

AGENDA
CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP
HEALTH BENEFITS COMMITTEE MEETING

November 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
Contra Costa County Schools Insurance Group

Jürg Morach, Executive Director
Erica Williamson, HR/Communications Manager

MEMBERS:

Arcohe Union School District
Arcohe Union School District
Brentwood Union School District
Brentwood Union School District
Byron Union School District
Byron Union School District
Canyon School District
Canyon School District
Castro Valley Unified School District
Castro Valley Unified School District
Moraga School District
Moraga School District
Oakley Union Elementary School District
Oakley Union Elementary School District
Travis Unified School District
Travis Unified School District
Walnut Creek School District
Walnut Creek School District

Troy Miller
Mindy McCreery/Jim Shock, Alternates
Roxane Jablonski-Liu
Debbie Valladao, Alternate
Open
Jon Green, Alternate
Monica Santiago
Ramona Nisbet, Alternate
Suzy Chan
Robin Yearby, Chair
Daniela Parasidis
Courtney Avellar, Alternate
Maria de la Luz Bordanaro
Cindy Peterson/Tammi Lauderdale, Alternates
Trudy Barrington
Sonya Lasyone, Alternate
Audrey Katzman
Griselda Barraza, Alternate

CONSULTANTS

Keenan & Associates
Keenan & Associates

Debra DeSpain
Vickie Vales

III. PUBLIC COMMENTS

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

IV. APPROVAL OF AGENDA **2018-049**
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 – August 10, 2018 **2018-050**
Action

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

VI. CORRESPONDENCE **2018-051**
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

Proposed Changes to CCCSIG/Health Benefits Committee Bylaws **2018-052**
Action

Chair and Vice Chair Elections **2018-053**
Information

2018 Flu Clinic Update **2018-054**
Information

2019 Open Enrollment Update **2018-055**
Information

Building Blocks Implementation Update **2018-056**
Information

Sutter Health Plus – Pharmacy Benefit Manager Change **2018-057**
Information

Legislative Updates/Briefings **2018-058**
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 October 19, 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: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-049

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: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-050

Approval of Minutes August 10, 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 August 10, 2018 meeting, which have not yet been approved.

RECOMMENDATION:

Subject to changes or corrections, the minutes of the August 10, 2018 meeting is to be approved as submitted.

MINUTES

**CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP
HEALTH BENEFITS COMMITTEE MEETING**

**August 10, 2018
10:00 A.M – 12:00 P.M.**

**CCCSIG Conference Room
550 Ellinwood Way
Pleasant Hill CA 94523**

I. CALL TO ORDER

Robin Yearby called the meeting at 10:05 A.M.to order with roll call and 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 in attendance:

CCCSIG:

Contra Costa County Schools Insurance Group

Bridget Moore, Executive Director

MEMBERS:

Arcohe Union School District

Mindy McCreery

Brentwood Union School District

Roxane Jablonski-Liu

Byron Union School District

Gina Murphy-Garrett

Castro Valley Unified School District

Robin Yearby, Chair

Moraga School District

Daniela Parasidis

Travis Unified School District

Trudy Barrington

CONSULTANTS

Keenan & Associates

Debra DeSpain

Keenan & Associates

Vickie Vales

ABSENT:

Canyon School District

Gloria Faircloth

Oakley Union Elementary School District

Maria de la Luz Bordanaro

Walnut Creek School District

Audrey Katzman

III. PUBLIC COMMENTS

There were no public comments.

IV. APPROVAL OF AGENDA**2018-039****Action**

A motion was made by Roxane Jablonski-Liu, seconded by Daniela Parasidis, and unanimously carried to approve the Agenda as presented. Votes:

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

V. APPROVAL OF MINUTES – July 13, 2018**2018-040****Action**

A motion was made by Roxane Jablonski-Liu, seconded by Trudy Barrington and unanimously carried to approve the July 13, 2018, Minutes as presented. Votes:

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

VI. CORRESPONDENCE**2018-041****Information**

There was no correspondence for this meeting.

VII. ADMINISTRATION/HEALTH BENEFIT PROGRAM ADMINISTRATIVE UPDATE**CCCSIG Enrollment FAQ****2018-042****Information**

Vickie Vales reviewed the final Enrollment FAQ document which now includes the feedback/edits provided by the committee during the July 13 HBPC meeting. Vickie will email the final pdf document to the committee members for their reference.

