CALL TO ORDER
Cindy Trujillo called the meeting to order at 3:03pm.

GENERAL BUSINESS

1. Welcome and Introductions

2. 2018-19 Open Enrollment Recap
The medical plans enrollment for 2017-18 and 2018-19 were compared. There was a net increase of 10 members overall with 34 members enrolling in the Minimum Value Plan that was added in 2017-18. It appears the enrollment in the MVP were members previously enrolled in the HSA-B plan.

3. Health Plan Review
The committee reviewed the current medical plans offered and discuss if there was a want or need to add or remove any plans. Brooks Rice explained the medical rate history and shared that over the last 6 years the medical rates have only increased an average of 3.4%. He credits our partnership with SISC as a critical factor in our ability to keep our stop loss coverage lower than if we were contracting on the open market. SISC also provides us the ability to have the lowest Anthem ASO fee possible. He explained if we want to grow the program we may need to add a higher value medical plan and have composite rates per inquiring districts request. He said that he was comfortable with the current size of the program.

Dental and vision were also reviewed without much discussion.
4. **Wellness Program Review**
   The current wellness program was discussed. No members felt any changes were needed. Greg Smith suggested reviewing an option to give members an increased incentive if deposited into their health savings accounts rather than receive a gift card.

5. **Miscellaneous Items**
   - SISC will be enrolling newborns on their birthdays beginning October 1, 2019.
   - MD Live co-pay will be waived for PPO members the last quarter of 2019.
   - Prestige will not consider any person not on their STSIG enrollment report as members and will charge them appropriately. It was also clarified that our members are allowed only one preventive wellness visit and one set of preventive labs per calendar year with their membership.
   - Brooks Rice explained the Opt-Out option. SISC is offering it to their members who have composite rates and because of problems arising from coordination of benefits. However, the districts are still required to pay a premium to the JPA for those members even though the member may not be paying the district any contribution. He shared that the option wouldn’t be a good for our groups because of the tiered rate structure and the financial burden to districts.
   - For clarification, PayFlex is closing health savings account for accounts with no activity for 12-months or that are not enrolled in a HDHP. If the member doesn’t claim funds in their accounts, the funds are placed in a trust account. The cost for a member to maintain their accounts is $3.66/month.
   - The dependent verification requirement for new hires and qualifying events has been working well. The full dependent audit is still an option.

Committee Recommendation:
1. No change to medical plan options and no opt-out option.
2. No change to dental program
3. Increase the vision frame and contact allowance from $175 to $200
4. Consider an increase wellness incentive for members who deposit the incentive into their health savings account
5. No recommendation for a dependent audit at this time.

No further meetings are needed.

**ADJOURN**
The meeting was adjourned at 4:38pm.