

AGENDA

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP HEALTH BENEFITS COMMITTEE MEETING

March 9, 2018
10:00 A.M – 12:00 P.M.

CCCSIG Conference Room,
550 Ellinwood Way
Pleasant Hill CA 94523

I. CALL TO ORDER

II. ROLL CALL & INTRODUCTIONS

Bylaws of the Contra Costa County Schools Insurance Group I.G.4. Quorum. A majority of each Committee membership shall constitute a quorum for the transaction of business except that less than a quorum may adjourn from time to time.

Member Districts = 9

Number required to achieve a quorum = 5

CCCSIG:

Contra Costa County Schools Insurance Group

Bridget Moore, Executive Director

MEMBERS:

Arcohe Union School District

Troy Miller

Arcohe Union School District

Mindy McCreery/Jim Shock, Alternates

Brentwood Union School District

Roxane Jablonski-Liu

Brentwood Union School District

Debbie Valladao, Alternate

Byron Union School District

Open

Byron Union School District

Tina Pedersen, Alternate

Canyon School District

Gloria Faircloth

Castro Valley Unified School District

Open

Castro Valley Unified School District

Robin Yearby, Chair

Moraga School District

Daniela Parasidis

Moraga School District

Courtney Avellar, Alternate

Oakley Union Elementary School District

Maria de la Luz Bordanaro

Oakley Union Elementary School District

Cindy Peterson/Tammi Lauderdale, Alternates

Travis Unified School District

Sonya Lasyone

Travis Unified School District

Trudy Barrington, Alternate

Walnut Creek School District

Audrey Katzman

Walnut Creek School District

Griselda Barraza, Alternate

CONSULTANTS

Keenan & Associates

Debra DeSpain

Keenan & Associates

Vickie Vales

GUEST:

Building Blocks for Business

Lorin Westlund

III. PUBLIC COMMENTS

Comments from the general public will be received and limited to five minutes per person.

IV. APPROVAL OF AGENDA**2018-009****Action**

The Committee retains the right to change the order in which agenda items are discussed. Subject to review by the Committee, the agenda is to be approved as presented. Items may be deleted or added for discussion only according to G.C. Section 54954.2.

V. APPROVAL OF MINUTES – February 9, 2018**2018-010****Action**

The Committee will review the minutes of the last Committee meeting for any adjustments and adoption.

VI. CORRESPONDENCE**2018-011****Information**

Correspondence will be presented and reviewed by the Committee. No action may be taken in response; only referred for action on a subsequent agenda.

VII. ADMINISTRATION/HEALTH BENEFIT PROGRAM ADMINISTRATIVE UPDATE**Voluntary Products Overview****2018-012
Information****ACA Update****2018-013
Information****Program Growth Meeting Overview****2018-014
Information****Proposed Changes to CCCSIG Bylaws for the Health Benefits Program****2018-015
Information****Legislative Updates/Briefings****2018-016
Information**

The Consultant will present Legislative Updates/Briefings/Articles of Interest to the Committee.

VIII. INFORMATION**MEMBER COMMENTS****Information**

Each member may report about various matters involving the Committee. There will be no Committee discussion except to ask questions, and no action will be taken unless listed on a subsequent agenda.

CONSULTANT COMMENTS**Information**

The Consultant will report to the Committee about various matters involving the Committee. There will be no Committee discussion except to ask questions, and no action will be taken unless listed on a subsequent agenda.

IX. AGENDA ITEMS NEXT MEETING**Information**

Members and others may suggest items for consideration at the next meeting scheduled for April 13, 2018.

X. ADJOURNMENT**Americans with Disabilities Act:**

Contra Costa County Schools Insurance Group conforms to the protections and prohibitions contained in Section 202 of the Americans with Disabilities Act of 1990 and the federal rules and regulations adopted in implementation thereof. A request for disability-related modifications or accommodation, in order to participate in a public meeting of the Contra Costa County Schools Insurance Group, shall be made to: Bridget Moore, Executive Director, Contra Costa County Schools Insurance Group - 550 Ellinwood Way, Pleasant Hill, CA 94523 - 1 (866) 922-2744.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-009

Approval of Agenda

Enclosure: **Action**
Yes

Category: Approval of Agenda

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

Under California Government Code Section 54950 the "Legislative Body" is required to post an agenda detailing each item of business to be discussed. The Committee posts the agenda in compliance with California Government Code Section 54954.2

STATUS:

Unless items are added to the agenda according to Government Code 54954.2 (b) (1) (2) (3), the agenda is to be approved as posted.

