

JOINT CERS AND KRS RETIREE HEALTH COMMITTEE
November 9, 2021, 10:00 a.m. EST
Live Videoconference/Facebook Live Agenda

1. Call to Order and Reading of Legal Opening Statement– *Jerry Powell, Chair*
2. Roll Call – *Sherry Rankin*
3. Public Comment – *Sherry Rankin*
4. Election of Vice-Chair for the Joint Retiree Health Plan Committee* – *Jerry Powell*
5. Approval of Committee Minutes. September 2, 2021* - *Jerry Powell*
6. Humana Presentation – *Humana Tracey Garrison/Carrie Lovell*
 - a. 2020 Plan Compass Review
 - b. Pharmacy Updates
 - c. Stars Results
 - d. Customer Service Snap Shot
 - e. Go365 Updates for 2022
7. Other Business – Open Enrollment - *Connie Pettyjohn*
8. Closed Session* – *Michael Board*
9. Adjourn

**CERS and KRS Board Action Required*

**KENTUCKY PUBLIC PENSIONS AUTHORITY
JOINT CERS-KRS BOARD OF TRUSTEES
RETIREE HEALTH PLAN COMMITTEE MEETING
September 2, 2021 at 10:00 A.M., E.D.T.
VIA LIVE VIDEO TELECONFERENCE**

At the September 2, 2021 meeting of the Retiree Health Plan Committee of the Joint CERS and KRS Board of Trustees, the following Committee members were present: CERS – Jerry Powell, Chair and JT Fulkerson; KRS – Bruce Brown and Larry Totten. KPPA Staff members present were David Eager, Erin Surratt, Rebecca Adkins, Michael Board, Connie Pettyjohn, Vicki Hale, Carrie Bass, Abby Sutherland, Cassandra Weiss, Shaun Case, Phillip Cook, Glenna Frasher, and Sherry Rankin. Others in attendance included Joe Grossman, Ed Owens, John Chilton, Mendi Riazzi and Michael Reed from GRS, and Tracy Garrison, Holly Bliss, Larry Loew, Carla Whaley, and Carrie Lovell from Humana.

Mr. Powell, Committee Chair, called the meeting to order and read the Legal Public Statement.

Mr. Powell introduced the agenda item *Swearing in of New KRS Board and Retiree Health Plan Committee Member, Mr. Bruce Brown*. Ms. Bass introduced Mr. Brown and Ms. Rankin administered the oath of office.

Ms. Rankin called roll.

And there being no public comment, Mr. Powell introduced the agenda item *Approval of Committee Minutes- May 11, 2021*. Mr. Fulkerson made a motion and Mr. Totten seconded to approve the minutes as presented. The motion passed unanimously.

Mr. Powell introduced the agenda item *Establish 2022 Health Insurance Plan Components and Health Insurance rates to the Paid by Kentucky Public Pensions System for non-Medicare Eligible Retirees*. Ms. Pettyjohn began by indicating that the retirees of the systems administered by the Kentucky Public Pensions Authority are eligible by statute to be included in the plans that are offered to the Kentucky State employees. These

are self-insured plans that are administered by the plan sponsor, the Department of Employee Insurance, which is under the Personnel Cabinet. Ms. Pettyjohn reviewed all of the available plans including LivingWell PPO Plan (requires LivingWell Promise), LivingWell CDHP Plan (requires LivingWell Promise), LivingWell Basic CDHP Plan (requires the LivingWell Promise), and LivingWell Limited High Deductible Plan (requires the LivingWell Promise). Ms. Pettyjohn then reviewed the components including the Tobacco Usage Fee. Mr. Totten stated that he had done a comparison of these plans against the plans from last year, and asked if it was fair to say that there were no significant changes from last year. Ms. Pettyjohn indicated that the value of the plans have slightly increased, so that would mean that there were very minor changes made, if any, to the plans.

Ms. Pettyjohn then proceeded to explain another component of the plans, the LivingWell Promise. This is a requirement of many of the plans to receive a premium incentive to complete. There was a 90% participation rate this year, which was one of the best participation years thus far.

