GLENDALE ELEMENTARY SCHOOL DISTRICT NO. 40

Trust Board Special Meeting March 9, 2015, 4:00 p.m.

Public Notice - Meeting Agenda

Notice of this meeting has been posted consistent with the requirements of A.R.S. §38-431.02. The meeting's location is the Board Room in the District Office, 7301 N. 58th Avenue, Glendale.

The Board reserves the right to change the order of items on the agenda, with the exception of public hearings, which are scheduled for a specific time. Board members may participate via telephone conference call if necessary. At the chair's discretion, the Board may carry over consideration of any business not concluded by 6:00 p.m. to the next regular meeting's agenda.

1. Call to Order

Acknowledge conference call participants

- 2. Visitor Comments
- 3. Approval of Agenda
- 4. Board and Staff Introductions
- 5. Informational Items
 - a. Valley School Renewal Information
 - b. Financial Review

6. Action Items

- a. Medical Insurance
 - It is recommended that the Trust Board approve the Medical benefit plan as presented for 2015-2016.
- b. Dental Insurance
 - It is recommended that the Trust Board approve the Dental benefit plan as presented for 2015-2016.
- c. Vision Insurance
 - It is recommended that the Trust Board approve the Vision benefit plan as presented for 2015-2016.
- d. Short-Term Disability Insurance
 - It is recommended that the Trust Board approve the Short-Term Disability benefit plan as presented for 2015-2016.

e. Mid-Term Disability Insurance

It is recommended that the Trust Board approve the Mid-Term Disability benefit plan as presented for 2015-2016.

f. Life Insurance

It is recommended that the Trust Board approve the Life benefit plan as presented for 2015-2016.

g. Ancillary Insurance

It is recommended that the Trust Board approve the Ancillary benefit plan as presented for 2015-2016.

h. Approval of Minutes

The minutes of the February 25, 2015 Regular Trust Board Meeting are submitted for approval.

7. Adjournment

GLENDALE ELEMENTARY SCHOOL DISTRICT TRUST BOARD INFORMATIONAL AGENDA ITEM

SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services	Reports, presentations and other similar items are submitted to the Trust Board as information and do not require action.
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services DATE ASSIGNED FOR CONSIDERATION: March 9, 2015	AGENDA NO: 5.A TOPIC: Valley School Renewal Information
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015	SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
	DATE ASSIGNED FOR CONSIDERATION: March 9, 2015

An overview of the renewal information will be presented.



February 20, 2015

Glendale Elementary School District Mike Barragan, Executive Director of Finance and Auxiliary Services 7301 North 58th Avenue Glendale, AZ 85301

Re: Glendale Elementary School District 2015-2016 Renewals

Dear Mr. Barragan,

Valley Schools is pleased to provide Glendale Elementary School District renewals for medical, dental and vision benefits for the 2015-16 year.

Medical

The medical plans (traditional and HDHP) are identical to the prior year except the HDHP deductible increased to \$2,600 in order to comply with the IRS guidelines to remain as an embedded deductible. The underwriter's medical rate is 8.7% for 2015-2016. In our telephone conversation on Friday, February 13, 2015, you indicated that the rates will remain unchanged for 2015-16.

Your renewal provides for specific stop loss coverage of \$150,000 with a fixed expense is \$61.92 PEPM. Fixed expense includes all costs, except medical claims and RX claims, including ASO, specific stop loss, Affordable Care Act fees (PCORI & Reinsurance), administrative services, COBRA services, etc.

Medical

Traditional	Current	Renewal
Employee	\$ 492.03	\$ 492.03
Emp. & Spouse	\$ 1,042.85	\$ 1,042.85
Emp. & Child	\$ 948.05	\$ 948.05
Family	\$ 1,374.67	\$ 1,374.67
HDHP 2600 Employee	<u>Current</u> \$ 438.70	Renewal \$ 438.70
HDHP 2600 Employee Emp. & Spouse	-	
Employee	\$ 438.70	\$ 438.70
Employee Emp. & Spouse	\$ 438.70 \$ 855.14	\$ 438.70 \$ 855.14

Delta Dental

Per your direction the dental plans will provide preventive care covered at 100% and the rates for next year will be as follows:. In addition per your discussion the rates for the 2015-16 plan will remain at current amounts.

\$ 141.06

Low Plan Alternative Option A:	Rates
Employee	\$ 26.18
Emp. & Spouse	\$ 53.64
Emp. & Child	\$ 61.50
Family	\$ 91.60
High Plan Alternative Option A:	
Rates	
Employee	\$ 42.56
Emp. & Spouse	\$ 76.62
Emp. & Child	\$ 99.28

Total Dental Administrators (TDA)

A500S Plan	Cu	rrent	Re	<u>newal</u>
Employee	\$	9.50	\$	9.98
Emp. & Spouse	\$	18.78	\$	19.72
Emp. & Child	\$	21.05	\$	22.10
Family	\$	23.10	\$	24.26

Vision

Family

	Current	Renewal
Employee	\$ 4.14	\$ 4.14
Emp. + One	\$ 7.40	\$ 7.40
Emp. + Children	\$ 7.74	\$ 7.74
Family	\$ 9.72	\$ 9.72

Flex Spending Account (FSA)

There is no increase for the FSA services with Basic. The rate for next year is \$3.69 per participant per month (PPPM).

Life Insurance

There is no rate increase for basic life coverage through Voya Financial.

Short Term Disability

Employee Paid - Assurant

There is no rate increase for short term disability coverage through Assurant.

Employer Paid - UNUM

The District is currently contracted directly with UNUM. Under the current contract, UNUM offered a renewal rate of \$.20 per \$100 of payroll with a 1 year rate guarantee. With the Valley Schools contracted rate, we have successfully negotiated the rate from \$.20 to \$.14 per \$100 covered payroll with a 1 year rate guarantee.

Please let me know if you have any questions.