Chair and Vice Chair Elections**2018-043****Information**

Bridget Moore announced Robin Yearby has agreed to continue as the Chair for the HBPC. Bridget will email a 'Show of Interest' email to the Health Benefit Committee members next week should there be any interest in volunteering for the Vice Chair position. Results of the email solicitation will be reported at the next meeting.

2019 Kaiser Renewal**2018-044****Action**

The 2019 Kaiser renewal was presented at the July 13, 2018 HBC meeting with a 1.26% decrease. Debra reviewed the Kaiser renewal calculations, including the pooling charges and large claims along with Keenan's underwriter's analysis, which supported this renewal. Kaiser also provided quotes for their new \$1800 HSA plan as an option to those districts with an HSA in place and as an add-on option for those districts that do not currently have an HSA option.

It is recommended the HBC accept the Kaiser renewal for 2019.

A motion was made by Roxane Jablonski-Liu, seconded by Mindy McCreery and unanimously carried to accept the Kaiser renewal as presented. Votes:

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

2019 Sutter Health Plus Renewal

**2018-045
Action**

The Sutter Health Plus renewal has been presented with a 6.7% increase. Keenan did request rate relief, but SHP is not willing to reduce the renewal due to the low enrollment.

Sutter Health Plus is now offering video visits; a flyer was included in the Board packet. Vickie will email the soft copy of the flyer for employees enrolled with SHP.

A motion was made by Roxane Jablonski-Liu, seconded by Daniela Parasidis and unanimously carried to accept the Sutter Health Plus renewal as presented. Votes:

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

2019 Western Health Advantage Renewal

**2018-046
Action**

The Western Health Advantage renewal has been presented with a 4% average increase. Keenan's underwriter reviewed the WHA renewal and agreed the renewal is reasonable. Debra did request a 1 or 2% rate relief form WHA; however, WHA would not agree to reduce the 2019 renewal due to the fact that their rates are already the lowest of the non-Kaiser plans.

A motion was made by Roxane Jablonski-Liu, seconded by Daniela Parasidis and unanimously carried to accept the Western Health Advantage renewal as presented. Votes:

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

2019 Health Benefits Committee Meeting Schedule

**2017-047
Action**

Debra DeSpain reviewed the proposed 2019 Health Benefits Committee meeting schedule with the committee. Daniela Parasidis asked if there was a reason why the meetings were scheduled at 10:00 AM. It has always been at that time as it fit in schedules in previous years. Debra queried the committee members and that time still works for everyone. Debra reminded the committee that should a schedule change be needed or if there was not a need for a specific monthly meeting, it would be addressed with the committee.

A motion was made by Roxane Jablonski-Liu, seconded by Trudy Barrington and unanimously carried to accept the 2019 meeting schedule as presented. Vickie Vales will send out the Outlook Calendar invitations to the committee. Votes:

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

Legislative Updates/Briefings

**2018-048
Information**

There were no Legislative Updates/Briefings for this meeting.

VIII. INFORMATION

MEMBER COMMENTS

Information

Daniela Parasidis expressed her thanks to Debra DeSpain for her extended efforts with a premium collection issue from Anthem Blue Cross.

CONSULTANT COMMENTS

Information

Debra DeSpain acknowledged Bridget Moore's retirement. Bridget informed the committee the new Executive Director may wish to assign CCCSIG representation designee to Erica Williamson, who may attend the HBPC meetings for a period of time until he becomes more familiar with the CCCSIG agency. Erica handles the CCCSIG benefits and represents CCCSIG to the SSICCC JPA.

IX. AGENDA ITEMS NEXT MEETING

Information

The committee decided to cancel the October meeting. The next meeting will be scheduled for November 9, 2018. Agenda items are:

1. Chair/Vice Chair Elections
2. Flu Clinic Update
3. Open Enrollment Update
4. Building Blocks Implementation Update

X. ADJOURNMENT Robin Yearby adjourned the meeting at 11:15 A.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: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-051

Correspondence Enclosure: Information
Yes

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:

Correspondence was received from Canyon School District appointing Monica Santiago as the new representative replacing Gloria Faircloth, who retired November 1; and appointing Ramona Nisbet as the alternate representative.