Ms. Pettyjohn then reviewed the Decision Points for the Non-Medical Eligible Plans as follows:

1. Determine the 2022 Percentage Contribution Plan, the current contribution plan for 2021 is the LivingWell PPO Plan.
2. Determine a Default Plan, Department of Employee Insurance will use the LivingWell Limited High Deductible Plan as the Default Plan for 2022.
3. Allow Cross Reference option for Retirees.

Mr. Powell opened the floor for a motion regarding these points. Mr. Totten made a motion and Mr. Fulkerson seconded to accept the items covered in the decision points for the non-Medicare eligible plans, with the understanding that the rates specifically shown here, will increase no more than 3%. The motion carried unanimously.

Mr. Powell introduced the agenda item *Establish 2022 Health Insurance Plan Components and Health Insurance rates to the Paid by Kentucky Public Pensions System for Medicare Eligible Retirees*. Ms. Tracy Garrison, account representative of Humana, began with introductions of herself and other staff including Mr. Larry Loew, Holly Bliss

and Carla Whaley. Ms. Garrison reviewed the 2022 Benefits and Part D cost share changes, 2022 Covid and telehealth benefits (no change from 2021), 2022 Rate Renewal, 2022 Renewal Components, and 2022 Renewal KPPA Rates by Trust. Ms. Garrison then discussed the Long Term Financial Commitments to KPPA Medicare Advantage Plans including the Gain Share Agreement and Performance Guarantees. Ms. Garrison then reviewed the Rate Renewal for the Medical Only and Mirror Plans. Mr. Totten asked a question regarding the Part D and to whom do these rates apply. Ms. Garrison answered by looking at the premium plan. In the Premium Plan you have a benefit structure that has copays, with no deductible, through the entire year unless they hit the true out of pocket cost. She explained that Humana calculates these in the background because it influences how we receive Medicare reimbursement for the pharmacy, so we are always tracking that. But those on the Premium Plan are only impacted when the true out of pocket costs hits that threshold. When that occurs, they will go to the catastrophic copay level. Ms. Pettyjohn asked Ms. Garrison to speak about the cap on the catastrophic level. Ms. Garrison stated that there is a cap of \$110 per prescription once the member reaches the catastrophic level.

Ms. Pettyjohn introduced Mr. Mendi Riazi and Mr. Michael Reed with GRS. Mr. Riazi reviewed the GRS Equivalency Letter from the perspective of KRS 18A.225 to KRS 61.702. This compares the 1994 Kentucky Kare Plan to the 2020 Medicare Advantage Plan. Mr. Riazi then reviewed the Medical Only and Mirror Premium letter with the GRS findings on their review of the plan.

Ms. Pettyjohn then reviewed the Decision Points for the Medicare Eligible Plans as follows:

1. Medicare Advantage – Approval of Renewal/Premium
2. Contribution Plan for Hazardous Duty Dependents/Spouse
3. MA Essential Plan
4. Medical Only Plan
5. Medicare Advantage Mirror Plans
6. Default Plan.

Mr. Totten had a question about to whom do these premiums get paid. Ms. Pettyjohn indicated that the premiums are paid to the Trusts they come from. After discussions regarding the past administrative fees and how those were handled in the past, Mr. Powell

opened the floor for motions. Mr. Fulkerson made a motion and Mr. Totten seconded to adopt the plan and the default plans for the Medicare Eligible members as presented in the Decision Points. The motion carried unanimously.

Mr. Totten had a question regarding the study that compared the present plan to the Kentucky Kare plan and asked it if this study was simply an actuarial exercise. Mr. Totten indicated that he is aware that it is required by law, but aside from that, does it provide us with any useable information. Ms. Pettyjohn stated that it does show the retirees that KPPA is meeting the fiduciary responsibilities by running the analysis. Mr. Totten just expressed his concern that the information from 1994 has so drastically changed and thought it more prudent and beneficial to compare it to the plans in place five years ago, rather than almost 25 years ago.