RECOMMENDATION:

Subject to changes or corrections, the agenda is to be approved.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-010

Approval of Minutes February 9, 2018

Enclosure: Action
 Yes

Category: Approval of Minutes

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

As a matter of record and in accordance with the Brown Act, minutes of each meeting are kept and recorded.

STATUS:

Included in the agenda packet are minutes from the February 9, 2018 meeting, which have not yet been approved.

RECOMMENDATION:

Subject to changes or corrections, the minutes of the February 9, 2018 meeting is to be approved as submitted.

MINUTES

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP HEALTH BENEFITS COMMITTEE MEETING

February 9, 2018
11:00 A.M – 3:00 P.M.

CCCSIG Conference Room,
550 Ellinwood Way
Pleasant Hill CA 94523

I. CALL TO ORDER

The meeting was called to order by Robin Yearby at 11:01 A.M. with introductions.

II. ROLL CALL & INTRODUCTIONS

Bylaws of the Contra Costa County Schools Insurance Group I.G.4. Quorum. A majority of each Committee membership shall constitute a quorum for the transaction of business except that less than a quorum may adjourn from time to time.

Member Districts = 9

Number required to achieve a quorum = 5

Those present were:

CCCSIG:

Contra Costa County Schools Insurance Group Bridget Moore, Executive Director

MEMBERS:

Arcohe Union School District	Mindy McCreery/Jim Shock, Alternates
Brentwood Union School District	Roxane Jablonski-Liu
Byron Union School District	Tina Pedersen, Alternate
Castro Valley Unified School District	Robin Yearby, Chair
Moraga School District	Courtney Avellar, Alternate
Oakley Union Elementary School District	Tammi Lauderdale, Alternate
Travis Unified School District	Trudy Barrington, Alternate

CONSULTANTS

Keenan & Associates	Debra DeSpain
Keenan & Associates	Vickie Vales

GUESTS:

Kaiser Permanente	Kelsey Lesley, Senior Account Manager
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ABSENT:

Canyon School District	Gloria Faircloth
Walnut Creek School District	Audrey Katzman

III. PUBLIC COMMENTS

There were no public comments.

IV. APPROVAL OF AGENDA**2018-001
Action**

A motion was made by Roxane Jablonski-Liu, seconded by Tina Pedersen, and unanimously carried to approve the Agenda. Votes:

Arcohe - Aye	Brentwood – Aye
Byron – Aye	Canyon – Absent
Castro Valley – Aye	Moraga - Aye
Oakley – Aye	Travis – Absent for vote
Walnut Creek – Absent	

V. APPROVAL OF MINUTES – November 3, 2017**2018-002
Action**

A motion was made by Roxane Jablonski-Liu, seconded by Courtney Avellar and unanimously carried to approve the November 3, 2017, Minutes as presented. Votes:

Arcohe - Aye	Brentwood – Aye
Byron – Aye	Canyon – Absent
Castro Valley – Aye	Moraga - Aye
Oakley – Aye	Travis – Absent for vote
Walnut Creek – Absent	

VI. CORRESPONDENCE**2018-003
Information**

There was no correspondence for this meeting.

VII. ADMINISTRATION/HEALTH BENEFIT PROGRAM ADMINISTRATIVE UPDATE**Kaiser Periodic Utilization Review****2018-004
Information**

Kelsey Lesley, Senior Account Manager, presented the Kaiser Periodic Utilization Report for the period of October 1, 2015 through September 30, 2016 compared to October 1, 2016 through September 30, 2017.

The highlights of the report are:

- Summary of Paid Claims – Overall claims have increased in the compare period by 3.95%, however, as compared to the 2018 renewal, overall claims have increased by 0.51%.
- Key Renewal Services reviewed:
 - Inpatient Claims – increased in the compare period by 12.51%; however, as compared to 2018 renewal, claims reduced by 1.04%
 - Outpatient Claims – increased in the compare period by 0.14%; however, as compared to 2018 renewal, claims increased by 3.38%
 - Pharmacy Claims – decreased in the compare period by 1.74%; however, as compared to 2018 renewal, also decreased by 3.87%
- Demographic Review – number of subscribers and members has increased, average age has decreased slightly from 37.2 to 36.7; percentage distribution is still higher female at 58.6%, which is to be expected in school districts.

2017 Year In Review**2018-005
Information**

Debra DeSpain presented the 2017 Year In Review report highlighting the activities of the Health Benefits Committee during 2017. The review also includes the renewal activity and the many value-added items provided by Keenan.

