

AGENDA

BOARD OF DIRECTORS

ANDREAS BORGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

1. Call to Order
2. Roll Call
3. Approval of Agenda
4. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.
5. Approval of Minutes – Board Meeting of November 9, 2012
6. Receive and File Second Quarter Financial Statements(I)
7. Report on Investment Activity (I)
8. Approval of Revised 2012-13 Fiscal Year Budget (A)
9. Receive and File SJVIA Executive Claims Summary through December 2012 (I)
10. Receive and File Report on SJVIA Marketing Activity (I)
11. Authorization of the Release of Proposals and Execution of Participation Agreement(s)(A)
12. Report on GBS Activity (I)

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13. 2012 Multi-County Biennial Notice to the California Fair Political Practices Commission (A)
14. Report on Wellness Activities – Mobile Mammography (I)
15. Directors Reports. (I)
16. Adjournment

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9:00 AM

1. Call to Order

Meeting was called to order by Vice President Debbie Poochigian at 9:06 AM

2. Roll Call

Roll was called by Brittany Howell, Gallagher Benefit Services. In attendance were Director Anderson, Director Case, Director Ennis, Director Ishida, Director Larson, Director Poochigian, and Director Vander Poel.

3. Approval of Agenda

President Vander Poel asked if there were any additions or corrections to the agenda. Director Ennis moved to approve the agenda with no changes, the motion was seconded by Director Poochigian. The motion passed unanimously.

4. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance. President Vander Poel opened the meeting for public comment – no public comment was given.

5. Consent Agenda – Items 5a through 5i.

- These items are routine in nature and are usually approved by a single vote. Prior to action by the Board, the public will be given

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the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of Consent Calendar or set aside until the department can be notified and its representative is in the board room.

Director Vander Poel asked if there were any items from the consent agenda that any Board Member would like to have pulled for further discussion. Items 5a through 5i were pulled for discussion.

a. Approval of Minutes – Board Meeting of August 24, 2012

Director Case moved to approve the August 24, 2012 Meeting Minutes, the motion was seconded by Director Anderson. The motion passed unanimously.

b. Receive and File SJVIA Executive Claims Summary through September 2012

Director Case requested clarification of the claims as she noted higher costs in the HMO plan, specifically on the annual premium breakdown and declining reserves. Alan Thaxter, Gallagher Benefit Services, addressed the question regarding the HMO and the appearance of increased costs. He explained that page 23 of the attachment shows a breakdown of all the plans as well as the stop loss refunds; the HMO plan currently shows 1.8 million that will be credited to the plan. These credits are not usually tracked on a monthly basis so it is difficult to look at the claims only on a monthly basis due to these large claims credits. In addition, these numbers do not reflect the annual capitation credits, where the

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insurance carrier takes a look at the demographics of that population and may adjust the fixed capitation amount which may result in an additional credit. However, when calculating the renewal costs, claims are projected based on the actual experience with all credits reflected.

Director Ennis moved to approve the Executive Claims Summary; the motion was seconded by Director Case. The motion passed unanimously.

c. Receive and File Report on SJVIA Marketing Activity

Director Poochigian inquired about how quickly growth is happening and if that would affect SJVIA in a negative manner. Leroy Tucker, Gallagher Benefit Services (GBS), explained the marketing list is mostly comprised of the RMA group, in which they have decided not to join as one whole group rather come in as individual entities. Most of these groups are smaller cities and out of the fifty, there were thirty who showed an interest and were offered illustrative quotes. At this point there has been one group that joined, City of Tulare, and three other entities are exploring joining on January 1st. SJVIA Staff and GBS are working on these groups conservatively and we do not feel it is happening too rapidly where it will affect SJVIA negatively. Mark Tucker, GBS, also added that these groups who join are committed to 3 years, thus creating stability. Many groups are taking a “wait and see” approach but express a strong interest in future.

Director Poochigian moved to approve the SJVIA Marketing Activity; the motion was seconded by Director Ishida. The motion passed unanimously.

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d. Receive and File Report on SJVIA Wellness Activities

Director Anderson moved to approve the Wellness Activities; the motion was seconded by Director Poochigian. The motion passed unanimously.

e. Receive and File Quarterly Financial Reports

Joseph Nuttman, ACTTC from Fresno County, gave a detailed overview of the quarterly financial reports. He mentioned the budget and claims experience does not yet include City of Tulare but it will be revised and distributed.

Director Ennis moved to approve the Quarterly Financial Reports; the motion was seconded by Director Anderson. The motion passed unanimously.

f. Agreement with McCormick, Barstow, Sheppard, Wayte & Carruth LLP for Special Legal Counsel

Jeff Cardell, SJVIA Assistant Manager, explained the RFP conducted for special legal services and the Board approved the selection of McCormick, Barstow, Sheppard, Wayte & Carruth LLP. SJVIA Staff has been working on the Agreement and unfortunately were not able to obtain a copy until yesterday. He then asked Board Members if they would prefer to bring this item back in January to allow for time to review.

Director Poochigian asked what the need was for these special legal services. Jeff Cardell explained there may be some services or questions on health insurance matters that SJVIA Staff is not able

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to address as well as SJVIA may need to seek special counsel on other matters, in which we may need to engage McCormick, Barstow, Sheppard, Wayte & Carruth LLP.

Director Case moved to approve the McCormick, Barstow, Sheppard, Wayte & Carruth Agreement; the motion was seconded by Director Ennis. The motion passed unanimously.

g. SJVIA Staff Rotation

Director Poochigian moved to approve the SJVIA Staff Rotation; the motion was seconded by Director Case. The motion passed unanimously.

h. Approval and Execution of SJVIA Participation Agreements with the County of Fresno and Tulare for Plan Year 2013

Director Case asked if this is something needed on an annual basis. Paul Nerland, SJVIA Manager, answered yes and explained this is important due to additional coverages being added to SJVIA and it allows us to track each entity's coverages.

Director Case also requested to discuss in a future meeting how other entities coverages are structured and utilized in order to strategize cost savings for the health plan. Paul Nerland suggested using the first meeting of the year since we usually focus on planning.

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Director Case moved to approve the SJVIA Participation Agreements; the motion was seconded by Director Ennis. The motion passed unanimously.

- i. Approve the proposal from Price, Paige and Company to audit the financial statements for the fiscal year ended June 30, 2012

Vickie Crow, Auditor-Treasurer, explained that an RFP was conducted for financial services. SJVIA was not included on this RFP however; the contract can be amended if needed. Although Price, Paige and Company is higher in cost, the work load will be increasing substantially and they are very familiar with the accounting methodology, therefore, will maintain consistency in the audit process.

Director Anderson moved to approve the proposal from Price, Paige and Company; the motion was seconded by Director Case. The motion passed unanimously.

6. Proposed 2013 Board Meeting Calendar (A)

Director Poochigian requested to move the January 25th meeting to February 1st.

Director Ennis moved to approve the Board Meeting Calendar with the above revision to the first meeting; the motion was seconded by Director Poochigian. The motion passed unanimously.

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7. Results of SJVIA External Audit for the period ended June 30, 2011 (I)

Vickie Crow gave an overview of the external audit for the period ending June 30, 2011. The audit showed the assets exceeded the liabilities by \$704,000 and the net assets increased by over \$400,000. There were no audit findings for the current year but there were two audit findings in the prior year, of which both are resolved. Ms. Crow noted that the prior year was the start-up year and it was a struggle to get the procedures and processes in place as well as getting staff properly trained. There are now two people fully trained on the bank reconciliation process and also proper procedures and processes in place.

8. Adopt Fiscal Year Budget 2012-13 (A)

Jeff Cardell explained the reason for this item is that it now reflects City of Tulare's participation in the SJVIA as well as the addition of the dental and vision plans. The impact of the open enrollment changes and additional entities will be reflected in January.

Director Poochigian asked if we will get to a point where there will be a fixed amount in consulting fees as membership grows. Bruce Caldwell, Gallagher Benefit Services, explained that we could do it both ways, as it depends on the organization and amount of work. As JPA's grow overtime, they begin to hire staff who are able to assist with the daily administration and the consultant would focus on underwriting and renewals. As SJVIA continues to grow and add staff, it may make sense to move to a fixed dollar fee, however, it does not make sense currently. Mr. Caldwell went on to explain there are many large JPA's that continue on a per head basis forever.

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Director Case moved to approve the Fiscal Year Budget; the motion was seconded by Director Ennis. The motion passed unanimously.

9. Investment Options for SJVIA Cash Reserves (I)

Vickie Crow outlined the different investment options for SJVIA and noted the reserves changed from being held by each participating entity and moved into the SJVIA bank account. This was a significant amount of money that we need to consider investing and ultimately safeguard that money. Ms. Crow also gave a brief overview on the investment policy and recommendations.

10. Extension of the Consulting Agreement with Gallagher Benefit Services (A)

Paul Nerland stated that SJVIA has been in a contract with Gallagher since the inception of the plan but that contract will be ending this year. SJVIA Staff would like to recommend the approval for a one year extension at the same rate. Mr. Nerland explained this would allow Staff to evaluate at a much finer level where we're at when it comes to the work Gallagher is doing and come back to the Board with recommendations which would ultimately come to an RFP.

Director Poochigian moved to approve the extension of the Consulting Agreement with Gallagher; the motion was seconded by Director Larson. The motion passed unanimously.

11. Health Reform Effect on SJVIA Health Plans (I)

Bruce Caldwell gave a detailed explanation of the outlined changes for Health Care Reform including the following – Minimum Loss Ratio

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Rebates, W-2 Reporting, Clinical Research Fee, Medicare Payroll Tax, Required Notices – Health Exchange, Reinsurance Fee, Cadillac Tax, Part-time and Temporary Employee Impact and Women’s Preventive Services.

12. SJVIA Growth and Savings Potential (I)

Bruce Caldwell explained some advantages of growth, one being additional membership and another would be offering other coverages. As SJVIA member grows the underwriting risk improves, which leads to cost savings. Adding membership will also put SJVIA in a better position to develop reserves.

In addition, as other coverages are added, we will see a reduction in vendors fixed costs and negotiations will have more validity. As this growth occurs, there will also be the opportunity to recover the initial set-up fees incurred by County of Fresno and County of Tulare. Mr. Caldwell went on to explain the addition of City of Tulare and the Blue Shield plan created flexibility and a more competitive environment.

Mr. Caldwell gave the risk of pursuing growth could result in loss of control at the Board level, however, SJVIA Board can ultimately make that decision. The way it is currently structured, the Board is set but as you grow you may get pressure from other agencies requesting a seat at the table. Another risk would be if groups that come in aren’t properly screened, therefore, maintaining the consistency of the underwriting model is key.

13. Directors Reports. (I)

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Director Poochigian suggested to hold one Board Meeting per year as a teleconference, as long as the Bylaws allow for the change.

No other reports were given.

14. Adjournment

Meeting was adjourned at 11:15 AM by President Pete Vander Poel.

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AGENDA DATE: February 1, 2013

ITEM NUMBER: 6

SUBJECT: Quarterly SJVIA Financial Update

REQUEST(S): That the Board receives the Financial Update through 2nd Quarter, 2012-13

DESCRIPTION: Informational Item. Please see attached report.

FISCAL IMPACT/FINANCING: None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in blue ink, reading "Vicki Crow", is written over a horizontal line.

Vicki Crow
SJVIA Auditor-Treasurer

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Quarterly SJVIA Financial Update

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board received and Filed the Financial Update through 2nd Quarter, 2012-13

SAN JOAQUIN VALLEY INSURANCE AUTHORITY
ACTUALS VS. BUDGETED REVENUES & EXPENSES
FOR THE THREE AND SIX MONTHS ENDED DECEMBER 31, 2012

	Current Quarter				Year-To-Date			
	ACTUALS	BUDGET*	(OVER) / UNDER BUDGET	% VARIANCE	ACTUALS	BUDGET*	(OVER) / UNDER BUDGET	% VARIANCE
REVENUE								
County of Fresno & County of Tulare Health Plan Revenue	\$17,080,734	\$15,320,449	(\$1,760,285)	(11%)	\$31,632,998	\$30,640,898	(\$992,100)	(3%)
COT (Anthem Medical, Rx, Vendor Services)								
COF (Anthem Medical, Vendor Services)								
EXPENSES: Fixed								
1 Specific & Aggregate Stop Loss Insurance (PPO)	127,373	124,002	(3,371)	(3%)	251,842	248,005	(3,837)	(2%)
2 Anthem ASO Administration & Network Fees (PPO)	316,249	307,990	(8,259)	(3%)	625,504	615,980	(9,524)	(2%)
** 3 Chimenti Associates/Hourglass Administration(PPO & Anthem HMO)	164,562	152,042	(12,520)	(8%)	313,800	304,083	(9,717)	(3%)
4 GBS Consulting	105,490	97,836	(7,654)	(8%)	201,859	195,672	(6,187)	(3%)
5 SJVIA Administration	67,307	51,054	(16,253)	(32%)	100,769	102,108	1,339	1%
6 Claims Management	44,027	61,147	17,120	28%	44,027	101,912	57,885	57%
7 Communications	4,117	12,230	8,113	66%	4,117	20,382	16,265	80%
8 Anthem HMO Pooling	400,333	358,503	(41,830)	(12%)	746,171	717,005	(29,166)	(4%)
9 Anthem HMO Administration/Retention	533,135	477,386	(55,749)	(12%)	993,698	954,773	(38,925)	(4%)
TOTAL FIXED EXPENSES	1,762,593	1,642,190	(120,403)	(7%)	3,281,787	3,259,920	(21,867)	(1%)
EXPENSES: Claims								
10 Projected Paid Medical Claims PPO and Non-Cap HMO, & Projected Paid Rx Claims PPO (All CoT and Only CoF HDPPPO)	10,904,042	10,290,309	(613,733)	(6%)	20,962,882	20,580,618	(382,264)	(2%)
11 Anthem MMP HMO Capitation	3,663,779	3,280,478	(383,301)	(12%)	6,828,822	6,560,955	(267,867)	(4%)
TOTAL CLAIMS EXPENSES	14,567,821	13,570,787	(997,034)	(7%)	27,791,704	27,141,573	(650,131)	(2%)
TOTAL EXPENSES	16,330,414	15,212,977	(1,117,437)	(7%)	31,073,491	30,401,493	(671,998)	(2%)
12 Reserve Surplus	750,320	107,472	(642,848)	(598%)	559,507	239,405	(320,102)	(134%)
COMBINED EXPENSES & RESERVES	\$17,080,734	\$15,320,449	(\$1,760,285)	(11%)	\$31,632,998	\$30,640,898	(\$992,100)	(3%)

*Due to the pending approval of the revised 2012-2013 budget, the budget presented is comprised of 2012 activity from the 2011-2012 budget for the County of Fresno & the County of Tulare, and 2012 activity from the original 2012-2013 budget for the City of Tulare.

**The Chimenti expenses have been adjusted by the following refundable estimated overpayments: Current Quarter \$26,500 Year-to-Date \$53,000

Glossary of Terms:

1 Specific & Aggregate Stop Loss Insurance (PPO)

Specific: Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible up to the lifetime maximum of \$6 million.

Aggregate: Insurance coverage for eligible claims under the specific deductible on the aggregated amount for all member claims.

