

Benefits Fringe Committee Meeting
 March 27, 2014
 Meeting Minutes

Attendees: Marybeth Benvenuti (Mgmt), Ava Lee Pang (Local 1021), Matthew Goldstein, (PFT), Diana Lara (PRO), Patricia Dudley (PFT), Natasha Spivey (Mgmt), Rick Greenspan (PFT), Debra Weintraub (PRO), Abigail Brewer, (1021), Trudy Largent, Jennifer Seibert,
Guests: Christine Kern, Erin Sanders, Peter Wantuch, Ryan Neese
Attachments: PCCD Benefits Office Powerpoint Presentation, Alliant Market Research, Delta Dental Presentation

Agenda Item	Discussion	Action Item
<p>1 Review Agenda, Opening Remarks- Jennifer Seibert</p>	<p>Review/Reminder of the purpose and scope of the Benefits Fringe Committee. Statement extrapolated from the collective bargaining agreements, all three contain the same or similar language</p> <p>Introduction of Alliant and our current relationship:</p> <p>In response to committee requests for an increased annual dental benefit, the Benefits Office is reporting back its findings. Alliant Employee Benefits was last at the District in October 2012. At that time, the District was exploring joint power authority (JPA) with respect to the medical plan. Alliant came at our invitation to discuss/review cost savings strategies within the scope of a medical JPA.</p> <p>Alliant</p> <ul style="list-style-type: none"> • Is and has been part of the dental administrative services provided to us through the Alameda County and Schools Insurance Group. (ASCIG) • Provides claims experience reports as a service to our designated consultant services. • Also is a consultancy/brokerage company. <p>Introduction of Christine Kerns and Erin Sanders</p> <p>Christine Kerns:</p> <p>Christine provides an overview of the scope of services; current client list and other background information about Alliant; she explains that Alliant is allied with ACSIG (Alameda County Schools Insurance Group). The District has been part of the consortium for decades.</p> <p>Erin Sanders distributes the Dental Marketing Results dated March 27, 2014.</p> <p>The presenters go through the 18 page document "Dental Marketing Results March 27, 2014"</p> <p>Material Facts:</p>	

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	<ul style="list-style-type: none"> • Without a plan change, our 2014-2015 rates are expected to decrease by 3.3% • Alliant shared a plan design with the committee reviewed which would increase annual plan limits from \$1,500 to \$1,600 • Introduce another network within a network (Premier + PPO Plus) that would provide deeper discounts to the employee/employer. • The providers in the new network are willing to accept lower negotiated rates. You pay less for networked services • With the new network, you pay 20-30% less. It takes longer to reach the max, • We then reviewed the numbers of those reaching the annual calendar year max, page 10 • Claims action has a positive impact on future renewals. • The transition is as easy as flipping the switch <p>Point of Clarification, Ava Lee Pang The current orthodontia benefit is an <u>annual limit</u> and <u>not a lifetime limit</u>-</p> <p>Question: "Does this change the modeling?" Rick Greenspan Answer: No, Alliant</p> <p>We then reviewed page 12</p> <ul style="list-style-type: none"> • The current plan Delta Dental Premier Network, with a \$1,500 annual per person limit and then • Delta Dental with a \$1,600 limit using the Premier + PPO Network <p>Option 2 as presented would render savings to the District and to employees who want an increased limit and maximize options in the network and preserve the freedom to use non-PPO providers in the Delta Premier network</p> <p>Question: Do networked dentist receive a certain amount per patient?, Marybeth Benvenuti Answer: No, the dentists are paid according to the agreed upon fee structure, Alliant</p> <p>Question: So this would be a new role for Alliant with the District? Matt Goldstein Answer: Yes, if we become your broker of record, Alliant</p>	
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	<p>Alliant has been a part of the dental administrative equation for years- Jennifer Seibert Question: If we chose to go with Option 2 as presented on page 12, how are the limit enforced? Answer: You can mix and match based on the service provided and weather or not the dentist is networked. And each family member can be exclusive in or exclusive out of network. So you will maximize your service with the increased limit when using the PPO Network.-Many dentists are in both networks, Alliant.</p> <p>Statement: I am the chief negotiator for the teachers union and we are required to subsidize the dental increase costs or recognize savings when there is a decrease to costs, Rick Greenspan Response: While this is true, we will take it to the table,... Trudy Largent</p> <p>Thank you for coming, We can invite them back if and as necessary.-Jennifer Seibert</p> <p>There will be no discussion about the long-term disability today-please remove pages 5 and 6 from your material. If your material references long-term disability. Please tear out the pages and pass them forward. We will go into the discussion about the other issues you have asked us to review.-Jennifer Seibert.</p> <p>Maximum Benefit Limits for pre 2004 retirees. The maximum benefit limit for grand-fathered plans has been around for years; Grandfathered plans are exempt from the affordable care act (ACA) unlimited benefit regulation. . In response to your concerns about communication of the maximum limit, we can arrange for statements to be sent at the end of the fiscal or calendar year. We will plan on the calendar year unless there is request other wise, with the first statement going out in January? Debby, ask PRO for feedback on when they think retirees will prefer the statement.</p> <p>Employees/retirees and/or eligible dependents can contact CoreSource directly at anytime to ascertain how paid expenses are measuring up to the limit-Jennifer Seibert</p> <p>Retirees may want to have the statements mailed in close proximity to close to the beginning of the annual open enrollment period so that they can change plans if necessary, Ava Lee Pang</p> <p>Prescriptions are not included in the maximum limit, Jennifer Seibert Family unit changes to Kaiser as an option and once the limit is exhausted and no more benefits are payable, Jennifer Seibert</p>	
<p>Agenda Modification</p>		
<p>2</p>	<p>Issues in Self Funding and the HMO Plan</p>	<p>Debbie will follow up with pro and inform the benefits office of preference</p>

