City of Cincinnati Retirement System
Benefits Committee

City Hall Council Chambers and via Zoom
March 2, 2023 – 1:00 PM

AGENDA

Members
Tom Gamel, Chair
Tom West, Vice Chair
John Juech
Mark Menkhaus, Jr.
Bill Moller
Monica Morton

CRS Staff
TBD

Law
Ann Schooley

Call to Order

Public Comment

Approval of Minutes
- January 12, 2023

Old Business
- Status of Disabled Adult Children Ordinance
- Cheiron Updated Scenarios re Survivor Benefits

New Business
- Horan Draft Survey re Retiree Healthcare Benefits
- Anthem Presentation re Anthem Network

Adjournment

Next Meeting: TBD

City of Cincinnati Retirement System
Benefits Committee Meeting
Minutes
January 12, 2023/ 12:00 P.M.
City Hall – Council Chambers and remote

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Board Members Present
Tom Gamel, Chair
Mark Menkhaus, Jr.
Bill Moller
Monica Morton
Tom West

CRS Staff
Mike Barnhill

Law Department
Ann Schooley
Linda Smith

Call to Order
The meeting was called to order at 12:01 p.m. by Chair Gamel and a roll call of attendance was taken. Committee members Gamel, Menkhaus, Moller, Morton and West were present. Committee member Juech was absent.

Approval of Minutes
Trustee Moller moved, and Trustee Menkhaus seconded, to approve the minutes of the meeting of October 6, 2022. The motion to approve the minutes was approved by unanimous roll call vote.

Unfinished Business
Disabled Adult Children Ordinance
Ms. Schooley reported that the draft ordinance should be ready by the next meeting.

New Business
Horan Presentation re Coverage Changes in CRS Healthcare Plans
Ms. Woodruff presented the slide deck in the committee's meeting packet. The presentation compares the current healthcare plans to their "baseline" plans and explains what has changed. Ms. Woodruff presented three comparisons:

1. Active AFSCME $500 plan (baseline) v. Current Commercial (pre-65) Model Plan
   Highlights:
   - Dental out-of-network coverage increased from 50% to 80%
   - Diabetes maintenance in-network coverage decreased from 100% to 80%

- In network home healthcare and private duty nursing increased from 30 visits to no limit
- Skilled nursing facility increased from 90 days to 180 days
- Nutritional counseling no longer covered
- Elective abortions no longer covered
- Telehealth (new) covered at 80% in-network
- Respiratory therapy increased from 20 to 36 visits/yr
- Transplants at non centers of excellence reduced from 80% to 50% in network
    - On this point, Director Barnhill observed this appears to be an effort to steer patients to centers of excellence, where there is a higher degree of expertise and quality outcomes

2. 2014 Commercial Plan (baseline) v. Current Commercial (pre-65) Select Plan
   Highlights:
   - Dental (related to accidents) capped at $3,000/accident
   - Skilled nursing facility decreased from no limits to 180 days/yr
   - Cardiac Rehab decreased from no limits to 36 visits/yr
   - Respiratory therapy decreased from no limits to 36 visits/yr
   - Transplants at non centers of excellence reduced from 80% to 50% in-network
   - Kidney and Cornea Transplants no longer excluded
   - Bone Marrow Transplant Search Fee now capped at $30,000/lifetime

3. 2014 Commercial Plan (baseline) v. Current Medicare Advantage (65+) Select Plan
   Highlights:
   - No change to co-insurance, but it's displayed differently. In the 2014 plan document, co-insurance was listed 80% in-network and 50% out-of-network. In the current plan document it is listed as 96% in-network and 90% out-of-network. The calculations then and now are the same, it's just the current plan document includes Medicare participation paying claims as the primary insurer.
   - Trustee Gamel observed that under the 2014 plan there was a family out-of-pocket limit, and that is no longer the case
   - Acupuncture now covered
   - Blood processing and storage is now 100% covered with no co-insurance, co-pay or deductible
   - Chiropractic visits increased from 12 visits to no limit
   - Diabetes maintenance increased from 80% to 100% in-network coverage with no deductible
   - Diagnostic labs changed to $0 co-pay
   - Emergency changed from 80% co-insurance to $50 co-pay with no deductible
   - Home health care nursing (in-network) changed from 80% coverage for unlimited number of visits to $0 co-pay with 8 hr/day and 35 hr/week limits
   - Home Infusion Therapy changed from 80% coverage to $0 co-pay
   - Hospice formerly at 80% in-network; 50% out-of-network; now $0 co-pay
   - Skilled nursing facility decreased from no limits (80% in-network; 50% out-of-network) to 180 day limit ($5 co-pay for days 1-20; 96% in-network (90% out-of-network)

