SISC III
HEALTH BENEFITS PROGRAM
BOARD OF DIRECTORS MEETING
JUNE 21, 2006
1:00 P.M.

A G E N D A

I. **CONSENT CALENDAR**

A. Approval of Minutes for May 2006 Board of Directors Meeting

B. Report of Activity for the Month of May 2006 and ratification of payment as follows: John Stenerson

DELTA DENTAL CLAIMS	$ 4,046,899.20	
SISC ASO	265,881.29	
DENTAL COALITION CLAIMS	851,012.12	
DENTAL COALITION ASO	55,911.51	
DELTACARE/PMI PREMIUM	4,891.76	
TOTAL DENTAL		$5,224,595.88
VISION SERVICE PLAN CLAIMS	751,373.16	
ASO	82,292.96	
MES CLAIMS	14,187.70	
ASO	2,725.00	
TOTAL VISION		850,578.82
PACIFICARE/BEHAVIORAL HEALTH	404,844.09	
CIGNA BEHAVIIORAL HEALTH	18,225.32	
SECURE HORIZON PREMIUM (PACIFICARE)	10,082.34	
SENIOR ADVANTAGE PREMIUM (KAISER)	36,282.00	
SENIORITY PLUS PREMIUM (HEALTHNET)	89,707.58	
BLUE SHIELD HMO PREMIUM	1,589,037.57	
HEALTH NET PREMIUMS	760,957.03	
CALIFORNIA CARE PREMIUMS	696,948.77	
KAISER PREMIUMS	2,152,505.21	
PACIFICARE PREMIUMS	20,268.57	
PACIFIC UNION DENTAL PREMIUM	2,412.19	
UNITED HEALTHCARE (LIFE INSURANCE)	156,864.03	
NATIONAL BENEFIT RESOURCES(Stop Loss)	64,610.64	
BLUE CROSS HEALTH CLAIMS	29,608,918.96	
BLUE SHIELD HEALTH CLAIMS	1,573,297.15	
BEHAVIORAL HEALTH CLAIMS	303,458.99	
ITS CLAIMS	1,123,204.96	
COMPANION CARE CLAIMS	122,460.46	

TOTAL BLUE CROSS AND BLUE SHIELD CLAIMS		32,731,340.52
BLUE CROSS NETWORK ASO	904,627.82	
FOUNDATION ADJUDICATION ASO	461,284.67	
BLUE SHIELD ASO	87,449.63	
BEHAVIORAL HEALTH ASO	134,694.21	
ITS ASO	92,211.06	
COMPANION CARE ASO	24,208.80	
TOTAL BLUE CROSS AND BLUE SHIELD ADMIN		1,704,476.19
TOTAL BLUE CROSS AND BLUE SHIELD		34,435,816.71
MERCK CLAIMS	8,505,835.74	
ASO-COPAY	319,255.55	
M/O - DISCOUNT CARD	87,664.19	
ASO - DISCOUNT CARD	3,586.491	
TOTAL MERCK CLAIMS		8,916,341.97
TOTAL BC, BSC AND MERCK		43,352,158.68

II. PUBLIC COMMENT

A. Appeal of a denied SISC/Blue Cross Claim

III. ACTION ITEMS

A.	Financial Report - Financial Statements For Prior Month Presented For Approval	Cindy Sproles
B.	Request Approval of 2006-2007 Meeting Times, Dates and Places	Russell Bigler
C.	Request Approval of 2005 Defined Benefit Program Audit	Cindy Sproles
D.	Request Approval of GASB-45 Program	Russell Bigler

IV. DISCUSSION AND INFORMATION ITEMS

A.	Monthly Blue Cross/SISC PPO Trend History Through May 2006	John Stenerson
B.	Show the Board an Article From the Cal PERS Magazine	Russell Bigler
C.	Comments From the Board of Directors Will Be Heard	
D.	Adjournment	
E.	Next Meeting: Wednesday, July 19, 2006 1:00 p.m. SISC Board Room - City Centre	

SISC III
HEALTH BENEFITS TERMINOLOGY

Adjudication: Determination of the amount of payment for a claim.

