited	Deductible, Coinsurance, Copays Unlimited	Deductible, Coinsurance, Copays Unlimited	Deductible, Coinsurance, Copays Unlimited	Deductible, Coinsurance, Copays Unlimited	Deductible, Coinsurance, Copays Unlimited
PHYSICIAN SERVICES							
Primary Care Office Visit	0% after deductible	\$30 copay	\$25 copay	0% after deductible	Value Choice \$0 copay; All other \$35 copay	Value Choice \$0 copay; All other \$35 copay	Value Choice \$0 copay; All other \$25 copay
Specialist Office Visit	0% after deductible	\$60 copay	\$50 copay	0% after deductible	Value Choice \$20 copay; All other \$65 copay	Value Choice \$20 copay; All other \$65 copay	Value Choice \$20 copay; All other \$50 copay
Preventive Care (services defined by carrier)	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
HOSPITAL SERVICES							
Inpatient Hospitalization	0% after deductible	20% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	20% after deductible	0% after deductible	0% after deductible	Ambulatory Surgical Center- \$250 copay + Radiology, Pathology and Anesthesiology \$65 copay & Physician copay \$35/\$65; Outpatient Hospital- 20% after deductible	20% after deductible	0% after deductible
DIAGNOSTIC SERVICES							
X-ray	0% after deductible	Covered 100%	Covered 100%	0% after deductible	Independent Clinical Lab- \$0; Independent Diagnostic Facility- \$50 copay; Outpatient Hospital Facility- 20% after deductible	Independent Clinical Lab- \$0; Independent Diagnostic Facility- \$65 copay; Outpatient Hospital Facility- 20% after deductible	Independent Clinical Lab- \$0; Independent Diagnostic Facility- \$50 copay; Outpatient Hospital Facility- 0% after deductible
Labs	0% after deductible	Covered 100%	Covered 100%	0% after deductible	Independent Diagnostic Testing \$300 copay; Outpatient Hospital Facility- 20% after deductible	Independent Diagnostic Testing \$250 copay; Outpatient Hospital Facility- 20% after deductible	Independent Diagnostic Testing \$250 copay; Outpatient Hospital Facility- 0% after deductible
MRI, CT Scan, Ultrasound	0% after deductible	Outpatient- \$250 copay; Office 20% after deductible	Outpatient- \$250 copay; Office 0% after deductible	0% after deductible	Independent Diagnostic Testing \$300 copay; Outpatient Hospital Facility- 20% after deductible	Independent Diagnostic Testing \$250 copay; Outpatient Hospital Facility- 20% after deductible	Independent Diagnostic Testing \$250 copay; Outpatient Hospital Facility- 0% after deductible
EMERGENCY SERVICES							
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay	0% after deductible	\$250 copay	\$250 copay	\$250 copay
Urgent Care Visit	0% after deductible	\$75 copay	\$75 copay	0% after deductible	Value Choice \$0 First 2 visits; All other \$75 copay	Value Choice \$0 First 2 visits; All other \$75 copay	Value Choice \$0 First 2 visits; All other \$75 copay
OTHER BENEFITS							