Mr. Powell introduced the agenda item *Other Business*. Ms. Adkins began by indicating that it is time for us to issue a RFP for our Medicare Eligible Plans. Ms. Adkins reviewed the draft timeline for this proposal and indicated that KPPA staff and the Finance Cabinet are working to move some of those dates for implementation. Ms. Adkins states that there is some risk with this as the January 1, 2023 date cannot be moved. Ms. Adkins indicated that work on the RFP is ongoing and should be released toward the end of February 2022 with the responses due back by the end of April 2022. Ms. Adkins pointed out that moving some of the deadlines will affect the timeline. For instance, the CMS call letter due date will affect the RFP response deadline. Ms. Adkins remains hopeful that the implementation will still be on track to begin in July 2022. Ms. Adkins stated that once the RFP process begins, the team will be the ones receiving updates. There may be an instance where we can advise on the status, but in order to protect the information as the process is proceeding, the team is sequestered during the RFP process once it begins.

There being no further business, a motion to adjourn was made by Mr. Fulkerson and seconded by Mr. Totten, the meeting adjourned.

CERTIFICATION

I hereby certify that I was present at this meeting, and I have recorded above the action of the Committee on the various items considered by it at this meeting. Further, I certify that all requirements of KRS 61.805-61.850 were met in connection with this meeting.

Recording Secretary

I, Jerry Powell, the Chair of the Joint Retiree Health Plan Committee of the Board of Trustees of the County Employees Retirement System and the Kentucky Retirement Systems, do hereby certify that the Minutes of the meeting held on September 2, 2021 were approved by the Joint Retiree Health Plan Committee on November 9, 2021.

Committee Chair

I have reviewed the Minutes of the September 2, 2021 Joint Retiree Health Plan Committee meeting for form, content and legality.

Executive Director
Office of Legal Services



Kentucky Public Pensions Authority

Joint CERS and KRS
Retiree Health Plan Committee

November 9, 2021



Today's discussion

1. 2020 Plan Compass Review
2. Pharmacy Updates
3. Stars Results
4. Customer Service Snap Shot
5. Go365 Updates for 2022



2020 Plan Compass Review



Premium Plan



Group Medicare
PlanCompass
for KRS - Premium

Jan 1, 2020 to Dec 31, 2020



Humana

The advertisement features a scenic background of rolling green hills under a bright sun. A large, dark tree stands in the middle ground. The text is overlaid on the bottom right of the image. The Humana logo is in the bottom left corner.

Premium Plan Utilization

Demographics	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Average Members per month	51,939	49,287	23,263	22,194	28,588	27,016
• Male / Female Ratio	38/62	38/62	40/60	41/59	36/64	36/64
• Average Age	73.0	72.8	73.2	73.0	72.9	72.7

Clinical/Wellness	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Health Alerts Generated	148,436	n/a	65,880	n/a	82,346	n/a
• Health Alerts Full Compliance	61.90%	61.00%	62.20%	n/a	61.60%	n/a
• Members w/ Preventive Services	71.40%	74.40%	70.50%	74.10%	72.10%	74.60%
• Silver Sneakers Participation	11.60%	14.90%	12.50%	16.00%	11.00%	14.00%

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Premium Plan Utilization

Plan Cost	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Total Net Paid PMPM	\$1,280.40	\$1,293.20	\$1,309.60	\$1,299.97	\$1,256.76	\$1,286.45
• Total Net Paid Medical PMPM	\$817.48	\$859.10	\$825.03	\$852.07	\$811.01	\$863.51
• Total Net Paid Pharmacy PMPM	\$462.93	\$434.10	\$484.57	\$447.91	\$445.75	\$422.94
• Lg Claimant Impact on Spend %	21.90%	20.10%	23.40%	21.00%	20.50%	19.30%
• Member Cost Share	6.70%	7.20%	6.60%	7.20%	6.70%	7.20%

Premium Plan Medical Utilization

Medical Utilization – Per 1000	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Primary Care Visits	4,654	5,415	4,577	5,363	4,718	5,460
• Specialty Visits	7,057	8,513	7,227	8,762	6,920	8,304
• Hospital Admits	182	213	182	209	181	215
• Outpatient Hospital Surgeries	319	467	385	454	396	475
• Visits to ER	265	332	271	326	259	335