Sincerely,

Darlene Kracht

VSEBT Account Manager

Darleve Klackt

	VSEBT Member Approval
Name of District Representative	
Initial	Date







Glendale Elementary Schoold District 2015 Plan Year - Claims Projection V 2.1 Final

February 25, 2015

On Behalf of:

Valley School Employee Benefit Trust

Glendale Elementary Schoold District

2012 High Case Analysis Tool

High-Case	Normalization -	\$85,000	to \$150,000
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Specific Deductible	Projected Members/1000 in Excess of Deductible for a Normal Population	Expected Members in Excess of Deductible	Total Expected Liability	Analysis Period 7/1/2012 to 6/30/2013	Actual Claims above \$85,000 \$790,742
\$20,000 \$25,000	31.183785 24.100197	66.613243 51.481635		Membership	Actual Claims above \$150,000
\$30,000	19.214264	41.044549		membersinp	Actual Gains above \$100,000
\$35,000	15.770355	33.687844	1	1,469	\$316,821
\$40,000	13.221744	28.243627		1,100	40101021
\$45,000	11.324908	24.191702			Actual Claims between \$85,000 and
\$50,000	9.839909	21,019522		Pooling Threshold	\$150.000
\$55,000	8.684379	18,551137			
\$60,000	7.713877	16,477999		\$85,000	\$473,920
\$65,000	6.920048	14.782260			
\$70,000	6.188292	13.219119			Expected Liability between \$85,000 a
\$75,000	5.620077	12.005327		Evaluated Specific Deductible	\$150,000
\$80,000	5.133035	10.964933			Property of Energy Co.
\$85,000	4.722392	10.087738		\$150,000	\$412,464
\$90,000	4.335624	9.261543	\$48,301		
\$95,000	3.991830	8.527148	\$44,411	100 100 100 100 100 100 100 100 100 100	
\$100,000	3.662361	7.823352	\$40,781	Network / Demographic Factor	Net Underwriting Adjustment
\$105,000	3.400934	7.264906	\$37,674	4 4544	(6070 077)
\$110,000	3,158607	6.747259	\$34,990	1.4544	(\$378,277)
\$115,000	2.938961	6.278062	\$32,528		
\$120,000	2.749158	5.872614 5.418717	\$30,347 \$28,197	About 2014 High Case Analysis To	ol - Normalization
\$125,000 \$130,000	2.536674 2.371940	5.418717	\$26,197	Action retrieved out derivative of beautiful action to the formation of buildings	
\$135,000	2.217949	4.737871	\$24,491		nt total headcount, including all covered employe
\$140,000	2.075895	4.434423	\$22,912	spouses and dependents.	
\$145,000	1,951747	4.169225	\$21,493		F
\$150,000	1.824018	3.896376	\$20,148		lower limit at where we begin to examine expec
\$155,000	1.710614	3,654128	0.60000.00000	liability. Claim activity below this limit will	not be examined in the HCA1.
\$160,000	1.606759	3.432279		-The Network/Demographic Factor is the	numeric expression of the population's health ar
\$165,000	1.531554	3.271630		claim data.	
\$170,000	1.451575	3.100781			
\$175,000	1.373982	2.935032		-Actual Claims above \$85,000 represent	the total claims over the pooling point that are
\$180,000	1.295196	2.766733		removed from the analysis due to the unp	predictability of these claims.
\$185,000	1.230735	2.629034			
\$190,000	1.171048	2.501535			t the total claims over the specific deductible. To
\$195,000	1.118524	2.389335			cause activity above the specific deductible leve
\$200,000	1.063613 0.828448	2.272036 1.769689		the reinsurer's liability and not the groups	
\$225,000 \$250,000	0.672069	1.435641			
\$275,000	0.559859	1.195943		-Actual Claims between \$85,000 and \$15	0,000 are the total claims between the pooling le
\$300,000	0.457198	0.976644		and the specific deductible. This represer	
\$350,000	0.323501	0.691046		The direction and deliber the representation	
\$400,000	0.237552	0.507447		-The Expected Liability is calculated by pr	rojecting the number of members who will reach
\$450,000	0.174284	0.372298			pected liability associated with each increment.
\$500,000	0.134891	0.288148			the sum of all increments between the pooling p
\$600,000	0.091917	0.196349			sents the normalized claim expectation within the
\$750,000	0.047749	0.101999		corridor.	John C. S. C.
\$1,000,000	0.019100	0.040800		comaci.	
\$1,500,000	0.003581	0.007650		2000 0000 00000 00 0000 00000 0000 000000	
\$2,000,000	0.000998	0.002131			reimbursed claims and actual claim experience
\$3,000,000	0.000088	0.000189		the expected liability for Glendale Elemen	ntary Schoold District within the corridor.
\$5,000,000	0.000018	0.000038			

\$266,598 \$235,582 \$232,728 \$168,980 \$162,933 \$130,403 \$112,024 \$107,644 \$31,036 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$73,261 \$82,002 \$83,370 \$84,570 \$84,570 \$84,570 \$84,570 \$84,570 \$84,570 \$84,570 \$83,012 \$84,012 \$84,01

Claimant Paid Claims

Glendale Elementary Schoold District 2013 High Case Analysis Tool

	Projected Members/1000 in	Expected Members in	
Specific Deductible	Excess of Deductible for a Normal Population	Excess of Deductible	Total Expected Liability
\$20,000	31.090234	68.233413	
\$25,000	24.027896	52.733774	
\$30,000	19.175835	42.085006	
\$35,000	15.738814	34.541812	
\$40,000	13.208522	28.988605	
\$45,000	11.313583	24.829803	
\$50,000	9.830069	21.573950	
\$55,000	8.618363	18.914632	
\$60,000	7.684437	16.864954	
\$65,000	6.894201	15,130631	
\$70,000	6.151882	13,501471	
\$75,000	5.631245	12.358834	
\$80,000	5.142158	11.285440	
\$85,000	4.733812	10.389248	
\$90,000	4.356411	9.560971	\$49,803
\$95,000	4.013991	8.809464	\$45,864
\$100,000	3.676829	8.069499	\$42,098
\$105,000	3.446473	7.563939	\$39,042
\$110,000	3.190691	7.002577	\$36,372
\$115,000	2.989135	6.560223	\$33,873
\$120,000	2.812931	6.173510	\$31,806
\$125,000	2.584539	5.672261	\$29,580
\$130,000	2.426957	5.326418	\$27,474
\$135,000	2.259950	4.959890	\$25,692
\$140,000	2.127820	4.669904	\$24,057
\$145,000	1.997125	4.383070	\$22,616
\$150,000	1.867325	4.098200	\$21,187
\$155,000	1.747001	3.834125	
\$160,000	1.643104	3.606104	
\$165,000	1.570007	3.445679 3.266415	
\$170,000	1.488327 1.410265	3.095095	
\$175,000 \$180,000	1,328654	2.915984	
\$185,000	1.261733	2.769113	
\$190,000	1.195603	2.623978	
\$195,000	1.152486	2.529349	
\$200,000	1.093719	2.400373	
\$225,000	0.843341	1,850872	
\$250,000	0.689068	1.512290	
\$275.000	0.590152	1.295200	
\$300,000	0.487382	1.069652	
\$350,000	0.337828	0.741428	
\$400,000	0.253173	0.555636	
\$450,000	0.191155	0.419526	
\$500,000	0.152548	0.334796	
\$600,000	0.112639	0.247208	
\$750,000	0.063066	0.138409	
\$1,000,000	0.033335	0.073161	
\$1,500.000	0.008098	0.017772	
\$2,000,000	0.002786	0.006115	
\$3,000,000	0.000310	0.000680	
\$5,000,000	0.000106	0.000233	