Rx (Tier 1/Tier 2/Tier 3) Mail Order (Tier 1/Tier 2/Tier 3)	After Deductible; \$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	\$15/\$40/\$70 30 Day Supply; Mail Order 3x 90 Day Supply	After Deductible; \$10/\$50/\$80 30 Day Supply; Mail Order 2.5X 90 Day Supply	\$10/\$50/\$80 30 Day Supply \$25/\$125/\$200 90 Day Supply	\$10/\$50/\$80 30 Day Supply \$25/\$125/\$200 90 Day Supply	\$10/\$50/\$80 30 Day Supply \$25/\$125/\$200 90 Day Supply
NON NETWORK							
Calendar Year Deductible (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$2,000/\$4,000	N/A	N/A	\$3,000/\$6,000	\$2,000/\$4,000
Coinsurance (carrier/individual)	80%/20%	50%/50%	50%/50%	N/A	N/A	50%/50%	50%/50%
Calendar Year Out of Pocket Maximum (individual/family)	\$8,000/Individual \$16,000/Individual in a family \$16,000/Family	\$6,000/\$12,000	\$4,000/\$8,000	N/A	N/A	\$6,000/\$12,000	\$4,000/\$8,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	N/A	N/A	Unlimited	Unlimited
Physician Office Visit	20% after deductible	50% after deductible	50% after deductible	N/A	N/A	50% after deductible	50% after deductible
Inpatient Hospitalization	20% after deductible	\$500 per admission, plus 50% deductible does not apply	\$500 per admission, plus 50% deductible does not apply	N/A	N/A	50% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	\$500 per admission, plus 50% deductible does not apply	\$500 per admission, plus 50% deductible does not apply	N/A	N/A	50% after deductible	50% after deductible
Diagnostic Services	20% after deductible	50% after deductible	50% after deductible	N/A	N/A	50% after deductible	50% after deductible
Emergency Room Visit	0% after deductible	\$250 copay	\$250 copay	0% after deductible	\$250 copay	\$250 copay	\$250 copay
PREMIUMS							
Current Employee Participation	# Enrolled	# Enrolled	# Enrolled	# Enrolled	# Enrolled	# Enrolled	# Enrolled
Employee	37	32	8	37	16	16	8
Employee + Spouse	6	15	1	6	8	7	1
Employee + Child(ren)	16	23	0	16	12	11	0
Employee + Family	15	13	1	15	7	6	1
Total Enrollment	74	83	10	74	43	40	10
Current Monthly Premiums*							
Employee	\$724.35	\$760.38	\$872.81				
Employee + Spouse	\$1,558.12	\$1,627.20	\$1,867.85				
Employee + Child(ren)	\$1,353.35	\$1,414.29	\$1,623.45				
Employee + Family	\$2,296.77	\$2,395.18	\$2,749.39				
Total Monthly Premiums	\$92,255	\$112,406	\$11,600				
Total Annual Premiums	\$1,107,058	\$1,348,874	\$139,197				
Total Annual Premiums (Combined)	\$2,595,129						
Renewal - Monthly Premiums*							
Employee	\$794.76	\$834.29	\$957.65	\$723.14	\$826.07	\$890.86	\$990.45
Employee + Spouse	\$1,709.62	\$1,785.42	\$2,049.36	\$1,498.59	\$1,966.05	\$2,120.25	\$2,357.28
Employee + Child(ren)	\$1,484.95	\$1,551.80	\$1,781.21	\$1,208.94	\$1,586.06	\$1,710.45	\$1,901.67
Employee + Family	\$2,520.11	\$2,628.08	\$3,016.56	\$2,014.90	\$2,643.43	\$2,850.75	\$3,169.45
Total Monthly Premiums	\$101,225	\$123,335	\$12,727	\$85,314	\$66,482	\$65,015	\$13,450
Total Annual Premiums	\$1,214,696	\$1,480,020	\$152,725	\$1,023,771	\$797,787	\$780,180	\$161,404
Total Annual Premiums (Combined)	\$2,847,442			\$2,763,142			
Variance in \$\$	\$252,313			\$168,013			
Variance in %	9.72%			6.5%			