Premium Plan Pharmacy Utilization


Pharmacy Utilization	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• % of Mbrs Utilizing per month	79.7%	80.8%	79.3%	80.5%	80.1%	81.1%
• Total Prescriptions PMPM	3.36	3.46	3.36	3.47	3.36	3.45
• Net Paid PMPM	\$462.93	\$434.10	\$484.57	\$447.91	\$445.75	\$422.94
• Specialty Meds % of Net Paid	38.50%	36.70%	40.30%	37.80%	37.00%	35.80%
• Specialty Net Paid PMPM	\$178.18	\$159.37	\$195.13	\$169.46	\$164.84	\$151.41
• Generic Dispensing Rate	85.0%	84.5%	84.8%	84.2%	85.2%	84.8%
• Generic Net Paid PMPM	\$48.03	\$51.39	\$49.36	\$52.49	\$46.96	\$50.44

Essential Plan



Group Medicare
PlanCompass
for KRS - Essential

Jan 1, 2020 to Dec 31, 2020



Humana

The advertisement features a scenic background of rolling green hills under a bright sun. A large green rounded rectangle contains the plan name. Below it, a white rounded rectangle contains the dates. To the right of the dates is a purple square icon with white silhouettes of two people. The Humana logo is in the bottom left corner.

Essential Plan Utilization

Demographics	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Average Members per month	5,184	4,926	1,849	1,762	3,315	3,142
• Male / Female Ratio	37/63	37/63	39/61	38/62	36/64	36/64
• Average Age	74	73.7	73.6	73.3	74.2	73.9

Clinical/Wellness	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Health Alerts Generated	13,155	n/a	4,407	n/a	8,718	n/a
• Health Alerts Full Compliance	60.10%	59.00%	62.40%	n/a	58.80%	n/a
• Members w/ Preventive Services	66.30%	68.70%	66.00%	68.30%	66.50%	68.90%
• Silver Sneakers Participation	12.10%	15.50%	11.90%	17.00%	12.10%	14.60%

Essential Plan Utilization

Plan Cost	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Total Net Paid PMPM	\$809.45	\$ 815.71	\$783.61	\$773.83	\$824.46	\$838.50
• Total Net Paid Medical PMPM	\$692.61	\$713.83	\$668.00	\$690.38	\$706.94	\$726.29
• Total Net Paid Pharmacy PMPM	\$116.84	\$101.88	\$115.61	\$83.46	\$117.52	\$112.21
• Lg Claimant Impact on Spend %	22.70%	20.40%	21.10%	18.00%	23.70%	21.80%
• Member Cost Share	9.40%	9.80%	9.60%	10.20%	9.30%	9.60%