2018 Migration Report

2018-006
Information

Debra DeSpain presented the 2018 Migration Report to the committee. This report details the open enrollment employee enrollment changes from 2017 to 2018. With the addition of Western Health Advantage, the enrollment in the program increased overall by 46 subscribers.

Trudy Barrington noted Travis USD does not have the \$20 plan, that it was replaced by the \$30 plan. The enrollment may be correct, but the plan change should be shown. The report will be updated to reflect this correction and distributed to the committee.

Legislative Updates/Briefings

2018-007
Information

Debra DeSpain reviewed the legislative briefings included in the meeting materials:

1. Health Care Reform: Employer Mandate Penalty Notices Coming Soon
2. 2018 Benefit Limits for Health & Welfare Plans
3. Health Care Reform: Cadillac Tax and Other ACA Taxes Delayed Under 2018 Spending Bill

VIII. INFORMATION

MEMBER COMMENTS

Information

There were no additional Member comments.

CONSULTANT COMMENTS

Information

There were no additional Consultant comments.

IX. STRATEGIC PLANNING SESSION

2018-008
Information

1. Strategic Planning Overview

Debra DeSpain introduced the topics of discussion during the strategic planning session. This will be an informal overview of suggested activity for the Health Benefits Program for 2018 and 2019.

2. Administration Review

During the recent meetings held with some of the districts and Kaiser, it was discovered that not every district follows similar processes:

- i. Billing close dates vary
- ii. Some pay as billed
- iii. Some are self-billed
- iv. Each district handles submitting payments differently
- v. Kaiser handles the receipt of payments from the lock box differently

Debra DeSpain suggested holding a workshop for the benefit of technicians and the carriers to discuss what works for each and perhaps develop/share “best practices”

- i. Allocation Worksheet
- ii. Benefits education

Trudy Barrington asked if we could see if any of the changes districts have made has helped with the payment issue and has Kaiser made any changes to their internal processes that were identified as delays/issues?

Mindy McCreery stated it takes Kaiser up to 13 days to post their payments.

Roxane Jablonski-Liu mentioned that there used to be one point of contact with Kaiser and now the customer calls an 800 number and spends time repeating questions. Debra agreed this is not a good practice and will speak with Kaiser regarding having a CCCSIG point of contact that would be available to all districts in the Kaiser program.

All agreed the best time to schedule the workshop would be from the 1st – 10th of the month. June seemed to work the best for everyone. June 4 was selected. Debra will reach out to Kaiser, Sutter Health Plus and Western Health Advantage to schedule. Debra will draft the workshop outline and review it with Bridget and Robin prior to publishing.

3. Current District Marketings

Cupertino USD

Debra DeSpain provided the members with Keenan's underwriting Impact Analysis for Cupertino USD to join the Health Benefits Program. It showed Cupertino is performing about 18% better than CCCSIG, which would benefit CCCSIG members, but would not be beneficial to Cupertino. There would be a 16.98% increase in paid claims for Cupertino, but a 5.48% decrease to CCCSIG.

Cupertino is exploring other options as well. This analysis has not been presented to the district yet, as Debra wanted to discuss with the HBPC first. This analysis was developed by reviewing Cupertino's 9/1/2017 Kaiser renewal to CCCSIG's 1/1/2008 Kaiser renewal. Once Cupertino's 9/1/2018 Kaiser renewal is received, Debra will have the analysis looked at again.

West Contra Costa USD

WCCUSD is very interested in withdrawing from CalPERS. Keenan is assisting the district with their medical marketing and will be looking at CCCSIG. WCCUSD does have a very large enrollment and retiree population. We are looking for a separate option for the retirees, so they would not be included in their active enrollment. It may also work for them to go to Kaiser direct for a few years to obtain claims experience and have a better idea of the risk they would bring to the program.

John Swett USD

John Swett USD is a very small district with an enrollment around 170 and is also interested in withdrawing from CalPERS. They are looking at CCCSIG and SISC, but will not be deciding until late spring/early summer; probably around the time the 2019 CalPERS rates are released.

4. JPA Growth/Value Add Options

Most other JPA's offer additional value added plans, such as life insurance, EAP, voluntary plans. This could be an avenue that would allow growth to the HBP.