RECOMMENDATION:

For review and discussion.



CANYON ELEMENTARY SCHOOL

September 6, 2018

Bridget Moore, Executive Director
Contra Costa County Schools Insurance Group
550 Ellinwood Way
Pleasant Hill, Ca. 94523

SUBJECT: CCCSIG Board of Directors and CCCSIG Health Benefits Program Committee

Dear Ms. Moore,
The Canyon Elementary School District would like to appoint Monica Santiago as Canyon Elementary representative to the Contra Costa County Schools Insurance Group and the Contra Costa County Schools Insurance Group Health Benefits Program Committee. Ramona Nisbet will be the alternate.

This will be in effect until further notice.

Sincerely,

Gloria Faircloth
Superintendent/CBO

**CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP
HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:	DATE:	<u>November 9, 2018</u>
Health Benefits Committee		

SUBJECT:	ITEM #:	<u>2018-052</u>
Proposed Changes to CCCSIG/Health Benefits Committee Bylaws	Enclosure:	<u>Action Yes</u>

Category:	<u>Administration</u>
Prepared by:	<u>Keenan & Associates</u>
Requested by:	<u>Health Benefits Committee</u>

BACKGROUND:

At the March 9, 2018 Health Benefits Program 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. The changes were brought to the Executive Committee to consider at their March 15, 2018 meeting.

At the April 13, 2018 Health Benefit Committee meeting the Executive Director shared with the Committee input from the Executive Committee’s review and discussion of the proposed changes to Section A. Program Membership, Period, Program year Defined, and Section C. Withdrawal from the Health Benefits Program, which centered around CalPERS districts. The Committee decided to maintain the existing language in the Bylaws.

The Committee did want to consider the proposed changes to Section F. Program Rates – Time of Payment after further clarification from the carrier.

STATUS:

Attached is the red-lined version of the Bylaws with the proposed changes for page 9. Program Rates – Time of Payment and page 10, Section G. HIPAA Compliance. The deletion of Section G. HIPAA Compliance is deleted, as Policy 700: HIPAA Compliance was removed from CCCSIG’s Administrative Policy on July 27, 2010. The decision to delete this policy was predicated on the fact that CCCSIG’s role no longer involved enrollment and premium details, which meant CCCSIG was no longer required to maintain a HIPAA Policy for the HBP (Note: Workers’ Compensation is not subject to HIPAA).

RECOMMENDATION:

Review and approve the proposed changes to the Bylaws for Section F. Program Rates – Time of Payment as presented or with modifications, to be presented to the Executive Committee at its January 24, 2019 meeting.

**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.
2. A program year shall be the calendar year January 1 – December 31.

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) program years after the date of initial admission.
2. Any member that has completed three (3) program years may terminate its participation in the Health Benefits Program at the end of the third program year or any subsequent program year by providing a written 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 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 defined 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 (1 ½%) 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
January 24, 2019

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO: _____ DATE: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-053

Chair and Vice Chair Elections Enclosure: Action
No

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefit Committee

BACKGROUND:

As discussed at the August 10th Health Benefits Committee meeting, a ‘Show of Interest’ email was sent to each district’s Health Benefits Committee representative to determine who is interested in serving as the Program Chair and Vice Chair for Program Year 2019.

STATUS:

Robin Yearby – Castro Valley Unified School District is interested in serving as Chair.

Roxane Jablonski-Liu expressed interest in serving as Vic-Chair for the program year.

RECOMMENDATION:

For the Committee to elect Robin Yearby as Program Chair and Roxane Jablonski-Liu as Vice Chair for Program Year 2019.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO: _____ DATE: November 9, 2018
Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-054
2018 Flu Clinic Update Enclosure: Information
No

Category: Administration
Prepared by: Keenan & Associates
Requested by: Health Benefits Committee

BACKGROUND:

Flu clinics were held at Brentwood (including Byron and Oakley), Moraga, and Walnut Creek during September and October 2018.

STATUS:

The Flu Vaccination clinics have been completed. Invoices have not been received from Maxim to date.

RECOMMENDATION:

For review and discussion only.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO: _____ DATE: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-055

2019 Open Enrollment Update Enclosure: Information
No

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

Member Districts have been hosting the January 1, 2019 Open Enrollments. Some districts have hosted Open Enrollment Employee Meetings or Health Fairs.