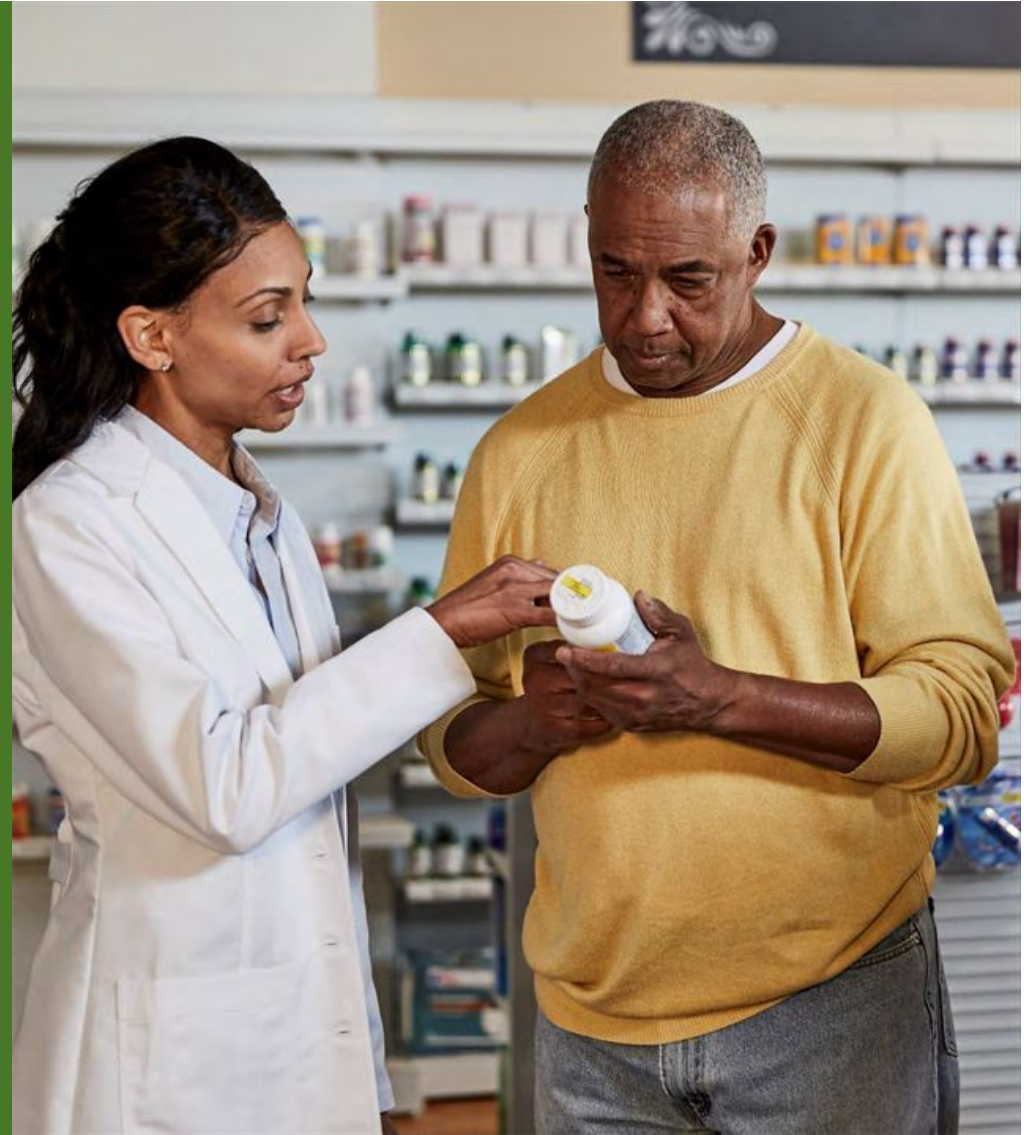
Essential Plan Medical Utilization

Medical Utilization – Per 1000	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• Primary Care Visits	3,976	4,525	3,784	4,324	4,092	4,653
• Specialty Visits	5,500	6,338	5,535	6,554	5,481	6,235
• Hospital Admits	163	187	154	184	167	188
• Outpatient Hospital Surgeries	301	360	311	329	296	379
• Visits to ER	243	292	242	287	245	296

Essential Plan Pharmacy Utilization

Pharmacy Utilization	2020 Total	2019 Total	2020 KERS/SPRS	2019 KERS/SPRS	2020 CERS	2019 CERS
• % of Mbrs Utilizing per month	67.5%	69.0%	65.8%	67.2%	68.5%	70.1%
• Total Prescriptions PMPM	2.35	2.43	2.23	2.31	2.42	2.50
• Net Paid PMPM	\$116.84	\$101.90	\$115.61	\$83.46	\$117.52	\$112.24
• Specialty Meds % of Net Paid	45.50%	41.10%	43.10%	28.20%	46.90%	46.70%
• Specialty Net Paid PMPM	\$53.19	\$41.88	\$49.84	\$23.51	\$55.17	\$52.37
• Generic Dispensing Rate	90.7%	90.6%	90.6%	90.3%	90.8%	90.7%
• Generic Net Paid PMPM	\$16.12	\$16.41	\$15.64	\$15.18	\$16.38	\$17.04

Pharmacy Updates



Why make annual changes?

The drug list is updated on an annual basis to ensure placement of drugs in the most appropriate and cost effective tier in compliance with contracts and government regulations.

Changes help ensure safety, control cost and mitigate the pharmacy trend.

Here are a few reasons for change:



New Products

New medications are developed and enter the market for the first time.



Generic Availability

Brand name medications lose patent protection and generics become available.



Clinical Updates

Medications may gain new indications, have changes in dosing guidelines, or in prescribing recommendations. New need to prevent potential for "off label" usage.



Price

The price of a medication may change.