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	<p>In the conversion from Blue Cross third-party administrative services to CoreSource administrative services, expenses paid by Blue Cross did not carry forward to CoreSource and therefore expenses paid from to 2004 have not been applied towards the limit. Members can call customer service or look online to find out plan expenses paid from 2004 to present.</p>	
<p>2 Walk-in clinics</p>	<p>Coverage for "Walk-in medical clinics" for flu shots In the interest of promoting wellness within our community and in recognition of alternative medical delivery systems, the district is considering the recommendation to cover flu and shingle shots for all benefit-eligibles and their dependents if received at a walk-in clinic. Walk in clinics are also known by other names. CVS has branded theirs "minute clinics", Rite-Aid and Walgreens may have other names for such on-site medical clinics which are licensed to provide simple medical services. Administratively, we are considering a proposal for Benefit Dynamics to process reimbursements for Kaiser members. Those aligned with CoreSource will be covered under the Traditional and Lite plans. Administrative and language logistics need to be worked through, Jennifer Seibert</p> <p>Coverage for Attention Deficit Hyperactivity Disorder (ADHD) We reviewed the Kaiser and self funded plan benefit for Attention Deficit Hyperactivity Disorder ADHD for consistency of coverage and parity between the two plans. Although we pay for the initial diagnosis for ADHD; we also pay prescriptions for treatment. However, under the self-funded plan, we do not pay for on-going treatment under the self-funded plan. However, under the HMO we cover the full range of treatment, Jennifer Seibert</p> <p>If we cover ADHD under the student services, then, why don't we provide the same level of coverage for our employees in all plans? Marybeth Benvenuti</p> <p>We can't have a Summary Plan Description (SPD) which violates the Collective Bargaining Agreements. The SPD is a contractual document between the Union and the District-benefit enhancements are negotiable items, Debby Weintraub</p> <p>Negotiations are not within the scope of the committee, Trudy Largent The SPD is intended to reflect the CBA provisions and is also used in claims processing by our third-party administrators</p>	<p>The District will work in conjunction with its partners to bring forward language and procedures which reflect the spirit and intent of this benefit</p> <p>Bring alignment and consistency on other mental health benefit plan features</p>
<p>2 ADHD</p>	<p>Coverage for Attention Deficit Hyperactivity Disorder (ADHD) We reviewed the Kaiser and self funded plan benefit for Attention Deficit Hyperactivity Disorder ADHD for consistency of coverage and parity between the two plans. Although we pay for the initial diagnosis for ADHD; we also pay prescriptions for treatment. However, under the self-funded plan, we do not pay for on-going treatment under the self-funded plan. However, under the HMO we cover the full range of treatment, Jennifer Seibert</p> <p>If we cover ADHD under the student services, then, why don't we provide the same level of coverage for our employees in all plans? Marybeth Benvenuti</p> <p>We can't have a Summary Plan Description (SPD) which violates the Collective Bargaining Agreements. The SPD is a contractual document between the Union and the District-benefit enhancements are negotiable items, Debby Weintraub</p> <p>Negotiations are not within the scope of the committee, Trudy Largent The SPD is intended to reflect the CBA provisions and is also used in claims processing by our third-party administrators</p>	<p>Peter to confirm the compliance requirement for distributing the</p>

