

Speakers:

SK1: Sam Kling, Corporate Communications Manager at GeoBlue
SK2: Sheldon Kenton, President and CEO of GeoBlue and Managing Director of Bupa Global.
NW: Noelle Weinrich, Corporate Project Manager at GeoBlue
Dr. K: Dr. Kennette Thigpen, VP of Clinical Crisis and Specialty Services at Workplace Options
Dr. C: Dr. Damien Cornacchia, Medical Director at GeoBlue

Opening Remarks:

SK1: "Good afternoon, thank you for joining us today. A few house keeping items before we kick off the call. If you're playing webinar bingo, you can go ahead and mark off the 'reminder to stay muted' box. You're muted when you joined today's call, but we ask that you stay muted throughout the presentation. We do of course welcome questions. If you do have a question, be sure to send it through the question and answer feature on WebEx, and select our moderator, Noelle Weinrich as the recipient. Noelle will be fielding all of the questions. If we don't answer your question live, we will be able to reach out to you after the event. We will also be asking you a few poll questions today throughout the webinar, so be sure to have that feature opened in WebEx. Finally, this presentation will be recorded and sent to you via email in the next few days. To begin our session, I'd like to introduce Sheldon Kenton, President and CEO of GeoBlue, and Managing Director of Bupa Global. For those of you who aren't familiar, Bupa Global is a key member of our Blue Cross Blue Shield Global family and an international healthcare leader and innovator with brand recognition outside the U.S., similar to Blue Cross Blue Shield's brand recognition inside the U.S. GeoBlue is owned by Bupa Global along with the consortium of Blue Plans and Blue Cross Blue Shield Association. Sheldon joins us today from his native England. Sheldon, when you're ready."

SK2: "Thank you Sam, and can I add my welcome to the GeoBlue team. As Sam said, I'm currently enjoying lockdown in England, and I'm very happy to be here with you to kick off this event. So, the GeoBlue team, working as we do with multinational students and other travelers, have always intrinsically recognized the strong connection between behavioral and mental health, and all-around physical well-being. But recognizing that isn't good enough. It's also important that we all work hard to break down the stigmas and barriers associated with the recognition of behavioral health issues. That's tough enough in our old world, but of course in our new world where we find ourselves barraged by pandemic and other things disrupting the normal passage of life, that becomes even harder. And I think it's probably true that if you look around you, it's easy to see the emerging impacts of mental and behavioral health around the



Webinar:

NW: "Great, thank you Sheldon. I'm so pleased to be joined today by two individuals with a lot of experience in the treatment, and access to care for behavioral health issues, specifically with the globally mobile community. Dr. Kennette Thigpen, known affectionately as Dr. K, joined Workplace Options in May 2013, and transitioned to VP of Clinical Crisis and Specialty Services in 2019. In this role, Dr. K specializes in streamlining and implementing processes across global service centers while adapting to varying cultural contexts. Prior to Workplace Options, Dr. K held positions in juvenile justice, child welfare, mental health and accreditation organizations. Dr. K is a proud graduate of East Carolina University, home of Petey the Pirate, and has a master's degree in Social Work. She also has a PhD in International Psychology from the Chicago School of Professional Psychology. Dr. Damien Cornacchia is GeoBlue's Medical Director. He has been with GeoBlue for almost 4 years. Dr. Cornacchia is certified in internal medicine and emergency medicine. In his role at GeoBlue, he directs position-led efforts, specifically case management functions, performs clinical review medical necessity and prior authorization and maintains oversight of GeoBlue's clinical staff. Dr. Cornacchia is a proud graduate of Weidner University, and the Philadelphia College of Osteopathic Medicine. He completed his post-graduate training at the



Metropolitan System in Southeast Pennsylvania. Prior to GeoBlue, Dr. Cornacchia spent 15 years practicing emergency medicine, holding the chairman position, then transitioned to hospitalist medicine practicing in the Main Line Health system in Suburban Philadelphia. He also served as Medical Director for LifeCare Hospital of Chester County. Welcome to both of you and thank you for taking the time to educate us further on this very important topic.