*HSA plan rates do not include \$4.95 PEPM administration fee

Assumes 50% migration between HMO/PPO \$1500 deductible plan

NOTE: This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by the insurance carrier. For a complete description of benefits and exclusions, please review the Benefits Booklet and Schedule of Benefits; its terms prevail.



CareerSource Dental Renewal & Comparison Triple-Option Effective July 1, 2021

Carrier Name	Cigna						MetLife					
	Current						Alternate					
	Low Option		Medium Option		High Option		Low Option		Medium Option		High Option	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Waived for Preventive	Yes		Yes		Yes		Yes		Yes		Yes	
Deductible - Calendar Year or Lifetime	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Annual Maximum	Year 1: \$1,000 Year 2: \$1,100 Year 3: \$1,200 Year 4: \$1,300		Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800		Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4: \$2,300		\$1,300		\$1,800		\$2,300	
Preventive - Type 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%	90%	90%	80%	80%	80%	80%	90%	90%
Major - Type 3	50%	50%	50%	50%	60%	60%	50%	50%	50%	50%	60%	60%
Ortho - Type 4			50%	50%	50%	50%			50%	50%	50%	50%
Ortho Age Limit	Not Covered		Child(ren) Only - Age 19		Adults & Children		Not Covered		Child(ren) Only - Age 19		Adult & Child(ren)	
Ortho Maximum			\$1,500		\$2,000				\$1,500		\$2,000	
Endodontics	80%	80%	80%	80%	90%	90%	80%	80%	80%	80%	90%	90%
Periodontics - Non-Surgical	80%	80%	80%	80%	90%	90%	80%	80%	80%	80%	90%	90%
Periodontics - Surgical	80%	80%	80%	80%	90%	90%	80%	80%	80%	80%	90%	90%
Oral Surgery	80%	80%	80%	80%	90%	90%	80%	80%	80%	80%	90%	90%
Implants	50% to \$1,000	50% to \$1,000	50% to \$1,500	50% to \$1,500	60% to \$2,000	60% to \$2,000	50%	50%	50%	50%	60%	60%
Out of Network Reimbursement	90th UCR		90th UCR		90th UCR		90th UCR		90th UCR		90th UCR	
Maximum Rollover	Not Included		Not Included		Not Included		Not Offered		Not Offered		Not Offered	
Waiting Periods	None		None		None		None		None		None	
Employer Contribution	Percentage paid by ER- Low PPO EE 100% all other plans/tiers 75%						Contributory					
Participation Requirement	Assumes current						93% and at least 10 covered lives					
Rate Guarantee / Rate Caps	Pending formal renewal						1 year 2nd year Rate Cap: 5%					
Rate Summary	Low	Medium	High	Current	Current	Current	Low	Medium	High	Low	Medium	High
Employee Only	15	6	50	\$24.60	\$28.82	\$34.60	\$21.65	\$25.36	\$30.45	\$21.65	\$25.36	\$30.45
Employee & Spouse	2	1	30	\$48.32	\$56.71	\$68.27	\$42.52	\$49.90	\$60.08	\$42.52	\$49.90	\$60.08
Employee & Child	5	4	26	\$61.17	\$80.82	\$99.23	\$53.83	\$71.12	\$87.32	\$53.83	\$71.12	\$87.32
Full Family	3	3	38	\$93.92	\$121.11	\$148.03	\$82.65	\$106.58	\$130.27	\$82.65	\$106.58	\$130.27
Monthly Premium	\$1,053		\$916		\$11,983		\$927		\$806		\$10,545	
Annual Premium	\$12,639		\$10,995		\$143,799		\$11,123		\$9,675		\$126,546	
CURRENT: Total Monthly Premium	\$13,953						\$12,279					
CURRENT: Total Annual Premium	\$167,433						\$147,344					
<i>Variance to current</i>							-12%					
<i>Notes</i>												



CareerSource Vision Renewal & Comparison Effective July 1, 2021

Carrier Name	Cigna		MetLife	
	Cigna		Alternate	
	In Network	Out of Network	In Network	Out of Network
Network	Cigna Vision		VSP Choice	
Exam Copay/ Out-of-network Allowance	\$10	\$45	\$10	\$45
Materials Copay	\$25		\$25	
Frequency - Exam / Lenses / Frames	12/12/24		12/12/24	
Single Lenses - After Copay/Allowance	Covered in full after copay	\$32	Covered in full after copay	\$30
Bifocal Lenses - After Copay/Allowance		\$55		\$50
Trifocal Lenses - After Copay/Allowance		\$65		\$65
Lenticular Lenses - After Copay/Allowance		\$80		\$100
Frames - After Copay/Allowance	Retail Allowance \$80; 20% off amount over allowance	\$44	\$150 + 20% off balance \$170 + 20% off balance allowance for featured frames Costco, Walmart and Sam's Club: \$85	\$70
Contacts (Elective) - Allowance	\$150	\$120	\$150	\$105
Contacts (Med Nec) - After Copay/Allowance	Covered in full	\$210	Covered in full after copay	\$210
Employer Contribution	Employer pays EE: 100%, FAM: 75%		Contributory	
Participation Requirement	Assumes current		92% participation	
Rate Guarantee	Pending formal renewal		2 years	
Rate Summary		Rate Hold		
Employee Only	74	\$5.62	\$4.79	
Full Family	107	\$16.07	\$13.69	
Monthly Premium	\$2,135		\$1,819	
Annual Premium	\$25,624		\$21,831	
Variance to current			-15%	