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: 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 Expertise (COE) Network: The network of health care providers that have entered into contracts with the carrier and/or one or more of its affiliates. These providers have agreed to participate in a transplant program or other designated specialty program that is/are to be based upon the member's benefit agreements.

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.

Coinsurance Maximum: The total amount of coinsurance that an individual pays each year before the carrier pays 100% of allowable charges for covered services. Coinsurance amounts differ with each contract.

Coordination of Benefits: The anti-duplication provision to limit benefits for multiple group health insurance in a particular case to 100% of the covered charges and to designate the order in which the multiple carriers are to pay benefits. Under a COB provision, one Plan is determined to be primary and its benefits are applied to the claim. The unpaid balance is usually paid by the secondary Plan to the limit of its liability.

Co-Payment: The fixed dollar amount a patient pays for a medical service.

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 worksite-based 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): An organization that provides a wide range of comprehensive health care services for a specified group at a fixed periodic payment; a prepaid health care plan under which people may enroll by paying a set annual fee. Members then receive all the medical services they need through a group of contracting doctors and hospitals, often with no additional copayments or fees. Members are generally limited to using providers designated by the HMO.

Health Savings Account – The accounts are paired with a high deductible. Employees can fund these accounts, tax-free, to help offset the deductible. Employers can also fund such plans. Money not used within the plan year is rolled over to the next year.

ID Card/Identification Card: A card issued by a carrier to a covered person, which allows the individual to identify himself or his covered dependents to a provider for health care services. The card is subsequently used by the provider to determine benefit levels and to prepare billing statement.

IBNR: An acronym for "incurred but not reported". This is an accounting estimate used by health plans to accrue for care that was provided "incurred" in one accounting period, but not paid or "reported" until another accounting period.

In-Network: Refers to the use of providers who participate in the carrier's provider network. Many benefit plans encourage covered persons to use participating (in-network) providers to reduce the individual's out of pocket expense.

Lifetime Maximum: Maximum amount the plan will pay toward a member's coverage in a lifetime.

Medigap: A private insurance policy purchased by many of the elderly to pay for expenses not covered by Medicare.

Negotiated Rate: The amount participating providers agree to accept as payment in full for covered services. It is usually lower than their normal charge. Negotiated rates are determined by Participating Provider Agreements.

Open Enrollment: For employers with a dual or multiple choice of health plans, the annual time period in which employees can select among the plans offered.

Out-Of-Network: The use of health care providers who have not contracted with the carrier to provide services. HMO members are generally not reimbursed if they go out-of-network except in emergency situations. Covered persons of preferred provider organizations and HMOs with point-of-service options may go out-of-network, but must pay additional costs including deductibles and co-insurance.

Participating Provider: A physician, hospital, pharmacy, laboratory or other appropriately licensed provider of health care services or supplies, that has entered into an agreement with a managed care entity to provide such services or supplies to a patient enrolled in a health benefit plan.

Pre-Authorization: A procedure used to review and assess the medical necessity and appropriateness of elective hospital admissions and non-emergency outpatient services before the services are provided.

Preferred Provider Organization (PPO): A type of managed care organization that has a panel of preferred providers who are paid according to a discounted fee schedule. The enrollees do have the option to go to out-of-network providers at a higher level of cost sharing.

Reasonable and Customary: The amount customarily charged for the service by other physicians in the area (often defined as a specific percentile of all charges in the community) and the reasonable cost of services for a given patient after medical review of the case. Also known as Usual and Customary (U&C) or Customary and Reasonable (C&R).

Skilled Nursing Facility: An institution (or a distinct part of an institution) that is primarily engaged in providing skilled nursing care and related services for patients who require medical care, nursing care or rehabilitation services.

Subscriber: The individual in whose name a contract is issued or the employee covered under an employer's group health contract.

Transparency. With regard to medical care it means: The ability for patients to have easy access to understandable information about the cost and quality of their health care options. They should be able to obtain this information from their health plan and medical providers prior to the time of treatment.