One idea of creating a more robust program would be to offer Kaiser break away plans/rates to CalPERS districts. Kaiser has agreed to provide Keenan with basic plans and break-away 2018 rates with the understanding these could change once the 2019 CalPERS rates are released this summer. In marketing to the CalPERS districts, we may want to load the 2018 rates 6-8% as an estimate to the 2019 renewal. The existing HBP Sutter Health Plus and Western Health Advantage plans would also be offered alongside the Kaiser standing plans to show choice.

Updating the Bylaws to increase the commitment period for CalPERS districts entering the program might be a good idea. Currently there is a three-year commitment. For CalPERS districts, the commitment could be changed to 4 years

Suggested value-added options:

1. Wellness Packet – update the CCCSIG wellness tag line: Eat. Sleep. Live. Healthy to possibly Eat. Sleep. Live. Fun. (SELF) Healthy
 - a. Emergency Room information
 - b. Walk-in clinics
 - c. Mail order Pharmacy information – SHP & WHA
 - d. Nurse/Advice Lines
2. Voluntary Options – enrollment vendor including FSA administration at no charge – Colonial*, that has an online enrollment feature.
 - a. Hospital Indemnity Plan
 - b. Cancer, Heart, Stroke Plans
 - c. Employee Assistance Plan
 - d. ID Theft
 - e. Critical Illness/Accident Insurance
 - f. Short Term Disability (post-tax benefit)
 - g. Voluntary Life with Long Term Care rider

*Keenan will bring the representative from Colonial to the next meeting to present their plans and services.

3. Employee Benefits Handbook

April 17, 2018 – two sessions; 10:30 – 12:00, 1:30 – 3:00

Debra will invite Superintendents, CBOs Human Resources and benefits contacts from the Alameda, Contra Costa and Solano CalPERS districts. Drinks and snacks will be ordered by CCCSIG and paid from the HBP wellness funds.

X. AGENDA ITEMS NEXT MEETING

Information

The next meeting will be March 9, 2018, with the following agenda items:

1. ACA Update
2. Lorin Westlund, Building Blocks/Colonial
3. Overview of April 17, 2018, Program Growth meeting – Kaiser plans/rates
4. Revised Bylaws

XI. ADJOURNMENT - Robin Yearby adjourned the meeting at 2:54 P.M.

Americans with Disabilities Act:

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CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-011

Correspondence

Enclosure: Information
No

Category: Correspondence

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

Communications received by, or sent on behalf of, the Committee is presented to the Committee. These communications are normally informational in content and no action is required except to acknowledge receipt.

STATUS:

There was no correspondence received for this meeting.

RECOMMENDATION:

For review and information.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-012

Voluntary Products Overview

Enclosure: Information
Handouts

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

As discussed at the February 9th HBPC meeting, the committee is willing to consider adding value-added benefits to the JPA to have a more rounded program offering. Building Blocks for Business will be introduced as a potential value-added voluntary and/or Section 125 vendor for the current Members and potential members.

STATUS:

Lorin Westlund, Director of Partner Acquisitions, Building Blocks for Business will review the voluntary plans offered through Colonial and how the Section 125 can be combined with offering the voluntary plans.

RECOMMENDATION:

For review and discussion.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-013

ACA Update

Enclosure: Information
Handout

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

At the February 9th HBPC meeting, it was agreed an update on the status of ACA would be presented.

STATUS:

Keenan will provide an update on the status of ACA.

RECOMMENDATION:

For review and discussion.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-014

Program Growth Meeting Overview

Enclosure: Information
Handout

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

As follow up to the discussion about the JPA expansion during the February 9th HBC meeting, review of next steps will be discussed.

STATUS:

Keenan will provide a JPA membership expansion overview and Kaiser plan update.

RECOMMENDATION:

For review and discussion.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-015

Proposed Changes to CCCSIG Bylaws for the Health
Benefits Program

Enclosure: Information
Yes

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

At the February 9, 2018, Health Benefits Committee meeting the Committee discussed proposed changes to the CCCSIG Bylaws specific to XIII Health Benefits Program; Section A. Program Membership, Period, Program Year Defined, Section C. Withdrawal from the Health Benefits Program and Section F. Program Rates – Time of Payment.

STATUS:

The attached red-lined version of the Bylaws with the proposed changes on pages 8 and 9 will be reviewed by the Executive Committee at their March 15, 2018 meeting.

RECOMMENDATION:

For review and information.