2 Anthem ASO Administration & Network Fees (PPO):

ASO is "Administrative Services Only". This definition includes Anthem Blue Cross administration fees and includes access fees to use the Blue Cross network of providers. This is the administration fee for the PPO plan(s), not the HMO plan.

3 Chimienti Associates/Hourglass Administration (PPO & Anthem HMO)

Chimienti & Associates is an independent vendor providing consolidated billing, eligibility, automated enrollment and Section 125 administrative services. Hourglass and ASI are subcontractors to Chimienti Associates that assist in these administrative processes. This line is for non-Kaiser business.

4 GBS Consulting

Gallagher Benefit Services (GBS) is a national benefit consultant who provides professional guidance to SJVIA and respective members concerning health plan matters including but not limited to compliance, underwriting, renewal bidding, employee communication, cost analysis, actuarial, etc. GBS played a significant role in the formation and establishment of SJVIA.

5 SJVIA Administration

This rate category is for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

6 Claims Management

This rate category is for special claims management services and may include some wellness applications that are outside and additional to the claims management services provided by the insurance company.

7 Communications

This rate category is for special employee communication materials and prospective new City/County member promotional materials. It may include fees for maintaining a presence at such trade associations as CALPELRA, etc.

8 Anthem HMO Pooling

This is for the specific stop loss pooling insurance for claims in excess of \$250k within the HMO (not PPO).

9 Anthem HMO Administration/Retention

Anthem Blue Cross plan administration fee and network access fee for the HMO plan

10 Projected Paid Medical Claims PPO and Non-Cap HMO, & Projected Paid Rx Claims PPO (All CoT and Only CoF HDPPO)

Projected self-insured PPO claims for medical and non-capitated HMO claims (hospital). Also, projected self-insured Rx claims for all County of Tulare plans and only County of Fresno HDPPO Plan.

11 Anthem MPP HMO Capitation

Amount paid in advance of services on a fixed per member per month basis for professional services (physician) as part of the HMO

12 Reserve Surplus/Deficit

Projected excess revenue over projected claims and fixed costs

SAN JOAQUIN VALLEY INSURANCE AUTHORITY

ANALYSIS OF ADMINISTRATION, CLAIMS & COMMUNICATIONS (FEES) - REVENUES & EXPENSES

FOR THE THREE AND SIX MONTHS ENDED DECEMBER 31, 2012

Current Quarter

Year-To-Date

SJVIA FEES		
Administration (*Line 5)	Claims Management (*Line 6)	Communications (*Line 7)
\$57,165	\$67,359	\$13,472
27,405		
1,492		
5,000		
25,813		
6,220		
1,377		
	44,027	
		4,117
67,307	44,027	4,117
(\$10,142)	\$23,332	\$9,355

SJVIA FEES		
Administration (*Line 5)	Claims Management (*Line 6)	Communications (*Line 7)
\$104,549	\$125,761	\$25,153
27,405		
1,492		
10,578		
48,480		
9,750		
3,064		
	44,027	
		4,117
100,769	44,027	4,117
\$3,780	\$81,734	\$21,036

FY12-13

Revenue**

Expenses:

Auditor-Treasurer Services(A)
County Counsel Services
Personnel Services
Membership Fees
Insurance (Liability, Bond, Etc)
Audit Fees
Bank Service Fees
Claims Management(B)
Communications

Total Expenses

Administration, Claims &
Communications
(Deficit)/Surplus

*Total expenses for each column correspond to the line number shown on the "ACTUALS VS. BUDGETED REVENUES & EXPENSES" report.

**Revenue consists of fees collected from enrollees at the following rates per employee per month: \$4.00 for SJVIA association/non-founding member fees(\$2.00 for SJVIA association & \$2.00 for non-founding member) & \$3.00 for claims management/communications fees(\$2.50 for claims management & \$.50 for communications).

(A) This charge represents payments for Auditor-Treasurer services related to prior year routine services as well as charges related to the 2010-2011 audit & charges to integrate the City of Tulare.

(B) This charge represents payments to Pacific Coast Medical Services for mammography screening as well as a payment in this fiscal year for services rendered by Delta Health Systems for health evaluations occurring in the prior fiscal year.

SJVIA
Schedule of Cash Flow by Month
For the Six Months Ended December 31, 2012

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
BEGINNING CASH BALANCES:							
Claims Funding Account- 844535294	\$709,397	\$348,046	\$574,059	\$486,928	\$504,670	\$542,101	\$709,397
Fixed Cost Account- 844535120	301,657	331,453	337,327	363,858	376,218	398,690	301,657
Claims Reserve Account- 428255819	8,177,407	8,611,368	9,708,781	8,472,345	8,242,150	9,223,324.00	8,177,407
Total Beginning Balances	9,188,461	9,290,867	10,620,167	9,323,131	9,123,038	10,164,115	9,188,461
RECEIPTS:							
Claims Funding Account- 844535294	2,415,008	3,197,799	2,339,349	4,482,637	2,414,094	2,660,316	17,509,203
Fixed Cost Account- 844535120	1,614,381	1,667,875	1,519,225	2,288,955	1,616,994	1,724,458	10,431,888
Claims Reserve Account- 428255819	3,207,310	4,809,857	1,804,804	4,757,122	3,539,211	3,591,384	21,709,688
TOTAL RECEIPTS	7,236,699	9,675,531	5,663,378	11,528,714	7,570,299	7,976,158	49,650,779
DISBURSEMENTS:							
Claims Funding Account- 844535294	2,776,359	2,971,786	2,426,480	4,464,895	2,376,663	2,761,514	17,777,697
Fixed Cost Account- 844535120	1,584,585	1,662,001	1,492,694	2,276,595	1,594,522	1,739,751	10,350,148
Claims Reserve Account- 428255819	2,773,349	3,712,444	3,041,240	4,987,317	2,558,037	8,504,978	25,577,365
TOTAL DISBURSEMENTS	7,134,293	8,346,231	6,960,414	11,728,807	6,529,222	13,006,243	53,705,210
ENDING CASH BALANCES:							
Claims Funding Account- 844535294	348,046	574,059	486,928	504,670	542,101	440,903	440,903
Fixed Cost Account- 844535120	331,453	337,327	363,858	376,218	398,690	383,397	383,397
Claims Reserve Account- 428255819	8,611,368	9,708,781	8,472,345	8,242,150	9,223,324	4,309,730	4,309,730
Total Ending Balances	\$9,290,867	\$10,620,167	\$9,323,131	\$9,123,038	\$10,164,115	\$5,134,030	\$5,134,030
Investments:							
Total Ending Balances	\$0	\$0	\$0	\$0	\$0	\$5,001,782	\$5,001,782

The SJVIA invested \$5 million into the County of Tulare pool on December 21, 2012. These funds were moved from the JP Morgan Chase "Claims Reserve Account". The yield earned for the quarter ended 12/31/12 was 1.18%.



BOARD OF DIRECTORS

ANDREAS BERGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 7

SUBJECT: Report on Investment Activity

REQUEST(S): That the Board receive and file the SJVIA investment activity report for the period ending December 31, 2012

DESCRIPTION:

The SJVIA invested \$5 million into the County of Tulare pool on December 21, 2012. These funds were moved from the JP Morgan Chase "Claims Reserve Account". The yield earned for the quarter ended 12/31/12 was 1.18%.

FISCAL IMPACT/FINANCING:

N/A

ADMINISTRATIVE SIGN-OFF:



Vicki Crow

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF

Report on Investment Activity

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That Board received verbal discussion on the investment activity of the SJVIA



BOARD OF DIRECTORS

ANDREAS BERGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 8

SUBJECT: Revised 2012-13 Fiscal Year Budget

REQUEST(S): That the Board approve the revised budget for the 2012-13 Fiscal Year

DESCRIPTION:

On November 9, 2012, your Board approved revision of the budget for the 2012-13 fiscal year commencing July 1, 2012 to reflect the addition of the City of Tulare as well as the addition of the Dental and Vision plan offerings that became effective January 1, 2013. Since then, final stop loss rates and open enrollment changes for the 2013 plan year have been received. Highlights of the budget revisions include:

- Decrease in 2013 stop loss rates
 - Specific – from \$12.78 to \$11.74 PEPM
 - Aggregate – from \$1.09 to \$.85 PEPM
- Updated eligibility effective January 1, 2013
- Addition of the Anthem HMO to the County of Tulare
- Addition of the City of Ceres PPO and HMO plans

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

FISCAL IMPACT/FINANCING:

It is estimated that revenue will increase by \$1,005,308 or 1.3% and expenses are estimated to increase by \$239,241 or less than 1%. Consistent with the Board's prior direction, the revised budget reflects the use of reserves to mitigate the premium increase in the 2013 plan year.

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Revised 2012-13 Fiscal Year Budget

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board approved the revised budget for the 2012-13 Fiscal Year

SJVIA 2012 - 2013 FISCAL BUDGET

	County of Fresno 2012-13 Budget	County of Tulare 2012-13 Budget	City of Tulare 2012-13 Budget	City of Ceres 2013 Budget	SJVIA 2012-13 Budget
REVENUE					
Counties of Fresno & Tulare, City of Tulare Health Plan Revenue					
Medical & Rx	\$ 49,577,456	\$ 19,990,449	\$ 3,503,710	\$ 616,644	\$ 73,688,259
Dental	\$ 2,033,346	\$ 683,897	n/a	n/a	\$ 2,717,243
Vision	\$ 369,177	\$ 75,411	n/a	n/a	\$ 444,588
TOTAL REVENUE	\$ 51,979,979	\$ 20,749,757	\$ 3,503,710	\$ 616,644	\$ 76,850,090
EXPENSES: Fixed					
1 Specific & Aggregate Stop Loss Insurance (PPO)	\$ 115,658	\$ 360,897	\$ 47,035	\$ 378	\$ 523,968
2 Administration & Network Fees (PPO)	\$ 266,121	\$ 830,785	\$ 145,718	\$ 826	\$ 1,243,450
3 Chimienti Associates/Hourglass Administration (PPO & Anthem HMO)	\$ 415,662	\$ 205,374	\$ -	\$ 4,056	\$ 625,092
4 GBS Consulting	\$ 255,792	\$ 127,728	\$ 17,088	\$ 2,496	\$ 403,104
5 SJVIA Association Fee	\$ 127,896	\$ 63,864	\$ 8,544	\$ 1,248	\$ 201,552
6 SJVIA Non-Founding Member Fee	\$ -	\$ -	\$ 8,544	\$ 1,248	\$ 9,792
7 Wellness/Communications	\$ 191,844	\$ 95,796	\$ 12,816	\$ 1,872	\$ 302,328
8 Anthem HMO Pooling	\$ 1,303,892	\$ 26,990	\$ -	\$ 31,559	\$ 1,362,441
9 Anthem HMO Administration/Retention	\$ 1,998,766	\$ 48,484	\$ -	\$ 22,429	\$ 2,069,679
TOTAL FIXED EXPENSES	\$ 4,675,632	\$ 1,759,918	\$ 239,745	\$ 66,112	\$ 6,741,407
EXPENSES: Claims					
10 Projected Paid Claims PPO	\$ 5,601,344	\$ 17,790,712	\$ 2,654,825	\$ 23,139	\$ 26,070,020
11 Projected Non-Cap HMO Claims	\$ 26,402,190	\$ 614,125	\$ -	\$ 349,100	\$ 27,365,415
12 Anthem MMP HMO Capitation (Fixed Claims Cost)	\$ 13,687,533	\$ 330,900	\$ -	\$ 189,189	\$ 14,207,621
TOTAL CLAIMS EXPENSES	\$ 45,691,067	\$ 18,735,736	\$ 2,654,825	\$ 561,427	\$ 67,643,056
13 Delta Dental (6 months beginning 1/1/2013)	\$ 2,033,346	\$ 683,897	\$ -	\$ -	\$ 2,717,243
14 VSP (6 months beginning 1/1/2013)	\$ 369,177	\$ 75,411	\$ -	\$ -	\$ 444,588
	\$ 2,402,523	\$ 759,308	\$ -	\$ -	\$ 3,161,831
TOTAL PROJECTED EXPENSES	\$ 52,769,222	\$ 21,254,963	\$ 2,894,570	\$ 627,540	\$ 77,546,294

Beginning Reserve	\$ 9,878,296
Add - Revenue	\$ 76,850,090
Less - Expenses	\$ (77,546,294)
Equals - Ending Reserves	\$ 9,182,091

Glossary of Terms:

1 Specific & Aggregate Stop Loss Insurance (PPO)

Specific: Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible up to the lifetime maximum of \$6 million

Aggregate: Insurance coverage for eligible claims under the specific deductible on the aggregated amount for all member claims

2 Anthem ASO Administration & Network Fees (PPO):

ASO is "Administrative Services Only". This definition includes Anthem Blue Cross administration fees and includes access fees to use the Blue Cross network of providers. This is the administration fee for the PPO plan(s), not the HMO plan.

3 Chimienti Associates/Hourglass Administration (PPO & Anthem HMO)

Chimienti & Associates is an independent vendor providing consolidated billing, eligibility, automated enrollment and Section 125 administrative services. Hourglass and ASI are subcontractors to Chimienti Associates that assist in these administrative processes. This line is for non-Kaiser business.

4 GBS Consulting

Gallagher Benefit Services (GBS) is a national benefit consultant who provides professional guidance to SJVIA and respective members concerning health plan matters including but not limited to compliance, underwriting, renewal bidding, employee communication, cost analysis, actuarial, etc. GBS played a significant role in the formation and establishment of SJVIA.

5 SJVIA Association Fee

The association fee will be used by SJVIA for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

6 SJVIA Non-Founding Member Fee

This additional fee will be assessed to non-founding member entities and be used to offset administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

7 Wellness

This rate category is earmarked for special claims management services and may include some wellness applications that are outside and additional to the claims management services provided by the insurance company.

7 Communications

This rate category is earmarked for special employee communication materials and prospective new City/County member promotional materials. It may include fees for maintaining a presence at such trade associations as CALPELRA, etc.

8 Anthem HMO Pooling

This is for the specific stop loss pooling insurance for claims in excess of \$400k within the HMO (not PPO).

9 Anthem HMO Administration/Retention

Anthem Blue Cross administration fees and includes access fees to use the Blue Cross network of providers for the HMO plan.

10 Projected Paid Claims PPO

Projected self-insured PPO claims for medical and Rx and non-capitated HMO claims (hospital)

11 Projected Non-Cap HMO Claims

Projected self-insured PPO claims for medical and Rx and non-capitated HMO claims (hospital)

12 Anthem MMP HMO Capitation

Amount paid in advance of services on a fixed per member per month basis for professional services (physician) as part of the HMO

13 Delta Dental

This amount represents a fixed claim (premium) paid to Delta Dental for the dental program at both the County of Fresno and the County of Tulare. Because dental coverage came under the SJVIA effective 1/1/2013, this amount represents premium from 1/1/2013 through 6/30/2013.

14 VSP

This amount represents a fixed claim (premium) paid to VSP for the vision program at both the County of Fresno and the County of Tulare. Because vision coverage came under the SJVIA effective 1/1/2013, this amount represents premium from 1/1/2013 through 6/30/2013.