STATUS:

Open Enrollment periods and health fairs for the member districts are as follows:

District	Open Enrollment Dates	Health Fair Date
Arcohe	10/29/18 – 11/9/18	11/7/18
Brentwood	10/22/18 – 11/16/18	9/19/18
Byron	11/1/18 – 11/30/18	N/A
Canyon ¹	N/A	N/A
Castro Valley	10/29/18 – 11/16/18	N/A
Moraga	10/1/18 – 11/15/18	10/8/18
Oakley	10/30/18 – 11/17/18	N/A
Travis	10/15/18 – 11/2/18	10/10/18
Walnut Creek	11/5/18 – 11/23/18	10/29/18

¹ Per Canyon, since they only offer one plan and so few employees, the district does not have an open enrollment period. Their changes are typically life events.

RECOMMENDATION:

For review and discussion only.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO: _____ DATE: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-056

Building Blocks Implementation Update Enclosure: **Information**
Handout

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

CCCSIG approved adding Building Blocks/Colonial Voluntary products as a value-added offer to all CCCSIG member districts.

STATUS:

To date Building Blocks/Colonial has been formally introduced to the following Districts:

- Arcohe School District – Implemented
- Byron USD – Implemented
- Castro Valley USD – Implemented
- West Contra Costa USD – Implemented
- CCCSIG
- Brentwood USD
- Oakley UESD
- Walnut Creek SD
- Travis USD
- John Swett USD
- Liberty USD

RECOMMENDATION:

For review and discussion.

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL

PRESENTED TO: _____ DATE: November 9, 2018

Health Benefits Committee

SUBJECT: _____ ITEM #: 2018-057

Sutter Health Plus – Pharmacy Benefit Manager Change Enclosure: Information
Yes

Category: Administration

Prepared by: Keenan & Associates

Requested by: Health Benefits Committee

BACKGROUND:

Sutter Health Plus announced September 27, 2018, a change to the Pharmacy Benefit Manager (PBM) effective January 1, 2019. The new PBM will be Express Scripts.

STATUS:

The timeline for notification and implementation is:

- Employer notification – email to include FAQs was sent to employers 10/4/2018. Sample employer letter attached.
- Member Notification – member notification was mailed 10/5/2018. It is the same content as the employer/broker letter, just modified a bit for a member audience.
 - I would expect member questions to have begun to bubble up to employer groups.
- SHP will provide the attached PBM transition flyer in the 2019 OE kits for renewing groups.
- All existing members will receive a new ID card in early December 2018.
- ***Formulary remains the same.*** However, some medications will change tiers. Members impacted by tier changes will receive letters shortly. SHP and Express Scripts identified four (4) members under the CCCSIG umbrella who received a drug that will be changing tiers. The individual members cannot be identified due to privacy. We have enclosed a copy of the member letter for your reference.
- Express Scripts Customer Service is available to start answering questions as of October 1, 2018, at 1-877-787-8661. Their Customer Service is available 24 hours a day, 7 days a week, 365 days a year.

RECOMMENDATION:

For review and discussion.

<Month> <date>, <yyyy>

<Group Name>
Attention: <Group Contact Name>
<Street Address>
<City,> <State> <ZIP>

Dear <Group Contact Name>,

Effective January 1, 2019, Sutter Health Plus is changing its pharmacy benefit manager (PBM) to Express Scripts® from MedImpact. Express Scripts will manage the pharmacy benefits for our members, including retail, mail order and specialty prescription drugs, claims processing, and prior authorization requests for drugs.

Express Scripts is collaborating with Sutter Health Plus to make sure our members get the right prescription drug at the right time. We are confident that Express Scripts will provide high-quality coverage and service while helping manage prescription drug costs.

We are mailing all active subscribers a letter about the PBM change in early October. The letter will provide details about the transition, including new mail order and specialty pharmacy vendors, basic information regarding the Sutter Health Plus Formulary and contact information for Express Scripts.

Sutter Health Plus is transferring active and refillable retail, mail order and specialty prescriptions to Express Scripts so members can continue to receive their drugs with minimal disruption.

If you have questions about the new pharmacy program during the transition, call Account Services at 855-325-5200.

Express Scripts Customer Service is available to start answering your questions on October 1, 2018, at 1-877-787-8661. Customer Service is available 24 hours a day, 7 days a week, 365 days a year.