**BYLAWS OF THE
CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP**

I. Governing Board.

A. Officers

- 1. Election.** At the first meeting of each calendar year, the Board shall elect a president, vice president, and secretary to serve until June 30 of the following fiscal year. The Officers may be reelected to serve subsequent consecutive terms. The Officers shall serve in the same capacity on the Executive Committee.
- 2. Eligibility.** A director may serve as an officer of the Board (and of the Executive Committee,) only if the director is from a public agency member that is: 1) located in Contra Costa County *and* 2) is currently obtaining Workers' Compensation insurance through CCCSIG as a participant in the Workers' Compensation Program.
- 3. Vacancies.** Subject to subsection **2. Eligibility**, above, if an elected officer ceases to be a member of the Governing Board ("Board"), the Board shall fill the vacancy at the next regular or special meeting of the Board held after the vacancy occurs.
- 4. Absence of President.** In the absence, or inability of the President to act, the vice president shall act as president.

B. Meetings

- 1. Regular Meetings.** The Board shall provide for its regular, adjourned regular and special meetings; provided, however, that the Board shall hold at least one regular meeting in each fiscal year. The date, time, and place at which regular meetings will be held shall be determined by the Executive Committee.
- 2. Ralph M. Brown Act.** The Board may adopt rules for conducting its meetings and business. All meetings of the Board, including without limitation, regular, adjourned regular and special meetings, shall be called, noticed, held and conducted in accordance with the provisions of the Ralph M. Brown Act (California Gov. Code §§54950 et. seq.).
- 3. Minutes.** The secretary of the Board shall cause minutes of all meetings of the Board to be kept and shall, as soon as possible after each meeting, cause a copy of the draft minutes to be forwarded to each member of the Board and posted to CCCSIG's website.
- 4. Quorum.** A majority of the membership of the Board shall constitute a quorum for the transaction of business, except that less than a quorum may adjourn from time to time.

5. Voting. Each member of the board shall have one vote, except as provided in Section 6 and 7 below. A vote of a majority of the quorum shall be sufficient for action. If a coverage issue arises concerning a claim, the Board/Executive Committee member whose Agency is involved in the claim will be entitled to participate in discussion of the claim with the Board/Executive Committee in closed session, but will be excluded from final deliberation and vote on the coverage issue.

6. Workers' Compensation Program Voting. Each member of the Board whose agency participates in the Workers' Compensation Program shall have one vote on Workers' Compensation Program business items presented to Board of Directors. A majority of the membership of the Board from entities that participate in the Workers' Compensation Program shall constitute a quorum for the transaction of Workers Compensation Program business. A vote of a majority of the quorum is sufficient for action. Board members whose entities do not participate in the Workers' Compensation Program may not vote on Workers' Compensation Program business items, including decisions about that Program's assessments and dividends.

7. Health Benefits Program Voting. Each member of the Board whose agency participates in the Health Benefits Program shall have one vote on Health Benefits Program business items presented to the Board of Directors. A majority of the membership of the Board from entities that participate in the Health Benefits Program shall constitute a quorum for the transaction of Health Benefits Program business. A vote of a majority of the quorum is sufficient for action. Board members whose entities do not participate in the Health Benefits Program may not vote on Health Benefits Program business items.

C. Functions

1. Functions reserved. The Board reserves to itself the following functions: election of Officers and Executive Committee members; upon the recommendation of the Executive Committee, declaration of dividends, and levy of additional assessments and approval of the fiscal year administrative budget.

2. Functions delegated. The Board delegates all functions and powers which are not reserved and which are necessary for the on-going operation of the Contra Costa County Schools Insurance Group to the Executive Committee.

II. Executive Committee.

A. Members

1. Officers. The Officers of the Board shall hold the same offices on the Executive Committee and automatically shall be members of the Executive Committee.

2. Election of other members. In addition to the officers, the Board shall elect six non-officer members of the Board to the Executive Committee. Elected members will serve three year terms. A director may be elected to the Executive Committee only if the director is from a public education agency member that is currently obtaining Workers' Compensation insurance through CCCSIG. At least two-thirds of the members of the Executive Committee members must be from public education agencies in Contra Costa County. Members may be reelected to serve subsequent consecutive terms.

3. Vacancies. Subject to subsection **2. Election of other members**, above, whenever a vacancy occurs in one of the six elected positions on the Executive Committee, the Committee may appoint a member of the Board to fill the balance of the vacated term after notification to the Board and solicitation of interested candidates. Notification to the Board shall describe the term of the vacancy.

B. Meetings

1. Regular meetings. The Executive Committee shall provide for its regular, adjourned regular, and special meetings; provided however, that it shall hold at least four regular meetings per fiscal year. The dates, time and place at which regular meetings will be held shall be determined by the Executive Committee.