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 9

SUBJECT: Receive and File SJVIA Executive Claims Summary through December 2012 (I)

REQUEST(S): That the Board Receive and File SJVIA Executive Claims Summary through December 2012

DESCRIPTION:

The attached report provides an overview of several key plan metrics and is used to identify trends and outliers. As requested by your board, a Large Claim Report has been included in the Monthly Claim Report (page 3). This summary details claims that have reached 50% of the pooling point (\$250,000) for the HMO plan as well as claims that have reached 50% of the stop loss deductible (\$450,000) for the PPO plans.

The attached Monthly Claims Report reflects claims data through December 2012.

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

For comparative purposes, the report includes 2011 and 2010 data tables. In addition, this is the first claims report that includes the City of Tulare, which began participating in the SJVIA as of July 1, 2012.

Monthly and Year-to-Date claims totals listed represent gross claims and do not reflect the impact of any reimbursements from either the PPO stop loss carrier (HM Life) or the HMO carrier (Anthem Blue Cross). There are currently over \$2.779 million in reimbursements for claims that are in excess of the specific deductible (PPO) or the pooling point (HMO). The impact of these reimbursements is demonstrated on pages 23-25 of the attached claims summary report.

FISCAL IMPACT/FINANCING:

Informational Only

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Receive and File SJVIA Executive Claims Summary
through December 2012 (I)

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board received and filed SJVIA Executive Claims Summary through
December 2012



2012 SJVIA Monthly Claims Report

Claims Data Through December 2012

www.gallagherbenefits.com

- **Prepared By Gallagher Benefit Services**
January 22, 2013

Large Claim Report - 2012

San Joaquin Valley Insurance Authority

Potential Large Dollar Claimants

HMO Plan

January 1, 2012 through December 31, 2012 as of September 2012

Pooling Point \$250,000

Relationship	Paid	Diagnosis	Reimbursement
Subscriber	\$ 1,225,803	Blood Disorders(16)	\$ 975,803
Dependent	\$ 945,511	Myeloid Disorders (17)	\$ 695,511
Dependent	\$ 847,166	Digestive System (06)	\$ 597,166
Dependent	\$ 425,472	Muscle/Tissue Disorders(08)	\$ 175,472
Dependent	\$ 320,326	Circulatory System (05)	\$ 70,326
Subscriber	\$ 286,720	Myeloid Disorders (17)	\$ 36,720

Total HMO Pooling Reimbursements

\$ 2,550,998

PPO Plan

January 1, 2012 through December 31, 2012 as of September 2012

Stop Loss Deductible \$450,000

Relationship	Paid	Diagnosis	Reimbursement
Subscriber	\$ 586,616	Digestive System (06)	\$ 136,616
Subscriber	\$ 541,759	Nervous System (01)	\$ 91,759

*Anthem Blue Cross does not begin reporting large claims until they reach \$50,000

Total PPO Stop Loss Reimbursements

\$ 228,375

Total SJVIA Pooling and Stop Loss Reimbursements

\$ 2,779,373.00

Large Claim Report - 2011

San Joaquin Valley Insurance Authority Potential Large Dollar Claimants HMO Plan

January 1, 2011 through December 31, 2011

Pooling Point \$250,000

Relationship	Paid	Diagnosis	Reimbursement
Dependent	\$ 599,053.00	Circulatory System (05)	\$ 349,053.00
Subscriber	\$ 495,130.00	Respiratory System (04)	\$ 245,130.00
Dependent	\$ 365,880.00	Multiple Significant Trauma (24)	\$ 115,880.00
Subscriber	\$ 324,200.00	Muscle/Tissue Disorders(08)	\$ 74,200.00
Dependent	\$ 320,918.00	Kidney Disorders (11)	\$ 70,918.00
Subscriber	\$ 261,804.00	Blood Disorders (16)	\$ 11,804.00

Total HMO Pooling Reimbursements

\$ 866,985.00

PPO Plan

January 1, 2011 through December 31, 2011

Stop Loss Deductible \$450,000

As of 1/31/2012

Relationship	Paid	Diagnosis	Reimbursement
Subscriber	\$ 670,164.00	Nervous System (01)	\$ 220,164.00
Dependent	\$ 442,273.00	Circulatory System (05)	

Total PPO Stop Loss Reimbursements

\$ 220,164.00

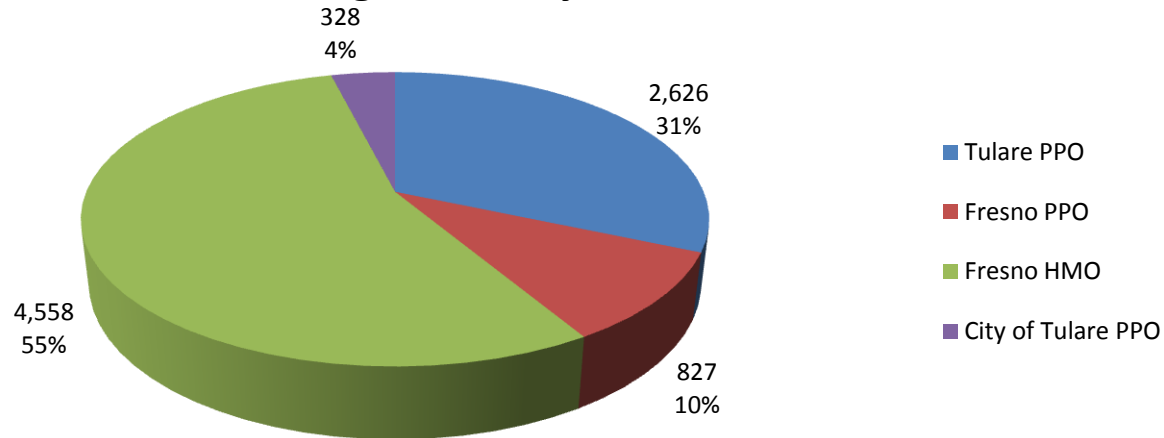
Total SJVIA Pooling and Stop Loss Reimbursements

\$ 1,087,149.00

SJVIA - All Plans

SJVIA - All Plans

SJVIA Average Monthly Enrollment - 2012



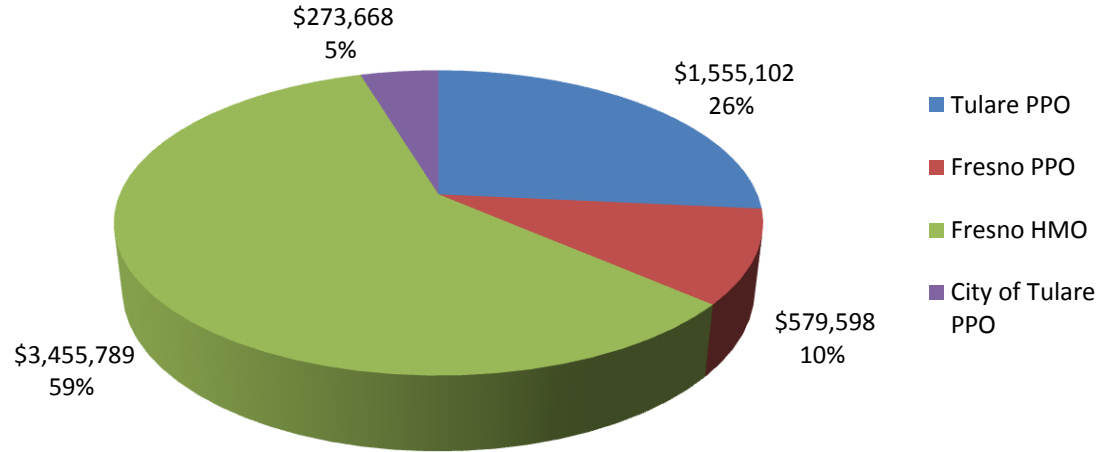
2012 Enrollment - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,578	2,622	2,603	2,601	2,617	2,633	2,633	2,634	2,643	2,649	2,649	2,649	31,511
CoF PPO	810	810	822	819	823	836	829	837	836	834	842	830	9,928
CoF HMO	4,538	4,542	4,551	4,495	4,455	4,544	4,558	4,569	4,592	4,611	4,618	4,627	54,700
City of Tulare							333	328	327	326	327	328	1,969
Total	7,926	7,974	7,976	7,915	7,895	8,013	8,353	8,368	8,398	8,420	8,436	8,434	98,108

2011 Enrollment - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,627	2,649	2,633	2,617	2,608	2,574	2,584	2,578	2,577	2,582	2,571	2,569	31,169
CoF PPO	912	901	899	894	890	885	872	864	870	863	853	847	10,550
CoF HMO	5,002	4,986	4,979	4,936	4,932	4,934	4,907	4,901	4,880	4,867	4,877	4,885	59,086
Total	8,541	8,536	8,511	8,447	8,430	8,393	8,363	8,343	8,327	8,312	8,301	8,301	100,805

2010 Enrollment - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,774	2,743	2,737	2,721	2,723	2,739	2,723	2,708	2,706	2,694	2,694	2,698	32,660
CoF PPO	1,009	978	972	1,018	999	985	979	974	968	953	941	909	11,685
CoF HMO	5,100	5,068	5,174	5,163	5,159	5,032	5,010	4,990	4,945	4,955	4,982	5,023	60,601
Total	8,883	8,789	8,883	8,902	8,881	8,756	8,712	8,672	8,619	8,602	8,617	8,630	104,946

SJVIA - All Plans

SJVIA Average Monthly Premiums - 2012



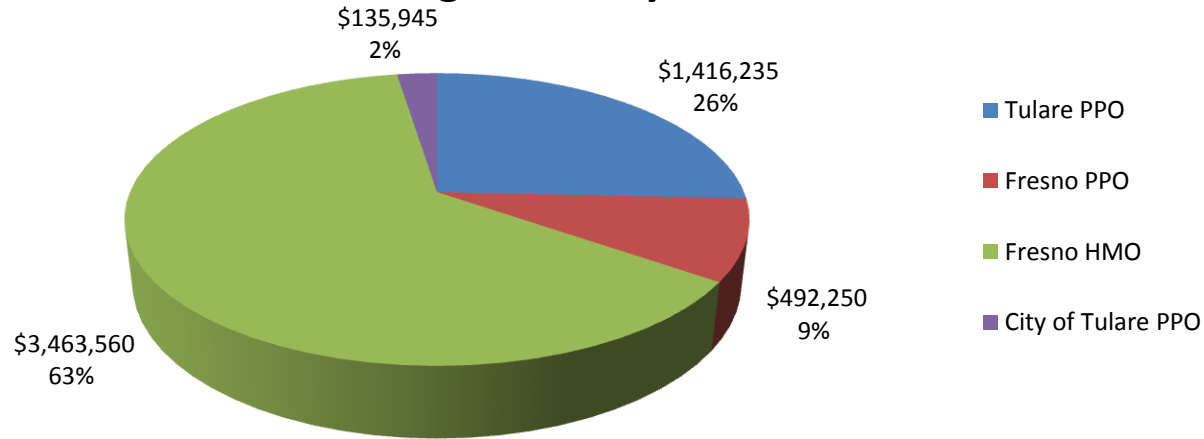
2012 Premiums - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,532,991	\$ 1,557,210	\$ 1,545,778	\$ 1,542,574	\$ 1,552,519	\$ 1,557,795	\$ 1,557,795	\$ 1,557,024	\$ 1,561,361	\$ 1,565,391	\$ 1,565,391	\$ 1,565,391	\$ 18,661,218
CoF PPO	\$ 573,804	\$ 574,013	\$ 580,838	\$ 579,490	\$ 581,428	\$ 586,528	\$ 580,393	\$ 582,946	\$ 582,907	\$ 581,475	\$ 581,090	\$ 570,270	\$ 6,955,181
CoF HMO	\$ 3,456,547	\$ 3,457,039	\$ 3,458,125	\$ 3,419,330	\$ 3,383,249	\$ 3,444,977	\$ 3,454,073	\$ 3,460,240	\$ 3,473,467	\$ 3,482,775	\$ 3,486,451	\$ 3,493,192	\$ 41,469,464
City of Tulare							\$ 277,736	\$ 273,462	\$ 273,175	\$ 272,002	\$ 272,699	\$ 272,932	\$ 1,642,007
Total	\$ 5,563,341	\$ 5,588,262	\$ 5,584,740	\$ 5,541,393	\$ 5,517,195	\$ 5,589,300	\$ 5,869,998	\$ 5,873,672	\$ 5,890,911	\$ 5,901,643	\$ 5,905,631	\$ 5,901,784	\$ 68,727,870

2011 Premiums - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,592,800	\$ 1,600,772	\$ 1,591,108	\$ 1,578,978	\$ 1,572,623	\$ 1,553,821	\$ 1,559,220	\$ 1,554,372	\$ 1,546,005	\$ 1,546,501	\$ 1,533,944	\$ 1,532,603	\$ 18,762,748
CoF PPO	\$ 684,553	\$ 675,349	\$ 671,720	\$ 667,982	\$ 659,896	\$ 659,650	\$ 646,810	\$ 640,938	\$ 646,434	\$ 642,383	\$ 633,063	\$ 624,270	\$ 7,853,047
CoF HMO	\$ 3,796,210	\$ 3,786,616	\$ 3,784,046	\$ 3,757,878	\$ 3,756,403	\$ 3,755,927	\$ 3,737,344	\$ 3,733,283	\$ 3,714,626	\$ 3,706,282	\$ 3,711,276	\$ 3,715,393	\$ 44,955,284
Total	\$ 6,073,563	\$ 6,062,737	\$ 6,046,874	\$ 6,004,837	\$ 5,988,922	\$ 5,969,398	\$ 5,943,374	\$ 5,928,593	\$ 5,907,065	\$ 5,895,166	\$ 5,878,283	\$ 5,872,267	\$ 71,571,079

2010 Premiums - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,516,067	\$ 1,498,594	\$ 1,494,485	\$ 1,495,389	\$ 1,495,268	\$ 1,502,929	\$ 1,494,382	\$ 1,487,459	\$ 1,488,058	\$ 1,479,144	\$ 1,479,681	\$ 1,480,142	\$ 17,911,599
CoF PPO	\$ 761,302	\$ 738,520	\$ 735,453	\$ 762,059	\$ 747,527	\$ 739,978	\$ 734,572	\$ 732,670	\$ 729,357	\$ 717,265	\$ 709,468	\$ 664,075	\$ 8,772,247
CoF HMO	\$ 3,534,072	\$ 3,515,747	\$ 3,581,081	\$ 3,585,780	\$ 3,585,623	\$ 3,503,691	\$ 3,495,565	\$ 3,485,105	\$ 3,453,230	\$ 3,460,027	\$ 3,475,826	\$ 3,504,586	\$ 42,180,333
Total	\$ 5,811,441	\$ 5,752,861	\$ 5,811,020	\$ 5,843,228	\$ 5,828,418	\$ 5,746,598	\$ 5,724,520	\$ 5,705,233	\$ 5,670,645	\$ 5,656,436	\$ 5,664,975	\$ 5,648,803	\$ 68,864,178