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coverage for days 21-180

- Some prescription drugs now covered under Medicare Part B
- Occupational Therapy, Physical Therapy, and Speech Therapy changed to no overall limits coverage, with unspecified limits per occurrence
- Transplants at center of excellence decreased from 100% coverage to 96% coverage

Ms. Woodruff reported that average out-of-pocket costs (not including the Part B premiums) for Medicare Advantage plan members for the last three years were:

2020: $498
2021: $532
2022: $523

Ms. Woodruff reported the following actuarial values for the plans. These are measures of plan value to the members.

Active AFSCME Plan: 88.1% v. Commercial Model Plan: 88.1%
2014 Pre-65 Plan: 95.8% v. Pre-65 Select Plan: 90.4%
Original Medicare 100% v. Medicare Advantage 117.1%

Ms. Woodruff summarized changes to the CVS formulary during 2017-2023, and the impact on members. For the pre-65 plan, the number of members impacted were:

2017: 2
2018: 5
2019: 10
2020: 17
2021: 55
2022: 74
2023 (YTD): 9

In every case, members are given notice and information regarding alternatives. Trustee Gamel asked whether the impacts should be treated as cumulative. Director Barnhill suggested that since in every case alternative but equivalent medications are provided in the formulary, the impacts are not likely to be cumulative.

For the post-65 plan, the number of members impacted were:

2018: 346
2019: 52
2020: 66
2021: 154
2022: 58

In 2018, Ms. Woodruff stated the impact was related to a diabetes exclusion effort. In response to a question from Trustee Moller for more information on that effort, Ms. Woodruff stated she would get additional information.

Ms. Woodruff provided information from CVS on how Cialis prescriptions are managed by the plan.

Trustee Moller reported that the biggest changes of concern that he has heard from retirees relate to (1) the

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new limits on skilled nursing facility coverage, and (2) falling out of network when members move from the Cincinnati area. Ms. Mueller commented that Anthem is part of the Blue Shield/Blue Cross network, which is national in scope. Ms. Mueller stated she would seek additional information from Anthem about how member access to the "Blues" network works. Trustee Gamel asked for additional information regarding where members live. Trustee Rahtz reported that some providers do not participate in Medicare. Director Barnhill suggested that Anthem make a presentation about its network at an upcoming meeting.

Trustee Moller asked if the current plan can be modified. Ms. Woodruff responded that the plans can be modified.

Comment and Input on 115 Health Trust Funding Policy
Trustee Gamel requested comments from the committee on the City's draft health funding policy. Trustee Moller stated he would like to see a higher trigger for City funding contributions than 90% plan funding, and a tighter criteria for fully funding.

Trustee Gamel presented the following motion (full document from Trustee Gamel attached), with a second from Trustee Moller:

> **MOTION:** The Healthcare 115 Trust Funding Policy shall include the following provisions:
>
> 1. The Healthcare 115 Trust shall achieve full funding of at least 100% at the end of the term of the Collaborative Settlement Agreement (CSA) to provide the healthcare benefits for CRS eligible members (and their eligible spouses and children) covered by the Collaborative Settlement Agreement.
> 2. The City shall contribute the annual Actuarially Determined Contribution (ADC) into the Healthcare 115 Trust that is necessary to achieve full funding of at least 100% at the end of the term of the CSA.
> 3. If the funding ratio (defined as the AVA divided by AL) is at or below 95% in any calendar year, the City shall, within one (1) calendar year from the date that the annual Actuarial Valuation report is submitted to the CRS Board of Trustees, or eighteen (18) months after the end of the Actuarial Valuation calendar year being evaluated (whichever is earlier), contribute to the 115 Trust the funding amount necessary to achieve at least 100% funding at the end of the CSA term, based on the annual Actuarial Valuation.
> 4. At the end of the CSA term if there is a fund balance in the Healthcare 115 Trust, the balance shall be used to provide healthcare benefits for eligible members (and their eligible spouses and children) during their lifetimes.
>
> The approved motion provisions shall be sent to the City Manager from the CRS Board in letter format, signed by the Board Chair, with copies to the Mayor and Council members. The letter shall include an introduction that references the goal of the CSA to fund the trust at actuarially appropriate levels to provide healthcare benefits.

