

INSURANCE AND ANNUITIES MANAGEMENT
HEALTH AND LIFE INSURANCE

CRD
(REGULATION)

SELF-FUNDED PLAN
ADMINISTRATION

The District's Health Plan as the Plan Sponsor/Plan Administrator hereby delegates authority to the Chief Financial Officer (CFO) and Executive Director of Human Resources to act on behalf of the plan, for the operation and administration of the plan.

Plan administrators will act on behalf of the Plan in any capacity such as making benefit plan changes, approving rates, changing carriers, reviewing appeals, etc.

For purposes of applying the provisions of ERISA to the Plan, the CFO, as Plan Administrator, shall have the authority to control and manage the operation and administration of the Plan. The District may delegate responsibilities for the operation and administration of the Plan. The Board will have the authority to amend or terminate the Plan, to determine its policies, to appoint and remove service providers, adjust their compensation (if any), and exercise general administrative authority over them.

LEVEL TWO
APPEALS

Both Humana and the District will be part of the appeals process. The District has chosen to have a two level internal appeals process. Humana will facilitate the first level of internal appeal and the District will facilitate the second level of internal appeal. Humana will handle all external appeals.

COMMITTEE
MEMBERS

Members of the level two appeals committee will be made up of the following individuals:

1. Chief Financial Officer
2. Executive Director of Human Resources and Student Affairs
3. Specialist for Risk Management and Leaves/Benefits

Two Insurance Committee Representatives which will serve one year terms. Each term is equal to a calendar year, not an academic year. The consent of each nominee will be obtained before the person's name may appear on the ballot. Elections will be held in January of each school year at a time determined by the District.

INSURANCE
COMMITTEE
MEMBERS

Insurance committee members will be made up of the following individuals:

1. Chief Financial Officer
2. Executive Director of Human Resources and Student Affairs
3. Specialist for Risk Management and Leaves/Benefits
4. One Insurance committee member from every campus and representatives from Central Administration.

INSURANCE
COMMITTEE'S
STANDARDIZED
COMMUNICATION
PLAN

Designated committee members are expected to attend all meetings and should designate an alternate representative from their campus or department if they are unable to attend.

The District's Insurance Committee will meet a minimum of four times each school year (September, January, April and May) to discuss items and reach consensus on recommendations when needed. Specific dates will be set at the beginning of the school year. The meeting topics will include but are not limited to:

September: prepare for open enrollment and review medical utilization

January: review results from the previous year (enrollment, premiums received, claims paid, reserve amounts, etc.), begin discussion for possible changes for the next plan year

April: discuss potential changes to coverage and employer/employee premium contributions

May: discuss all renewal-related items and reach consensus on committee's recommendations

Insurance committee members will be required to actively communicate to employees at their campus or department topics discussed at committee meetings, and to seek feedback from employees at their campus or department regarding topics discussed and any proposed changes to employee benefits.

At each meeting, committee members will discuss benefits related items and reach consensus, incorporating feedback obtained from employees at their campus or department.

The Risk Mgmt/Leave and Benefits Specialist will take and maintain a record of the minutes from each meeting.

Following each committee meeting, the District's Communications Officer will communicate to all employees items discussed and recommendations proposed by the Insurance Committee. This information will generally be communicated by email.

A web page with current communications and a list of insurance committee members will be maintained and available for all staff to view.

Following the May meeting, the CFO will review the proposed changes with the Cabinet and then communicate in writing to the superintendent any proposed changes to employee benefits. The communication should include analysis of any financial impact on the district.

By June 30 of each year, the superintendent will communicate in writing to the Board of Trustees any proposed changes to employee benefits that do not require action by the Board of Trustees. The CFO will also review proposed changes with the Board of Trustees during a scheduled budget workshop and present the changes as an Information item at a Board meeting.

NOTE: This regulation will work in concert with CRD(LEGAL) and (LOCAL).