Sincerely,

Sutter Health Plus

Our Pharmacy Benefit Manager is Changing...

Now through December 31, 2018 – MedImpact
Starting January 1, 2019 – Express Scripts®

Effective January 1, 2019, Sutter Health Plus is changing our pharmacy benefit manager (PBM) to Express Scripts from MedImpact. Express Scripts will manage your pharmacy benefits including retail, mail order and specialty prescription drugs, claims processing, and prior authorization requests for drugs.

As of January 1, 2019, your benefit plan documents will reflect the new PBM information. You can access your benefit plan documents through your Sutter Health Plus Member Portal account or your employer.

If your Sutter Health Plus effective date is on or before December 1, 2018, you must access pharmacy benefits through MedImpact until December 31, 2018.

Sutter Health Plus will send existing and new members additional information about the transition, including how to access your pharmacy benefits before and after January 1, 2019, how we are transferring your existing prescriptions, and more.

For more information, call Sutter Health Plus Member Services at 1-855-315-5800 or visit sutterhealthplus.org/pharmacy.

Who is Express Scripts?

Express Scripts is the largest PBM in the United States and serves 83 million members nationwide and 2.9 million in California. Express Scripts will collaborate with Sutter Health Plus to make sure our members get the right prescription drug at the right time.

How are we notifying our members about the transition from MedImpact to Express Scripts?

We are mailing all active subscribers a letter about the transition in early October 2018. The letter gives members information about the change, including how to find retail pharmacy locations, the new mail order and specialty pharmacy vendors, Sutter Health Plus formulary, and member identification (ID) cards.

How are we notifying your clients about the transition?

We are mailing employers a letter about the transition. The letter gives employers a very high-level overview about the change and lets them know we are notifying our subscribers.

Are we transferring members' prescription history to Express Scripts?

Yes. Sutter Health Plus is working with MedImpact to transfer members' prescription history, including claims information and any active prior authorizations to Express Scripts. This will allow members to continue with their current prescriptions with minimal disruption.

How do members find an Express Scripts participating retail pharmacy?

Express Scripts retail pharmacy network includes most major pharmacy retail chains and independent pharmacies, including CVS, Rite Aid, Walgreens, Bel Air, Raley's, and Safeway. Beginning in early October 2018, Sutter Health Plus will update the Pharmacy page on its website with information about the transition, including a link for members and prospective members access to a guest website. Here members can view sample pharmacy benefits for some of our most popular plans, use Find a Pharmacy to confirm their retail pharmacy is still available or find a network pharmacy near them, and view the Sutter Health Plus formulary.

Who is the mail order pharmacy for Express Scripts?

Express Scripts PharmacySM is the mail order pharmacy for Express Scripts.

Are we transferring mail order prescriptions from Postal Prescription Services (PPS)?

Yes, MedImpact and PPS are transferring active and refillable prescriptions to Express Scripts Pharmacy. Express Scripts Pharmacy sends mail order prescriptions via standard shipping at no cost to members. Members can request express shipping for an additional charge.

What is the delivery turnaround time for mail order prescriptions?

For new prescriptions, Express Scripts processes and mails drugs about eight days after they receive the initial prescription.

Once a prescription is set up through mail order, they usually process and mail orders within 48 hours.

Who is the specialty pharmacy for Express Scripts?

Accredo[®] is Express Scripts specialty pharmacy. We are working with MedImpact and AllianceRx Walgreens Prime to transfer active specialty drug prescriptions to Accredo.

Do members have to do anything to receive mail order and specialty refills?

While we are transferring active and refillable mail order and specialty prescription drugs to Express Scripts, Express Scripts will not mail members' refills automatically. Members must call Express Scripts Customer Service at 1-877-787-8661 or go to express-scripts.com (registration required), on or after January 1, 2019, to provide billing information, including payment preferences.

What happens if members run out of their mail order and specialty drugs before they can contact Express Scripts on January 1?

To ensure members do not run out of their prescription drugs during the transition, Sutter Health Plus and MedImpact are allowing early refills of mail order and specialty prescriptions. If members have refills due at the end of December, they can order refills in mid-December by calling PPS for mail order and AllianceRx Walgreens Prime for specialty.

How do members reach PPS and AllianceRx Walgreens Prime?