Trustee Gamel explained that with 100% funding by the end of 2045, there will be funding for healthcare on an ongoing basis after the CSA expires. Trustee Moller asked if the trigger was 95%. Trustee Gamel

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confirmed. Director Barnhill clarified that the proposed trigger would start City contributions within one year such that 100% funding would be achieved by 12/31/2045. The motion passed by unanimous roll call vote.

Cheiron Proposal re Survivor Benefits
Director Barnhill presented a letter from the CRS actuary Cheiron for potential options for reform to CRS survivor benefits. He explained how current survivor benefits work, and an issue with the current structure is that an un-remarried spouse may not become eligible for survivor benefits for a period of decades, since the current eligibility is age 50 if the deceased employee has more than 15 years of service, or age 62 if the deceased employee has less than 15 years of service.

Cheiron proposed an immediate-pay lump sum benefit based on the deceased employee's salary at the time of death. Cheiron provided three scenarios: 1x salary, 2x salary, 3x salary. The addition to the CRS unfunded liability for each scenario is as follows:

1x Salary Benefit: $200k; increase in employer contribution rate of .03%
2x Salary Benefit: $500k; increase in employer contribution rate of .13%
3x Salary Benefit: $800k; increase in employer contribution rate of .22%

This approach would provide an immediate survivor benefit, and would be easier to implement.

Trustee Moller asked if the increases are net. Director Barnhill explained that these scenarios assume that the existing benefits are repealed. Trustee Moller asked what the other Ohio systems do. Director Barnhill explained that the Ohio systems' survivor benefits are very similar to the current CRS survivor benefits. Trustee Moller asked what is typical. Director Barnhill explained that Cheiron was reluctant to say any approach was "typical."

Trustee Morton asked how different approaches were examined. Director Barnhill said that Cheiron looked at just a few other systems. Trustee Morton asked if there are other approaches besides a lump sum benefit. Director Barnhill explained that there are other approaches, including starting an immediate annuity following the active member's death. Director Barnhill explained the existing benefit for active members who die with 20 years of service and have nominated their spouse as primary beneficiary. For those members, the spouse is placed into Option 1 status, and can receive the member's retirement benefit. Trustee Gamel expressed concern about members knowing that they need to complete a form to name their spouse as primary beneficiary to receive this benefit. Director Barnhill also added that active members have access to life insurance through open enrollment.

Trustee Gamel asked about whether the survivor benefit could be configured with a lower number of years of service. Trustee Morton asked about what the actuarial impact would be with an immediate annuity. Trustee Moller asked about a net present value calculation. Director Barnhill explained that the actuarial calculations do include net present value calculations.

Director Barnhill suggested the Board could seek cost neutral scenario(s) from the actuary. Trustee Gamel concurred. Trustee Menkhaus supported a benefit structure that pays immediately.

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Proposed Committee Workplan for 2023
Director Barnhill presented draft 2023 objectives for the Committee to consider. On this list:

- Retiree Benefits Survey—Horan to draft and conduct
- Cost neutral benefit options (retiree to pay any extra costs): long-term care insurance, premium coverage tiers for dental and vision, audio coverage, life insurance, all-in-one plans, Medigap options.

Trustee Moller thought some of these approaches would be helpful for retirees. Trustee Gamel agreed. Trustee Moller asked about how the survey would be administered. Director Barnhill said there are two approaches: by regular mail, and/or by email (SurveyMonkey). There are pros and cons to each approach.

Trustee Rahtz commented that there will be increased administrative costs involved with adding options. Director Barnhill agreed and suggested that there would also potentially be increased complexity and member confusion that needs to be considered when thinking about adding benefit options.

Director Barnhill said the next step would be to present the draft survey and a proposal for how to administer the survey at the next Benefits Committee meeting.

