



## BENEFITS COMMITTEE MINUTES

April 4, 2018

**A. Call to Order**

Dr. Lisa Norman called the meeting to order at 3:34 p.m.

**B. Roll Call**

**Members Present:** Ruth Barnaba, Colleen Bixler, Mary Jayne Conway, Mike Dimmick, Judy Dolan, Jenny Fererro, Teresa Laughlin, Lorraine Lopez, Leann Pell, Jean Ruff, Bernard Sena, Steve Spear, Lesley Blankenship-Williams  
**Ex-Officio Members Present:** Wendy Corbin

**Members Absent:** Dan Dryden, Ralph Johnson, Tsung Lee, Becky McCluskey, Terri Wallace

**Ex-Officio Members Absent:** None

**Guest:** Michael Muheisen, BrightPath Consulting Services, Inc., Christine Winterle

**C. Approval of Minutes**

**No minutes were presented for review**

**D. New Business**

Lisa Norman thanked the Benefits Committee for their flexibility in moving the meeting start time. Michael Muheisen provided a list of potential questions which may be asked of the medical vendors. Wendy Corbin provided the members of the committee with a summary of the responses to the Benefit Survey. Lisa Norman stated that the Benefits Committee had elected to interview SISC, CVT, and Cigna. She urged the committee members to read the benefits summary and craft questions. A meeting will be scheduled to interview the vendors in the near future. Leann Pell indicated that CCE would like to present the results of the three question survey that they conducted. Mary Jayne Conway stated that the Fringe Benefits Consortium informed her that Palomar did not want self-insured quotes. Michael Muheisen confirmed that it is true that the District only wanted quotes that matched the format of our current fully insured plan. Budget reasons are also involved in this decision. Rates are only estimates for self-insured plans, and they have the risk to spike. Lisa Norman stated that early on in the process the decision was made to have the vendors quote on plans similar to what we have in place, so the committee can compare apples to apples. We hope to calendar the vendor interview meeting. Michael Muheisen stated that the dental, vision, and life presentation will be approximately two hours. The meeting that will be held to interview medical vendors will need to be one hour per vendor plus another one more hour for the committee to discuss and deliberate. The meeting will need to be four hours total. If we do all of the vendor interviews including medical, dental, vision, and life the same day then the meeting will need to be all day. Colleen Bixler suggested that the interviews be broken into two days, and proposed April 27 in the afternoon. Michael Muheisen indicated that the meeting will need to be at least three and a half hours long. Teresa Laughlin supported the suggested date of April 27<sup>th</sup>. Lisa Norman suggested that the meeting be held from 1:00 p.m. to 5:00 p.m. on April 27, 2018. Michael Muheisen suggested that the dental vision and life quotes be reviewed on April 13, 2018, and the medical vendor interviews be April 27, 2018 from 1:00 p.m. to 5:00 p.m. He will reach out to the vendors and confirm their availability. SISC will be interviewed last, CVT first and Cigna second. Lisa Norman supports this suggestion, and states that one more date will need to be set for the dental, vision, and life interviews. Teresa Laughlin suggests that the regularly scheduled Benefits Committee meeting be used for these interviews. Michael Muheisen supports this suggestion. Lisa Norman recommends that the regularly scheduled meeting, May 2, 2018, be adjusted to start at 2:00 p.m. and end at 4:00 p.m. to ensure enough time for the interviews. Mary Jayne Conway asked if the proposal would include the current dental plan. Lisa Norman stated that the proposal would include that information, suggested the group take a look at the questions provided by BrightPath Consulting Services. Mary Jayne Conway stated that the number of retirees listed on the presentation seems incorrect. Christine Winterle asked if we looked for themes on the survey, and what are the next steps. Lisa Norman introduces Christine Winterle to the Committee. Jean Ruff asks where the disabled dependent data is captured on the BrightPath Consulting Services information. Michael Muheisen stated that the data is for employee, employee +1, and employee + family, assumptions were made based on that information. Wendy Corbin clarified Jean Ruff's concern about the disabled dependents that are currently being carried on COBRA. Michael Muheisen stated that if District elects to go to a direct plan, like Cigna, then there is flexibility. The dependent eligibility requirements for SISC and CVT are rigid. Lesley Blankenship-Williams suggested that part of the reason a change is being considered is due to the emotional cost. She suggested that maybe specific cases can be used

as interview questions. This may relieve emotional turmoil, and better inform the decision. Lisa Norman agrees with these factors, and suggests that it is important to look at the flexibility offered by going direct versus being in a pool, while also containing cost. Moving back to the survey summary, Dr. Norman noted that 109 respondents are happy with their PPO benefits. She suggests that this survey information should be coupled with the questions that were provided by BrightPath Consulting Services. Michael Muheisen asked the group to review the question handout and he explains the logic of the questions. Lisa Norman suggested that the Committee consider sharing the information so that they can be prepared to respond. Michael Muheisen confirmed that is what they will do. Leann Pell asked about coordination of benefits. Michael Muheisen stated that the need to determine in-network providers is driven by the PPO benefit design. This requires proactive action by the member. Mary Jayne Conway stated that she was told that out of network benefit coverage is based on the Usual and Customary Rate but the member cannot obtain those amounts. Michael Muheisen stated that BrightPath Consulting Services will provide workshops and handouts for employee support in the prescription process. The transition process is planned out and requires preparation. Lisa Norman asked if Leann Pell would review the CCE survey information. Leann Pell is excited about the possible HMO option because the PPO is very labor intensive. The CCE survey was distributed to 362 members, a total of 134 members responded (69%). The survey asked if the members would be interested in having a non-Kaiser HMO option added to their benefits, 30% of the respondents supported idea. The members were asked to provide their primary care medical group, only 20 members who responded were using Scripps. Wendy Corbin informed the Committee that Anthem recently failed to negotiate contracts with providers in the Temecula and Murrieta region, employees in these areas will need to use providers in Escondido or Riverside. Michael Muheisen explained that in these situations the insurance company looks at service cost in conjunction with outcomes. SISC will limit coverage for some procedures, they will be sending a flyer regarding these changes. Research drives some of these policies in response to elevated costs. Wendy Corbin asked whether adding an HMO option may take some of these issues away. Michael Muheisen indicated that the gate keeper structure of the HMO can mitigate some problems. Mary Jayne Conway asked if these changes applied to retirees who were Medicare first. Michael Muheisen confirmed that retirees with Medicare as primary will have more options than active employees, or under age 65 retirees.

**F. Other**  
None

**G. Adjournment**  
The meeting was adjourned at 4:38 p.m.

**Next Meeting: April 13<sup>th</sup>, 2018**