High-Case Normalization - \$85,000 to \$150,000

Analysis Period	Actual Claims above \$85,000		
7/1/2013 to 6/30/2014	\$436,847		
Membership	Actual Claims above \$150,000		
1,509	\$152,820		
Pooling Threshold	Actual Claims between \$85,000 and \$150,000		
\$85,000	\$284,027		
Evaluated Specific Deductible	Expected Liability between \$85,000 and \$150,000		
\$150,000	\$429,463		
Network / Demographic Factor	Net Underwriting Adjustment		
Net Underwriting Adjustment 1.4544 (\$7,384)			
1.4544			
Prof. 1940-1940-1940-1940-1940-1940-1940-1940-		Claimant	Paid Claims
About 2014 High Case Analysis Too		1	\$279,290
About 2014 High Case Analysis Too	ol - Normalization	1 2	
About 2014 High Case Analysis Too -The Membership reflects the most current		1	\$279,290
About 2014 High Case Analysis Too	ol - Normalization	1 2	\$279,290 \$171,129
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependents.	of - Normalization total headcount, including all covered employees,	1 2 3 4 5	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary In	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected	1 2 3 4 5 6	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary In liability. Claim activity below this limit will n	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected tot be examined in the HCAT.	1 2 3 4 5 6 7	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary Is liability. Claim activity below this limit will n -The Network/Demographic Factor is the n	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected	1 2 3 4 5 6 7 8	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary In liability. Claim activity below this limit will n	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected tot be examined in the HCAT.	1 2 3 4 5 6 7 8	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary It liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim data.	of - Normalization total headcount, including all covered employees, over limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and	1 2 3 4 5 6 7 8 9	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,168
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary In iability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th	of - Normalization total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are	1 2 3 4 5 6 7 8 9 10	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,188 \$71,926
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary li liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim data.	of - Normalization total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are	1 2 3 4 5 6 7 8 9 10 11	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,180 \$71,926 \$71,269
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le iability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpre	of - Normalization total headcount, including all covered employees, bower limit at where we begin to examine expected toto be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims.	1 2 3 4 5 6 7 8 9 10 11 12 13	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,186 \$71,926 \$71,926 \$66,739
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary In liability. Claim activity below this limit will in -The Network/Demographic Factor is the in claim dataActual Claims above \$85,000 represent the removed from the analysis due to the unpriActual Claims above \$150,000 represent the	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These	1 2 3 4 5 6 7 8 9 10 11	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,180 \$71,926 \$71,269
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will in -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent claims are removed from the analysis beca	of - Normalization total headcount, including all covered employees, bower limit at where we begin to examine expected toto be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims.	1 2 3 4 5 6 7 8 9 10 11 12 13	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,180 \$71,269 \$17,269 \$66,739 \$65,740
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will in -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent claims are removed from the analysis beca	of - Normalization total headcount, including all covered employees, ower limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,188 \$71,926 \$71,269 \$66,739 \$65,140 \$64,107
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary Ic liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent claims are removed from the analysis bece the reinsurer's liability and not the groups.	total headcount, including all covered employees, over limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$71,926 \$71,269 \$66,739 \$66,739 \$64,107 \$62,381
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent claims are removed from the analysis beca the reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are addictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$87,168 \$71,269 \$66,739 \$66,739 \$65,140 \$64,107 \$62,381 \$56,933
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary Ic liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent claims are removed from the analysis bece the reinsurer's liability and not the groups.	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are addictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,188 \$71,926 \$66,739 \$66,739 \$55,140 \$64,107 \$64,107 \$64,107 \$66,933 \$52,286 \$52,286 \$52,286
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will in -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent to claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These claims activity above the specific deductible level is 1,000 are the total claims between the pooling level is the normalization corridor.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	\$279,280 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$2,672 \$87,180 \$87,180 \$71,926 \$71,269 \$66,739 \$55,140 \$64,107 \$62,381 \$56,933 \$52,266 \$52,151 \$54,494
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpn -Actual Claims above \$150,000 represent to claims are removed from the analysis becater reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This representThe Expected Liability is calculated by pro-	of - Normalization total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These the total claims over the specific deductible level is compared to the specific deductible level is the normalization corridor.	1 2 3 4 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$87,180 \$87,180 \$66,739 \$66,739 \$66,739 \$56,140 \$66,933 \$52,266 \$52,266 \$52,266 \$52,266 \$52,266 \$52,401 \$44,486 \$48,484
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will in -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent to claims are removed from the analysis bece the reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the exp	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is 1,000 are the total claims between the pooling level is the normalization corridor.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$25,772 \$91,072 \$81,072 \$87,180 \$71,269 \$65,739 \$65,739 \$65,739 \$55,140 \$64,107
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent le claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is the normalization corridor. jecting the number of members who will reach a exted liability associated with each increment. The e sum of all increments between the pooling point.	1 2 3 4 5 6 7 8 9 10 111 12 13 14 15 16 17 18 19 20 21 22 23 24	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$91,072 \$87,188 \$71,926 \$71,269 \$66,739 \$55,140 \$66,739 \$55,440 \$69,030 \$60,001
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent le claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is 1,000 are the total claims between the pooling level is the normalization corridor.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$71,269 \$66,739 \$85,740 \$64,107 \$64,107 \$62,381 \$69,933 \$52,286 \$52,151 \$64,494 \$41,413 \$43,970 \$40,341
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent le claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is the normalization corridor. jecting the number of members who will reach a exted liability associated with each increment. The e sum of all increments between the pooling point.	1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$91,072 \$81,1072 \$87,188 \$71,926 \$66,739 \$66,739 \$55,140 \$66,739 \$55,407 \$62,000 \$64,107 \$62,000 \$64,107 \$64,107 \$64,007
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent the removed from the analysis due to the unpn -Actual Claims above \$150,000 represent to claims are removed from the analysis bece the reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th and specific deductible. This value represe	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is the normalization corridor. jecting the number of members who will reach a exted liability associated with each increment. The e sum of all increments between the pooling point.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$92,672 \$91,072 \$87,180 \$71,926 \$71,269 \$64,739 \$56,739 \$52,286 \$52,2151 \$50,401 \$43,494 \$41,865 \$41,413 \$43,970 \$43,749 \$43,740 \$53,749
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent to claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th and specific deductible. This value represe corridor.	total headcount, including all covered employees, over limit at where we begin to examine expected to be examined in the HCAT. umeric expression of the population's health and se total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These claims expression of the specific deductible level is supported by the specific deductible level is set to total claims between the pooling level is the normalization corridor. Jecting the number of members who will reach a sched liability associated with each increment. The e sum of all increments between the pooling point ints the normalized claim expectation within the	1 2 3 4 4 5 6 6 7 8 9 10 111 12 13 14 15 16 17 18 19 20 21 22 22 24 25 26 27 28	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$91,072 \$87,168 \$71,926 \$71,926 \$71,926 \$66,739 \$55,140 \$64,107 \$63,33 \$52,281 \$59,401 \$44,107 \$44,107 \$44,107 \$45,107 \$
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent the removed from the analysis due to the unpn -Actual Claims above \$150,000 represent to claims are removed from the analysis bece the reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th and specific deductible. This value represe corridorThe Net Underwriting Adjustment offsets of	total headcount, including all covered employees, over limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is 1,000 are the total claims between the pooling level is the normalization corridor. gecting the number of members who will reach a exceed liability associated with each increment. The eaum of all increments between the pooling point not sthe normalized claim expectation within the	1 2 2 3 4 4 5 6 6 7 8 9 100 111 12 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	\$279,290 \$171,129 \$152,400 \$119,319,4 \$102,622 \$91,072 \$81,1072 \$87,180 \$71,289 \$567,789 \$567,789 \$56,331 \$52,286 \$52,286 \$52,285 \$54,401 \$54,
About 2014 High Case Analysis Too -The Membership reflects the most current spouses and dependentsThe Pooling Threshold is a discretionary le liability. Claim activity below this limit will n -The Network/Demographic Factor is the n claim dataActual Claims above \$85,000 represent th removed from the analysis due to the unpr -Actual Claims above \$150,000 represent to claims are removed from the analysis becathe reinsurer's liability and not the groupsActual Claims between \$85,000 and \$150 and the specific deductible. This represent -The Expected Liability is calculated by pro given specific deductible level and the expe expected liability examined here reflects th and specific deductible. This value represe corridor.	total headcount, including all covered employees, over limit at where we begin to examine expected tot be examined in the HCAT. umeric expression of the population's health and the total claims over the pooling point that are edictability of these claims. the total claims over the specific deductible. These use activity above the specific deductible level is 1,000 are the total claims between the pooling level is the normalization corridor. gecting the number of members who will reach a exceed liability associated with each increment. The eaum of all increments between the pooling point not sthe normalized claim expectation within the	1 2 3 4 4 5 6 6 7 8 9 10 111 12 13 14 15 16 17 18 19 20 21 22 22 24 25 26 27 28	\$279,290 \$171,129 \$152,400 \$119,319 \$104,094 \$102,522 \$91,072 \$87,168 \$71,926 \$87,192 \$67,193 \$65,139