Adjournment
Following a motion to adjourn by Trustee Moller and seconded by Trustee Menkhaus, the Benefits Committee approved the motion by unanimous roll call vote. The meeting adjourned at 1:38pm.

Meeting video link: https://archive.org/details/crs-benefits-comm-1-12-23

Next Meeting: TBD

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Secretary

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115 Trust Funding Policy

On December 2, 2022, Billy Weber, Assistant City Manager, made the following request of the CRS Board via email. The request is consistent with the Cincinnati Municipal Code, 203-93 (c) which states that "The City, with input and recommendations from the Board shall establish a funding policy for health care in accordance with the provisions of the Collaborative Settlement Agreement." The referenced policy has been provided to the Board and is attached.

> "I am writing on the behalf of the City Manager's Office to formally request Cincinnati Retirement System Board input on the attached proposed Health Funding Policy, pursuant to CMC 203-93(c) and the Collaborative Settlement Agreement. We look forward to continued discussion to resolve this outstanding item."

Board 115 Trust Fund Policy Input and Recommendations

The CRS Board, in fulfilling its fiduciary obligation, must provide a response to the City's proposed funding policy draft. The following motion is submitted to the CRS Board Benefits Committee for consideration and approval.

MOTION: The Healthcare 115 Trust Funding Policy shall include the following provisions:

1. The Healthcare 115 Trust shall achieve full funding of at least 100% at the end of the term of the Collaborative Settlement Agreement (CSA) to provide the healthcare benefits for CRS eligible members (and their eligible spouses and children) covered by the Collaborative Settlement Agreement.
2. The City shall contribute the annual Actuarially Determined Contribution (ADC) into the Healthcare 115 Trust that is necessary to achieve full funding of at least 100% at the end of the term of the CSA.
3. If the funding ratio (defined as the AVA divided by AL) is at or below 95% in any calendar year, the City shall, within one (1) calendar year from the date that the annual Actuarial Valuation report is submitted to the CRS Board of Trustees, or eighteen (18) months after the end of the Actuarial Valuation calendar year being evaluated (whichever is earlier), contribute to the 115 Trust the funding amount necessary to achieve at least 100% funding at the end of the CSA term, based on the annual Actuarial Valuation.
4. At the end of the CSA term if there is a fund balance in the Healthcare 115 Trust, the balance shall be used to provide healthcare benefits for eligible members (and their eligible spouses and children) during their lifetimes.

The approved motion provisions shall be sent to the City Manager from the CRS Board in letter format, signed by the Board Chair, with copies to the Mayor and Councilmembers. The letter shall include an introduction that references the goal of the CSA to fund the trust at actuarially appropriate levels to provide healthcare benefits.

City of Cincinnati
Cincinnati Retirement System
115 Trust and Other Post Employment Benefits (OPEB)
Funding Policy

Background

In 2015, the City of Cincinnati entered into a settlement agreement (Collaborative Settlement Agreement or "CSA") to resolve pending litigation related to changes in the retirement benefits provided by the City, including healthcare benefits (also known as "Other Post Employment Benefits" or OPEB). The CSA required that the City continue to provide retiree healthcare benefits for certain City retirees through the expiration of the CSA in 2045. The CSA specified varying eligibility and cost participation by retirees. CSA paras. 23-24. The City implemented these provisions though amendments to CMC 203-42 through 203-44, and by creating a separate trust fund for the purposes of contributing to, investing and funding the health benefits of these certain retirees of the City ("115 Trust Fund"). CMC 203-122.

CSA para. 25 required the City to develop a funding policy for the 115 Trust Fund "that will satisfy all consent decree requirements including but not limited to the City's obligation to fully fund the 115 Trust at actuarially appropriate levels for the term of this Agreement." CSA, para 26; CMC 203-93(c). Accordingly, this funding policy is intended to implement the CSA and CMC and ensure that the 115 Trust is funded at actuarially appropriate levels at least through December 31, 2045.

Since the effective date of the CSA, the 115 Trust has either been very close to full funding or overfunded. As such, the City has not made any employer contributions to the 115 Trust, aside from the initial deposit of $220mm earmarked for retiree healthcare. Medical costs, however, have been historically volatile. With the advent of increased inflation as well as capital market volatility, it is prudent to adopt a healthcare funding policy at this time.