SJVIA - All Plans

SJVIA Average Monthly Claims - 2012



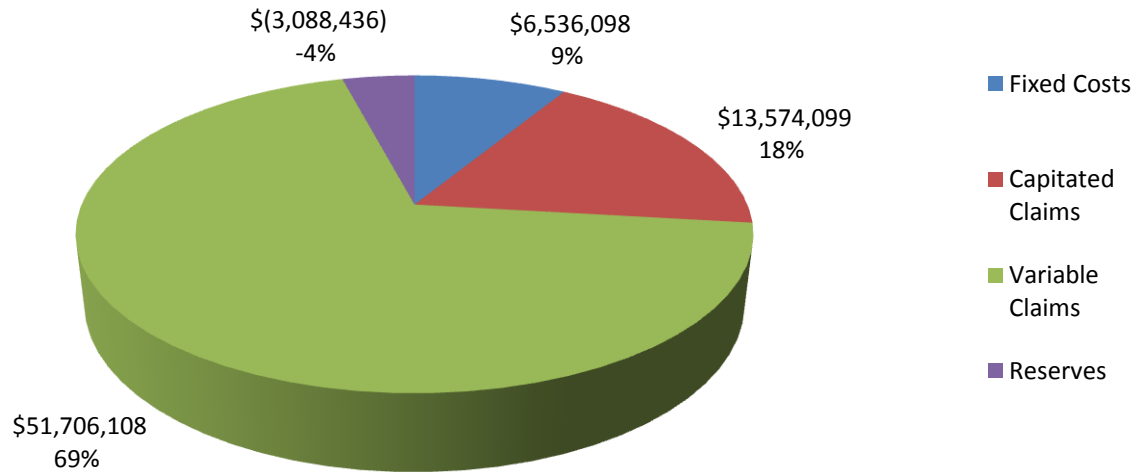
2012 Claims - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,347,900	\$ 1,417,340	\$ 1,637,712	\$ 1,363,071	\$ 1,265,474	\$ 1,392,625	\$ 1,320,460	\$ 1,192,627	\$ 1,500,032	\$ 1,764,271	\$ 1,211,139	\$ 1,582,166	\$ 16,994,817
CoF PPO	\$ 385,926	\$ 490,303	\$ 526,293	\$ 500,279	\$ 437,872	\$ 517,707	\$ 432,823	\$ 650,127	\$ 538,280	\$ 589,208	\$ 416,006	\$ 422,179	\$ 5,907,003
CoF HMO	\$ 2,914,797	\$ 3,715,713	\$ 3,167,391	\$ 3,532,502	\$ 4,064,812	\$ 3,374,399	\$ 3,821,018	\$ 3,468,350	\$ 3,173,628	\$ 4,446,582	\$ 3,191,843	\$ 2,691,683	\$ 41,562,719
City of Tulare							\$ 52,996	\$ 134,658	\$ 172,683	\$ 150,838	\$ 141,869	\$ 162,624	\$ 815,668
Total	\$ 4,648,623	\$ 5,623,356	\$ 5,331,396	\$ 5,395,852	\$ 5,768,158	\$ 5,284,731	\$ 5,627,297	\$ 5,445,762	\$ 5,384,624	\$ 6,950,899	\$ 4,960,857	\$ 4,858,652	\$ 65,280,207

2011 Claims - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,256,050	\$ 1,060,066	\$ 1,476,111	\$ 1,234,501	\$ 1,308,598	\$ 1,591,586	\$ 1,194,338	\$ 1,587,940	\$ 1,532,560	\$ 1,339,380	\$ 1,282,913	\$ 1,219,091	\$ 16,083,134
CoF PPO	\$ 690,411	\$ 399,817	\$ 654,688	\$ 423,453	\$ 609,769	\$ 720,386	\$ 625,458	\$ 596,721	\$ 520,499	\$ 509,449	\$ 688,233	\$ 575,391	\$ 7,014,275
CoF HMO	\$ 3,280,026	\$ 2,680,428	\$ 3,208,836	\$ 3,193,916	\$ 3,186,527	\$ 3,413,616	\$ 3,700,784	\$ 3,946,698	\$ 3,489,436	\$ 3,479,613	\$ 3,417,317	\$ 3,244,097	\$ 40,241,294
Total	\$ 5,226,487	\$ 4,140,311	\$ 5,339,635	\$ 4,851,870	\$ 5,104,894	\$ 5,725,588	\$ 5,520,580	\$ 6,131,359	\$ 5,542,495	\$ 5,328,442	\$ 5,388,463	\$ 5,038,579	\$ 63,338,703

2010 Claims - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 408,232	\$ 977,011	\$ 1,481,424	\$ 1,400,115	\$ 1,337,312	\$ 1,453,184	\$ 1,182,271	\$ 1,210,043	\$ 1,281,284	\$ 1,302,975	\$ 1,810,903	\$ 1,532,398	\$ 15,377,152
CoF PPO	\$ 189,847	\$ 289,988	\$ 611,860	\$ 512,418	\$ 558,441	\$ 865,929	\$ 523,529	\$ 1,014,825	\$ 497,751	\$ 326,333	\$ 626,108	\$ 560,439	\$ 6,577,468
CoF HMO	\$ 2,383,122	\$ 2,513,494	\$ 3,413,474	\$ 3,068,387	\$ 2,843,819	\$ 3,032,195	\$ 2,750,642	\$ 2,725,565	\$ 2,823,718	\$ 3,294,441	\$ 3,707,387	\$ 2,965,015	\$ 35,521,259
Total	\$ 2,981,201	\$ 3,780,493	\$ 5,506,758	\$ 4,980,920	\$ 4,739,572	\$ 5,351,308	\$ 4,456,442	\$ 4,950,433	\$ 4,602,753	\$ 4,923,749	\$ 6,144,398	\$ 5,057,852	\$ 57,475,879

SJVIA - All Plans

YTD SJVIA Premium Breakdown - 2012



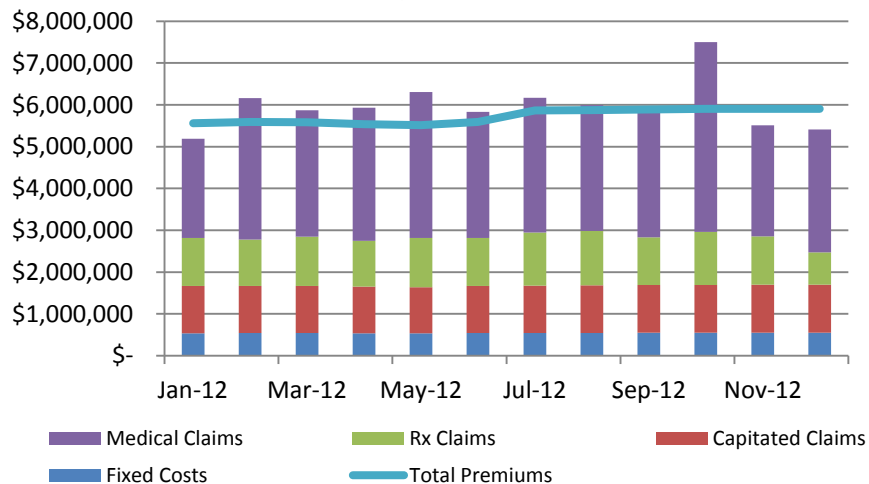
2012 Premium Breakdown - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 539,562	\$ 542,245	\$ 542,577	\$ 537,900	\$ 535,828	\$ 544,395	\$ 545,120	\$ 546,470	\$ 548,711	\$ 550,422	\$ 551,403	\$ 551,466	\$ 6,536,098
Capitulated Claims	\$ 1,125,742	\$ 1,126,734	\$ 1,128,967	\$ 1,115,075	\$ 1,105,152	\$ 1,126,982	\$ 1,130,703	\$ 1,138,432	\$ 1,139,137	\$ 1,143,768	\$ 1,145,587	\$ 1,147,820	\$ 13,574,099
Variable Claims	\$ 3,522,881	\$ 4,496,622	\$ 4,202,429	\$ 4,280,777	\$ 4,663,006	\$ 4,157,749	\$ 4,496,594	\$ 4,307,330	\$ 4,245,487	\$ 5,807,131	\$ 3,815,270	\$ 3,710,832	\$ 51,706,108
Reserves	\$ 375,156	\$ (577,340)	\$ (289,233)	\$ (392,359)	\$ (786,791)	\$ (239,826)	\$ (302,419)	\$ (118,560)	\$ (42,424)	\$ (1,599,678)	\$ 393,371	\$ 491,666	\$ (3,088,436)

2011 Premium Breakdown - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 572,465	\$ 571,769	\$ 570,304	\$ 565,862	\$ 564,887	\$ 563,061	\$ 560,790	\$ 559,607	\$ 558,214	\$ 557,092	\$ 556,809	\$ 557,030	\$ 6,757,890
Capitulated Claims	\$ 1,207,019	\$ 1,200,272	\$ 1,198,826	\$ 1,189,669	\$ 1,185,331	\$ 1,187,259	\$ 1,182,681	\$ 1,180,271	\$ 1,175,934	\$ 1,172,801	\$ 1,175,211	\$ 1,177,138	\$ 14,232,412
Variable Claims	\$ 4,019,468	\$ 2,940,039	\$ 4,140,809	\$ 3,662,201	\$ 3,919,563	\$ 4,538,329	\$ 4,337,899	\$ 4,951,088	\$ 4,366,561	\$ 4,155,641	\$ 4,213,252	\$ 3,861,441	\$ 49,106,291
Reserves	\$ 274,611	\$ 1,350,658	\$ 136,935	\$ 587,105	\$ 319,141	\$ (319,251)	\$ (137,996)	\$ (762,373)	\$ (193,644)	\$ 9,633	\$ (66,989)	\$ 276,658	\$ 1,474,487

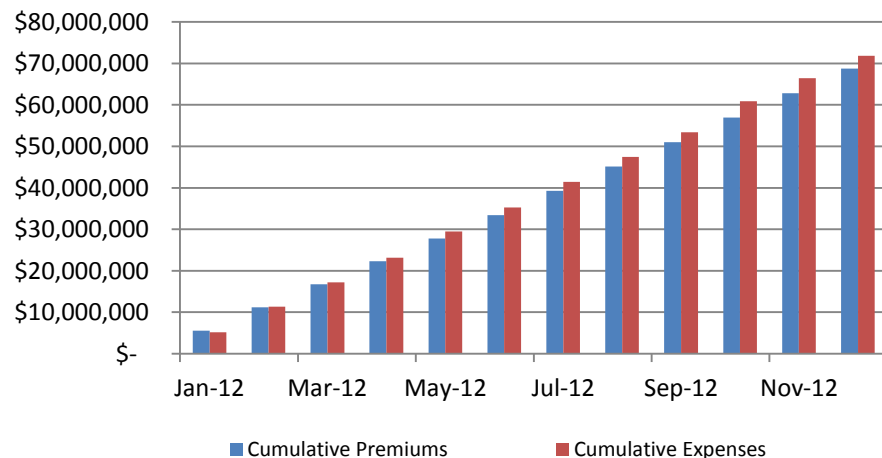
2010 Premium Breakdown - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 532,723	\$ 527,513	\$ 534,162	\$ 534,875	\$ 533,773	\$ 525,202	\$ 522,627	\$ 520,286	\$ 516,824	\$ 516,189	\$ 517,446	\$ 518,877	\$ 6,300,498
Capitulated Claims	\$ 1,127,559	\$ 1,120,494	\$ 1,143,920	\$ 1,141,471	\$ 1,140,603	\$ 1,112,525	\$ 1,107,661	\$ 1,103,239	\$ 1,093,290	\$ 1,095,501	\$ 1,101,470	\$ 1,110,535	\$ 13,398,268
Variable Claims	\$ 1,853,642	\$ 2,659,999	\$ 4,362,838	\$ 3,839,449	\$ 3,598,969	\$ 4,238,783	\$ 3,348,781	\$ 3,847,194	\$ 3,509,463	\$ 3,828,248	\$ 5,042,928	\$ 3,947,317	\$ 44,077,611
Reserves	\$ 2,297,516	\$ 1,444,855	\$ (229,900)	\$ 327,433	\$ 555,074	\$ (129,912)	\$ 745,451	\$ 234,514	\$ 551,068	\$ 216,498	\$ (996,869)	\$ 72,074	\$ 5,087,802