Basic Life/AD&D

Carrier Name	Cigna	The Hartford
	Current	Alternate
Eligibility / Class Description	All Active Full Time Employees	All Full Time Active Employees
Benefit Amount	\$150,000	\$150,000
Guarantee Issue	\$150,000	\$150,000
Age Reduction Schedule	35% at age 65 60% at age 70 75% at age 75	35% at age 65 60% at age 70 75% at age 75
Portability (with or w/o EOI)	Not Included	Included
Employer Contribution	100% Employer Paid	100% Employer Paid
Rate Guarantee	2 years	2 years
Rate Summary <i>** Volume is from the Mutual of Omaha</i>	Current	
Insured Volume	\$28,380,000	\$28,380,000
Life Rate per \$1,000	\$0.190	\$0.110
AD&D Rate per \$1,000	\$0.020	\$0.020
Monthly Premium	\$5,960	\$3,689
Annual Premium	\$71,518	\$44,273
Variance to current		-38%



CareerSource Voluntary Life/AD&D Renewal & Comparison Effective July 1, 2021

Carrier Name	Cigna		The Hartford			
	Current		Alternate			
Eligibility / Class Description	All Active Full Time Employees		All Full Time Active Employees			
Benefit Description - Employee (Increments)	\$10,000 increments		\$10,000 increments			
Benefit Maximum - Employee	\$500,000		5x earnings or \$500,000			
Guarantee Issue - Employee	\$150,000		\$150,000			
Benefit Description - Spouse (Increments)	\$5,000 increments		\$5,000 increments			
Benefit Maximum - Spouse	\$100,000		\$100,000			
Amount Not To Exceed	50% of EE Amount		50% of EE Amount			
Guarantee Issue - Spouse	\$50,000		\$50,000			
Benefit Description & Ages - Child	Under 6 months: \$500 6 months to age 26: \$10,000		Live Birth to 6 months: \$500 6 months to 26 years: \$10,000			
Student Status Requirement	Not Included		Included			
Benefit Maximum - Child	\$10,000		\$10,000			
Amount Not To Exceed	N/A		N/A			
AD&D Included	Included		Included			
Tied to Vol Life Election	Yes		Yes			
Age Reductions	35% at age 65 60% at age 70 75% at age 75		35% at age 65 60% at age 70 75% at age 75			
Portability	Included		Included			
Participation Requirement	Assumes current		43% of eligible employees			
Rate Guarantee	Pending formal renewal		2 years			
Rate Summary <i>** Volumes are from the census</i>			Current			
Age	EE Volume	SP Volume	Employee	Spouse	Employee	Spouse
<20	\$0	\$0	\$0.053	\$0.053	\$0.053	\$0.053
20-24	\$0	\$0	\$0.053	\$0.053	\$0.053	\$0.053
25-29	\$320,000	\$0	\$0.053	\$0.053	\$0.053	\$0.053
30-34	\$1,080,000	\$160,000	\$0.066	\$0.066	\$0.066	\$0.066
35-39	\$1,970,000	\$360,000	\$0.095	\$0.095	\$0.095	\$0.095
40-44	\$2,040,000	\$240,000	\$0.146	\$0.146	\$0.146	\$0.146
45-49	\$1,090,000	\$135,000	\$0.236	\$0.236	\$0.236	\$0.236
50-54	\$1,070,000	\$330,000	\$0.364	\$0.364	\$0.364	\$0.364
55-59	\$850,000	\$230,000	\$0.566	\$0.566	\$0.566	\$0.566
60-64	\$350,000	\$160,000	\$0.715	\$0.715	\$0.715	\$0.715
65-69	\$58,500	\$16,900	\$1.221	\$1.221	\$1.221	\$1.221
70-74	\$0	\$0	\$1.954	\$1.954	\$1.954	\$1.954
75+	\$0	\$0	\$1.954	\$1.954	\$1.954	\$1.954
Child	\$500,000		\$0.115		\$0.051	
Child Rate						
			Employee AD&D		\$0.017	
			Spouse AD&D		\$0.030	
			Child AD&D		\$0.028	
			Monthly Premium		\$2,790	
			Annual Premium		\$33,483	
Variance to current					-1%	