SISC III

HEALTH BENEFITS PROGRAM
BOARD OF DIRECTORS MEETING
THURSDAY, MAY 18, 2006
3:30 P.M.

M I N U T E S

The regular meeting of the Board of Directors of SISC III Health Benefits Program was called to order at 3:40 p.m. on Thursday, May 18, 2006, at The Mandalay Beach Resort in Oxnard, California, with the following in attendance:

MEMBERS PRESENT:	ALTERNATES PRESENT:	OTHERS PRESENT:
Russell Bigler	Judy Marty	Wanda Carl
Ken Hochnadel	Marysia Ochej	Cindy Sproles
	John Stenerson	Bonnie Bowles
	Gary Bray	Lynn LaValley
	Bill Voss	JoeAnna Reynoso, Buckman-Mitchell
	Tom Ross	Carolyn Temple, Kern Foundation
		Judy Fussel, Buckman-Mitchell
		Ann Bigler
		Dan Bly, Delta Dental of California
		Debi Hardwick, Coastal TPA
		Steve Beargeon, FMC of Tulare
		Tom Ziencina, DataNet Solutions
		Rich Edwards, Merrill Lynch
		Karen Carnakas, Medical Eye Services
		Ken Muth, Blue Shield of California
		Margaret Kelly, PacifiCare Behavioral Health

CONSENT CALENDAR

Motion was made by Director Voss, seconded by Director Ross and carried to approve the Consent Calendar as follows:

Minutes. Minutes for the April 2006 Board of Directors Meeting.

Report of Activity for the Month of April 2005 and ratification of payment as follows:

DELTA DENTAL CLAIMS	$3,663,093.95	
SISC ASO	240,665.28	
DENTAL COALITION CLAIMS	791,201.15	
DENTAL COALITION ASO	51,981.93	
DELTACARE/PMI PREMIUM	4,787.68	
TOTAL DENTAL		$4,751,729.97

VISION SERVICE PLAN CLAIMS	888,193.04	
ASO	82,494.10	
MES CLAIMS	14,002.60	
ASO	2,770.30	
TOTAL VISION		987,460.04
PACIFICARE/BEHAVIORAL HEALTH	406,880.10	
CIGNA BEHAVIIORAL HEALTH	18,514.62	
SECURE HORIZONS PREMIUM (PACIFICARE)	10,082.34	
SENIOR ADVANTAGE PREMIUM (KAISER)	36,338.00	
SENIORITY PLUS PREMIUM (HEALTHNET)	90,013.58	
BLUE SHIELD HMO PREMIUM	1,628,563.23	
HEALTH NET PREMIUMS	814,614.96	
CALIFORNIA CARE PREMIUMS	702,662.25	
KAISER PREMIUMS	2,098,047.81	
PACIFICARE PREMIUMS	20,268.57	
PACIFIC UNION DENTAL PREMIUM	2,412.19	
UNITED HEALTHCARE (LIFE INSURANCE)	149,599.37	
NATIONAL BENEFIT RESOURCES(Stop Loss)	64,512.60	
BLUE CROSS HEALTH CLAIMS	29,748,826.68	
BLUE SHIELD HEALTH CLAIMS	1,349,504.29	
BEHAVIORAL HEALTH CLAIMS	249,370.07	
ITS CLAIMS	1,107,313.33	
COMPANION CARE CLAIMS	102,854.65	
TOTAL BLUE CROSS AND BLUE SHIELD CLAIMS		32,557,869.02
BLUE CROSS NETWORK ASO	906,138.96	
FOUNDATION ADJUDICATION ASO	462,030.03	
BLUE SHIELD ASO	87,963.12	
BEHAVIORAL HEALTH ASO	135,434.45	
ITS ASO (MARCH AND APRIL)	73,009.04	
COMPANION CARE ASO	24,385.65	
TOTAL BLUE CROSS AND BLUE SHIELD ADMIN		
TOTAL BLUE CROSS AND BLUE SHIELD		34,246,830.27
MERCK CLAIMS	8,270,400.05	
ASO-COPAY	339,431.74	
M/O - DISCOUNT CARD	80,747.29	
ASO - DISCOUNT CARD	4,092.89	
TOTAL MERCK CLAIMS		8,694,671.97
TOTAL BC, BSC AND MERCK		42,941,502.24

