

**THE SCHOOL DISTRICT OF LEE COUNTY
MINUTES**

**Insurance Task Force Committee Meeting
HR Community Training Room
2855 Colonial Blvd. Fort Myers FL**

Thursday, February 5, 2015

Members Present

Shandra Backens
Steve Bowman
Leo Burt
Mark Castellano
Karen Cooley
Bonnie McFarland
Jamie Michael
Leanne Migliore
Donna Mutzenard
Heather Parker
Joseph Pitura
Angela Pruitt
Jimmy Riley
Suzan Rudd
Rita Zazzaro

Members Absent

Ashley LaMar

Others Present

Joe Pescatrice, Retiree
Liaison
Debbie Poole, Aon Hewitt
Tammy Martin, Aon Hewitt
Gina Ciccio, Aetna
Kim Murphy, Aetna
Karen Toro, Florida Blue
Jeanne Dozier, Board
Liaison
Terri Roney

The meeting was called to order at 3:04 PM.

Approval of Minutes – January 8, 2015

Ms. Bonnie McFarland reviewed the draft 1/8/15 ITF meeting minutes, noting a correction on page one, and asked if there were any additional deletions or corrections. There being no further changes to the minutes, Mr. Mark Castellano made the motion to approve the minutes of the meeting. Mr. Leo Burt seconded the motion; motion passed unanimously.

Review of Health Plan Financials

Ms. Tammy Martin reviewed financials with ITF members, noting this review takes into account paid claims through December 2014. The District had a very big claim month with claims for December at \$6.4 million. The average 4/14 – 12/14 monthly paid claims is \$5.4 million. Enrollment is at 10,000. Projected average 2014-15 medical plan enrollment is 9,971.

Year to date surplus is at \$1.69 million. The updated 2014-15 projection is \$11,000 deficit.

December's loss ratio is 107% illustrating the high claim month. Overall rolling 12 month ratio is 92.9%.

Ms. Martin informed ITF members that two new large claims came on this month which total over \$500,000. Both are for septicemia – hospital infection.

Dr. Angela Pruitt asked if both claims are from the same hospital. Aon will look into this and report back.

Ms. Martin noted that the total FY15 loss ratio is at 100%, which is where we want it to be.

Dental

Ms. Debbie Poole reviewed the dental insurance analysis. HMO plan features were reviewed, and Ms. Poole noted common complaints are that it is a smaller limited network and providers ask for unnecessary procedures nationwide. PPO plan features were also reviewed. In network and out of network was reviewed.

Current District Low and High PPO plans were reviewed. It was noted the high dental PPO plan pays out \$2000, the low pays out \$1000. Endodontic and periodontal are covered under basic services. It was also noted that both PPO plans are covering orthodontia for children and adults. Out of Network coverage is the same as in network for the High PPO Plan. For the Low PPO Plan, In Network benefits are higher than Out of Network Benefits. Implants are covered as major under both Low and High PPO plans. Additionally, the PPO plans still cover services at 30% after the maximum has been paid. This is a nice enhancement.

Twelve similar public employers were analyzed. Twenty-one total PPO plans were analyzed. The District's High PPO plan had the highest relative value. Ms. Martin noted that a high relative value is the richest plan; a low relative value is the lowest a plan pays. The list of employers included in the analysis was reviewed.

The employee dental survey results were reviewed. Ms. Poole explained that the survey was available to employees between 12/8 and 12/19/14. 1,740 employees responded to the survey. It is possible someone took the survey more than once. Only 1,197 knew which plan they were enrolled in, 293 employees were not sure and 250 were not covered. When asked why they were not covered, 46% declined because their dentist is not in network, 37% declined because they cannot afford it, and 17% declined because they are on their spouse's plan. When asked how long they have been on a District dental plan, most were on for more than 5 years. 66.2% said their dentist is in network, 27.3% said their dentist is not in network and 6.6% were not sure. When asked if they take advantage of 4 cleanings per year, 39.5% said yes. When asked if they had received the additional benefit that pays 30% in excess of the maximum, 15.7% said yes, and 84.3% said no.

40% have used the benefits for major services, 60% have used the benefits for basic services.

Ranking of features was reviewed:

Most important – Plan design with 711 respondents

2nd most important – Provider network with 501 respondents

3rd most important - Ease of use with 90 respondents

Least important – Customer service with 52 respondents

When asked what employees would change about their dental plan:

53% would change the plan design
35% would change the network
22% would change nothing
18% would change the insurance carrier
5% - other

When asked if they would be likely to recommend Humana:

37% -not likely
45.8% - likely
16.8% - very likely

When asked how satisfied employees are with the Humana dental plan:

13.1% - very satisfied
33.4% - satisfied
23.9% - neutral
17.9% - unsatisfied
9.8% very unsatisfied
1.9% - no opinion

It was noted that comments are included in the survey comment section of the report. Of the 467 comments, 96 were related to the network and were not positive. 24.8% of comments were related to network and 21.6% of comments were related to plan design.

Dr. Pruitt asked if any of the comments relating to network were Humana issues. Ms. Poole noted that they were. Dr. Pruitt asked why a dentist would participate in one PPO and not the other. Ms. Poole noted it is due to the reimbursement rate. Humana may not be paying the dentist a satisfactory amount. It was also noted that DHMO networks are narrower because dentists are paid only what is on the schedule.

Ms. Jamie Michael asked if any other District pays for the dental insurance. Ms. Poole noted that it is different across the board – some do, some do not. It varies greatly. Ms. Tammy Martin noted that plan designs from other districts are in the benchmarking appendix.

Open Enrollment Update

Ms. McFarland informed ITF members that a total of 25 informational sessions were held across the District. The meetings were not as well attended as hoped. A video was taped for transportation so those employees will have the same presentation and information that everyone else had access to. The video will be shown on a continuous loop in their break rooms. There is a great deal of information on the Insurance & Benefits website. 2014-15 plan data is also still there for employees who are being hired now.

Ms. McFarland noted that open enrollment starts Friday 2/6/15. A Friday challenge was issued by Ms. Amity Chandler in Communications - for everyone to get their enrollment completed early. Open enrollment will be open through February 20th. This gives employees two weeks to complete their open enrollment.

Aetna Employees Introduced

Ms. Kim Murphy and Ms. Gina Ciccia were introduced – Kim is Aetna’s onsite rep, Gina is Aetna’s account manager. ITF members introduced themselves to Gina and Kim.

Ms. McFarland also noted that Ms. Dozier is with us today as Board Member Liaison.

Good of the Order

Mr. Steve Bowman noted he is attending CHIP program.

Adjournment

The meeting adjourned at 3:46 p.m. upon motion by Mr. Mark Castellano with second by Ms. Rita Zazzaro.