2. Ralph M. Brown Act. The Committee may adopt rules for conducting its meetings and business. All meetings of the Committee, including without limitation, regular, adjourned regular and special meetings, shall be called, noticed, held and conducted in accordance with the provisions of the Ralph M. Brown Act (California Government code sections 54950 et. seq.).

3. Minutes. The secretary of the Committee shall cause minutes of all meetings of the Committee to be kept and shall, as soon as possible after each meeting, cause a copy of the draft minutes to be forwarded to each member of the Executive Committee and of the Governing Board and posted to CCCSIG's website.

4. Quorum. A majority of the members of the Executive Committee shall constitute a quorum for the transaction of business, except that less than a quorum may adjourn from time to time. A majority is sufficient to take action except as otherwise provided in these bylaws.

5. Voting. Each member of the Executive Committee shall have one vote. If a coverage issue arises concerning a claim, the Board/Executive Committee member whose Agency is involved in the claim will be entitled to participate in discussion of the claim with the Board/Executive Committee in closed session, but will be excluded from final deliberation and vote on the coverage issue.

C. Functions. The Executive Committee shall govern the ongoing operations of the agency as provided in agency First Amended Joint Exercise of Powers Agreement Section 9.

III. Executive Director.

A. Duties. The Executive Director shall have the following duties.

1. Direct and administer the on-going operations of the Agency and its employees, if any.
2. Identify problems for the Executive Committee to address.
3. Advise the secretary of the need for special meetings of the Executive Committee.
4. Prepare written reports of the Agency for presentation to the Executive Committee and the Board.
5. Perform any duties assigned by the Executive Committee.

IV. Accounts and Records.

- A. The Executive Committee shall establish and maintain such funds and accounts as may be required by good accounting practice or by any provision of law and as provided in the Joint Exercise of Powers Agreement. The Executive Committee, as soon as practical after the close of each fiscal year, shall give a complete written report of all financial activities for such fiscal year to each of the parties to the Joint Powers Agreement.
- B. The Executive Committee shall either make, or contract with, a Certified Public Accountant to make an annual audit of accounts and records. In each case, the minimum requirements of the audit shall be those prescribed by the State Controller for special districts under Government Code of the State of California and shall conform to generally accept auditing standards. When such an audit of accounts and records is made by a Certified Public Accountant, a report thereof shall be filed as public record with each of the parties hereto, and also with the County Auditor of the County of Contra Costa.
- C. Any costs of the audit, including contracts with or employment of Certified Public Accountants, in making an audit pursuant to this section, shall be borne by CCCSIG and shall be a charge against any unencumbered funds of CCCSIG available for this purpose.
- D. Additionally, the Treasurer shall assume the duties described in California Government Code Section 6505.5, to wit:
 1. Receive and receipt for all monies of CCCSIG and deposit it with Contra Costa County Treasury to the credit of CCCSIG.
 2. Be responsible upon his bond for the safekeeping and disbursement of all CCCSIG money so held by him.
 3. Pay when due, out of the money of CCCSIG so held by him, all Sums payable to CCCSIG.

V. Payment Schedule.

Each member of the Workers' Compensation program shall pay premiums in arrears monthly based on total payroll at a premium rate annually set by the Executive Committee.

VI. Investment of Surplus funds.

Each fiscal year the Executive Committee shall set a policy addressing the investment of surplus funds of the Agency. In accordance with that policy the Executive Director shall monitor investments, contract for investment management services and/or solicit the advice of the County Treasurer toward these ends. Any investments shall conform to applicable provisions of the California Government Code. The Executive Director shall report to the Executive Committee quarterly on investments made.

VII. Settlement of Claims.

The Executive Committee shall set an upper limit on the authority of the Executive Director or his/her designee to settle claims without prior approval of the Executive Committee. Settlement of any claim in an amount in excess of that limit either must be approved by the Executive Committee or must be approved by an officer of the Executive Committee and the Executive Director and reported to the Executive Committee for ratification.

VIII. Contracts.

The Executive Committee shall set an upper limit on the authority of the Executive Director to enter into contracts for services and supplies without prior approval of the Executive Committee. Contracts for supplies and services in excess of that amount either must have the prior approval of the Executive Committee, or must be approved by the Executive Director and an officer of the Executive Committee and reported to the Executive Committee for ratification.