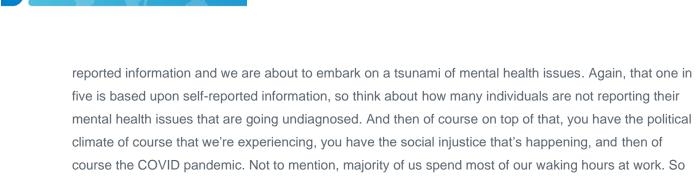
So, let's get started with our first poll question, all of you on the line please participate, and starting with a very easy multiple choice, yes or no answer. Have you consulted with your clients about behavioral health issues or solutions in the last six months? So go ahead and to the right of your screen you should see the polling options. So you can go ahead and select that, I'll give you a few seconds.

Okay, and we'll give you just a couple more seconds.

Great, the poll has ended, let's see our results:

Alright, great. So more than half of you are having important conversations. Let's get a better understanding of what behavioral health means. We expect that this trend will continue to grow over time as we chip away at the stigma attached to this topic in varying degrees across the globe. So, let's get down to the basics first, to gain a better understanding about the term behavioral health. Dr. K let's start with you. We hear terms like behavioral health, mental health, emotional well-being. Do these terms all mean the same thing and what is behavioral health and how does mental health fit into that?"

Dr. K: "Thanks Noelle, and thanks for having me with you today. So, I think that's an absolutely great question, and I think people often use the words interchangeably. I think it's important to note that, in reality, there's a difference, and what I would say is that behavioral health is exactly like it sounds. It's behaviors or actions that's impacting an individual's well-being, whereas mental health is the feelings and emotions impacting an individual's well-being. Now, the two can coexist together, and I think a great example of this is an individual with anxiety. So, if a person has anxiety, that's the mental health side of things, but how they cope with that anxiety becomes the behavioral health side of things. So, if a person who has anxiety starts to cope by eating more or eating less, or sleeping more or sleeping less, or maybe self-medicating or using substances, those are all behavioral actions that are affecting a person's well-being. Now, I think what typically happens is, you have the umbrella of behavioral health, and underneath that, you have different aspects and I think physical health and mental health are two big components of that. Now I feel like individuals often use the words interchangeably because of the stigma that's associated with it. So, if a person says, 'oh, you have mental health issues' versus, 'oh, there's behavioral health issues', those have two different sounds and resonate very differently with individuals. Now one in five people self-report having a mental health issue. One in five, and that's based upon self-



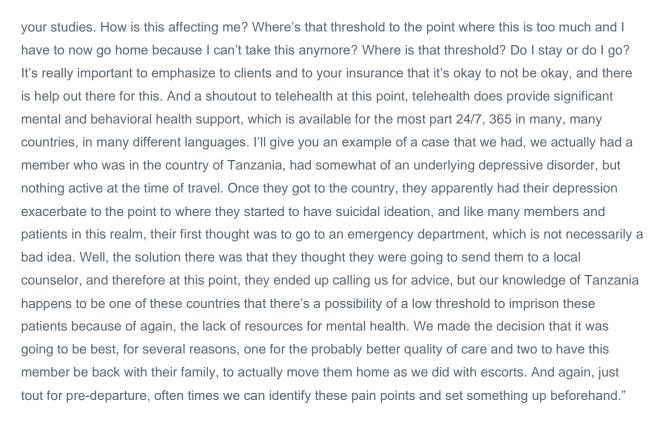
affecting our employees."

there is a huge need to continue to talk about the behavioral health and mental health and how it's

NW: "That's great, thank you, and one in five, that's certainly alarming, that statistic. So, Dr. Cornacchia, this question is for you, speaking of statistics. In 2019, internations.org shared the expat insiders annual survey results on living abroad, which included over 20,000 participants across 187 countries across territories. The survey asks these expats about their biggest concerns regarding relocation. Among the top concerns were language barrier, distance from their home country or family, high cost of living, not being able to find friends, and effects of future finances. I know personally when I was an expat in the UK a very long time ago, I really missed my family and I also missed having a network of friends close by, so I can certainly relate to all those things. There are certainly challenges that come with being an expat, so I have a two-part question for you. The first is how do these challenges contribute to existing behavioral health conditions like depression, anxiety, and hyperactivity? And what examples can you provide about your experience helping members get the right intervention and treatment, even when they are far from home?"