PUBLIC COMMENT - None

ACTION ITEMS

Financial Report. Cindy Sproles reviewed with the Board the Financial Report for the period ending April 30, 2006. After discussion, motion was made by Director Ross, seconded by Director Bray and carried approving the Financial Report as presented. The Investment Summary Report for the period January 1, 2006 through March 31, 2006 was presented as well.

Request Approval to Assist Driver Alliant in Administering the CSAC EIA JPA. Director Bigler advised the Board that the purpose for doing this is to produce revenue, increase bargaining power with our providers, increased stability and increase marketing of the SISC III JPA. California State Association of Counties and Cities Excess Insurance Authority (CSAC-EIA) – The purpose for doing this is to take advantage of SISC's bargaining power with the providers, increase stability and earn more interest on their reserves. As you recall, for those of you that have been on the Board for several years, several years ago when it looked like the County of Kern would be willing to pay SISC III to help administer their health (not dental, vision or life) benefits, I asked you if you were willing to allow the SISC III Administration to do this if we could put together a contract that made sense to SISC III and you said we could. However, we were never able to put it together. The SISC III JPA works with ten (10) Brokerage Firms that assist us in providing benefits for 91 separate school entities throughout the state. One of these firms is Driver Alliant. Driver Alliant is also the Broker for the California State Association of Counties and Cities (CSAC), JPA. About a year ago they mentioned they would like to have the CSAC-EIA JPA, which has a little over 8,000 medical contracts, contract with SISC III, which has about 60,000 medical contracts. It was just a topic of discussion until about December. Since, at about that time, it looked like it could really happen, I put it on the January Agenda as an Information Item. See attached information Item #J. Since January, Frank Fekete and Jim Jett have worked, and signed off on, a contract between SISC III and the CSAC-EIA JPA that would provide each party with the points I mentioned in the beginning.

Additional points are:

- CSAC-EIA would not be a SISC III member district. This is strictly a contract between two parties just like we contract with Blue Cross, Delta, AIG, etc.

- Present CSAC-EIA members are:

    - Amador, Calaveras, Merced Counties
    - Merced, Visalia, and Santa Rosa Cities

- CSAC-EIA will continue to be responsible for maintaining their own billing and eligibility. CSAC-EIA will maintain its contractual relationship with Blue Cross, Medco and Employee Benefits Specialists. This is where the time consuming work is and they will maintain this.

- The Non-Compete Clause says that school-related districts cannot join the EIA Health Program but must access the SISC III medical pool as a member of SISC III. SISC III cannot access cities and counties but that's okay, we don't want to. This contract is for the sole purpose of strengthening SISC III via the points I mentioned at the beginning.

- Each JPA indemnifies, defends and holds each other harmless.

- The agreement would take effect on July 1, 2006.

    - Either party may terminate this contract with six months notice and the contract would terminate at the end of the calendar year following the six month notice.
- This contract is just for providing selected medical administration and it does not include dental, vision or life.

- This contract is just for providing selected medical administration and it does not include dental, vision or life.

- CSAC-EIA will pay SISC III $3.50 per contract per month. For 8,000 contracts this would be over $300,000 a year. This could grow if the CSAC-EIA JPA grows or we provide more services.