IX. Amendments to Bylaws.

An amendment to the Bylaws may be proposed by any party to the Joint Powers Agreement. The proposed amendment shall be referred to the Executive Committee for its consideration. A copy of the proposed amendment, with the committee's recommendations and reasons therefore shall be forwarded to each party. Amendments to the Bylaws may be made by a two-thirds vote of the Executive Committee.

X. Risk Programs.

A. Definition.

The Executive Committee may establish public education agency risk programs including as but not limited to:

- Health
- Dental
- Vision
- Life Insurance
- Property
- Liability

B. Program Membership.

Each member public education agency that joins a Risk Program shall select one primary employee plus one alternate and may name a second alternate to represent the agency on the Risk Program Committee for the specific Risk Program. Additionally, the Executive Committee may appoint one Executive Committee member plus one alternate to be a voting member of each Risk Program Committee. The Executive Director or designee shall be an ex-officio, non-voting member of each Risk Program Committee.

C. Criteria for Membership.

1. The Chief Executive of the public education agency desiring membership shall submit an application for membership in a specific risk program to the Executive Director. If the public education agency is not a current member of the CCCSIG, the Chief Executive shall also submit an application for membership in the Agency.
2. The Executive Committee, upon recommendation of the specific Risk Program Committee and the Executive Director and by four-fifths vote, shall either accept or reject the application for each Risk Program based on guidelines developed by the Executive Committee. If accepted, the application will be considered final subject to approval of the Governing Board for that agency.
3. After action is taken by the Executive Committee, the Governing Board of the applicant public education agency shall act to join the Agency First Amended Joint Exercise of Powers Agreement if not yet a member of CCCSIG then, take separate action to join each Risk Program.

D. Accounts and Records.

The Executive Director shall establish and maintain the Accounts and Records of the

program as described in Section III above. Further, the Executive Director shall provide for the following:

- A separate operating fund and a separate reserve for each program.
- A separate annual report of the financial condition for each program.
- A separate loss report for each member for each program.

E. Officers for Each Risk Program.

Annually, the membership for each risk program shall elect a Chair and a Vice-Chair to serve the following program year to call program meetings, conduct each meeting, record actions taken at each meeting and to represent the program at meetings of the Executive Committee. The membership of the program shall also elect a Vice-Chair to fulfill the role of Chair in the event of absence or a vacancy in that position.

F. Finance.

After considering the recommendation from the Risk Program Committee and of the Executive Director, the Executive Committee shall determine the member premium for each self-funded program for each fiscal year. Any assessments for lack of sufficient funds will be determined by the Board of Directors after receiving recommendations from the Executive Committee.

G. Meetings.

- 1. Regular Meetings.** Each Risk Program Committee shall provide for its regular, adjourned regular and special meetings. The date, time, and place at which regular meetings will be held shall be fixed by the Committee and a copy of such action shall be filed with each party to the joint powers agreement and with each member of the Committee.
- 2. Ralph M. Brown Act.** Each Risk Program Committee may adopt rules for conducting its meetings and business to be consistent with the provisions of these Bylaws. All meetings of each Committee, including without limitation, regular, adjourned and special meetings, shall be called, noticed, held and conducted in accordance with the provisions of the Ralph M. Brown Act. (California Government Code Sections 54950 et. seq.).
- 3. Minutes.** Each Risk Program Committee shall cause minutes of all meetings to be kept and shall, as soon as possible after each meeting, cause a copy of the draft minutes to be forwarded to each member of the Committee and posted to CCCSIG's website.
- 4. Quorum.** A majority of each Committee membership shall constitute a quorum for the transaction of business, except that less than a quorum may adjourn from time to time.

5. **Voting.** Each member of each Committee shall have one vote. A vote of a majority of the quorum shall be sufficient for action.

XI. New Risk Programs.

The Executive Committee may adopt amendments to these Bylaws as provided in Section IX addressing each separate Risk Program created by the Agency.

XII. Effective Date.

These Bylaws shall supersede all existing bylaws and take effect immediately upon approval by the Executive Committee.

XIII. Health Benefits Program

A. Program Membership Period, Program Year Defined

1. ~~Once admitted to the Health Benefits Program, a member must remain in the program for three (3) consecutive program years. For new members admitted to the Health Benefits Program from a direct district program, a member must remain in the program for three (3) consecutive program years.~~
2. ~~A program year shall be the calendar year January 1 – December 31. For members breaking away from a Trust, JPA or Consortium, once admitted to the Health Benefits Program, a member must remain in the program for four (4) consecutive program years.~~
- 2-3. A program year shall be the calendar year January 1 – December 31. A new member admitted during the calendar year, the first program year will commence the January 1st following the date of entry.**

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B. Effective Date for Health Benefits Program

The Health Benefits Program will have a program effective date of January 1.

