



**HEALTH BENEFITS
BOARD OF DIRECTORS MEETING
JULY 16, 2015
1:00 P.M**

AGENDA

I. Consent Agenda

- A. Approval of Minutes for June 2015 Board of Directors Meeting Nick Kouklis
- B. Report of Activity for the Month of June 2015 and the Ratification of Payment as follows: Nick Kouklis

DELTA DENTAL CLAIMS	7,954,135.30	
DELTA DENTAL ASO	466,907.90	
	TOTAL DENTAL	8,421,043.20
VSP CLAIMS	1,251,893.94	
MES CLAIMS	152,980.04	
VSP ASO	91,947.55	
MES ASO	16,857.17	

	TOTAL VISION	1,513,678.70
ANTHEM BLUE CROSS HEALTH CLAIMS	58,145,763.68	
BLUE SHIELD HEALTH CLAIMS	19,350,314.34	
ANTHEM BC COMPANION CARE RETIREE CLAIMS	418,571.52	
	TOTAL HEALTH CLAIMS	77,914,649.54
ANTHEM BLUE CROSS ASO	2,179,449.37	
BLUE SHIELD PPO ASO	451,288.54	
ANTHEM BC COMPANION CARE RETIREE ASO	71,456.52	
FOUNDATION CLMS PROCESSING ASO	433,357.10	
	TOTAL HEALTH ASO	3,135,551.53
	TOTAL HEALTH	81,050,201.07
EXPRESS SCRIPTS CLAIMS	4,254,436.03	
NAVITUS RX CLAIMS	19,311,816.24	
EXPRESS SCRIPTS ASO	23,779.13	
NAVITUS RX ASO	402,936.38	
	TOTAL RX	23,992,967.78
<u>INSURED PRODUCTS</u>		
ANTHEM BC HMO CLAIMS	2,252,442.05	
ANTHEM BC HMO ADMIN FEE	3,268,143.63	
ANTHEM BC EAP	201,009.27	
BLUE SHIELD HMO CLAIMS	1,647,046.52	
BLUE SHIELD HMO ADMIN FEE	2,406,107.56	
KAISER HMO	16,636,383.78	
SIMNSA	146,291.00	
DELTACARE/PMI DENTAL	19,225.70	

MES-FULLY INSURED	21,871.86	
KAISER SENIOR ADVANTAGE RETIREE PLAN	157,435.00	
BLUE SHIELD MEDICARE ADVANTAGE	5,174.00	
MUTUAL OF OMAHA LIFE INS	283,555.82	
ZURICH LIFE	20,051.20	
	TOTAL INSURED	27,064,737.39
SISC FLEX CLAIMS		251,948.19
GOVERNMENT FEES		691,666.67
WELLNESS		25,224.33
ALL OTHER		686,097.36
	TOTAL PAYMENTS	143,697,564.69

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

II. Public Comment

III. Action Items

- A. Financial Report – Presentation of Financial Statements for the Month of June 2015 Will Be Submitted for Approval Kim Sloan

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

- B. Request Approval of the 2015-16 GASB 45 Budget Kim Sloan

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

C. Request Approval of the Defined Benefit Plan Audit for the Year Ended 12/31/2014 Kim Sloan

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

D. Election of a Secretary (2 year term replacement) Nick Kouklis

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

IV. Information and Discussion Items

A. Review Monthly PPO Trend and Budget-to-Actual through June 2015 John Stenerson

B. Annual Review of SISC Investment Policy Kim Sloan

C. Executive Committee Report Nick Kouklis

D. Comments from the Board of Directors Will Be Heard Nick Kouklis

E. Next Meeting: Nick Kouklis
Thursday, August 20, 2015
1:00 p.m.
SISC Board Room – Larry E. Reider Education Center
2000 K Street, Bakersfield, CA 93301

F. Adjournment Nick Kouklis

Moved _____ 2nd _____

Yes _____ No _____ Abstain _____ Roll Call Vote _____

Any Materials required by law to be made available to the public prior to a meeting of the Governing Board of the SISC III JPA can be inspected at the following address during normal business hours at:
2000 K Street, Bakersfield, CA. 93301

For more information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation to participate in the public meeting, please contact Kristy Comstock at 661-636-4682 or krcomstock@kern.org

*The number of Board Members needed to form a quorum for this meeting is eight

HEALTH BENEFITS TERMINOLOGY

Adjudication: Refers to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.