As a staff we have discussed this and determined that the time commitments vs. the tremendous upside for the SISC III members represent a unique opportunity to provide SISC III with the points I mentioned at the beginning of this Background Information. We have worked with CSAC-EIA and Driver Alliant officials and everybody is ready to implement it on July 1st. In summary, you know we are always looking at ways to make all of the SISC JPA's distance themselves from our competition. All of our research tells us that the signing of this contract will allow us to further distance SISC III from the competition just like the putting together of the GASB-45 contracting, the Defined Benefit and the SISC Flex Programs have done.
After discussion, motion was made by Director Bray, seconded by Director Voss and carried with one vote in the negative approving contracting between SISC III and CSAC-EIA with the understanding that the SISC III administration will report back to the Board on a quarterly basis. **Editorial Note:** I was asked at the last Board meeting about commissions. Commissions, not counting Charter Schools, range from $2-$12. The $2 is in one district and the $12 is in one district. The $12 is being cut back to $9 on October 1, 2006

DISCUSSION AND INFORMATION ITEMS

Monthly Blue Cross/SISC PPO Trend History Through April 2005. John Stenerson reviewed with the Board the Blue Cross/SISC PPO monthly trend history for the month of April 2006.

Show the Board a Copy of the Cover Letter and Policy Number 10000.8 That Was Mailed to Member Districts. Director Bigler reviewed with the Board a memorandum dated April 27, 2006, and Policy Number 10000.8 regarding Recovery of Claims Paid for Non-Eligible Enrollees.

Show the Board a Copy of the Ad in the CASBO Journal. Director Bigler passed around a copy of the CASBO Journal containing a copy of the SISC ad. The other JPA's, trusts, Keenan, etc., have ads in the magazine.

Show the Board a List of the Districts That Have Returned the GASB-45 Letter of Intent Form. Director Bigler advised the Board that the following districts have returned their GASB-45 Letter of Intent Form. The Board was advised that the program will go into effect in July – Union Bank will be the Trustee. Although it is non-binding, they have expressed a desire to participate.

1. Antelope Valley Schools Transportation Agency
2. Barstow Unified School District
3. Buttonwillow Unified School District
4. Fairfax School District
5. General Shafter School District
6. Inyo County Office of Education
7. Kings River Union Elementary
8. Lakeside Union School District
9. Lamont School District
10. Lindsay Unified School District
11. Livingston Union School District
12. McSwain Union Elementary
13. Sanger Unified School District
14. Wasco Union High School District

Show the Board What TMJ Covers. Director Bigler reminded the Board that at the last meeting they requested information showing what TMJ covers. I have enclosed a page showing what TMJ covers and in which program it is covered.

Comments From the Board of Directors. There were no comments from the Board of Directors at this time.

ADJOURNMENT

There being no further business to come before the Board, motion was made by Director Hochnadel, seconded by Director Ross and carried to adjourn the meeting at 3:35 p.m.

NEXT MEETING

The next meeting of the Board of Directors will be held **Wednesday, June 21, 2006 at 10:30 a.m.,** in the SISC Board Room on the Fifth Floor of the Kern County Superintendent of Schools Office, 1300 17th Street, Bakersfield, California.

_____
DOUG MILLER, Secretary

June 21, 2006

TO: SISC I, II and III Board of Directors

FROM: Russell E. Bigler
Chief Executive Officer

SUBJECT: 2006-2007 Proposed Meeting Dates

BACKGROUND INFORMATION

I have enclosed the time, date and location of the 2006-2007 monthly Meetings. They are all on the third Wednesday of the month except the months of September, March and May. September and March are months that annually have conflicts on the third Wednesday of the month. May is the Annual Board Meeting/Workshop.

ADMINISTRATIVE RECOMMENDATION

It is respectfully requested that the Board approve the 2006-2007 proposed meeting dates.

REB:wkc

June 2006

TO: SISC I, II, AND III BOARD MEMBERS

FROM: RUSSELL E. BIGLER, CHIEF EXECUTIVE OFFICER
INSURANCE SERVICES

SUBJECT: MEETING DATES FOR 2006-2007

The 2006-2006 SISC Boards have been scheduled to meet in the SISC Board Room on the Fifth Floor of the Kern County Superintendent of Schools Office, 1300 17th Street, Bakersfield. All meetings will be held the third Wednesday of each month except September, March and May.