The telephone number for PPS is 1-800-552-6694.

The telephone number for AllianceRx Walgreens Prime is 1-888-955-2695.

Are we mailing new ID cards?

Yes. We are mailing new member ID cards in early December. The cards will include new PBM information, including Rx Group, Rx BIN and Rx PCN, which the pharmacy needs to process prescriptions and submit claims to Express Scripts.

What if a member needs to fill a prescription after January 1, 2019, and has not received a new ID card yet?

Members can give their pharmacy their member ID number and new Rx Group, BIN and PCN for Express Scripts. Our members' ID numbers are not changing, so members can find their member ID number on their old card or member portal account.

What is the Rx Group, Rx BIN and Rx PCN for Express Scripts?

The Rx Group is SHP8668, Rx BIN is 003858 and Rx PCN is A4.

Is the prescription drug formulary changing and are prescription costs changing?

The drug formulary still includes all generic drugs and many preferred brands and uses the same four-tier design you have now.

Because of the PBM change, some drugs are changing tiers and will have new prior authorization requirements. The drugs moving from Tier 1 or Tier 2 to a higher tier will result in higher copays. New prior authorization requirements typically do not result in changes to copayments unless the particular drug is also changing tiers.

In November, we are sending letters to members whose cost share or authorization requirements for drugs they are currently taking are changing. The letter will let members know what to do to make sure they do not experience interruption in receiving their prescriptions.

How can members find out if their prescription drug is covered?

In early October 2018, members can access a guest website to see how their drug is covered. Members can also search for preferred drug choices and drug restrictions.

Does Express Scripts have a member website?

Express Scripts has a very robust member portal. In early January 2019, members will be able to create an individual account on the Express Scripts member portal at express-scripts.com. This account gives them access to many tools to help them understand the formulary and cost share options.

Express Scripts offers the following services to Sutter Health Plus members:

- View order and drug history
- Order refills online
- Automatic refill reminders for all of prescriptions (retail, mail order, specialty)
- Set communication preferences, for example email or text
- Check order status and track shipment
- Delivery of drugs within the United States, Monday through Friday, at no additional charge with most supplies provided, e.g., needles and syringes
- Safety checks to help prevent interactions with other drugs and products
- Access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- View claims information

What is the telephone number for Express Scripts?

Express Scripts has one telephone number for retail, mail order and specialty. Express Scripts Customer Service is available to start answering member questions on October 1, 2018, at 1-877-787-8661. Their Customer Service is available 24 hours a day, 7 days a week, 365 days a year.

<Month> <date>, <yyyy>

<Member First Name> <Member Last Name>
<Member Correspondence Address>
<Member City>, <Member State> <Member ZIP>

Dear <Member First Name> <Member Last Name>,

This letter is a follow-up to the letter we mailed on October 10, 2018, about the transition to Express Scripts® from MedImpact. It includes important information about changes to the Sutter Health Plus Formulary.

A number of prescription drugs are moving to a higher tier. This results in higher copays for these drugs.

Our records show that within the last six months you received a drug that is moving to a higher tier with a higher copay. See options below for lower-cost drugs. The options listed may not be the same as the brand name drug you take now. They represent lower-cost choices.

Prescribed Drug:

<Drug Name>

Suggested Lower-Tier Alternative:

<Lower-Tier Alternative>

Only your doctor can decide what drug is right for you. Contact your doctor to talk about whether one of the choices is right for you and your specific condition.

You can access the Express Scripts formulary lookup tool, **Price a Medicine**, online at express-scripts.com/shp to search for preferred drug choices and drug restrictions.

If you have questions or concerns about the changes discussed in this letter, please call Sutter Health Plus Member Services at 1-855-315-5800. Member Services is available Monday through Friday, 8 a.m. to 7 p.m.

Sincerely,



Patrick Robinson, RPh, MBA
Pharmacy Manager, Health Plans
Sutter Health Plus

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

**HEALTH BENEFITS COMMITTEE MEETING
AGENDA ITEM DETAIL**

PRESENTED TO:

Health Benefits Committee

DATE:

November 9, 2018

SUBJECT:

Legislative Update/Briefing

ITEM #:

2018-058

Information

Enclosure:

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 are no Legislative Updates/Briefings for this meeting.

RECOMMENDATION:

For review and discussion.