Glendale Elementary Schoold District 2014 High Case Analysis Tool

High-Case Normalization - \$85,000 to \$150,000

S	Analysis Period 7/1/2014 to 12/31/2014	Total Expected Liability	Expected Members in Excess of Deductible	Projected Members/1900 in Excess of Deductible for a Normal Population	pecific Deductible
			33.060121	30.996963	\$20,000
Ad	Membership		25,550311	23.955813	\$25,000
\$	722		20.411274	19.137483	\$30,000
2	733		16.752817	15.707337	\$35,000
E35			14.073593	13.195313	\$40,000
Ad	Pooling Threshold		12.054549	11.302270	\$45,000
\$1	Pooling Till eshold		10.473874 9.122126	9.820239	\$50,000
\$	\$85,000			8.552849	\$55,000
P	\$65,000		8.164633	7.655109	\$60,000
			7.325615	6.868451	\$65,000
Ex			6.522746	6.115686	\$70,000
\$1	Evaluated Specific Deductible		6,017995	5.642435	\$75,000
	0450 000		5.494166	5.151296	\$80,000
\$	\$150,000		5.061104	4.745259	\$85,000
		\$24,290	4.668651	4.377298	\$90,000
100	20.00	\$22,404	4.304929	4.036275	\$95,000
Ne	Network / Demographic Factor	\$20,555	3.937051	3.691355	\$100,000
- 11	4.4544	\$19,138	3.725091	3.492622	\$105,000
(9	1.4544	\$17,884	3.437631	3.223101	\$110,000
		\$16,686	3.242519	3.040165	\$115,000
Mormo	About 2014 High Coop Anchesis Tool	\$15,768	3.069755	2.878183	\$120,000
	About 2014 High Case Analysis Tool	\$14,678	2.808580	2.633307	\$125,000
otal headc	 The Membership reflects the most current to 	\$13,632	2.648536	2.483251	\$130,000
	spouses and dependents.	\$12,749	2.456018	2.302747	\$135,000
	10	\$11,948 \$11,256	2.326213 2.179578	2.181043 2.043559	\$140,000 \$145,000
	 The Pooling Threshold is a discretionary low 	\$10,538	2.038901	1.911661	
t be exam	liability. Claim activity below this limit will not	\$10,550	1.902916	1.784162	\$150,000 \$155,000
meric evol	-The Network/Demographic Factor is the nur		1.792110	1.680272	\$160,000
птопо схрі	claim data.		1.716549	1.609425	\$165,000
	ciaini data.		1.627580	1.526009	\$170,000
total clain	-Actual Claims above \$85,000 represent the		1.543853	1.447507	\$175,000
	removed from the analysis due to the unpred		1.453696	1.362977	\$180,000
Jictability C	removed from the analysis due to the dripred		1.379608	1.293512	\$185,000
e total clai	-Actual Claims above \$150,000 represent the		1.301921	1.220673	\$190,000
	claims are removed from the analysis becau-		1.266517	1.187479	\$195,000
ioo dolivity	the reinsurer's liability and not the groups.		1.199535	1.124677	\$200,000
	the remainer a hability and not the groups.		0.915644	0.858502	\$225,000
			0.753520	0.706496	\$250,000
000 are the	-Actual Claims between \$85,000 and \$150,0		0.663490	0.622084	\$275,000
the norma	and the specific deductible. This represents t		0.554141	0.519559	\$300,000
			0.376272	0.352790	\$350,000
ecting the r	 The Expected Liability is calculated by proje 		0.287780	0.269821	\$400,000
cted liabilit	given specific deductible level and the expec		0.223613	0.209658	\$450,000
sum of all	expected liability examined here reflects the		0.183999	0.172516	\$500,000
	and specific deductible. This value represent	100	0.147220	0.138033	\$600,000
	corridor.		0.088839	0.083295	\$750,000
	William Control of		0.062054	0.058181	\$1,000,000
			0.019528	0.018310	\$1,500,000
	 The Net Underwriting Adjustment offsets rei 		0.008298	0.007780	\$2,000,000
y Schoold	the expected liability for Glendale Elementary		0.001156	0.001084	\$3,000,000
		\$211,526	0.000680	0.000637	\$5,000,000

Analysis Period	Actual Claims above \$85,000
7/1/2014 to 12/31/2014	\$632,542
Membership	Actual Claims above \$150,000
733	\$502,542
Pooling Threshold	Actual Claims between \$85,000 and \$150,000
\$85,000	\$130,000
Evaluated Specific Deductible	Expected Liability between \$85,000 and \$150,000
\$150,000	\$211,526
Network / Demographic Factor	Net Underwriting Adjustment
1.4544	(\$421,016)