DATE	SISC I	SISC II	SISC III	LOCATION
		2006		
July 19	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
August 16	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
September 27	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
October 18	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
November 15	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
December 20	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
		2007		
January 17	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
February 21	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
March 28	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
April 18	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room
May 17-18	1:30 p.m.	2:30 p.m.	3:30 p.m.	Embassy Suites, Oxnard
June 20	9:00 a.m.	10:30 a.m.	1:00 p.m.	Fifth Floor Board Room

REB:wkc

June 21, 2006

TO: SISC III Board of Directors

FROM: Russell E. Bigler, Chief Executive Officer

SUBJECT: Approval of 2005 Defined Benefit Audit

BACKGROUND INFORMATION

Cindy Sproles will present the 2005 Defined Benefit Audit at the Board Meeting.

ADMINISTRATIVE RECOMMENDATION

It is respectfully requested that the Board approve the 2005 Defined Benefit Audit as presented.

REB:wkc

June 21, 2006

TO: SISC III Board of Directors

FROM: Russell E. Bigler
Chief Executive Officer

SUBJECT: Request Approval of the GASB-45 Program

BACKGROUND INFORMATION

A year or so ago you requested that SISC III put together its own GASB-45 Plan. As you are aware, we have put together a plan that, although we have updated you several times, it has not been formally approved via an action item. The problem is – the Kern County Treasurer will not allow SISC III to set up a separate fund until we provide the County Treasurer with proof the SISC III Board approved the SISC III GASB-45 Plan.

ADMINISTRATIVE RECOMMENDATION

It is respectfully requested that the Board approve the SISC III GASB-45 Plan.

REB:wkc

RESOLUTION
BEFORE THE GOVERNING BOARD OF
SELF-INSURED SCHOOLS OF CALIFORNIA (SISC III)

ESTABLISHMENT OF A FUND FOR)
RETIREE BENEFITS PER EDUCATION)
CODE SECTION 42850)

WHEREAS, the SISC III JPA wishes to establish a Retiree Benefit Fund, as permitted in Education Code Section 42850; and

WHEREAS, the purpose or purposes for which this fund shall be established are to provide a mechanism for pre-funding other post employment benefit liabilities, accumulate and disburse funds in accordance with Governmental Accounting Standards Boards (GASB) No. 45, and self-administer an IRS Section 115 irrevocable trust for participating employers; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of said JPA that a Retiree Benefit Fund shall be established in the amounts as needed for said purpose or purposes; and

BE IT FURTHER RESOLVED, that the Board of Trustees shall authorize, by this resolution, the County Auditor and the County Treasurer to establish a Retiree Benefit Fund for said Agency; and

BE IT FURTHER RESOLVED, that the Board of Trustees, by written authorization to the County Superintendent of Schools, shall request during the fiscal year the transfer or deposit of funds by the County Auditor and the County Treasurer to the Retiree Benefit Fund of said district; and

BE IT FURTHER RESOLVED, that the SISC Chief Executive Officer and/or his/her designee has the authority to sign all related documents on behalf of SISC for purposes of establishing and maintaining the GASB 45 Trust.

The foregoing resolution, on motion of Trustee _____, seconded by Trustee _____, was duly passed unanimously and adopted this 21st day of June, 2006.

Signed: _____
President, Board of Trustees

Approved this ____ day of June, 2006

_____
LARRY E. REIDER
KERN COUNTY SUPERINTENDENT OF SCHOOLS

By: _____, Deputy

(File original and two copies of this resolution with the County Superintendent of Schools with a letter of request and authorization for the amount of funds to be transferred or deposited.)

INFORMATION ITEMS
JUNE 21, 2006

A. Monthly Blue Cross/SISC PPO Trend History Through May 2005. The Blue Cross/SISC PPO monthly trend history for the month of May 2003 will be shown at the meeting.

B. **Show the Board an Article From the CalPERS Magazine.** As the article shows, CalPERS has just selected Medco as their new Pharmacy Benefits Manager (PBM). This is also the PBM SISC uses.

C. **Comments From the Board.** Comments from the Board will be heard at this time.