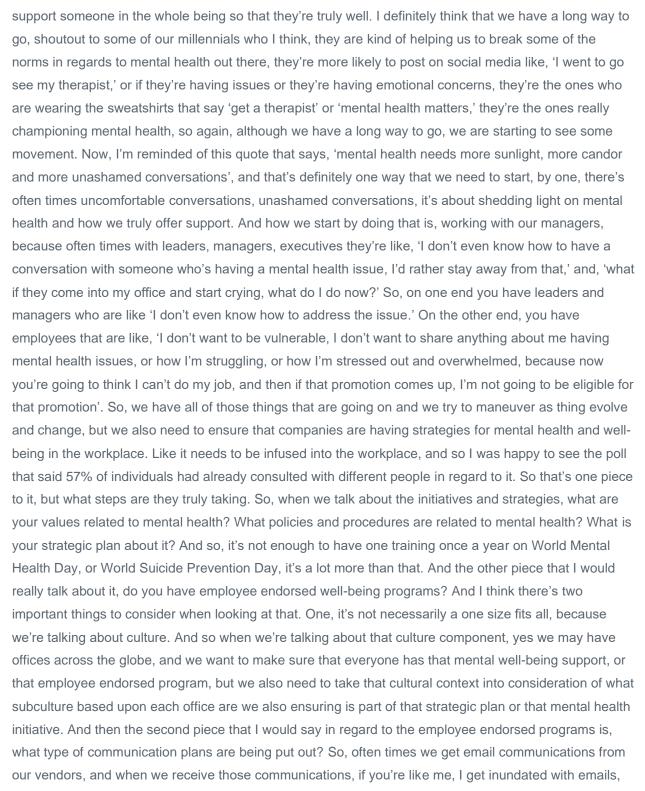
Dr. C: "Thank you Noelle. As Dr. K has mentioned, there's a lot of undiagnosed mental and behavioral health issues out there, and whether or not you have an undiagnosed condition, or are quote unquote, totally normal, when you go abroad, you're going to be subjected to things that may or may not provoke and mental or behavioral health flare. It's also important to know that things like anxiety, depression and hyperactivity disorders, their symptoms may join with each other. So, if somebody has for instance a depression-like condition, and they encounter an anxiety provoking situation, their depression may worsen, and it's important to understand these things. The concerns that are brought up by the expats in the survey, it's important to realize that these things will affect different people in different ways. For instance, somebody may be very anxious about a language barrier, while others are not so much. But another person might be extremely depressed or anxious about being away from their family. So, it's important to understand that the contribution to each of these is going to depend with the individual. It's also important to understand that these things will contribute singularly and/or additively depending upon the individual's thresholds. There's often an excitement around the travel around going on an expat assignment, or a student who's going to travel abroad, and once we get by that, then all of the sudden the

reality of being in that new environment starts to set in, and then you start to realize that these things, that Noelle mentioned, these concerns, start to begin to hit home. And again, some of these things might be more predictable than others, for instance, you know when you go to different country, you're going to be dealing with different currency, different language, you're not going to have a car over there, you're going to have to use transportation that's different, maybe even food differences might be of a concern. And then there are things that are not always predictable, such as, you know, how the actual culture is going to affect you, are you going to experience some culture shock? How are you going to feel now that you're away from your friends and family, and how is that affecting you? And the distance of course, knowing that if you want to go see them, it's not going to be that easy of a trip. For some expats, they not only take themselves on assignment, but they also take their family, and that's another concern, because they're going to be concerned about the happiness of their family. If they've enrolled one of their kids into a school and that child is not doing well at all, that's going to impact the expat assignee as well, and contribute to the mental and behavioral health concerns. Realizing also that these things don't always occur with the flip of a switch, they can occur with a very insidious onset, and grow very, very slowly like a smoldering fire over time. One of the things, and I'll mention this a few times as I talk, a pre-departure program often times can identify these pain points and possibly come up with solutions that may make some of them a bit easier to take. No with regard to treatment and intervention, there are different aspects to this. One of the first things, and probably one of the most important things, is what is the local approach to mental and behavioral health in the country of location that you're going in? To the extreme, there are some places, some countries for which they really don't have a lot of dedicated, we'll say resources, to the treatment of mental and behavioral health, in such that finding appropriate therapy there may be very difficult, and in some cases, because the country, the locality, may not have the wherewithal to treat this, they look at people with these behavioral health issues as disturbing to the public, and sometimes even incarcerate them. That is the extreme, thankfully, but it's important to realize that if you're going on one of these assignments, are you encountering one of these areas. The availability of therapists locally also will be an issue, again it depends on to what degree the location devotes to mental and behavioral health issues. They may have the same concentration of therapists that say the USA does, or the UK, but they may not, and these are things that are important to know. How often do the therapists work during the day, do they just work nine-to-five, do they have on call? Are there language barriers? One of the important things that's key to counselling is language, in other words, it's not only that the person can speak the language, but if there are accents and other impediments to understanding each other, that can actually produce more anxiety in the encounter. And it could be that one of the key things that may be necessary to remedy this situation might be even family support. This has to be taken into consideration when you're going to a different location. The pressure of the job, and if you're a student, the pressure of