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	<p>If we look at the ADHD parity with Kaiser, then we should look at all other mental health type coverages for parity-Benefit enhancements even need to be negotiated with the unions, Rick Greenspan</p> <p>The summary plan description document is amended over time and once published has several pieces of paper called amendments which reflect administrative as well as benefit plan design changes. The SPD is a snapshot of a document which can be amended over time. Peter Wantuch</p> <p>Question: Peter what is our compliance deadline for sending out an SPD?, Jennifer Seibert Answer 3-6-9-12 months after the anniversary of the plan renewal, I will confirm and report back, PSW.</p> <p>As we agree on the enhancements and comply with requisite changes and after the document is reviewed, then we expect a 30 day turnaround from print to mailbox. There will be a summary of material modifications attached to the mailing, Jennifer Seibert.</p> <p>Please repeat what you said about the 30-days, Patricia Dudley</p> <p>We intend to allow a review opportunity with the unions before the document is printed. Once it is printed, then the turnaround time between final print and mailbox delivery is about 30 days, Jennifer Seibert</p> <p>Where can I see the amendments? Debby Weintraub</p> <p>The amendments are usually attached to the SPD. The Summary Plan Description (SBC) is a requirement under the ACA. This SBC satisfies our notice requirements as posted on the internet and otherwise distributed satisfies our compliance requirement. But I will check on the disposition of the amendments on the website.</p> <p>How will errors which have been corrected be communicated? Patricia Dudley If you are referring to a conversation that was held between you and I, then this group is unaware of the issue, Jennifer Seibert</p> <p>In reviewing the SPD, we discovered errors, Patricia Dudley</p> <p>Point of clarification, we found errors in language, not in application. Claims were paid correctly. We will include a summary of changes and corrections when the SPD is distributed, Jennifer Seibert</p> <p>There hasn't been an SPD since 2008. So what does a retiree use if they retired between 2008 and 2012?</p>	<p>SPD.</p>
<p>2 Summary Plan Description</p>	<p>SPD review and distribution to be completed within the next 30 days,</p> <p>Jennifer will check the disposition of the amendments online and in hardcopy with the SPD</p>	

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	<p>Debby Weintraub</p> <p>They use the 2008 SPD-Since there was no plan design change, they would use the active employee SPD since 2008 in conjunction with the SBCs from 2013 which brings us into compliance. Jennifer Seibert</p>	
<p>2 Dependent Audit Update & Employee Interest Surveys</p>	<p>We reviewed statistics on responses to the audit and responses to the 2014 Employee and Retiree survey The responses to the survey contribute to how we schedule and plan events for the upcoming year.</p> <p>Ryan Neese from Delta Dental is here to present the product reviewed by Alliant and as the Delta Dental Representative to the District. He works for Delta Dental, not a broker., Jennifer Seibert</p> <p>(Ryan distributes his material)</p> <p>Background - Delta Dental was a dental plan created at the request of longshoremen. The Delta Premier plan as we know it was created in 1955. The Delta Dental Premier Plan that you (Peralta) has was created in 1955. About 20 years ago there was a new network created within the plan. The network PPO Plus dentist agree to be provide services under two umbrellas, the PPO network and the Premier network. Your current plan has a graduated benefit 70%, 80%.</p> <p>Point of clarification, we do not have that plan for employees. That plan is under the AB 528 plan for STRS/academic retirees. Jennifer Seibert</p> <p>Thank you., Ryan</p> <p>Why doesn't Delta just collapse the network since only 1/2 of the providers are <i>Premier</i> exclusive? The intent is to drive more of membership to the PPO plan. We intended to provide the PPO providers more volume. Ryan Neese.</p> <p>My eob (explanation of benefits) does not disclose any detail if my services were billed from a PPO or Premier provider. How can I tell the network which my services were billed and/or paid under? The Delta Dental website deltadentalinsca.com will have that information. In short, the PPO product presented to you today is not a new product. I would be happy to come back if you need me again, Ryan Neese</p>	
<p>4 Delta Dental Plan Representative, Ryan Neese</p>	<p>Committee, was this information helpful?, Trudy Largent</p>	<p>JS will confirm and find a sample eob to share with the committee.</p>

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	<p>All: Yes</p> <p>PSW stands before you to also endorse the Delta Dental Premier plus PPO Product</p> <p>PSW reviews the <i>renewal activity status report and upcoming rate action</i></p> <p>Highlights</p> <ul style="list-style-type: none"> • Kaiser is flat increase for active; 4.2% increase for retirees • We can expect an increase to our life insurance and stop loss coverage due to our increased claims experience • Administrative fees to Benefit Dynamics are going up due to increase in mailing costs • Your Delta Dental will renew at a -3-3%. This is good even for those leaving Peralta. COBRA rates will reflect the lower rate as well. 	
3	<p>Renewals 2014-2015, PSW Benefit Resources and the District Benefits Office</p> <p>Review of preliminary Rate Matrix for Dental 2014 -2015, (pages 26 & 27 of Benefits Office Powerpoint handout.)</p> <p>We prepared the matrix with the \$1500 annual plan limit and with the \$1600 annual plan limit to review monthly cost structure under both scenarios. I hope that you find this helpful.</p> <p>Other Requests</p> <p>If a vendor wants to make a sales pitch, the committee needs to know two meetings prior to scheduling their attendance, Rick Greenspan</p>	
5	<p>Next Meeting</p> <p>Next Meeting: April 22, 2014 Location TBD Meeting adjourned 11:15am</p>	

Note Taker: Jennifer Benford Seibert,