	Claimant	Paid Claims
bout 2014 High Case Analysis Tool - Normalization	Ciaimant	\$546,934
	2	\$255,608
The Membership reflects the most current total headcount, including all covered employees,	3	\$82,046
pouses and dependents.	4	576,768
	5	562,890
The Pooling Threshold is a discretionary lower limit at where we begin to examine expected	6	\$51,546
ability. Claim activity below this limit will not be examined in the HCAT.	7	\$49,991
The Network/Demographic Factor is the numeric expression of the population's health and	8	\$46,426
aim data.	9	\$45,418
aini uata,	10	\$44,377
Actual Claims above \$85,000 represent the total claims over the pooling point that are	11	\$41,791
emoved from the analysis due to the unpredictability of these claims.	12	\$38,781
introved from the distributed to the dispressionality of these dialins.	13	\$36,728
Actual Claims above \$150,000 represent the total claims over the specific deductible. These	14	\$35,369
aims are removed from the analysis because activity above the specific deductible level is	15	\$35,129
ne reinsurer's liability and not the groups.	16	\$31,148
to remainly and not the groups.	17	\$29,715
	18	\$26,348
Actual Claims between \$85,000 and \$150,000 are the total claims between the pooling level	19	\$26,323
nd the specific deductible. This represents the normalization corridor.	20	\$26,012
V	21	\$25,722
The Expected Liability is calculated by projecting the number of members who will reach a	22	\$25,640
iven specific deductible level and the expected liability associated with each increment. The	23	\$23,984
xpected liability examined here reflects the sum of all increments between the pooling point	24	\$23,602
nd specific deductible. This value represents the normalized claim expectation within the	25	\$21,325
pridor.	26	\$21,281
oriuoi.	27	
	28	
The Net Underwriting Adjustment offsets reimbursed claims and actual claim experience with	29	
ne expected liability for Glendale Elementary Schoold District within the corridor.	30	
	31	
	32	

Glendale Elementary Schoold District 2014 High Case Analysis Tool Expected Members

Analysis Period

7/1/2012 to 6/30/2013

Membership

1,469

Specific Deductible	Expected Members in Excess of Deductible	Actual Members in Excess of Deductible
\$50,000	21	19
\$75,000	12	12
\$100,000	8	9
\$125,000	5	7
\$150,000	4	5
\$175,000	3	3
\$200,000	2	3
\$225,000	2	3
\$250,000	1	1
\$275,000	1	0
\$300,000	. 1	0
\$350,000	1	0
\$400,000	1	0
\$450,000	0	0
\$500,000	0	0
\$600,000	0	0
\$750,000	0	0
\$1,000,000	0	0
\$1,500,000	0	0
\$2,000,000	0	0
\$3,000,000	0	0
\$5,000,000	0	0

Analysis Period

7/1/2013 to 6/30/2014

Membership

1,509

Specific Deductible	Expected Members in Excess of Deductible	Actual Members in Excess of Deductible
\$50,000	22	20
\$75,000	12	10
\$100,000	8	6
\$125,000	6	3
\$150,000	4	3
\$175,000	3	1
\$200,000	2	1
\$225,000	2	1
\$250,000	2	1
\$275,000	1	1
\$300,000	1	0
\$350,000	1	0
\$400,000	1	0
\$450,000	0	0
\$500,000	0	0
\$600,000	0	0
\$750,000	0	0
\$1,000,000	0	0
\$1,500,000	0	0
\$2,000,000	0	0
\$3,000,000	0	0
\$5,000,000	0	0

Analysis Period

7/1/2014 to 12/31/2014

Membership

733

Specific Deductible	Expected Members in Excess of Deductible	Actual Members in Excess of Deductible
\$50,000	10	6
\$75,000	6	4
\$100,000	4	2
\$125,000	3	2
\$150,000	2	2
\$175,000	2	2
\$200,000	1	2
\$225,000	1	2
\$250,000	1	2
\$275,000	1	1
\$300,000	1	1
\$350,000	0	1
\$400,000	0	1
\$450,000	0	1
\$500,000	0	1
\$600,000	0	0
\$750,000	0	0
\$1,000,000	0	0
\$1,500,000	0	0
\$2,000,000	0	0
\$3,000,000	0	0
\$5,000,000	0	0



2015 Plan Year - Claims Projection V 2.1 Final

February 25, 2015

Experience Period
Medical Claims
Pooled Dollars above \$85,000 Per-Member
Expected High Case Activity between \$85,000 and \$150,000
Medical Claims Normalized for High Case Activity
Benefit Adjustment
Network Discount Adjustment (3)
Immature Benefit Year Adjustment
COBRA Adjustment
Benefit Adjusted Medical Claims
Member-Months
PMPM
Completion Factor
Adjusted PMPM
Annual Trend: 7.8%
Trended Medical Claims
Incurred to Paid Adjustment Factor
Laser Claimant Adjustment
Projected Medical PMPM

Experience Per	riod
Rx Claims	
Benefit Adjustn	nent (2)
Network Discor	unt Adjustment
COBRA Adjust	ment 1
Benefit Adjuste	d Rx Claims
Member-Month	15
PMPM	
Completion Far	ctor
Adjusted PMP1	vi
Annual Trend:	9.7%
Trended Rx Cli	aims
Incurred to Pai	d Adjustment Factor
Projected Dy	DMDM

Combined Medical & Rx Projection

Period Weight
Adjusted Membership
Member-Adjusted Period Weight
Total PMPM Claims Projection
Current Membership
Monthly Claims
Annual Claims Projection
Current Errollment
Total PEPM Claims Projection
PEPM Valley School Admin Fee with \$150,000 ISL
Est. PEPM ACA Fee (2015-16 Est. @ 3.13 PMPM)
Total Average PEPM Cost

MEDICAL			
7/1/2012 to 6/30/2013	7/1/2013 to 6/30/2014	7/1/2014 to 12/31/2014	
\$5,415,737	\$5,397,311	\$2,970,693	
(\$790,742)	(\$436,847)	(\$632,542)	
\$412,464	\$429,463	\$211,526	
\$5,037,460	\$5,389,927	\$2,549,677	
1.000	1.000	1.000	
1.000	1.000	1.000	
1.000	1.000	1.000	
1.000	1.000	1.000	
\$5,037,460	\$5,389,927	\$2,549,677	
17,625	18,108	8,800	
\$285.81	\$297.65	\$289.74	
1.000	1.000	1.000	
\$285.81	\$297.65	\$289.74	
1.253	1.162	1.102	
\$358.05	\$345.90	\$319.25	
1.0000	1.0000	1.0000	
1 0000	1.0000	1,0000	
\$358.05	\$345.90	\$319.25	