CareerSource Voluntary Short-Term Disability Renewal & Comparison Effective July 1, 2021

Carrier Name		Cigna	The Hartford
		Current	Alternate
Eligibility / Class Description		All Active Full Time Employees	All Full Time Employees
Benefit Amount		66.67%	66.67%
Maximum Amount		\$750	\$750
Elimination Period - Accident		14 days	14 days
Elimination Period - Illness		14 days	14 days
Benefit Duration		24 weeks	24 weeks
Pre-existing Condition (Look Back / Insured)		3/12	3/3/12
Participation Requirement		Assumes current	46% of eligible employees
Rate Guarantee		Pending formal renewal	2 years
Rate Summary <i>** Volume is from the census</i>		Current	
Age	Volume		
<20	\$0	\$0.555	\$0.555
20-24	\$0	\$0.555	\$0.555
25-29	\$1,574	\$0.555	\$0.555
30-34	\$4,100	\$0.555	\$0.555
35-39	\$6,736	\$0.555	\$0.555
40-44	\$5,503	\$0.555	\$0.555
45-49	\$7,174	\$0.555	\$0.555
50-54	\$7,720	\$0.555	\$0.555
55-59	\$9,954	\$0.616	\$0.616
60-64	\$6,703	\$0.718	\$0.718
65-69	\$1,970	\$0.788	\$0.788
70-74	\$530	\$0.788	\$0.788
75+	\$0	\$0.788	\$0.788
Monthly Premium		\$3,112	\$3,112
Annual Premium		\$37,347	\$37,347
Variance to current			0%



CareerSource Long-Term Disability Renewal & Comparison Effective July 1, 2021

Carrier Name	Cigna	The Hartford
	Current	Alternate
Eligibility / Class Description	All Active Full Time Employees	All Full Time Employees
Benefit Percent	60%	60%
Maximum Amount	\$6,000	\$6,000
Definition of Disability	24 months own occupation	2 years own occupation
	Loss of duties and earnings	Requires a loss of 1 duty and a 20% earnings loss to start and satisfy the elimination period
Gainful Earnings Test	80%/60%	80%/60%
Elimination Period	180 days	180 days
Benefit Duration	SSNRA	ADEA 1 w/ SSNRA
Special Conditions Limitations	No Limit	No Limit
Mental Illness	24 months	24 months
Substance Abuse	24 months	24 months
Pre-existing Condition (Look Back / Insured)	3/12	3/12
Rehab (mandatory or enhanced)	Voluntary	Mandatory
Employer Contribution	100% Employer Paid	100% Employer Paid
Rate Guarantee	Pending formal renewal	2 years
Rate Summary	Current	
<i>** Covered Payroll is from the Mutual of Omaha proposal</i>		
Covered Payroll	\$810,844	\$810,844
Rate per \$100	\$0.150	\$0.250
Monthly Premium	\$1,216	\$2,027
Annual Premium	\$14,595	\$24,325
Variance to current		67%



CareerSource FMLA Proposal Effective July 1, 2021

Currently administered in house

Carrier Name	The Hartford
Plan Name	Leave Management Services
Federal FMLA	Included in base price
State Leaves	Included in base price
Military (USERRA)	Included in base price
Jury Duty	Not included in the proposed standard offering
ADA	<p>* The Hartford's ADA Workplace SolutionsSM services are included within the above base per employee per month (PEPM) fee</p> <p>* Provides tracking, administrative support services and reporting to assist customers in the management of their Americans with Disabilities Act (ADA) and Americans with Disabilities Act Amendments Act (ADAAA) related events. The Hartford's service is based on the federal ADA regulation and does not cover any state-related employment considerations or compliance responsibilities.</p>
History and Takeover	Not included in the proposed standard offering
Company Leaves	Not included in the proposed standard offering
Correspondence	Standard letters and real-time emails
Integrated STD/FMLA Claim Intake	Included
Rate Guarantee	2 years
Notes	Eligibility file customization at \$250/hr.
# of W2 Employees	PEPM
Number of W2 Employees	196
Rate PEPM	\$2,850
Monthly Premium	\$559
Annual Premium	\$6,703