Summary of 2022 Formulary Change Impact

Edit	Member Impact	Script Impact
Not Covered	11	12
Prior Authorization	163	333
Step Therapy	162	266
Negative Tier Change	78*	190
Total	414	801
Positive Change	316	729

Utilization Date range: May 2021-August 2021

**66 of the 78 members will not experience a cost share difference because Tier 3 to Tier 4 is neutral. Members may experience a day supply change because Tier 4 is available only in a 30 day supply.*

Formulary Updates for 2022

Drug list changes are communicated via various methods. Existing members receive information via Smart Summaries during the months of October, November, December, and January regarding claims from the previous month that may be impacted.

The changes that are communicated are tier changes, prior authorizations, and step therapy. Recommended medication alternatives may be provided if appropriate.

*Impact	Impacted Drugs	Indication	Requested Action	Reason for the change
**Tier changes	Forteo	Osteoporosis	All moving from Tier 3 to Tier 4, lower tier alternatives available	Aligning tier with cost
	Nucynta	Severe Pain		Generic first strategy
	Tymlos	Osteoporosis		Aligning tier with cost
Prior authorizations	Cinacalcet	Increased Calcium levels	Try other covered alternatives first	Potential for off label use
	Pimecrolim	Atopic Dermatitis		Fraud Waste and Abuse
	Rasagiline	Parkinson’s Disease		Lower cost alternatives
Step therapy	Mesalamine	Ulcerative Colitis	Lower cost alternatives available with comparable efficacy	Lower cost alternatives

*Changes noted are specific for Group Plus 4 tier Formulary

*Specific details and group member impact can be provided by your assigned Clinical Pharmacist Lead

** Tier 4 medications are limited to a 30 days’ supply

Coverage Change

Projected Impact: 11 members

- APO-VARENICLINE (Canadian Chantix) was covered through the end of 2021 due to Chantix shortage, but FDA approved generic launched in September.
- In 2022, the Canadian version will not be covered but members may use the newly launched generic.

Prior Authorization

Projected impact: 163 members

- Cinacalcet (Hypercalcemia) Off-label use (63 mbrs)
- Pimecrolimus (Dermatitis) Fraud/waste/abuse (33 mbrs)
- Rasagiline (Parkinson's) First line use of lower cost options with equal clinical efficacy (32 mbrs)

Step Therapy

Projected impact: 162 members

- Mupirocin cream with fraud/waste/abuse potential. New ST requires use of an ointment with the SAME active ingredient as the cream (51 mbrs)
- Mesalamine for Ulcerative Colitis at \$8/tablet with 4 alts at \$2-3/capsule (99 mbrs)

Tier Change

Projected Impact: 78 members

- Nucynta (brand name narcotic) with high risk for addiction and dependence (8 mbrs); T3 to T4 = no cost impact
- Forteo (high cost injectable for osteoporosis) with three lower cost alternatives in Tier 1. (29 mbrs) ; T3 to T4 = no cost impact



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Preparing for Change

Smart Summary Communication

- Members will receive messaging in October, November, December and January.

Member Letter

Transition Fill

- A 30 day transition fill is available to members impacted by changes to Part D covered drugs eligible for transition (tier changes still apply.)



Humana Pharmacy receives the J.D. Power Award for ranking highest in the 2021 U.S. Pharmacy Study



The graphic features the Humana Pharmacy logo at the top. Below it, four J.D. Power award plaques are displayed on a green background. To the right of the plaques, the text reads: "Ranked #1 in Customer Satisfaction with Mail Order Pharmacies, 4 Years in a Row". At the bottom, a list of four achievements is shown with green checkmarks.

Humana Pharmacy

Ranked #1
in Customer Satisfaction
with Mail Order Pharmacies,
4 Years in a Row

- ✓ #1 in Cost Competitiveness
- ✓ #1 in Prescription Delivery
- ✓ #1 in Customer Service Experience
- ✓ #1 in Prescription Ordering and Filling Process