SJVIA – All Plans

SJVIA Total Expenses & Premiums

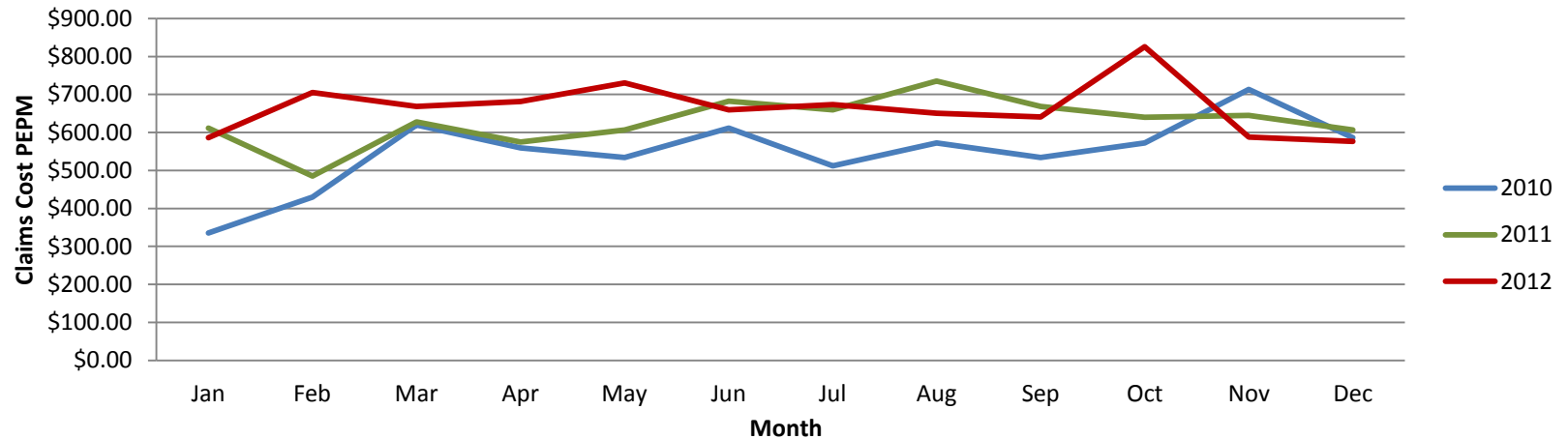


Cumulative Premiums & Expenses

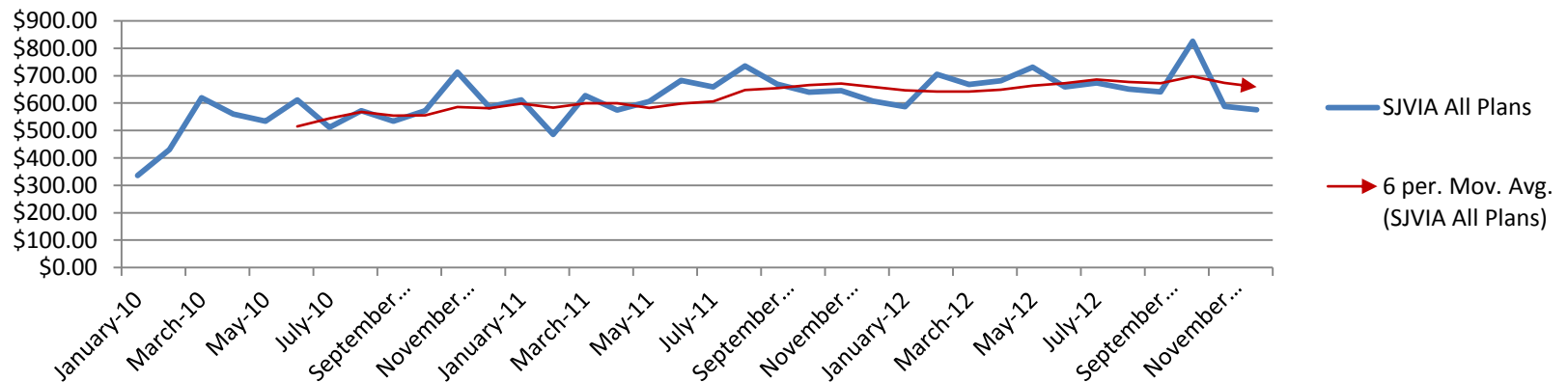


SJVIA - All Plans

SJVIA 2010 - 2012 All Plans (Year Over Year) - Claims PEPM



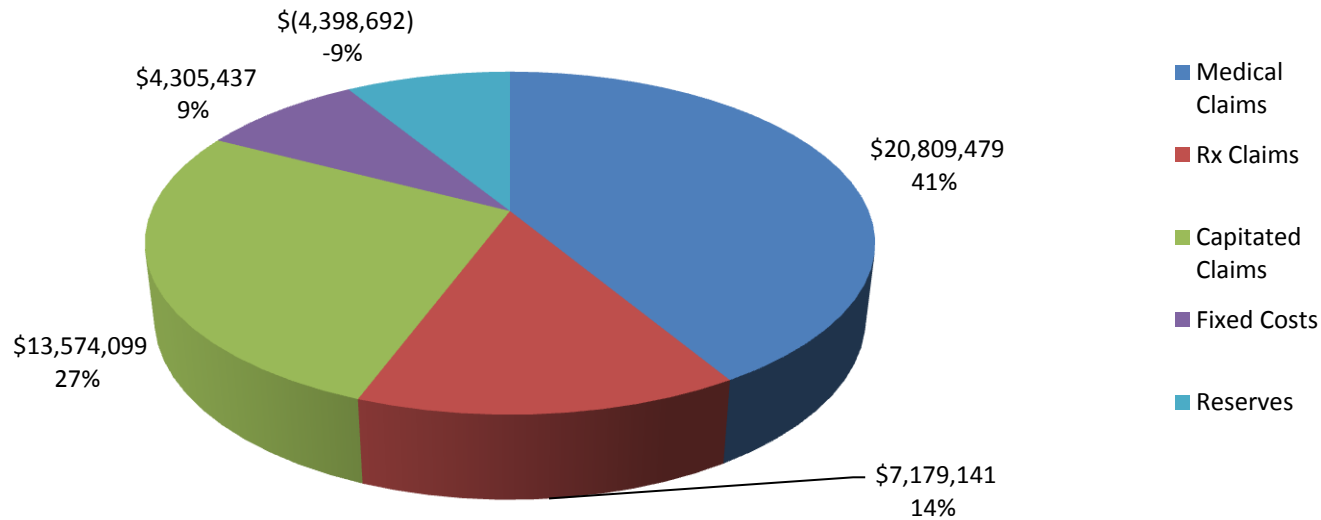
SJVIA All Plans - Claims PEPM



SJVIA - HMO

SJVIA - HMO

YTD HMO Premium Breakdown - 2012

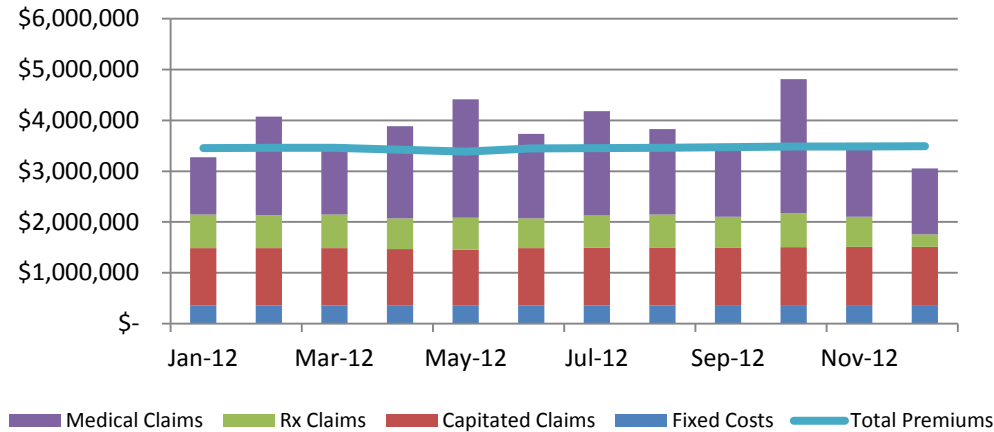


2012 Premium Breakdown - HMO	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 357,186	\$ 357,501	\$ 358,209	\$ 353,801	\$ 350,653	\$ 357,658	\$ 358,760	\$ 359,626	\$ 361,436	\$ 362,932	\$ 363,483	\$ 364,191	\$ 4,305,437
Capitated Claims	\$ 1,125,742	\$ 1,126,734	\$ 1,128,967	\$ 1,115,075	\$ 1,105,152	\$ 1,126,982	\$ 1,130,703	\$ 1,138,432	\$ 1,139,137	\$ 1,143,768	\$ 1,145,587	\$ 1,147,820	\$ 13,574,099
Medical Claims	\$ 1,128,332	\$ 1,941,584	\$ 1,376,948	\$ 1,816,134	\$ 2,330,814	\$ 1,662,356	\$ 2,054,136	\$ 1,679,713	\$ 1,433,160	\$ 2,636,011	\$ 1,453,372	\$ 1,296,919	\$ 20,809,479
Rx Claims	\$ 660,723	\$ 647,395	\$ 661,476	\$ 601,293	\$ 628,846	\$ 585,061	\$ 636,179	\$ 650,205	\$ 601,331	\$ 666,803	\$ 592,884	\$ 246,944	\$ 7,179,141
Reserves	\$ 184,564	\$ (616,175)	\$ (67,475)	\$ (466,974)	\$ (1,032,216)	\$ (287,080)	\$ (725,705)	\$ (367,736)	\$ (61,597)	\$ (1,326,739)	\$ (68,875)	\$ 437,317	\$ (4,398,692)

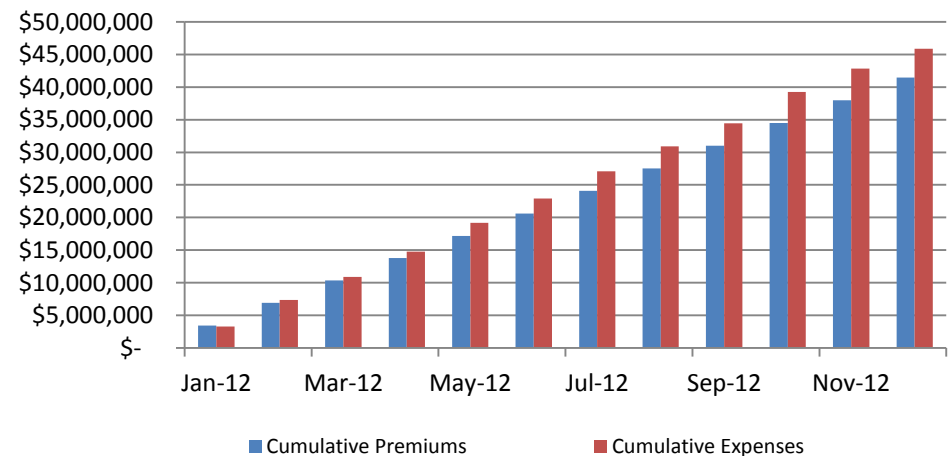
2011 Premium Breakdown - HMO	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 392,507	\$ 391,251	\$ 390,702	\$ 387,328	\$ 387,014	\$ 387,171	\$ 385,052	\$ 384,581	\$ 382,934	\$ 381,913	\$ 382,698	\$ 383,326	\$ 4,636,478
Capitated Claims	\$ 1,207,019	\$ 1,200,272	\$ 1,198,826	\$ 1,189,669	\$ 1,185,331	\$ 1,187,259	\$ 1,182,681	\$ 1,180,271	\$ 1,175,934	\$ 1,172,801	\$ 1,175,211	\$ 1,177,138	\$ 14,232,412
Medical Claims	\$ 1,456,998	\$ 949,741	\$ 1,408,225	\$ 1,383,120	\$ 1,418,729	\$ 1,637,044	\$ 1,922,731	\$ 2,132,702	\$ 1,683,604	\$ 1,665,758	\$ 1,627,475	\$ 1,472,804	\$ 18,758,931
Rx Claims	\$ 616,009	\$ 530,415	\$ 601,785	\$ 621,127	\$ 582,467	\$ 589,313	\$ 595,372	\$ 633,725	\$ 629,898	\$ 641,054	\$ 614,631	\$ 594,155	\$ 7,249,951
Reserves	\$ 123,677	\$ 714,937	\$ 184,508	\$ 176,634	\$ 182,862	\$ (44,860)	\$ (348,493)	\$ (597,997)	\$ (157,743)	\$ (155,244)	\$ (88,739)	\$ 87,970	\$ 77,511

SJVIA – HMO

HMO Total Expenses & Premiums - 2012

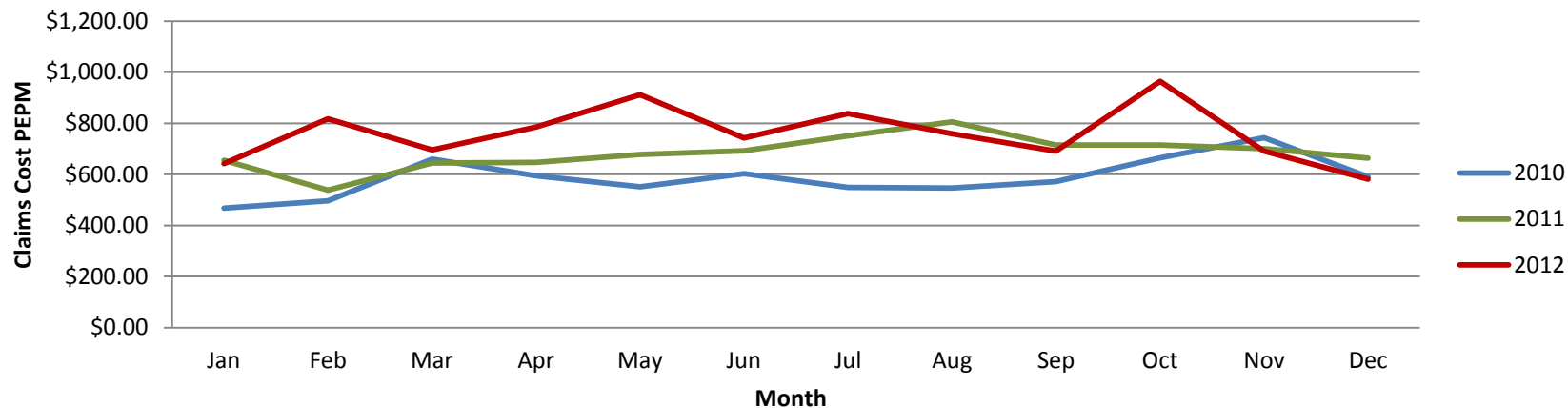


HMO Cumulative Premiums & Expenses -2012

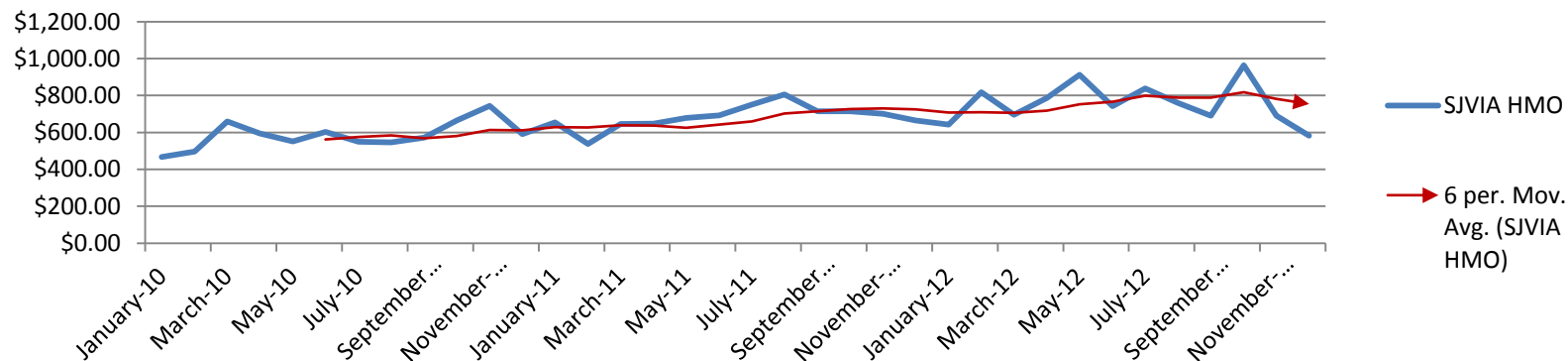


SJVIA – HMO

SJVIA 2010 - 2012 HMO (Year Over Year) - Claims PEPM



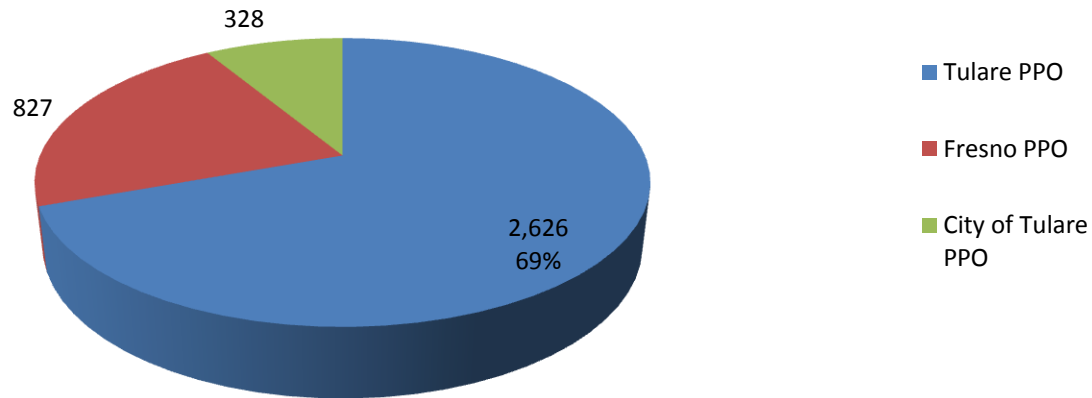
SJVIA HMO



SJVIA - PPO

SJVIA - PPO

PPO Plans Average Monthly Enrollment - 2012



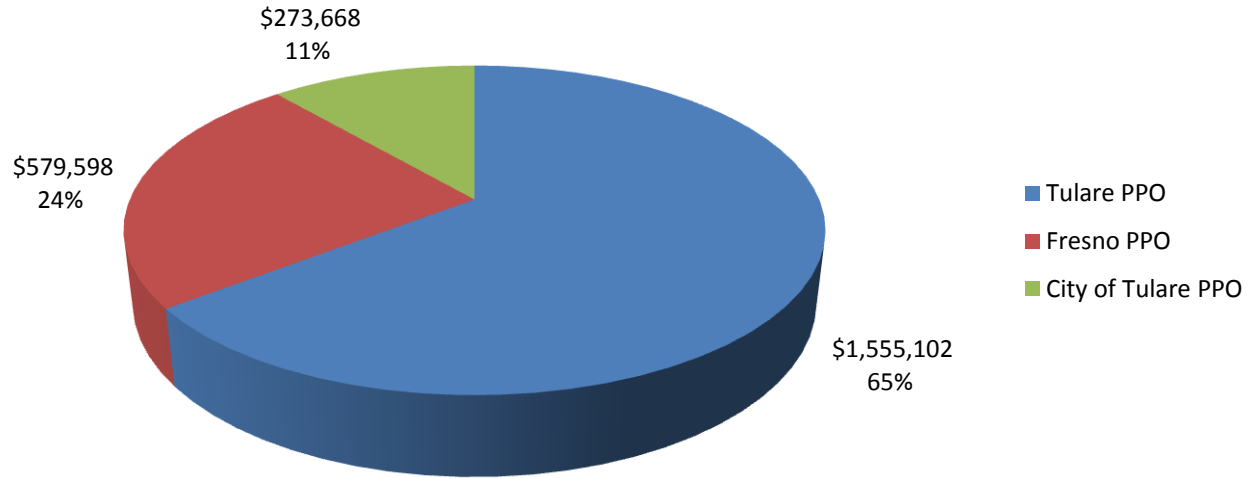
2012 Enrollment - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,578	2,622	2,603	2,601	2,617	2,633	2,633	2,634	2,643	2,649	2,649	2,649	31,511
CoF PPO	810	810	822	819	823	836	829	837	836	834	842	830	9,928
City of Tulare							333	328	327	326	327	328	1,969
Total	3,388	3,432	3,425	3,420	3,440	3,469	3,795	3,799	3,806	3,809	3,818	3,807	43,408