Actuarial Evaluation: Valuation, Experience Study and Audit

Consistent with the City ordinances that require the regular application of sound actuarial analysis to the administration of pension and OPEB benefits, this policy requires that an actuarial valuation of CRS OPEB benefits and the 115 Trust will continue to be conducted annually. CMC 203-91. Additionally, an actuarial experience analysis will be conducted at least once every five years. Admin. Code. XV sec. 9. Finally, an actuarial audit, with full replication of data and results, will be conducted once every 10 years by an actuary who had no role in the conduct of any actuarial valuation or experience study during the 10-year period previous to the audit.

The annual actuarial valuation will compute the normal cost and any past service cost associated with the 115 Trust. The normal cost is the annual amount that should be contributed by the employer to the system to fund the projected accrual of healthcare benefits over the year, assuming that all actuarial assumptions are accurate. The past service cost is the amount needed make up for variances in the actual experience of the system versus the actuarial assumptions. Together, the normal cost and the past service cost, if any, equal the actuarially determined employer contribution (ADEC).

Actuarial Assumptions

Notwithstanding the provisions of the CSA and CMC, for purposes of calculating the ADEC for the 115 Trust Fund, and conservatively managing the 115 Trust, the following actuarial assumptions and methods will be used:

Assumed Investment Earnings Rate:	7.50%
Amortization period of any unfunded liability:	30 years
Amortization method:	Level dollar
Value of 115 Trust Assets:	Actuarial value

Funding Triggers

Upon a determination by the actuary that the 115 Trust is funded at a level of 90% or less, the City will begin to contribute the normal cost of the OPEB benefits in the fiscal year that begins two years following the date of the OPEB valuation. Example: if the CY2024 OPEB valuation reflects that the 115 Trust is 89% funded, the City will contribute the OPEB normal cost rate in the FY2026 budget. The normal cost the City will contribute will be capped at 2% of pensionable CRS member payroll.

Upon a determination by the actuary that the 115 Trust is funded at a level of 80% or less, the City will consider an additional contribution to defray the OPEB unfunded liability in the fiscal year that begins at two years following the date of the OPEB valuation.

Any contribution of normal cost or additional contribution to defray any unfunded liability will be contingent on the CRS pension funded ratio being at least 85%.

The City may cease contributions to the 115 Trust following two consecutive years of funding levels at or above 100%, as certified by the actuary in the annual valuations, subject to re-starting contributions under the provisions of the previous two paragraphs.

Appropriation Required

The City will seek to implement this funding policy in good faith, but recognizes that annual budgeting always involves complex balancing of a large spectrum of budget needs with limited available revenues.

Effective Date

This funding policy takes effect upon the date of adoption by the City Manager, with consent from the Mayor and City Council of the City of Cincinnati.

Sunset

Acceptable and appropriate actuarial assumptions, methods and practices vary over time, as do economic conditions and investment markets. Any funding policy should be regularly evaluated and updated to determine its suitability for the times. Accordingly, this funding policy sunsets ten years after its effective date. The City of Cincinnati will endeavor to re-approve, update or replace this funding policy prior to its expiration.

Survey Components Overview

Component 1: Email describing the objective of the survey

Component 2: Survey built in HORAN's tool including

- Introduction Language
- Survey
- Optional recommendation: HORAN's experience shows that incentives drive participation. We recommend a small raffle for completion of the survey.

  Survey Timing: March 2023

Component 3: Survey results – to be delivered in aggregate following the close of the survey

Component 1: Email Introduction Language

The City of Cincinnati Retirement Division strives to provide valuable, comprehensive and affordable benefit programs for our Retirees. We are reviewing our current programs to ensure they live up to these goals and are meeting our Retirees' needs.

We want to hear from you! We are asking you to complete this short survey (less than 10 minutes) by April 15th to better understand what you value, what you'd like improved and what you're hearing in the market. HORAN, our benefits consulting firm, is the facilitator of the survey and providing the City of Cincinnati Retirement Division with aggregate results. So please be candid and constructive in your feedback, as all answers will be kept confidential.

Component 2: Survey

2a: **Survey Opening Language**
The purpose of this survey is to collect feedback regarding your retiree healthcare benefits. It will only take a few minutes to complete and will help us gauge your satisfaction. Thank you for completing this confidential survey.