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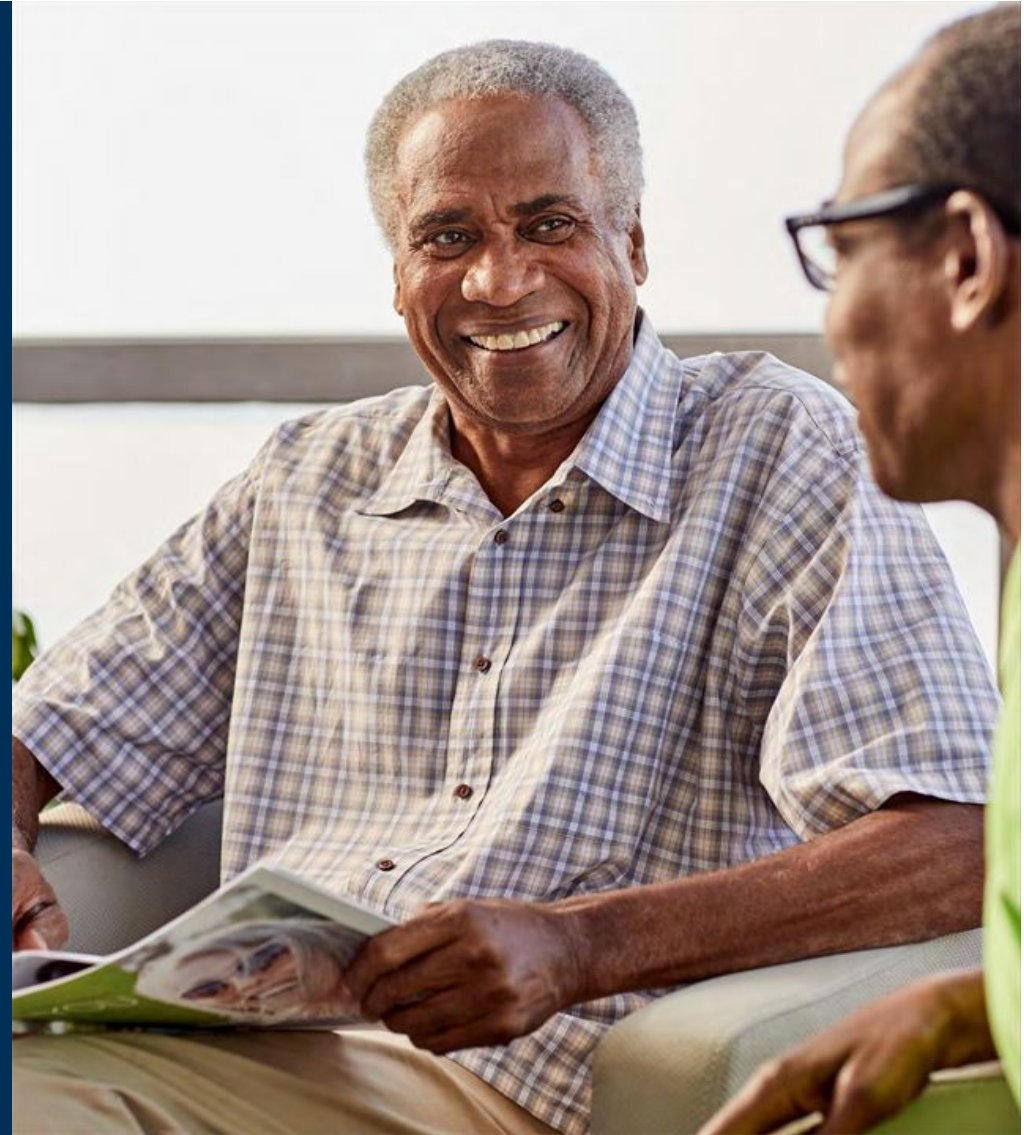
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Glossary

Review of important terms

- Drug List – this is the formulary listing covered medications
- Tier – a level of benefit for categorizing drugs on the formulary
- Prior Authorization (PA) - requires a physician to obtain pre-approval in order for Humana to provide coverage for a drug prescribed for a member (safety, cost, diagnosis, OTC/generic availability)
- Step-Therapy (ST) – requires members to try and fail a lower cost medicine or a “first line” medicine before another medicine will be approved for coverage (sometimes performed electronically)
- Tier Change (TC) – a covered drug moves from one tier to a different tier
- Not Covered (NC) – a drug that is not covered under the prescription drug benefit (Ex: obsolete, now OTC, released prior to FDA approval)
- Fraud Waste and Abuse– fraud is when someone intentionally lies to a health insurance company, Medicaid or Medicare to get money. Waste is when someone overuses health services carelessly. And abuse happens when best medical practices aren't followed, leading to expenses and treatments that aren't needed.