C. Withdrawal From The Health Benefits Program

1. No member may withdraw from The Health Benefits Program for three (3) ~~or four (4)~~ program years after the date of initial admission, **as defined in Section A. Program Membership Period, Program Year Defined above.**
2. Any member that has completed three (3) ~~or four (4)~~ program years may terminate its participation in the Health Benefits Program at the end of the third (3rd) ~~or fourth (4th)~~ program year or any subsequent program year by providing a written

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intent to withdraw notice to CCCSIG by June 1st and written final withdrawal notice to CCCSIG by September 15th. Withdrawal shall be effective January 1st.

D. Termination

1. If either the insurance carrier notifies the Agency, or the Agency determines that a member's health benefits coverage is at risk due to a member's delinquent payment of premiums to the health benefit insurer, the member is subject to termination from the Health Benefits Program and to penalties imposed by the bylaws for failure to pay premiums. Once the carrier notifies the Agency that the member's health benefits coverage has been terminated, or the Agency determines that the member's premium payments are three months' delinquent, the member's program status may be suspended pending the member's termination from the program, as provided in the Joint Exercise of Powers Agreement Section 24, "Involuntary Termination".
2. If a member is terminated from the Health Benefits Program during the initial period of program membership specified in section A, the member remains liable to the Agency for all outstanding premiums, as well as for those premiums that would have been owed had the member continued its coverage through the entire initial period of program membership. If the member is terminated from the Program in any subsequent year of membership, the member remains liable to the Agency for all outstanding premiums as well as for those premiums that would have been owed for the remainder of the program year in which termination occurs.

E. Finance

A member is liable to the Agency for the amount of that member's health benefits premiums during the entire required period of initial program membership specified in section A, and for the amount of that member's health benefits premiums during each subsequent year of program membership.

F. Program Rates – Time for Payments

1. Annual premium rates for Health Benefits Program member districts will be established each program year.
2. Payment shall be made by the member district monthly to the health benefit insurer, as determined by the ~~Executive Committee, from year to year~~ insurance carrier contract.
- ~~3. Health benefit premium payments shall be paid as billed on a monthly basis to the health benefit insurer within 25 days of the date of billing.~~
- 4.3 Health benefits premiums will be considered delinquent ~~beginning the 31st day after the date of billing~~ as determined by the insurance carrier contract. A payment will be considered delinquent until it is paid in full. Delinquent balances will be subject to a penalty based on the following rate schedule:

For the 1st delinquent payment – one percent (1%) for the first 30 days the payment is delinquent. If the payment is delinquent for more than 30 days, the penalty rate shall increase to one and a half percent (1½%) for days 31-60 that the payment remains delinquent. If the payment is delinquent for more than 60 days, the penalty rate shall increase to two percent (2%) per month for days 61 and beyond until the delinquent payment is paid in full.

For the 2nd delinquent payment – one and one-half percent (1½%) for the first 30 days of the second delinquent payment. If the payment is delinquent for more than 30 days, the penalty rate shall increase to two percent (2%) for days 31 and beyond until the delinquent payment is paid in full.

For the 3rd and subsequent delinquent payments – two percent (2%) until the delinquent payment is paid in full.

Penalties shall be calculated on a pro rated basis for the number of days that the payment remains delinquent.

G. HIPAA Compliance

All members of the Health Benefits Program shall comply with the Agency's Administrative Policy 700: HIPAA COMPLIANCE, as that Policy may be amended from time to time.

**BYLAWS OF THE
CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP
REVISION DATES**

April 25, 1997
May 4, 2001
December 4, 2003
August 26, 2004
January 27, 2005
July 27, 2006
September 27, 2007
March 19, 2009
July 30, 2009
March 24, 2011
May 26, 2011
October 25, 2012
January 24, 2013
August 21, 2014
March 15, 2018

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

DATE: March 9, 2018

Health Benefits Committee

SUBJECT:

ITEM #: 2018-016

Legislative Update/Briefing

Enclosure: Information
No

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

Keenan & Associates provides their clients with updates on current and pending legislation and other items affecting school districts.

STATUS:

There were no Legislative Updates/Briefings for this meeting.

RECOMMENDATION:

For review and discussion.