NW: "Thanks Dr. C. Just some interesting information related to the case that you had mentioned in Tanzania. Depression is the leading cause of disability worldwide, and suicide is the second leading cause of death in the world for those aged 15-24 years old, so that's very alarming. Nearly 800,000 people die by suicide in the world each year, roughly that's one death every 40 seconds, so certainly a very serious topic to be discussed. Okay, Dr. K over to you. We know behavioral health programs are not new. How have these programs evolved and how can employers help reduce the stigma of talking about behavioral health issues, especially in certain areas of the world where talking about and addressing personal feelings and issues is not culturally acceptable, nor the norm?"

Dr. K: "Absolutely, thanks Noelle. So, when you look at how behavioral health and mental health have evolved, if you kind of start with at one point it was happening in silos. So, you would have the physical health that would do one thing, you would have mental health that would do something else, and there wasn't much collaboration between the two. Then we kind of evolved to more of an integrated approach where you started to see physical health and mental health really start to integrate with one another, so much so that some physician offices, or physical practices, started to house or integrate psychologists or psychiatrists, or counselors within the same offices to really have that integrated approach. Now, we're moving more towards a holistic approach where we're looking at the whole person and how do we really





and so I'm often like 'I don't know what this is,' click delete, click delete, and now I have no clue what well-being offerings are being presented to employees. And so, ensuring that those communications are coming from somebody within the organization, so that we can ensure that people are staying up to date on information."

NW: "That's a great point Dr. K, I personally receive so much spam in my email, but if it's an email from my employer, that definitely will catch my eye more than any other type of email that I don't normally get, so great point. In terms of, you mentioned millennials, and I know that millennials are more comfortable, more familiar with using their devices, and they text a lot, right? And especially Gen Z, they're always on their phones. We got a question regarding, what about text counseling? That's something new that I've heard of. What are your thoughts on counseling through text messaging?"

Dr. K: "I think with most anything, even like telehealth and telemedicine, there's pros and cons to text-based counseling. I think the first thing that comes to mind for me is, what counselors are able to read or pick up on? If you think about going to a brick and mortar location where you're face-to-face with someone, not only are you able to hear what they're saying, but you're able to see what's not being said. You're able to notice the incongruences in people's body language, and again what they're saying, of course then we started moving to more of telephonic counseling, and again although we took away the observation piece of things, the visual side of things, we were still able to hear tones of voice to be able to recognize when something is going one way or another. Now, of course, we're moving to this text-based world, now we're taking away the visual and the audio and then we're left to kind of decide and decipher what words are on a screen. And again, if you're like me, how many times have you misinterpreted or perceived an email or text that has come through, and then when you add the cultural component to it, my goodness, and I think a great example of this is I was actually through email, it kind of shows how communicating over a device happens. I'm the type of person to get very excited, so I'm like, 'hello exclamation, exclamation, exclamation' and, 'have a great day exclamation, exclamation,' and I was communicating with someone from a different country, and they were like 'why are you yelling at me?' and I'm like 'no, I'm not yelling, I'm just super excited! I'm like, hello! How's it going!?' And then so she sent me a communication back that was in all caps, and it wasn't a big deal, but she was like, 'I'm trying to prove a point to you.' And so when it comes to text-based counseling, on one end, it's easy for people to be able to access the service. It's on demand, it's right there in the palm of their hand where they're able to do it right away, but I think there's also the other aspect of what risks are present, and when there are risks that are present, how are we truly responding? Now personally when it comes to text-based counseling, I see it more of a great way to start a conversation, to access the services, but I'm still not

completely sold on it being a full-proof way of completely doing counseling and doing sessions all together."