Stars Results



Humana continues to lead the industry in quality as demonstrated by the highest percentage of members in 4-star rated plans among the national carriers

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Plan	Membership (Sep 2021)	Bonus Year 2021	Bonus Year 2022	Bonus Year 2023
Humana Inc.	4,964,182	94.88%	93.12%	97.35%
CIGNA	570,701	83.36%	87.49%	88.96%
CVS Health Corporation	2,915,967	89.17%	87.19%	86.96%
UnitedHealth Group, Inc.	7,413,142	87.15%	76.34%	94.79%
Anthem Inc.	1,841,869	75.51%	55.70%	72.65%
Centene Corporation	1,239,835	58.23%	30.92%	53.51%

Industry Analysts Recognize Humana’s Enterprise Wide Focus On Driving Quality And Improved Health Outcomes, Noting The Following:

- Improved Star Ratings driven by broad improvements which speaks to systematic success
- The focus on Star Ratings is clearly showing
- The ability to retain (and improve) star metrics is a positive outcome and a testament to the company’s commitment to the Stars program

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Customer Service Snapshot



NPS is the primary Voice-of-Consumer (VOC) metric used to understand the drivers of customer loyalty, advocacy, and satisfaction with Humana

NPSr is collected from members within Group Medicare. Member are surveyed on the following:



Benefits



Cost



Technology



Information

A likelihood to recommend question is asked of a random sample across the Group Medicare Member footprint. This metric has been collected each year since 2015.

Why We Care

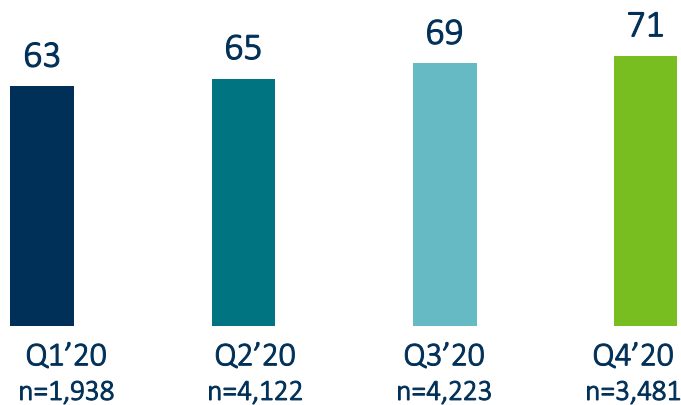
Proving our dedication to delivering world-class, industry-leading service and support



Efforts to boost NPSr in 2020 proved fruitful, with a 15 point gain compared to 2019



NPSr Trend Quarterly



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FROM OUR MEMBERS

- “ Rapid response to informational calls. Excellent doctors associated with in network coverage. Extra educational programs and mailings appreciated.
- “ The customer service reps are amazing!!! They are thorough, professional, they always follow through with answers and are always pleasant!
- “ Reliable, caring, always reaching out to help and the benefits are comprehensive.
- “ Their service and all that they offer. Always able to call and talk to someone. They go above and beyond the other insurance companies we had throughout the years.
- “ Humana has paid all of my claims. No hassle. I have friends who need procedures and have to fight with their insurance company.

Go365 by Humana®
Updates for 2022



Go365 by Humana®

In accordance with updated CMS guidelines, our Go365 gift card options have changed. Members will still have a wide variety to select from.

Approved gift cards include the following:		
Safeway/Albertson	Barnes and Noble	Spa and Wellness
CVS	BP Gas	Subway
Walgreens	Macy's	Panera
Publix	Menards	Applebee's
Shell	JoAnne Fabric	Chili's
TJ Maxx/Marshall/Home Goods	Michaels	Chipotle
Kohl's	Home Depot	Starbucks
Petco	PetSmart	IHOP
Lowe's	Walmart*	Darden Restaurants

*This gift card cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms.

Note: 2022 gift card options are subject to change

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Thank you.