	PHARMACY	
7/1/2012 to 6/30/2013	7/1/2013 to 6/30/2014	7/1/2014 to 12/31/2014
\$970,888	\$1,129,550	\$590,960
1.000	1,000	1.000
1.000	1.000	1.000
1.000	1.000	1,000
\$970,888	\$1,129,550	\$590,960
17,625	18,108	8,800
\$55.09	\$62,38	\$67.15
1.000	1.000	1.000
\$55.09	\$62.38	\$67.15
1.3201	1.2034	1.1270
\$72.72	\$75.07	\$75.68
1.0000	1.0000	1.0000
\$72.72	\$75.07	\$75.68

\$430.77	\$420.97	\$394.94
	PERIOD WEIGHTING	
10% 1,763 12.3%	50% 9,054 63,2% \$415,78	40% 3,520 24.6%
	1,518	
	\$631,155 \$7,573,858	
	1,181 \$534.42	
	\$61.92	
State of the State	\$4.02	resident apple and apple
	\$600.36	

\$8,508,313.64

TOTAL ANNUAL COST ESTIMATE ALL - PRE	MIGRA	TION
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Adjustments made where applicable to reflect partial year experience period.

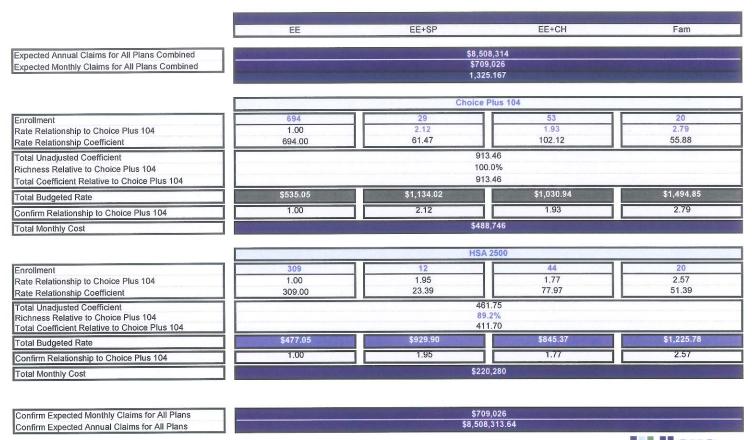
Adjusts benefits to reflect discardies, between the experience period and the renewal-period.

Reflects the examined cost differences between the experience period and the renewal-period and experiences of the reflect arms the period to reflect arms there adults are discovered as a period to reflect arms there adults are discovered as a period to reflect arms there discovered as a period to reflect arms there are discovered to reflect the measure utilization differences between a Active and COBRA populations.

Removement of the 1015 is \$44.00 PMPY and 2016 is estimated at \$27.00 PMPY with and average over the 2015-2016 pion est. \$35.50 PMPY.

Actuarial Alignment (1 Year Alignment Approach)

February 25, 2015



February 25, 2015

			CURRENT (2014)		
		Choice Plus 104		HS	A 2500
	Deductible (Calendar)	\$1000/\$3,000	\$2,000/\$6,000	\$2,500/\$3,500/ \$4,000 EMB	\$5,000/\$7,000/\$8,000
	Maximum out-of-pocket	\$4,000/\$8,000	\$8,000/\$16,000	\$4,500/\$7,500/ \$9,000	\$9,000/\$15,000/\$18,000
	Coinsurance	80%	50%	80%	50%
Plan Design	PCP visit copay	\$20	50%	80%	50%
(In-Network)	Specialist copay	\$40	50%	80%	50%
	Urgent care copay	\$50	50%	80%	50%
	ER copay	\$250	50%	80%	50%
	Pharmacy deductible			-	
	Pharmacy	\$10/\$25/\$50		\$10/\$25/\$50	
	EE	694	\$492.03	309	\$438.70
Published	EE+SP	29	\$1,042.85	12	\$855.14
Rates	EE+CH	53	\$948.05	44	\$777.40
11000	Fam	20	\$1,374.67	20	\$1,127.23
Expected	By Plan		93,418		430.842
Annual Cost	All Plans		\$7,82	4.260	
	7 All I Barro				
			RENEWAL (2015)		
		Choice	Plus 104	HS	SA 2500
	Deductible	\$1000/\$3,000	\$2,000/\$6,000	\$2,600/\$3,500/ \$4,000 EMB	\$5,000/\$7,000/\$8,000
	Maximum out-of-pocket	\$4,000/\$8,000	\$8,000/\$16,000	\$4,500/\$7,500/ \$9,000	\$9,000/\$15,000/\$18,000
	Maximum out-of-pocket Coinsurance	\$4,000/\$8,000 80%	\$8,000/\$16,000 50%		50%
Plan Design	Coinsurance			\$9,000	50% 50%
Plan Design (In-Network)	Coinsurance PCP visit copay	80%	50%	\$9,000 80%	50%
	Coinsurance PCP visit copay Specialist copay	80% \$20	50% 50%	\$9,000 80% 80%	50% 50%
	Coinsurance PCP visit copay Specialist copay Urgent care copay	80% \$20 \$40	50% 50% 50%	\$9,000 80% 80% 80%	50% 50% 50%
	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay	80% \$20 \$40 \$50	50% 50% 50% 50%	\$9,000 80% 80% 80% 80%	50% 50% 50% 50%
	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible	80% \$20 \$40 \$50	50% 50% 50% 50%	\$9,000 80% 80% 80% 80%	50% 50% 50% 50%
	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay	80% \$20 \$40 \$50 \$250	50% 50% 50% 50%	\$9,000 80% 80% 80% 80% 80%	50% 50% 50% 50%
(In-Network)	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50	50% 50% 50% 50% 50%	\$9,000 80% 80% 80% 80% 80% \$10/\$25/\$50	50% 50% 50% 50% 50% 50%
(In-Network)	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694	50% 50% 50% 50% 50% \$492.03	\$9,000 80% 80% 80% 80% 80% 	50% 50% 50% 50% 50% \$438.70
(In-Network)	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29	50% 50% 50% 50% 50% \$0% \$492.03 \$1,042.85	\$9,000 80% 80% 80% 80% 80% 510/\$25/\$50 309 12 44 20	50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67	\$9,000 80% 80% 80% 80% 80% 80% 309 12 44 20	50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates Expected	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam By Plan % Change from Current	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20	50% 50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67	\$9,000 80% 80% 80% 80% 80% 510/\$25/\$50 309 12 44 20	50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67 0%	\$9,000 80% 80% 80% 80% 80% \$10/\$25/\$50 309 12 44 20 \$2,444	50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates Expected	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam By Plan % Change from Current	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67 0%	\$9,000 80% 80% 80% 80% 80% 510/\$25/\$50 309 12 44 20	50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates Expected Annual Cost	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam By Plan % Change from Current All Plans % Change from Current	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67 0%	\$9,000 80% 80% 80% 80% 80% 80% 309 12 44 20 \$2,4,260	50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates Expected Annual Cost	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam By Plan % Change from Current All Plans % Change from Current erves to be used	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20 \$5,38	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67 33,418 0% \$7,82	\$9,000 80% 80% 80% 80% 80% 80% 309 12 44 20 \$2,4,260	50% 50% 50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23
(In-Network) Funding Rates Expected Annual Cost	Coinsurance PCP visit copay Specialist copay Urgent care copay ER copay Pharmacy deductible Pharmacy EE EE+SP EE+CH Fam By Plan % Change from Current All Plans % Change from Current	80% \$20 \$40 \$50 \$250 \$10/\$25/\$50 694 29 53 20 \$5,33	50% 50% 50% 50% 50% 50% \$492.03 \$1,042.85 \$948.05 \$1,374.67 33,418 0% \$7,82	\$9,000 80% 80% 80% 80% 80% 80% \$10/\$25/\$50 309 12 44 20 \$2, 41,260	50% 50% 50% 50% 50% \$438.70 \$855.14 \$777.40 \$1,127.23 0.0%