NW: "Thank you, that was very helpful. So as a follow-up question, what kinds of programs tend to be more effective for a globally mobile population? How can employers most effectively support and measure these programs?"

Dr. K: "Great question. And so, I think it's important to note that, one, you have your remote employees that are still have some that are working from home, again you also have some employees that are going to be in the office, but it's also important to keep in consideration, your global workforce especially when you have multiple offices in multiple locations. And so, based upon what employee endorsed programs are being offered, is it truly acceptable to all across the board? The other thing that I would note is that I mentioned earlier that, it's really important- that holistic approach, and when I talk about the holistic approach, it's about what mental, what physical, what practical field of support is really needed? And I think what's important to note about that, or a good example would be, we're seeing a lot of individuals that are calling in because they're stressed, or they're overwhelmed, or they're at home working, they have the kiddos there, maybe their partners there and it just seems like the weight of the world is on their shoulders. Now most people aren't going to call you and say, 'well first, let me tell you what my emotional needs are, and let me tell you what my physical needs are, and then my practical needs are,' they're typically not going to do that, so having someone that can hear the need of what's truly needed, they can really talk to them about what's needed. In that example where you have an individual who's calling in because they are stressed or overwhelmed, that goes back to that mental health support that is needed. In continuing to talk to that individual, you notice that they're having to transition back into the office, so needing to figure out, 'what am I going to do with my kids? My nanny's not coming back, how do I find a new nanny or, what childcare facilities do I send them to?' So now there's an additional stressor that's put in that individual's life because there's a practical need of 'I need to find childcare for my kiddos,' and so if they're at work, they're going to become almost less productive because their main concern is my kids, not necessarily the work that's going on. So, stress that goes unaddressed often turn into stress and anxiety. Also, in having that conversation with that individual, we start to notice some of their behavioral health needs, because they're so stressed out, now they're eating all the snacks in the house and they've gained that quarantine 20 people are talking about, or that quarantine 19 about. And so, in that conversation with the individual, you've heard the mental health needs, which is the stress and feeling overwhelmed, you've heard the behavioral aspect of that which is, now I'm eating lots of food and I'm gaining weight, and then you're hearing that practical support which leads to additional stressors, which is I need help finding additional childcare for my individuals, so again really understanding that from a