2011 Enrollment - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,627	2,649	2,633	2,617	2,608	2,574	2,584	2,578	2,577	2,582	2,571	2,569	31,169
CoF PPO	912	901	899	894	890	885	872	864	870	863	853	847	10,550
Total	3,539	3,550	3,532	3,511	3,498	3,459	3,456	3,442	3,447	3,445	3,424	3,416	41,719

2010 Enrollment - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	2,774	2,743	2,737	2,721	2,723	2,739	2,723	2,708	2,706	2,694	2,694	2,698	32,660
CoF PPO	1,009	978	972	1,018	999	985	979	974	968	953	941	909	11,685
Total	3,783	3,721	3,709	3,739	3,722	3,724	3,702	3,682	3,674	3,647	3,635	3,607	44,345

SJVIA - PPO

PPO Plans Average Monthly Premiums - 2012



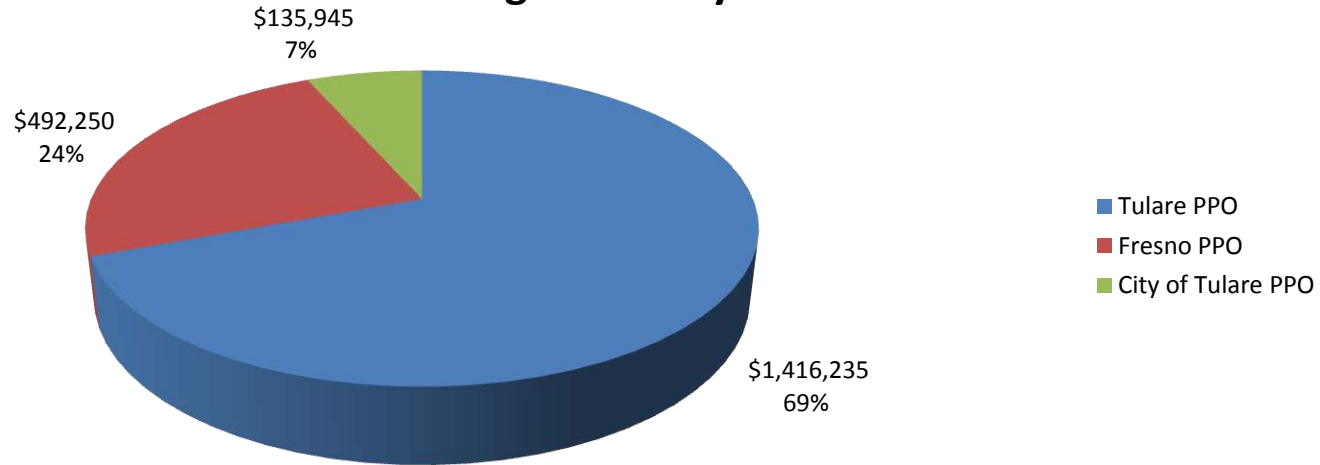
2012 Premium - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,532,991	\$ 1,557,210	\$ 1,545,778	\$ 1,542,574	\$ 1,552,519	\$ 1,557,795	\$ 1,557,795	\$ 1,557,024	\$ 1,561,361	\$ 1,565,391	\$ 1,565,391	\$ 1,565,391	\$ 18,661,218
CoF PPO	\$ 573,804	\$ 574,013	\$ 580,838	\$ 579,490	\$ 581,428	\$ 586,528	\$ 580,393	\$ 582,946	\$ 582,907	\$ 581,475	\$ 581,090	\$ 570,270	\$ 6,955,181
City of Tulare							\$ 277,736	\$ 273,462	\$ 273,175	\$ 272,002	\$ 272,699	\$ 272,932	\$ 1,642,007
Total	\$ 2,106,794	\$ 2,131,223	\$ 2,126,615	\$ 2,122,064	\$ 2,133,947	\$ 2,144,322	\$ 2,415,925	\$ 2,413,432	\$ 2,417,444	\$ 2,418,868	\$ 2,419,180	\$ 2,408,592	\$ 27,258,406

2011 Premium - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,592,800	\$ 1,600,772	\$ 1,591,108	\$ 1,578,978	\$ 1,572,623	\$ 1,553,821	\$ 1,559,220	\$ 1,554,372	\$ 1,546,005	\$ 1,546,501	\$ 1,533,944	\$ 1,532,603	\$ 18,762,748
CoF PPO	\$ 684,553	\$ 675,349	\$ 671,720	\$ 667,982	\$ 659,896	\$ 659,650	\$ 646,810	\$ 640,938	\$ 646,434	\$ 642,383	\$ 633,063	\$ 624,270	\$ 7,853,047
Total	\$ 2,277,353	\$ 2,276,121	\$ 2,262,828	\$ 2,246,960	\$ 2,232,519	\$ 2,213,472	\$ 2,206,030	\$ 2,195,310	\$ 2,192,438	\$ 2,188,884	\$ 2,167,007	\$ 2,156,873	\$ 26,615,795

2010 Premium - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,516,067	\$ 1,498,594	\$ 1,494,485	\$ 1,495,389	\$ 1,495,268	\$ 1,502,929	\$ 1,494,382	\$ 1,487,459	\$ 1,488,058	\$ 1,479,144	\$ 1,479,681	\$ 1,480,142	\$ 17,911,599
CoF PPO	\$ 761,302	\$ 738,520	\$ 735,453	\$ 762,059	\$ 747,527	\$ 739,978	\$ 734,572	\$ 732,670	\$ 729,357	\$ 717,265	\$ 709,468	\$ 664,075	\$ 8,772,247
Total	\$ 2,277,369	\$ 2,237,114	\$ 2,229,938	\$ 2,257,448	\$ 2,242,795	\$ 2,242,907	\$ 2,228,954	\$ 2,220,128	\$ 2,217,415	\$ 2,196,410	\$ 2,189,149	\$ 2,144,217	\$ 26,683,845

SJVIA - PPO

PPO Plans Average Monthly Claims - 2012



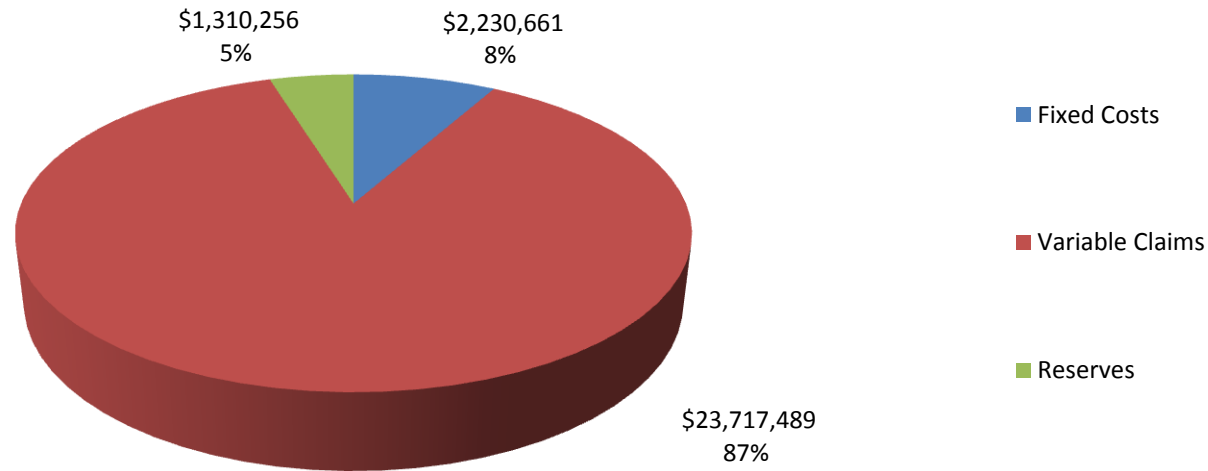
2012 Claims - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,347,900	\$ 1,417,340	\$ 1,637,712	\$ 1,363,071	\$ 1,265,474	\$ 1,392,625	\$ 1,320,460	\$ 1,192,627	\$ 1,500,032	\$ 1,764,271	\$ 1,211,139	\$ 1,582,166	\$ 16,994,817
CoF PPO	\$ 385,926	\$ 490,303	\$ 526,293	\$ 500,279	\$ 437,872	\$ 517,707	\$ 432,823	\$ 650,127	\$ 538,280	\$ 589,208	\$ 416,006	\$ 422,179	\$ 5,907,003
City of Tulare							\$ 52,996	\$ 134,658	\$ 172,683	\$ 150,838	\$ 141,869	\$ 162,624	\$ 815,668
Total	\$ 1,733,826	\$ 1,907,643	\$ 2,164,005	\$ 1,863,350	\$ 1,703,346	\$ 1,910,332	\$ 1,806,279	\$ 1,977,412	\$ 2,210,996	\$ 2,504,317	\$ 1,769,014	\$ 2,166,969	\$ 23,717,489

2011 Claims - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 1,256,050	\$ 1,060,066	\$ 1,476,111	\$ 1,234,501	\$ 1,308,598	\$ 1,591,586	\$ 1,194,338	\$ 1,587,940	\$ 1,532,560	\$ 1,339,380	\$ 1,282,913	\$ 1,219,091	\$ 16,083,134
CoF PPO	\$ 690,411	\$ 399,817	\$ 654,688	\$ 423,453	\$ 609,769	\$ 720,386	\$ 625,458	\$ 596,721	\$ 520,499	\$ 509,449	\$ 688,233	\$ 575,391	\$ 7,014,275
Total	\$ 1,946,461	\$ 1,459,883	\$ 2,130,799	\$ 1,657,954	\$ 1,918,367	\$ 2,311,972	\$ 1,819,796	\$ 2,184,661	\$ 2,053,059	\$ 1,848,829	\$ 1,971,146	\$ 1,794,482	\$ 23,097,409

2010 Claims - PPO Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
CoT PPO	\$ 408,232	\$ 977,011	\$ 1,481,424	\$ 1,400,115	\$ 1,337,312	\$ 1,453,184	\$ 1,182,271	\$ 1,210,043	\$ 1,281,284	\$ 1,302,975	\$ 1,810,903	\$ 1,532,398	\$ 15,377,152
CoF PPO	\$ 189,847	\$ 289,988	\$ 611,860	\$ 512,418	\$ 558,441	\$ 865,929	\$ 523,529	\$ 1,014,825	\$ 497,751	\$ 326,333	\$ 626,108	\$ 560,439	\$ 6,577,468
Total	\$ 598,079	\$ 1,266,999	\$ 2,093,284	\$ 1,912,533	\$ 1,895,753	\$ 2,319,113	\$ 1,705,800	\$ 2,224,868	\$ 1,779,035	\$ 1,629,308	\$ 2,437,011	\$ 2,092,837	\$ 21,954,620

SJVIA - PPO Premium Breakdown

YTD PPO Premium Breakdown - 2012



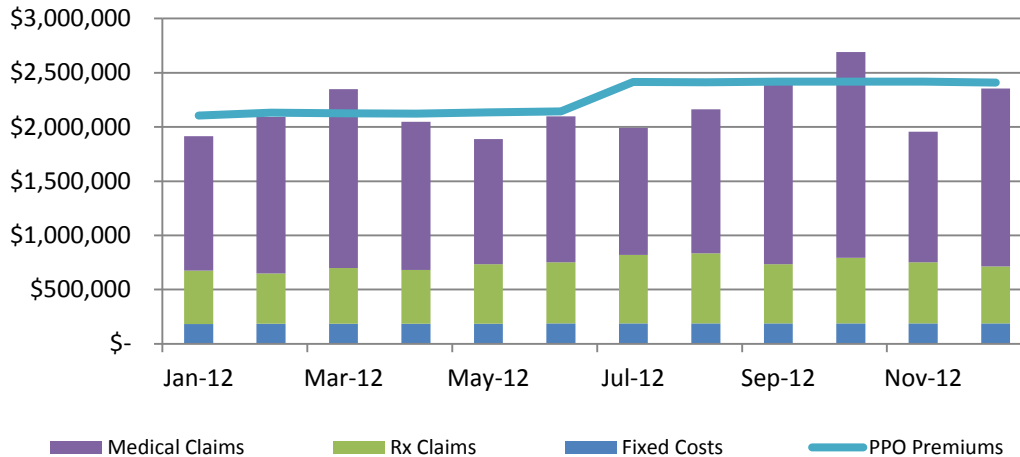
2012 Premium Breakdown - PPO	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 182,376	\$ 184,745	\$ 184,368	\$ 184,099	\$ 185,175	\$ 186,736	\$ 186,359	\$ 186,844	\$ 187,275	\$ 187,490	\$ 187,921	\$ 187,275	\$ 2,230,661
Variable Claims	\$ 1,733,826	\$ 1,907,643	\$ 2,164,005	\$ 1,863,350	\$ 1,703,346	\$ 1,910,332	\$ 1,806,279	\$ 1,977,412	\$ 2,210,996	\$ 2,504,317	\$ 1,769,014	\$ 2,166,969	\$ 23,717,489
Reserves	\$ 190,592	\$ 38,835	\$ (221,757)	\$ 74,615	\$ 245,425	\$ 47,254	\$ 423,286	\$ 249,177	\$ 19,173	\$ (272,939)	\$ 462,246	\$ 54,349	\$ 1,310,256