2b: Survey Questions (20 recommended questions or less)

The following survey questions are designed to capture feedback & gain understanding in the following areas

- How you go about benefit buying decisions
- Perception of offerings compared to other programs / general satisfaction
- Understanding of what's available
- Quality communication

Q1: What is your impression of the City of Cincinnati Retirement Division's healthcare benefit plans?

Q2: Please rank the following in order of importance with 1 being the most important.

- ☐ Ability to cover my spouse and/or dependents at a low cost
- ☐ Freedom of choice (e.g. doctor, hospital, pharmacy, etc.)
- ☐ Low out of pocket costs to meet for your coverage(s)
- ☐ The lowest premium cost possible
- ☐ Other:
- ☐

Q3: How would you rate the quality of information you receive about your benefit plans?

Not sufficient	2	3	4	5	6	7	8	9	Great Information
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q3A: If you are not satisfied with the information you receive today, what else would you like to see?

Q4: What are your preferred methods for receiving benefits communication? You can select more than one.

- ☐ Written Material
- ☐ Website
- ☐ Video
- ☐ In-Person Meetings
- ☐ Email
- ☐ I prefer a variety of modes
- ☐ Other: ______________________

Q5: How often have you used your health insurance in the past year?

- ☐ 0-1 times per year
- ☐ 2-5 times per year
- ☐ 5 or more times per year

Q6: How would you rate your satisfaction with the Anthem medical plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q7: How would you rate your satisfaction with the CVS pharmacy plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q8: When it is time to use your medical or pharmacy plans, rate your level of understanding of how to access care (e.g. finding a provider, finding a pharmacy, using your ID card, etc.)

Low Understanding	2	3	4	5	6	7	8	9	High Understanding
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q9: When it is time to use your medical or pharmacy plan, rate your level of understanding of how much you will owe.

Low Understanding	2	3	4	5	6	7	8	9	High Understanding
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q10: How would you rate your satisfaction with the medical plan claim payment process?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q11: If you are not satisfied, what specific feedback can you provide?

Q12: If given the opportunity, what changes would you like to see with the medical and prescription coverages?

Q13: When working with your prescription drug plan and pharmacies, have you had issues obtaining the prescriptions recommended by your provider? Please explain…

Q14: Do you have a good understanding of the mental health services available with the medical programs?

Q15: How would you rate your satisfaction with the dental plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q16: If given the opportunity, what changes would you like to see with the dental plan?

Q17: How would you rate your satisfaction with the vision plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q18: If given the opportunity, what changes would you like to see with the vision plan?

Q19: Are there any other types of voluntary benefits/programs that you'd like us to consider offering? (check all that apply)

- ❑ All-in-one coverage (medical, pharmacy, dental, vision, audio in one plan option)
- ❑ Accident Insurance
- ❑ Critical Illness Insurance
- ❑ Long-Term Care Insurance
- ❑ Identity Theft Protection
- ❑ Pet Insurance
- ❑ Audio Coverage
- ❑ Discount Programs (e.g. travel, auto and retail)
- ❑ Other: ____________________________

Q20: You have reached the end of the survey. We appreciate your participation!

Please use the below comment box to provide feedback, ask questions or voice concerns.

Where CRS Retirees Live (CRS Address Database)

States	Region	Unique Address
OH	Midwest	2976
KY	Midwest	118
FL	South	103
IN	Midwest	93
TN	Midwest	13
GA	South	13
SC	South	11
NC	South	10
TX	Southwest	10
AZ	Southwest	10
AL	South	6
CO	West	6
NV	West	4
NY	East	3
VA	East	3
MI	Midwest	3
MO	Midwest	3
MS	South	3
CA	West	3
WA	West	3
PA	East	2
IL	Midwest	2
AR	South	2
NM	Southwest	2
HI	West	2
OR	West	2
DC	East	1
MA	East	1
MD	East	1
RI	East	1
WI	Midwest	1
OK	Southwest	1
Total		**3412**

Region	Unique Addresses	%
Midwest	3,209	94.1%
South	148	4.3%
Southwest	23	0.7%
West	20	0.6%
East	12	0.4%
	3,412	100.0%

Data as of February 2023