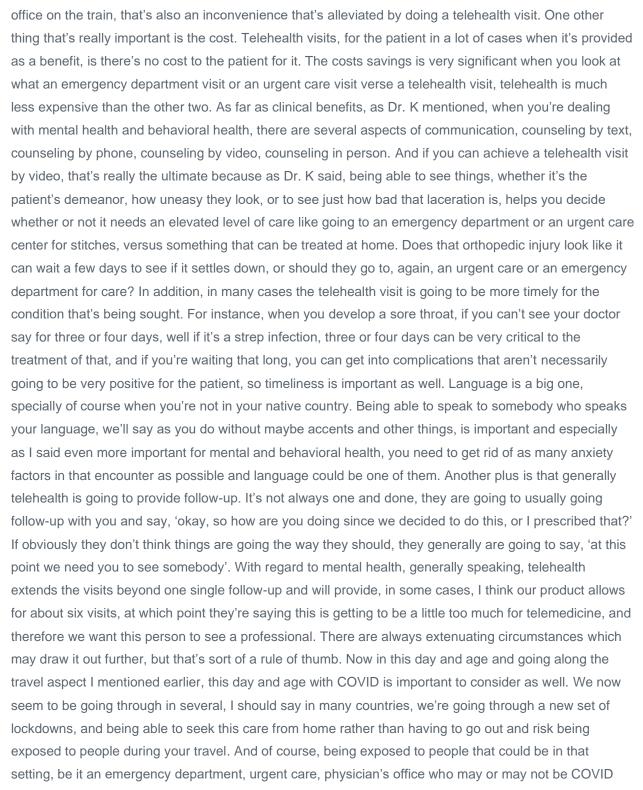


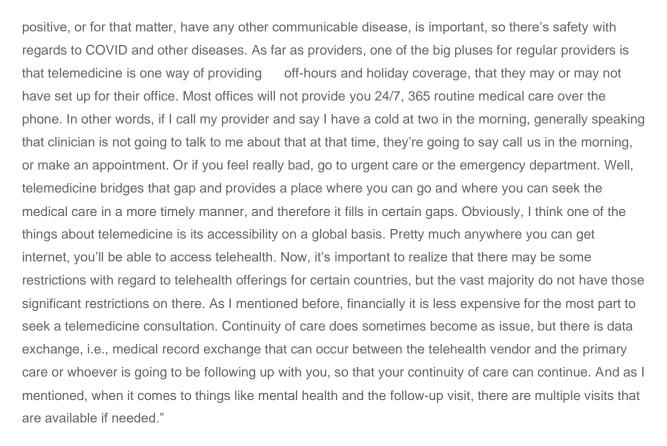


NW: "Fantastic, thank you Dr. K. Alright, why don't we next do a poll question, question number two. Let's jump right into it, and as you can see, there are five answers that you can select from, so you might have to scroll down if you can't see all five in the side panel there. When was the last time you used a telehealth service for your own health or for a family member? A, within the past 1-3 months, B, 4-6 months ago, C, 7-12 months ago, D, more than a year ago, or E, never. There's a lot of different definitions of telehealth, but just to level-set so we're all thinking of telehealth in the same way for this particular question, telehealth is remote healthcare access that can go beyond the doctor patient relationship and can include a variety of services such as patient health education, social support, troubleshooting health issues, etc., so it does go beyond that doctor consultation component. So again, let's see, you have a few more seconds- oh, the poll just closed, and let's see.

Okay, wow, so 36% within the past 1-3 months, so that's interesting, but even more interesting, 33%, never. I do believe that once you use telehealth for the first time, you definitely can easily see why people use it and you become a repeat user. To explain my own personal experience, I'll explain it in one word: convenience. It removes travel and wait time that can be wasted with a normal office visit, so that's really my main call out for telehealth, the convenience part of it. Speaking of wait time, here are examples of trying to access behavioral health services in other countries. The average wait time for a psychiatrist visit in France is 67 days. That's a long time to wait, especially if you're already feeling anxiety or stress. In 19 states in Mexico, there is only one psychiatrist, or one hospital bed for mental health. This makes telehealth services a critical lifeline for globally mobile members who may not be able or feel comfortable seeking care in person in a foreign country, for a multitude of reasons. Dr. Cornacchia, what are the primary benefits of telehealth for both providers and patients?"

Dr. C: "Well Noelle, as you just said, there's a big convenience component to it that's important to people. The ability to have these appointments occur on the patient's side rather than on the doctor's side, that is, 'I want to make a telehealth appointment and it's going to be during a time in my day when it's convenient for me, not the office I want to go to,' certainly works for a lot of expats or anybody actually, anybody around the world who is looking for a medical intervention of some sort. The appointments are also generally very easy to make, and when you make the appointment you're not, as you just mentioned, waiting days or weeks to have your encounter occur, but usually within a few hours, and making the appointment is actually very easy, and in our case, it's done through our app. Another aspect of telehealth that's very convenient is travel. You no longer have to get in your car or take transportation to get to the doctor's office, you can do it in the comfort of your home. and it give you back some time that you may have lost if you had to travel there. In addition, if you are a parent or you have an elderly loved one who is difficult to leave or you have to provide alternate care for or put them all in the car or bring them to the

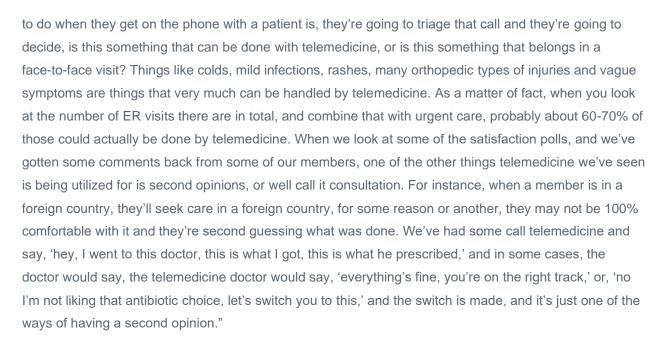




NW: "Thank you Dr. C, as a follow-up question, we discussed benefits, but now that telehealth is popping up on everyone's radar due to COVID-19, what are some of the myths associated with telehealth, and some barriers that providers may need to overcome?"