GLENDALE ELEMENTARY SCHOOL DISTRICT TRUST BOARD INFORMATIONAL AGENDA ITEM

Reports, presentations and other similar items are submitted to the Trust Board as information and do not require action.
AGENDA NO: 5.B TOPIC: Financial Review
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015

The Trust Board will be presented with a Financial Report for December 31, 2014 from Fester & Chapman, P.C., Certified Public Accountants.

VALLEY SCHOOLS EMPLOYEE BENEFITS TRUST, GLENDALE ELEMENTARY SCHOOL DISTRICT TRUST MEMBER

Statement of Revenues, Expenses and Changes in Net Position--Cash Basis with Accountants' Compilation Report

December 31, 2014

Fester Chapman P.C.
Certified Public Accountants



Certified
Public
Accountants

4001 North 3rd Street Suite 275 Phoenix, AZ 85012-2086

Tel: (602) 264-3077 Fax: (602) 265-6241

Accountants' Compilation Report

Board of Directors Valley Schools Employee Benefits Trust Phoenix, Arizona

We have compiled the accompanying statement of revenues, expenses and changes in net position—cash basis of Valley Schools Employee Benefits Trust (the Trust), Glendale Elementary School District trust member (the Member), for the six months ended December 31, 2014. We have not audited or reviewed the accompanying financial statement and, accordingly, do not express an opinion or provide any assurance about whether the financial statement is in accordance with the cash basis of accounting. The Member is not a separate Fund of the Trust and does not maintain an undivided interest in the Trust's net position.

Management is responsible for the preparation and fair presentation of the financial statement in accordance with the cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statement.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of a financial statement without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statement.

The Member does not constitute a separate reporting entity as defined by generally accepted accounting principles.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the cash basis of accounting. If the omitted disclosures were included in the financial statement, they might influence the user's conclusions about the Member's results of operations. Accordingly, the financial statement is not designed for those who are not informed about such matters.

This financial statement is intended for the Trust's and the Member's management use only.

We are not independent with respect to Valley Schools Employee Benefits Trust.

Fester & Chapman P.C.

February 19, 2015

Valley Schools Employee Benefits Trust Statement of Revenues, Expenses and Changes in Net Position by District--Cash Basis For the Six Months Ended December 31, 2014

		Glendale
		Elementary
Operating revenues		
Contributions	\$	4,515,000.00
Total operating revenues		4,515,000.00
Operating expenses		
Paid claims		3,557,953.46
Stop loss reimbursement		0.00
Fixed expense		462,542.40
H.S.A. contributions		164,451,22
Health insurance premiums		0.00
Short term disability premiums		44,566.49
Dental premiums		152,386.04
Vision plan premiums		35,497.52
Flexible spending premums		88,000.00
Life insurance premiums		54,269.45
Prepaid legal premiums		0.00
Insurance premium refunds		0.00
Wellness		428.82
Trust administration & mgmt.		0.00
ACA Fees	-	1,490.00
Total operating expenses		4,561,585.40
Operating income/(loss)		(46,585.40)
Non-operating revenue		
Interest income		18,393.90
Change in market value		(29,591.37)
Total non-operating revenue		(11,197.47)
		(,)
Change in net position		(57,782.87)
Beginning net position reserved for claims and expenses	-	5,015,087.85
Ending net position reserved for claims and expenses	\$	4,957,304.98

ACTION AGENDA ITEM

AGENDA NO: 6.A TOPIC: Medical Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
It is recommended that the Trust Board approve the Medical benefit plan as presented for

Currently, Glendale Elementary School District has two medical plans: traditional preferred provider organization (PPO) plan and a health savings account (HSA) with a high deductible health plan (HDHP). As part of the annual renewal process, Valley Schools and its consultants analyze Glendale Elementary School District's usage and insurance claims to determine

whether changes to premiums or design plans are necessary.

2015-2016.

For fiscal year 2016 Valley Schools has recommended an 8.7% increase to medical premiums and has informed us that the Internal Revenue Services (IRS) require our HSA/HDHP deductible to increase from \$2,500 to \$2,600.

It is staff's recommendation to keep all premium and HSA contributions levels for the 2015-2016 equal to 2014-2015 and not incur an 8.7% increase as well as to have our existing HSA/HDHP conform with IRS regulations which requires the deductible to increase from \$2,500 to \$2,600. HSA contributions would be allocated in two installments; the first \$500 payment would be given at the beginning of the year and the remaining \$500 payment would be deposited after the employee completes three (3) criteria (e.g. online health assessment, annual wellness check and one other item from a list of various activities, etc.).

UHC Choice+ Plan (Traditional PPO)

Tier	District ntribution	RECORD TO A STATE OF	Employee ontribution	Total Premium (Annual) Cost
Employee Only	\$ 5,264.40	\$	720.00	\$ 5,984.40
Employee + Spouse	\$ 7,920.00	\$	4,594.20	\$12,514.20
Employee + Child(ren)	\$ 7,920.00	\$	3,456.60	\$11,376.60
Employee + Family	\$ 7,920.00	\$	8,576.04	\$ 16,496.04

UHC HSA/HDHP: 2600

Tier	District Contribution		Employee Contribution			Annual remium Cost	Health Savings Account Contribution		
Employee Only	\$	5,264.40	\$	_	\$	5,264.40	\$	1,000.00	
Employee + Spouse	\$	7,920.00	\$	2,341.68	\$	10,261.68	\$	1,000.00	
Employee + Child(ren)	\$	7,920.00	\$	1,408.80	\$	9,328.80	\$	1,000.00	
Employee + Family	\$	7,920.00	\$	5,606.76	\$	13,526.76	\$	1,000.00	

ACTION AGENDA ITEM

AGENDA NO: 6.B TOPIC: Dental Insurance

SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services

DATE ASSIGNED FOR CONSIDERATION: March 9, 2015

RECOMMENDATION:

<u>It is recommended that the Trust Board approve the Dental benefit plan as presented for 2015-2016.</u>

Currently, Glendale Elementary School District offers two dental plans; base and a buy-up plan. Valley Schools provided a quote to increase our preventive care from 90% to 100%.

