

V.W.A.S.I.G. MINUTES October 9, 2013

V.W.A.S.I.G. trustees met on October 9, 2013 at Willow Bend Country Club at 9:00 a.m. Members present at the time of roll call include Ken Amstutz, Ray Burden, Ruth Ann Dowler, Mike Estes, Hollie Ford, Kevin Gehres, Brian Gerber, Rachael Harpel, Staci Kaufman, Todd Keller, Jeff Snyder, Bonnie Thatcher, Carol Williman, Carolyn Winhover, and Judy Wortman. Also present were Todd Cullen, Cindy Stever, Ally Druckemiller, Alissa Culp, Mike Ruen, Lori Davis, Laura Metzger, Troy Bowersock, and Gary Ginter.

The minutes of the August 16th meeting were read silently. B. Gerber made a motion to accept the minutes. M. Estes seconded the motion. Voice vote: Yes – 13; No – 0.

The financial report was given by Mike Ruen. For the two past months we have operated in the black, partly due to new employees and an increase in premiums. Receipts in September totaled \$638,377.77 and expenditures totaled \$593,357.08. Ending balance was \$2,789,855.01. Mike told the group that an audit is done every two years. This year Rea Associates got the bid at \$13,000 per audit. We have only paid \$5000 before. S. Kaufman made a motion to accept the financial report. B. Gerber seconded the motion. Voice vote: Yes – 13; No – 0.

Todd Cullen gave the Huntington report. The open enrollment went very well. There were minimum complaints over the increase in premiums due partly to Huntington representatives, Cindy and Ally, doing the explaining. Anthem will not give us details on the year's end until the end of October. Claims are running at expected levels; there is no alarming news. The 13% increase helps level off funding vs claims.

Huntington will have a meeting with treasurers and superintendents to talk about Health Care Reform. No one knows what changes will take place. The penalties are unknown since the plan was delayed a year. The transitional rules from 2014 to 2015 are not clear. Districts need to pay attention to the 30 hour rule – they don't have to offer coverage to every employee who works 30 hours.

Districts could pay the penalty which is sometimes a good option. A lesser plan can be offered but can't be put in place for just those employees because this is discrimination; it would have to be offered to everyone. Some employers are making sure the part time employees do not go over the 30 hours. Each district will have to deal with this by themselves. Having a lesser plan should be a V.W.A.S.I.G. plan, not an individual district by itself. No one will take the plan unless it has a significant cost factor for individual employees. First, a district has to decide whether it is a large employer with 50 or more employees. A group could be a large employer with only a lot of part time employees. Not offering coverage will cause a \$2000 penalty. The plan also has to have an affordable employee portion of the premium. If it is not affordable, and an employee goes to the exchange and gets a subsidy, then it triggers a \$3000 penalty. Our group does not have to worry about the \$2000 penalty but does have to worry about the \$3000 penalty.

Todd suggests that we figure out what we want to do and what the cost will be. If we go to a lesser plan, then we should make the step up to a better plan more costly. B. Gerber thinks that we need to sit tight and wait to see what we need to do. Todd suggested that districts track hours right now.

K. Amstutz asked what the time line should be for shopping for a new carrier. T. Cullen stated that the time is now – decide what the plan and strategy should be. Then go to the market place and ask how other companies could implement our specific plan.

K. Amstutz said that we will look at the spousal waiver of coverage after the first of the year. Trustees should remind employees that it could be coming. K. Amstutz also said that we all need to be on the same page. Exceptions can be a problem because it leaves the door wide open. We need to look at the practical side, not the emotional side of the issue. Enrollment sign-up is necessary for each year in order for the spousal rule to be implemented.

Alyssa Culp gave the Flex Bank report. She said that changing flex spending in mid-year is not possible without a life changing event. The government has stated that beginning on January 1st employees can make changes to their health

insurance plan – either come on a plan or go off of it (and go to the exchange.) There is a one year deal to make a change. Health care Reform has changed HIPPA rules – employers have to change the plan document to allow changes to take place. If we don't vote on this, then Flex Bank will not allow changes. If we do not act on this, it stays as is. Trustees agree that we do not want to allow this. HIPPA Privacy rules say that employers have to pass out or post a five page notice of new rules, or do it electronically by November 22, 2013.

B. Thatcher reported on Wellness news. Flu shots have been completed for this year. There were 350 shots given at a cost of \$22 to V.W.A.S.I.G. Since Rite Aide was able to bill the shots through our Wellness program, it should save us about \$5000 to \$6000 in our flu shot budget. Health screenings will be done again in November and December. Chair massages will be given in January. Healthy Body & Mind and Zumba programs were given this summer and are continuing this fall. Yoga has been discontinued because of lack of interest. The Hope Health newsletter is being sent to all staff via email this year.

There was no benefit committee meeting.

B. Gerber made a motion to adjourn the meeting. R. Dowler seconded the motion.

The next meeting will be on December 11 at 9:00 a.m. at Willow Bend