Dr. C: "Well, probably one of the most thought about myths with regard to telehealth at this point is confidentiality. And to debunk that myth, I want you to realize that telehealth offerings, telemedicine vendors, and even doctor's offices who are getting more and more into telemedicine as an offering for their practice, have to follow confidentiality protected health information guidelines, be it HIPPA in the United Stated, or GEPR abroad. And this is also enabled through secure connections, most of the time telehealth vendors are accessing the encounter via the internet, so therefore they can secure the connections rather than talking cell phone to cell phone, so there's secure connections that are established for the most part. Also, the physician patient relationship is the same with a telemedicine vendor as it is with a regular doctor, so you can be sure that the confidentiality that you and the doctor are sharing is going to be maintained with the usual rules and abilities to release as per the typical doctor visit that would occur in an office be it in the United States, or abroad. Statista.com published in September 2014, almost six years old but it's probably still about right, 'hesitation still exists among users in regard to





NW: "Thank you Dr. C. Okay, over to Dr. K, and I realize we have about 10 minutes left, so we're just going to speed things forward a little bit faster. I recently saw a report published by Market Data Forecast that the telehealth market in the US is dominating, with over 60% market share due to a surge in telehealth investments, emergence of smartphones and advanced digital devices, and increasing prevalence of chronic diseases, unfortunately. Canada, Europe, then Asia follow the US with regard to telehealth market share. Are you seeing the same trends that remote healthcare and treatment for behavioral health conditions are mainly utilized in the US, followed by Canada, Europe and Asia? And what differences do you see among different cultures and patient demographics, related to use of telehealth for behavioral health needs?"

Dr. K: "Thank you, so I'll keep this pretty short. So, I think Dr. C mentioned everything, it was amazing, so we're seeing the exact same things he was talking about when it comes to debunking some of myths or what people are thinking, more so from a cultural perspective. I think it's interesting when you look at individualistic versus collectivist societies and how individuals interact with their therapy, especially when it comes to telehealth, where for more individualistic cultures, it's 'okay, let me be in and out, give me what I want, instant gratification and move on,' where a lot of times in collectivist societies it's really about taking that time to build that therapeutic relationships, to really get to know them. And so sometimes they do prefer to go face-to-face, but with COVID we've been forced to go to this telehealth world, and I think what's really interesting is that, when we look at some of our data pre-COVID, we were seeing about 55% of individuals going face-to-face, and about 10-15% were going telephonic or video counseling, and now



of course when you're in COVID, we were doing all telehealth, and now that things are opening back up, our numbers have kind of flip flopped where we're seeing about 15% face-to-face, and about 50-55% telephonic and STC or SCC. I think what's also interesting is, you often hear people say, 'well is it still effective if I do video or telephonic counseling versus going face to face, is it still the same?' Well, when we started to look at the outcome of our data, they were right neck and neck, so when it comes to the efficacy of the treatment using telehealth, we're still in good measure."

NW: "Great, thank you Dr. K. I saw an interesting statement in a Blue Cross Blue Shield report called 'Making Full Health the Focus,' where it states that millennials want more multi-dimensional care, balancing in-person visits and digital care. I found that interesting because I bet that as Generation Z is entering the workforce, the shift in preference will be more towards digital rather than in-person care.