DRAFT

4/23/21 CSCF BOARD MEETING & RETREAT AGENDA

- Meeting Details
- ▶ Meeting Agenda
- Welcome
- Spotlight Story
- Roll Call
- Public Comment
- Consent Agenda
- Information / Discussion / Action Items
- Insight
- Other Business
- Adjournment

Agenda Item	Topic	Presenter	Action Item
1.	Welcome	Mark Wylie	
2.	CSCF Spotlight Story	Mimi Coenen	
3.	Roll Call / Establishment of Quorum	Kaz Kasal	
4.	Public Comment		
5.	Conflict of Interest Process	Heather Ramos	
6.	Consent Agenda	Mark Wylie	X
	<u>A. 2/25/21 Board Meeting Draft Minutes</u>		
7.	Information / Discussion / Action Items		
	A. Chair's Report	Mark Wylie	
	B. <u>President's Report</u>	Pam Nabors	
	1) <u>Finance Report</u>	Eric Ushkowitz	
	C. Committee Reports		
	1) Executive <i>(met on 4/15/21)</i>	Mark Wylie	X
	<u>a) Health Insurance Plan Renewal for FY 2021-2022</u>		
	2) Audit <i>(no meeting currently scheduled)</i>	Larry Walter	
	3) Career Services <i>(met on 3/25/21)</i>	Dr. Kathleen Plinske	
	<u>a) Expanding Emerging Career Training Programs</u>		X
	4) Community Engagement <i>(meeting on 5/17/21)</i>	Jody Wood	
	5) Facilities Ad Hoc <i>(no meeting currently scheduled)</i>	Matt Walton	
	6) Finance <i>(met on 4/13/21)</i>	Eric Ushkowitz	
	7) Governance <i>(meeting on 5/12/21)</i>	Richard Sweat	
	8) Revenue Diversity Ad Hoc <i>(meeting on 3/10/21)</i>	Eric Jackson	
	<u>D. CareerSource Central Florida – 2019-2020 Annual Performance</u>	Charles Williams	
		Department of Economic Opportunity	



4/23/21 CSCF BOARD MEETING & RETREAT AGENDA (CONTINUED)

- Meeting Details
- ▶ Meeting Agenda
- Welcome
- Spotlight Story
- Roll Call
- Public Comment
- Consent Agenda
- Information / Discussion / Action Items
- Insight
- Other Business
- Adjournment

Agenda Item	Topic	Presenter	Action Item
8.	Insight <u>Business Insight Panel</u>	<p>Panelists:</p> <ul style="list-style-type: none"> • Jerry Ross, President - Panel Facilitator National Entrepreneurial Center • Robert Agrusa, President/CEO Central Florida Hotel & Lodging • Tanisha Nunn Gary, President African American Chamber • John Newstreet, President/CEO Kissimmee/Osceola Chamber • Gaby Ortigoni, President/CEO Hispanic Chamber of Metro Orlando 	
9.	Other Business		
10.	Adjournment		
<u>Upcoming Meetings:</u>			
Consortium & Board Meeting		6/24/21	9:00 a.m. - 11:00 a.m.
<u>Committee Meetings:</u>			
- Governance		5/12/21	3:00 p.m. – 4:30 p.m.
- Community Engagement		5/17/21	3:00 p.m. – 4:30 p.m.
- Budget Workshop		5/20/21	2:00 p.m. – 4:00 p.m.
- Revenue Diversity		6/2/21	2:00 p.m. – 3:30 p.m.
- Finance		6/8/21	2:30 p.m. – 4:00 p.m.
- Executive		6/17/21	9:00 a.m. - 10:30 a.m.

RETURN TO AGENDA



Meeting Details

Meeting Agenda

Welcome

Roll Call

Public Comment

Approval of
Minutes

Information /
Discussion /
Action Items

▶ Other Business

Adjournment

OTHER BUSINESS

Meeting Details

Meeting Agenda

Welcome

Roll Call

Public Comment

Approval of
Minutes

Information /
Discussion /
Action Items

Other Business

▶ **Adjournment**

ADJOURNMENT

THANK YOU!

[RETURN TO AGENDA](#)