It is staff's recommendation to increase our preventive care from 90% to 100% and keep our premiums levels for 2015-2016 equal to the 2014-2015.

Tier	District stribution	0,1100	nployee stribution	Total Annual Cost	
Employee	\$ 314.16	\$	2	\$	314.16
Employee + Spouse	\$ 314.16	\$	329.52	\$	643.68
Employee + Child(ren)	\$ 314.16	\$	423.84	\$	738.00
Family	\$ 314.16	\$	784.84	\$	1,099.00
Total					

FY16 Buy-Up Plan				
Tier	istrict tribution	mployee ntribution	A	Total Innual Cost
Employee	\$ 314.16	\$ 196.56	\$	510.72
Employee + Spouse	\$ 314.16	\$ 557.28	\$	871.44
Employee + Child(ren)	\$ 314.16	\$ 877.20	\$ 1	,191.36
Family	\$ 314.16	\$ 1,378.56	\$ 1	,692.72
Total				

Optional Dental Plan:

The Total Dental Administrator's Health Plan has provided employees a separate/additional option from the current offering. The plan has allowed employees a no-cost dental plan regardless of their tier option. Premium increases range from \$5.76 up to \$13.92 by tier.

It is staff's recommendation to accept Valley School's premium recommendation.

FY15					
Tier	istrict tribution	ployee ribution	Total Annual Cost		
Employee	\$ 114.00	\$ -	\$	114.00	
Employee + Spouse	\$ 225.36	\$ -	\$	225.36	
Employee + Child(ren)	\$ 252.60	\$ -	\$	252.60	
Family	\$ 277.20	\$ 	\$	277.20	
Total					

FY16						
Tier	istrict tribution	3.5	oloyee	Total Annual Cost		
Employee	\$ 119.76	\$	-	\$	119.76	
Employee + Spouse	\$ 236.64	\$		\$	236.64	
Employee + Child(ren)	\$ 265.20	\$	=	\$	265.20	
Family	\$ 291.12	\$	125	\$	291.12	
Total						

ACTION AGENDA ITEM

AGENDA NO: 6.C TOPIC: Vision Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
It is recommended that the Trust Board approve the Vision benefit plan as presented for 2015-2016.

It is staff's recommendation to renew the current plan through United Healthcare Benefits with no cost increase.

ACTION AGENDA ITEM

AGENDA NO: 6.D TOPIC: Short-Term Disability Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
<u>It is recommended that the Trust Board approve the Short-Term Disability benefit plan as presented for 2015-2016.</u>

It is staff's recommendation to renew voluntary Short-Term Disability insurance coverage through Assurant using the Valley Schools Employee Benefits Trust member rate. There is no change in premium cost for the employee-paid short-term disability insurance.

ACTION AGENDA ITEM

AGENDA NO: 6.E TOPIC: Mid-Term Disability Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
It is recommended that the Trust Board approve the Mid-Term Disability benefit plan as presented for 2015-2016.

It is staff's recommendation to renew the employer paid mid-term disability insurance with UNUM. The renewal rate increases to \$0.14 per \$100 of payroll from \$0.07 per \$100 covered payroll with a one-year rate guarantee.

ACTION AGENDA ITEM

AGENDA NO: 6.F TOPIC: Life Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
It is recommended that the Trust Board approve the Life benefit plan as presented for 2015-2016.

It is staff's recommendation to renew Voya Financial (formerly ING's Life Insurance) plan. There is no rate increase.

ACTION AGENDA ITEM

AGENDA NO: 6.G TOPIC: Ancillary Insurance
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
It is recommended that the Trust Board approve the Ancillary benefit plan as presented for 2015-2016.

It is staff's recommendation to renew Basic's COBRA and FSA Administration services. The service cost will remain the same at \$3.69 per participant per month (PPPM).

ACTION AGENDA ITEM

AGENDA NO: 6.H TOPIC: Approval of Minutes
SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services
DATE ASSIGNED FOR CONSIDERATION: March 9, 2015
RECOMMENDATION:
The minutes of the February 25, 2015 Regular Meeting are submitted for approval.

The minutes of the February 25, 2015 meeting are attached.

MINUTES OF THE REGULAR TRUST BOARD MEETING

Glendale Elementary School District No. 40 of Maricopa County, Arizona East Governing Board Room - 4:30 p.m.

February 25, 2015

Present:

Board Members

Other Attendees

Mr. Lee Peterson

Mr. Mike Barragan

Ms. Mary Ann Wilson

Mr. Rodney Petricek

Mr. Robert Gonzalo

Mr. Mike Saavedra

Ms. Cathey Mayes

Ms. Darlene Kracht

Absent:

Ms. Bernadette Bolognini

Ms. Jodi Finnesy

Ms. Sara DiPasquale

Mr. John Dyer

Recorder: Josie Gardea

CALL TO ORDER

A quorum was acknowledged and the meeting was called to order at 4:35 pm.

COMMENTS

None

APPROVAL OF AGENDA

Mr. Barragan stated that the financial review was in the board packet but not part of the agenda and not up for discussion.

Ms. Wilson moved to approve the Agenda as presented and Mr. Gonzalo seconded the motion. In a roll call vote, the motion carried.

BOARD AND STAFF INTRODUCTIONS

None

INFORMATIONAL ITEMS

Claims Experience Review - Medical

Mr. Barragan stated that the district incurred higher costs than January 2014, but overall they are lower than last year. He also shared a historic record of our total loss ratio and again we are ahead of last year.

<u>Claims Experience Review - Dental</u> We are ahead of where we were last year and if the trend holds we will be ahead of last year.

United Health Presentation

Mr. Saavedra provided an overview of the five large claims and stated that one is in subrogation but the district would not see the final outcome for two to three years.

Mr. Saavedra reviewed the United Healthcare Custom Personal Health Support features and its benefits provided to employees. Support of this magnitude is only found with sizeable companies but the district is able to benefit due to the 27000 members with Valley Schools.

Wellness Update

Ms. Solter provided a review of the many events and successful ventures offered to employees. She reviewed a Wellness Wheel that encompasses the various aspects of wellness.

ACTION ITEMS

Approval of Minutes

Mr. Gonzalo sought approval of the January 28, 2015 Regular Trust Board Meeting; motion seconded by Ms. Wilson. The motion passed unanimously.

ADJOURNMENT

There being no further business, the meeting was adjourned at 5:20 p.m.