2011 Premium Breakdown - PPO	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 179,958	\$ 180,518	\$ 179,602	\$ 178,534	\$ 177,873	\$ 175,890	\$ 175,738	\$ 175,026	\$ 175,280	\$ 175,178	\$ 174,110	\$ 173,704	\$ 2,121,411
Variable Claims	\$ 1,946,461	\$ 1,459,883	\$ 2,130,799	\$ 1,657,954	\$ 1,918,367	\$ 2,311,972	\$ 1,819,796	\$ 2,184,661	\$ 2,053,059	\$ 1,848,829	\$ 1,971,146	\$ 1,794,482	\$ 23,097,409
Reserves	\$ 150,934	\$ 635,721	\$ (47,573)	\$ 410,471	\$ 136,278	\$ (274,390)	\$ 210,497	\$ (164,377)	\$ (35,901)	\$ 164,877	\$ 21,750	\$ 188,688	\$ 1,396,975

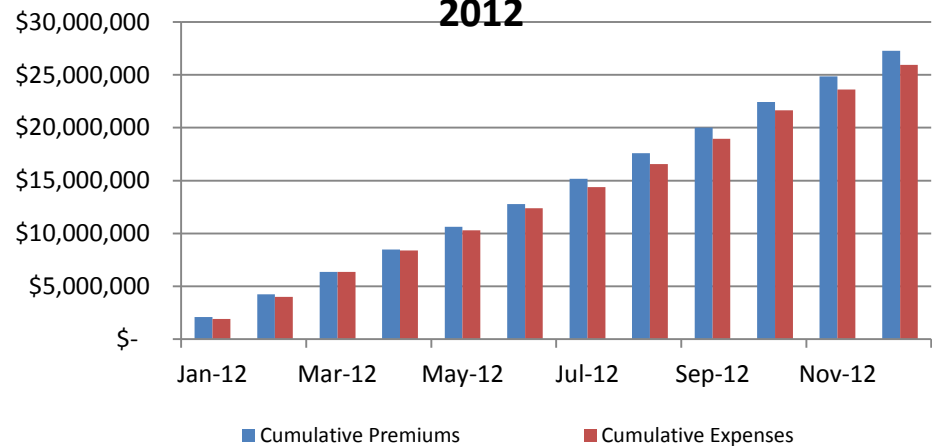
2010 Premium Breakdown - PPO	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
Fixed Costs	\$ 184,648	\$ 181,622	\$ 181,036	\$ 182,501	\$ 181,671	\$ 181,768	\$ 180,695	\$ 179,718	\$ 179,328	\$ 178,010	\$ 177,424	\$ 176,058	\$ 2,164,479
Variable Claims	\$ 598,079	\$ 1,266,999	\$ 2,093,284	\$ 1,912,533	\$ 1,895,753	\$ 2,319,113	\$ 1,705,800	\$ 2,224,868	\$ 1,779,035	\$ 1,629,308	\$ 2,437,011	\$ 2,092,837	\$ 21,954,620
Reserves	\$ 1,494,641	\$ 788,493	\$ (44,382)	\$ 162,415	\$ 165,372	\$ (257,975)	\$ 342,460	\$ (184,458)	\$ 259,052	\$ 389,092	\$ (425,286)	\$ (124,677)	\$ 2,564,746

SJVIA - PPO Plans

PPO Total Expenses & Premiums - 2012

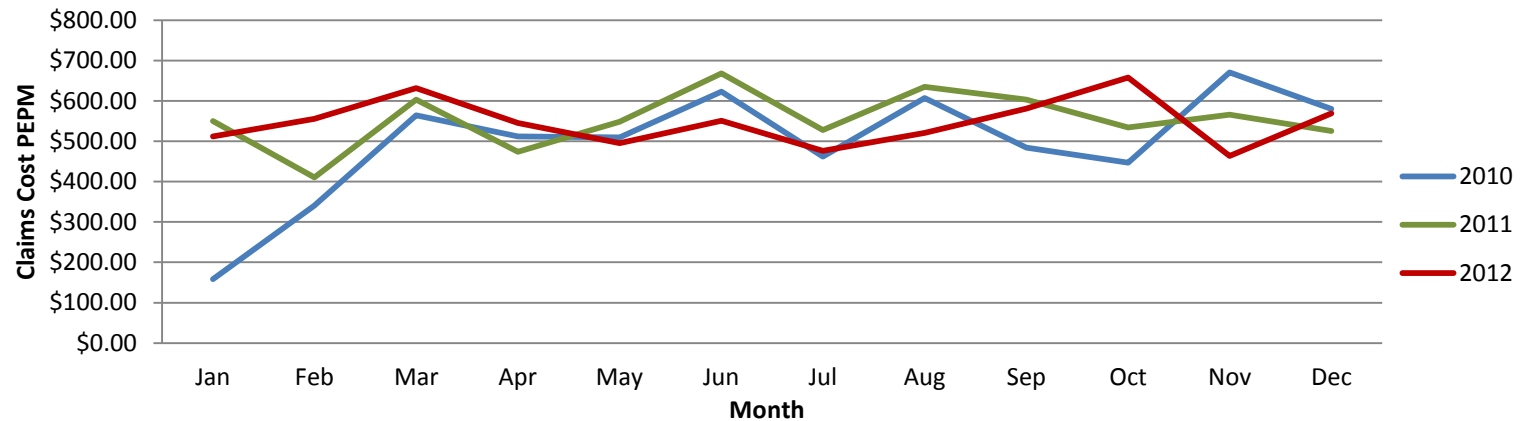


PPO Cumulative Premiums & Expenses - 2012

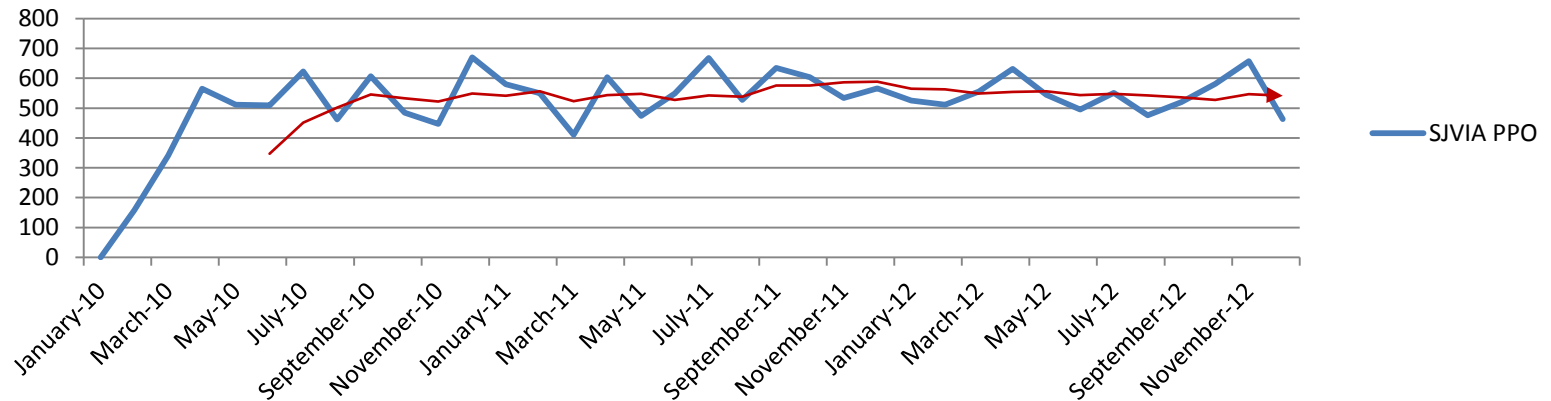


SJVIA – PPO Claims PEPM

SJVIA 2010 - 2012 PPO (Year Over Year) - Claims PEPM



SJVIA PPO Claims PEPM



SJVIA - Monthly Data

SJVIA - All Plans

SJVIA Enrollment - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Employee Only	4,682	4,721	4,737	4,700	4,713	4,800	4,964	4,984	5,007	5,028	5,045	5,036	58,417
- Employee + Spouse	1,045	1,047	1,043	1,030	1,011	1,021	1,022	1,019	1,021	1,018	1,004	1,000	12,281
- Employee + Child(ren)	1,499	1,508	1,498	1,492	1,484	1,498	1,499	1,501	1,505	1,512	1,521	1,531	18,048
- Employee + Family	700	698	698	693	687	694	868	864	865	862	866	867	9,362
SJVIA Total Enrollment	7,926	7,974	7,976	7,915	7,895	8,013	8,353	8,368	8,398	8,420	8,436	8,434	98,108
SJVIA Total Premiums	\$5,563,341	\$5,588,262	\$5,584,740	\$5,541,393	\$ 5,517,195	\$5,589,300	\$5,869,998	\$ 5,873,672	\$5,890,911	\$ 5,901,643	\$5,905,631	\$ 5,901,784	\$ 68,727,870
SJVIA Premiums PEPM	\$ 701.91	\$ 700.81	\$ 700.19	\$ 700.11	\$ 698.82	\$ 697.53	\$ 702.74	\$ 701.92	\$ 701.47	\$ 700.91	\$ 700.05	\$ 699.76	\$ 700.53
SJVIA Total Claims	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Medical Claims	\$2,369,761	\$3,384,425	\$3,028,105	\$3,182,932	\$ 3,484,310	\$3,008,518	\$3,226,173	\$ 3,009,691	\$3,097,451	\$ 4,535,692	\$2,658,740	\$2,936,699	\$ 37,922,497
- Rx Claims	\$1,153,120	\$1,112,197	\$1,174,324	\$1,097,845	\$ 1,178,696	\$1,149,231	\$1,270,421	\$ 1,297,639	\$1,148,036	\$ 1,271,439	\$1,156,530	\$ 774,133	\$ 13,783,611
- Stop-Loss Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,779,373
- Capitated Claims (HMO)	\$1,125,742	\$1,126,734	\$1,128,967	\$1,115,075	\$ 1,105,152	\$1,126,982	\$1,130,703	\$ 1,138,432	\$1,139,137	\$ 1,143,768	\$1,145,587	\$1,147,820	\$ 13,574,099
SJVIA Total Claims	\$4,648,623	\$5,623,356	\$5,331,396	\$5,395,852	\$ 5,768,158	\$5,284,731	\$5,627,297	\$ 5,445,762	\$5,384,624	\$ 6,950,899	\$4,960,857	\$4,858,652	\$ 62,500,834
SJVIA Claims PEPM	\$ 586.50	\$ 705.21	\$ 668.43	\$ 681.72	\$ 730.61	\$ 659.52	\$ 673.69	\$ 650.78	\$ 641.18	\$ 825.52	\$ 588.06	\$ 576.08	\$ 637.06
SJVIA Fixed Costs	\$ 539,562	\$ 542,245	\$ 542,577	\$ 537,900	\$ 535,828	\$ 544,395	\$ 545,120	\$ 546,470	\$ 548,711	\$ 550,422	\$ 551,403	\$ 551,466	\$ 6,536,098
SJVIA Total Costs	\$5,188,185	\$6,165,601	\$5,873,973	\$5,933,752	\$ 6,303,986	\$5,829,126	\$6,172,417	\$ 5,992,232	\$5,933,335	\$ 7,501,321	\$5,512,260	\$5,410,118	\$ 71,816,306
SJVIA Cost PEPM	\$ 654.58	\$ 773.21	\$ 736.46	\$ 749.68	\$ 798.48	\$ 727.46	\$ 738.95	\$ 716.09	\$ 706.52	\$ 890.89	\$ 653.42	\$ 641.47	\$ 732.01
SJVIA Total Reserve - Increase/(Decrease)	\$ 375,156	\$ (577,340)	\$ (289,233)	\$ (392,359)	\$ (786,791)	\$ (239,826)	\$ (302,419)	\$ (118,560)	\$ (42,424)	\$(1,599,678)	\$ 393,371	\$ 491,666	\$ (309,063)
Reserve % of Non Cap. Claims	10.6%	-12.8%	-6.9%	-9.2%	-16.9%	-5.8%	-6.7%	-2.8%	-1.0%	-27.5%	10.3%	13.2%	-0.6%

SJVIA - HMO

2012 HMO Enrollment	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Employee Only	1,940	1,943	1,962	1,930	1,924	1,977	1,988	1,998	2,018	2,035	2,042	2,042	23,799
- Employee + Spouse	631	632	633	622	608	620	617	618	617	613	602	600	7,413
- Employee + Child(ren)	1,352	1,357	1,348	1,338	1,327	1,343	1,346	1,346	1,349	1,357	1,365	1,377	16,205
- Employee + Family	615	610	608	605	596	604	607	607	608	606	609	608	7,283
HMO Total Enroll.	4,538	4,542	4,551	4,495	4,455	4,544	4,558	4,569	4,592	4,611	4,618	4,627	54,700
HMO Premiums	\$ 3,456,547	\$ 3,457,039	\$ 3,458,125	\$ 3,419,330	\$ 3,383,249	\$ 3,444,977	\$ 3,454,073	\$ 3,460,240	\$ 3,473,467	\$ 3,482,775	\$ 3,486,451	\$ 3,493,192	\$ 41,469,464
HMO Premiums PEPM	\$ 761.69	\$ 761.13	\$ 759.86	\$ 760.70	\$ 759.43	\$ 758.14	\$ 757.80	\$ 757.33	\$ 756.42	\$ 755.32	\$ 754.97	\$ 754.96	\$ 758.13
HMO Claims	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Medical Claims	\$ 1,128,332	\$ 1,941,584	\$ 1,376,948	\$ 1,816,134	\$ 2,330,814	\$ 1,662,356	\$ 2,054,136	\$ 1,679,713	\$ 1,433,160	\$ 2,636,011	\$ 1,453,372	\$ 1,296,919	\$ 20,809,479
- Rx Claims	\$ 660,723	\$ 647,395	\$ 661,476	\$ 601,293	\$ 628,846	\$ 585,061	\$ 636,179	\$ 650,205	\$ 601,331	\$ 666,803	\$ 592,884	\$ 246,944	\$ 7,179,141
- Capitated Claims	\$ 1,125,742	\$ 1,126,734	\$ 1,128,967	\$ 1,115,075	\$ 1,105,152	\$ 1,126,982	\$ 1,130,703	\$ 1,138,432	\$ 1,139,137	\$ 1,143,768	\$ 1,145,587	\$ 1,147,820	\$ 13,574,099
Pooling Reimbursements													\$ 2,550,998
HMO Total Claims	\$ 2,914,797	\$ 3,715,713	\$ 3,167,391	\$ 3,532,502	\$ 4,064,812	\$ 3,374,399	\$ 3,821,018	\$ 3,468,350	\$ 3,173,628	\$ 4,446,582	\$ 3,191,843	\$ 2,691,683	\$ 39,011,721
HMO Claims PEPM	\$ 642.31	\$ 818.08	\$ 695.98	\$ 785.87	\$ 912.42	\$ 742.61	\$ 838.31	\$ 759.10	\$ 691.12	\$ 964.34	\$ 691.17	\$ 581.73	\$ 713.19
HMO Fixed Costs	\$ 357,186	\$ 357,501	\$ 358,209	\$ 353,801	\$ 350,653	\$ 357,658	\$ 358,760	\$ 359,626	\$ 361,436	\$ 362,932	\$ 363,483	\$ 364,191	\$ 4,305,437
HMO Total Costs	\$ 3,271,983	\$ 4,073,214	\$ 3,525,600	\$ 3,886,303	\$ 4,415,465	\$ 3,732,057	\$ 4,179,778	\$ 3,827,976	\$ 3,535,065	\$ 4,809,514	\$ 3,555,326	\$ 3,055,874	\$ 45,868,156
HMO Costs PEPM	\$ 721.02	\$ 896.79	\$ 774.69	\$ 864.58	\$ 991.13	\$ 821.32	\$ 917.02	\$ 837.81	\$ 769.83	\$ 1,043.05	\$ 769.88	\$ 660.44	\$ 838.54
HMO Plan Reserve - Increase/(Decrease)	\$ 184,564	\$ (616,175)	\$ (67,475)	\$ (466,974)	\$ (1,032,216)	\$ (287,080)	\$ (725,705)	\$ (367,736)	\$ (61,597)	\$ (1,326,739)	\$ (68,875)	\$ 437,317	\$ (1,847,694)
Reserve % of Non Cap. Claims	10.3%	-23.8%	-3.3%	-19.3%	-34.9%	-12.8%	-27.0%	-15.8%	-3.0%	-40.2%	-3.4%	28.3%	-6.6%