Administrative Services Only (ASO): An arrangement under which an insurance carrier or an independent organization will, for a fee, handle the administration of claims, benefits and other administrative functions for a self-insured group but does not assume any financial risk for the payment of benefits.

Balance bill: The amount you could be responsible for (in addition to any co-payments, deductibles or coinsurance) if you use an out-of-network provider and the fee for the particular service exceeds the allowable charge. Refers to the leftover sum that a provider bills to the patient after insurance has only partially paid the charge that was initially billed.

Calendar Year Deductible: The dollar amount for covered services that must be paid during the calendar year (January 1 – December 31) by members before any benefits are paid by the Plan.

Centers of Medical Excellence (CME): Health care providers designated as a selected facility for specified medical services. Providers participating in a CME network have an agreement to accept an agreed upon amount as payment in full for covered services.

Coinsurance: An arrangement under which the member pays a fixed percentage of the cost of medical care after the deductible has been paid. For example, an insurance plan might pay 80% of the allowable charge, with the member responsible for the remaining 20%, which is then referred to as the coinsurance amount.

Condition Care: Helps promote and improve the overall health status and quality of life of members and helps promote and/or prevent disease progression and avoid and/or prevent the complications associated with the conditions.

Coordination of Benefits: This is the process by which a health insurance company determines if it should be the primary or secondary payer of medical claims for a patient who has coverage from more than one health insurance policy.

Co-Payment: A specific charge that a health plan may require a member to pay for a specific medical service or supply, after which the insurance company pays the remainder of the charge.

Deductible: An amount the covered person must pay before payments for covered services begin. The deductible is usually a fixed amount. For example, an insurance plan might require the insured to pay the first \$250 of covered expense during a calendar year.

Dependent: Person, (spouse or child), other than the subscriber who is covered under the subscriber's benefit certificate.

Employee Assistance Program (EAP): A program that is designed to assist in the identification and resolution of productivity problems associated with personal concerns of employees. The program provides employees and their dependents with access to confidential, short-term counseling by qualified practitioners, in person or over the phone.

Explanation of Benefits (EOB): A form sent to the covered person after a claim for payment has been processed by the carrier that explains the action taken on that claim. This explanation might include the amount that will be paid, the benefits available, reasons for denying payment, or the claims appeal process.

Flexible Spending Account: Accounts that let workers set aside pre-tax money from their paycheck toward premiums or costs not covered by their health plan, such as co-payments. All the money must be used within the plan year or it is lost.

Health Assessment: More companies are asking workers to fill out such assessments, which give health improvement tips. Companies can give workers financial incentives to do so.

Health Insurance Portability and Accountability Act (HIPAA): A federal health benefits law passed in 1996, effective July 1, 1997, which among other things, restricts pre-existing condition exclusion periods to ensure portability of health-care coverage between plans, group and individual; requires guaranteed issue and renewal of insurance coverage; prohibits plans from charging individuals higher premiums, co-payments, and/or deductibles based on health status.

Health Maintenance Organization (HMO): A plan that offers a wide range of health care services through a network of providers who agree to provide services to members at a pre-negotiated rate. Members of an HMO choose a primary care physician who will provide most of the health care and refer members to HMO specialists as needed.

Health Savings Account: A tax advantaged savings account to be used in conjunction with certain high-deductible (low premium) health insurance plans to pay for qualifying medical expenses, such as deductibles. Contributions may be made to the account on a tax-free basis. Funds remain in the account from year to year and may be invested at the discretion of the individual owning the account. Interest or investment returns accrue tax-free. Penalties may apply when funds are withdrawn to pay for anything other than qualifying medical expenses. Employers can also fund such plans.