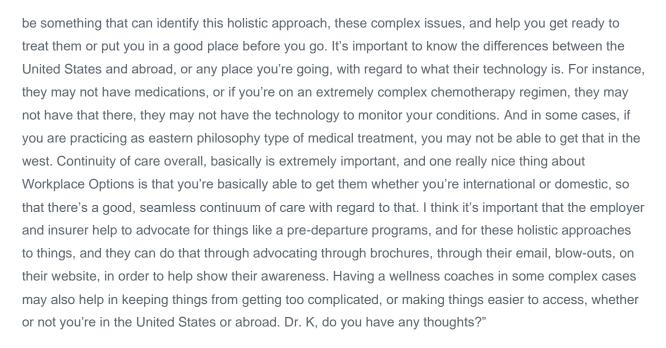
Okay, switching gears now on value, and that brings us to our next and final poll question. Again, if you don't see all four answer options in the side screen, just scroll down. What do you think is the most valuable aspect of a behavioral health program for clients? Increased productivity, attracting and retaining talent, early intervention leading to possible cost reduction or cost avoidance of behavioral health conditions and related physical conditions, or creating a supportive culture of health and well-being.

I'll give you just a few seconds on that one.

Okay, final answers in. Let's close down the poll.

And the survey says, 56% said creating a supportive culture of well-being, and that's the topic that Dr. K did mention earlier and ways that we can do that. Let's close the session out by talking about value. The CDC states that 75% of all healthcare costs are tied to lifestyle behaviors that can be modified, so we do have some control over that. How can brokers and consultants convey to their clients the value of applying a holistic approach to behavioral health benefits for the globally mobile? Let's hear both of your thoughts on this, and we'll start with Dr. C."

Dr. C: "Being an osteopath, the philosophy we have is that a holistic approach to a patient's care is very important, that the body is a very intertwined, intermingled, very complex machine. To give an example, things like anxiety can lead to a person developing like peptic ulcer disease or irritable bowel, maybe even tension headaches or migraine headaches. Things like having cancer may have a person develop a significant depressive disorder, or if somebody has a chronic orthopedic disorder and can't do things that they used to before, again can lead to behavioral health issues. Again, showing on the interaction between physical, behavioral, and mental health. It's important that there's a seamless care approach between global and domestic benefits with regard to this, and to realize that a pre-departure program may



Dr. K: "Absolutely, I'll just kind of share some additional ones as we wrap up. Of course, you talked a lot about the emotional and physical component, it's also important that we keep in mind the practical as well, because the practical pieces are the things that tend to stress individuals out. It's also important as far as value, you're able to recruit top performers, and I know when I'm interviewing recently, that's a question I'm starting to get, 'what are you offering to your new hires in regard to overall well-being?' We also want to be able to retain them, once we have them that's not good enough, how do we keep retaining them, so we have a happy and engaged workforce? It's about building resilience. And so of course I would bet my whole paycheck on it, 100% of organizations went through some kind of change this year, and we need resilient individuals to help and support that change. Of course, we're wanting to destigmatize mental health in the workplace, so it adds that value of being able to do that. We talked about earlier, I won't go too far into depth, in regard to reducing absenteeism and increasing productivity, getting that satisfaction from our individuals as far as doing surveys, because not only do we want to do the return on investment, but what's the value of investment? So, it's really about thinking about not only the gualitative data, but the guantitative data as well. And then the last two I would mention is, if you're in a safety sensitive position, incident reports should start to decrease, when people are having mental health issues, their concentration is impaired and the decisions that they make and the errors that they make. And so having these programs in place will help to decrease that. And then lastly, if we're in a service industry where we're a client facing, if we're helping with people's mental health, they're going to be able to serve individuals a lot better.



NW: "Thank you so much Dr. C, and Dr. K. Unfortunately, we are out of time, great discussion, but if you have any questions, please email them to <u>events@geo-blue.com</u>, and we'll be sure to respond back to you. With that, we want to thank you, thank our panelists, Dr. Kennette Thigpen, Dr. Damien Cornacchia, as well as GeoBlue's CEO Sheldon Kenton. You truly enlightened us with some great insight, and we would like to thank everyone on the line for joining us today. Please be sure to complete the short survey that will appear immediately after this webinar, and jus to let you know we will have our next Pulse Live event in Q1 of 2021, so stay tuned for more details on that. Until then, in the spirit of this topic, we hope you are mindful of your emotional and physical well-being, stay healthy, stay well, and we hope to see you again at our next Pulse Live event. Take care now!"

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