SJVIA - PPO

PPO Enrollment - All Plans	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Employee Only	2,742	2,778	2,775	2,770	2,789	2,823	2,976	2,986	2,989	2,993	3,003	2,994	34,618
- Employee + Spouse	414	415	410	408	403	401	405	401	404	405	402	400	4,868
- Employee + Child(ren)	147	151	150	154	157	155	153	155	156	155	156	154	1,843
- Employee + Family	85	88	90	88	91	90	261	257	257	256	257	259	2,079
PPO Plans Total Enrollment	3,388	3,432	3,425	3,420	3,440	3,469	3,795	3,799	3,806	3,809	3,818	3,807	43,408
PPO Plans Total Premiums	\$ 2,106,794	\$ 2,131,223	\$ 2,126,615	\$ 2,122,064	\$ 2,133,947	\$ 2,144,322	\$ 2,415,925	\$ 2,413,432	\$ 2,417,444	\$ 2,418,868	\$ 2,419,180	\$ 2,408,592	\$ 27,258,406
PPO Premiums PEPM	\$ 621.84	\$ 620.99	\$ 620.91	\$ 620.49	\$ 620.33	\$ 618.14	\$ 636.61	\$ 635.28	\$ 635.17	\$ 635.04	\$ 633.62	\$ 632.67	\$ 627.96
PPO Plans Total Claims	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals
- Medical Claims	\$ 1,241,429	\$ 1,442,841	\$ 1,651,157	\$ 1,366,798	\$ 1,153,496	\$ 1,346,162	\$ 1,172,037	\$ 1,329,978	\$ 1,664,291	\$ 1,899,681	\$ 1,205,368	\$ 1,639,780	\$ 17,113,018
- Rx Claims	\$ 492,397	\$ 464,802	\$ 512,848	\$ 496,552	\$ 549,850	\$ 564,170	\$ 634,242	\$ 647,434	\$ 546,705	\$ 604,636	\$ 563,646	\$ 527,189	\$ 6,604,471
- Stop-Loss Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 228,375
PPO Plans Net Claims	\$ 1,733,826	\$ 1,907,643	\$ 2,164,005	\$ 1,863,350	\$ 1,703,346	\$ 1,910,332	\$ 1,806,279	\$ 1,977,412	\$ 2,210,996	\$ 2,504,317	\$ 1,769,014	\$ 2,166,969	\$ 23,945,864
PPO Plans Claims PEPM	\$ 511.76	\$ 555.84	\$ 631.83	\$ 544.84	\$ 495.16	\$ 550.69	\$ 475.96	\$ 520.51	\$ 580.92	\$ 657.47	\$ 463.34	\$ 569.21	\$ 551.65
PPO Plans Fixed Costs	\$ 182,376	\$ 184,745	\$ 184,368	\$ 184,099	\$ 185,175	\$ 186,736	\$ 186,359	\$ 186,844	\$ 187,275	\$ 187,490	\$ 187,921	\$ 187,275	\$ 2,230,661
PPO Plans Total Costs	\$ 1,916,202	\$ 2,092,388	\$ 2,348,373	\$ 2,047,449	\$ 1,888,521	\$ 2,097,068	\$ 1,992,638	\$ 2,164,256	\$ 2,398,270	\$ 2,691,807	\$ 1,956,935	\$ 2,354,244	\$ 25,948,150
PPO Plans Cost PEPM	\$ 565.59	\$ 609.67	\$ 685.66	\$ 598.67	\$ 548.99	\$ 604.52	\$ 525.07	\$ 569.69	\$ 630.13	\$ 706.70	\$ 512.55	\$ 618.40	\$ 597.77
PPO Plans Total Reserve - Increase/(Decrease)	\$ 190,592	\$ 38,835	\$ (221,757)	\$ 74,615	\$ 245,425	\$ 47,254	\$ 423,286	\$ 249,177	\$ 19,173	\$ (272,939)	\$ 462,246	\$ 54,349	\$ 1,538,631
Reserve % of Net Claims	11.0%	2.0%	-10.2%	4.0%	14.4%	2.5%	23.4%	12.6%	0.9%	-10.9%	26.1%	2.5%	6.4%



BOARD OF DIRECTORS

ANDREAS BORGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 10

SUBJECT: Receive and File Report on SJVIA Marketing Activity

REQUEST(S): That the Board receive and file a report on SJVIA Marketing Activity.

DESCRIPTION:

Marketing efforts to expand the member base in the SJVIA have continued since the November 2012 Board Meeting. Specifically, Gallagher Benefit Services was an exhibitor at the California Public Employees Labor Relations Annual (CalPELRA) Conference in Monterey in December. Several County, City and Special Districts were in attendance and GBS was able to speak at length with many of the attendees. GBS is currently following up with these interested entities to assess the viability and development of illustrative proposals.

Additionally, the SJVIA continues to pursue opportunities with the Central San Joaquin Valley Risk Management Authority (RMA). As reported at the November 9, 2012 meeting, the RMA established an AdHoc Committee to evaluate SJVIA Membership. This Committee met with Gallagher and SJVIA staff in February of 2012 with follow up meetings in April and October. Many of the RMA members have expressed individual interest in joining the SJVIA and these opportunities are being explored on an ongoing basis. While the RMA has yet to make a decision to join the SJVIA, they continue to evaluate the benefit of such an arrangement. In addition to a pooled rating analysis, GBS and staff have responded to specific questions (see attached) from the

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

RMA regarding the minimum three year commitment and the advantages of joining as a pool versus individual city membership.

The attached spreadsheet identifies other entities that have expressed interest and their status to date with the SJVIA.

The City of Ceres joined the SJVIA effective January 1, 2013, and the City of Waterford has expressed an interest in joining as soon as they are approved by the SJVIA Board of Directors.

FISCAL IMPACT/FINANCING:

None

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Receive and File Report on SJVIA Marketing Activity

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board received and filed a report on SJVIA Marketing Activity.

SJVIA Summary of Marketing Activity

As of January 1, 2013

		Information Received	Approved for Release	Presented SJVIA	Status to Date	Renewal	Active EE's
1	County of Santa Cruz	Yes	Yes	Yes	Considering Joining 2014	January	2930
2	County of Madera	Yes		No	Considering Joining 2014	January	1230
3	County of Kings	Yes	Yes	Yes	Considering Joining 2013	July	1021
4	County of Calaveras			No	asked questions, still gathering info.		
5	County of Mendocino			No	asked questions, still gathering info.		
6	Merced Irrigation District	Yes	No	Yes	Considering Joining 2013	August	172
7	Nevada Irrigation District			No	Considering Joining 2014	January	225
8	Superior Courts of Kings County			No	Considering Joining 2014	January	100
RMA Member Cities		Information Received	Approved for Release	Presented SJVIA	Status to Date	Renewal	Active EE's
1	Arvin				No response	January	45
2	Avenal	Yes	Yes		Offered to meet in August, no response back	October	47
3	Ceres	Yes	Yes	Yes	Joined SJVIA 1/1/13	January	115
4	Chowchilla				asked questions, still gathering info.	June	44
5	Clovis	Yes	Yes	Yes	Finalist Presentation: Declined to Join SJVIA for 2013	January	384
6	Corcoran	Yes	Yes	Yes	Finalist Presentation: No Decision to Join SJVIA for 2013	July	60
7	Delano	Yes	Yes	Yes	Finalist Presentation: Declined to Join SJVIA for 2013	July	197
8	Dinuba				Sent information- saved in S drive	July	122
9	Dos Palos	Yes	No		Sent information- saved in S drive	August	17
10	Escalon	Yes	Yes	Yes	Finalist Presentation	Jan	23
11	Exeter				Putting Feliz Ortiz on it- will send info.	February	38
12	Firebaugh				No response to emails since August, have some info.	January	37
13	Fowler	Yes	Yes		Sent Initial Proposal for review, declined to meet	September	20
14	Gustine				asked questions, is gathering info.	January	17
15	Huron				No response/ Do Not pursue	July	15
16	Kerman	Yes	No	Yes	First Presentation ready	July	53
17	Kingsburg				Sent information- saved in S drive	Feb	45
18	Lathrop				Sent information- saved in S drive, with PERS	January	78
19	Madera				asked questions, is gathering info.	July	246
20	Mendota	Yes	Yes	Yes	Finalist Presentation: No Decision to Join SJVIA for 2013	May	28
21	Newman				No response	January	29
22	Orange Cove				No response	July	37
23	Reedley	Yes	No	Yes	Initial Presentation/Meeting for Jan 2014	January	115
24	Ripon	Yes	Yes		No response	January	88
25	Riverbank	Yes	Yes	Yes	Finalist Presentation	July	45
26	Sanger	Yes	Yes	Yes			
27	Shafter	Yes	Yes		First Presentation ready	July	60
28	Sonora				No response	June	35
29	Tehachapi				No response	January	50
30	Tulare	Yes	Yes	Yes	Joined SJVIA 2012	July	334
31	Wasco				No response	January	54
32	Waterford	Yes	No	Yes	Has indicated intent to join 3/1, pending Board approval	June	12
33	Woodlake				No response	December	28

Response to Recent Questions from the CSJVRMA

1. *What are the advantages for the CSJVRMA to join SJVIA?*

The members of the CSJVRMA will realize plan cost efficiencies and plan features as part of the JPA that for the most part, they will not be able to experience on a stand alone “direct carrier” purchase basis. Key advantages include:

- Lower Administrative Costs: Most of the cities in the CSJVRMA are providing benefits on a direct basis with an assortment of insurance carriers in <50 ee or <250 ee pooled fully insured products. The administrative expense for these insured plans is generally between 15-25% of the premium. The SJVIA can reduce the administrative expense to 12% for the HMO plans and 8.5% for the PPO plans.
- Rate Stability: The majority of Cities have experienced significant renewal increases for the past three years. The SJVIA has been experiencing single digit renewals since inception and due to the size of the pool and the SJVIA underwriting guidelines, rate volatility has been minimized.
- Plan Selections: The SJVIA offers an array of PPO plan choices and a HMO plans through Anthem Blue Cross and Blue Shield of CA. Plans can generally be tailored to fit each employer’s needs.
- Wellness Benefits: The SJVIA makes available to every employee a wellness program that includes such things as onsite mammograms and health risk assessments. These benefits are provided at no additional cost to participating entities.
- Plan Management: The SJVIA Managers and consultants meet weekly, the Board of Directors meets bi-monthly and there are ad hoc meetings regularly as needed. There is project work taking place daily. It is this consistent and focused attention to all plan details that enables the SJVIA to run efficiently and remain on the cutting edge of plans of this type. Additionally, SJVIA staff and consultants are located in the San Joaquin Valley and provide local expertise based on the similar populations served by central valley public sector employers.

2. *Explain the administrative fee. How much is it, does it change, and what does it pay for? (SJVIA administration, Gallagher, etc.).*

The Anthem PPO administration fee is approximately 8.5% of the plan rates. It is made of up of several components including the ASO Administration/Provider Network Access, Specific and Aggregate Stop Loss insurance, Eligibility Administration, SJVIA Administration, Consulting, Wellness and Marketing. The HMO plan includes the same components however the overall administration fee is approximately 12%. The fees have remained very constant since the inception of SJVIA and have actually been reduced a small amount as a percentage of the overall rates. The retention for the Blue Shield plans is extremely competitive and is on par with the Anthem plans.

3. ***What are the economies of scale? (At what number of lives would it benefit the CSJVRMA member cities?)***

Each participating City will experience economies as mentioned in item number 1 above. Whether a city enters the SJVIA on a stand alone basis or as a group with the CSJVRMA, there will be economies gained by participation in the large SJVIA pool. It was further determined that there would be additional economy if the cities entered the SJVIA together as the CSJVRMA. The additional discount to the cities over their "one off" rating was approximately 4-5%. The threshold for that discount was if the CSJVRMA collectively entered with the 750 employees quoted as a single group. This represents the cities quoted thus far by the SJVIA and later grouped together and quoted as a single group for this study. Additional discounts will apply at 1,000 and 2,000 employee lives.

4. ***How does the three-year commitment work? Would it apply to CSJVRMA or each individual member city based on the date they join?***

The three year rate commitment is determined on an individual case bases from the point of entry, whether the employer entered the SJVIA stand alone or whether it entered as part of a group.

5. ***If a member joins SJVIA prior to the CSJVRMA joining, would that city's lives count toward the lives of the group prior to that city's three-year commitment expiring?***

Yes the cities that are already part of the SJVIA, their employee lives will count toward the RMA group total lives. However, the three year commitment will not change, decrease or increase, as the three year commitment is on a city by city basis as explained in item number four above.



BOARD OF DIRECTORS

ANDREAS BORGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 11

SUBJECT: Release of Proposals and Execution of Participation Agreements Contingent upon Acceptance and Approval by the Prospective Entities' Governing Bodies

REQUEST(S): That the Board of Directors approve releasing proposals for the Cities of Waterford, Dos Palos, Kerman and Reedley and authorize the Board President to execute related participation agreements.

DESCRIPTION:

On November 5, 2010, to allow for growth of the SJVIA, your Board approved Member Underwriting Guidelines and the SJVIA Growth Implementation and Marketing Plan. These documents provide the framework for the prudent growth of the SJVIA which will facilitate fixed cost reductions and pricing stability over time.

Gallagher Benefit Services (GBS), at the direction of SJVIA Staff, have since undertaken several marketing efforts to identify and make contact with prospective member entities to consider joining the JPA. These efforts have consisted of participating in events and highlighting the potential benefits of joining the SJVIA.

The Underwriting Committee has reviewed the proposals and seeks to release illustrative proposals to the Cities of Waterford, Dos Palos, Kerman and

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

Reedley. Contingent upon acceptance and approval of the respective entities governing bodies it is recommended that the Board authorize the Board President to execute the participation agreement(s).

FISCAL IMPACT/FINANCING:

None at this time. If any of the entities join the SJVIA the budget will be adjusted accordingly.

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Release of Proposals and Execution of Participation
Agreements Contingent upon Acceptance and Approval by the Prospective
Entities' Governing Bodies

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board of Directors approve releasing proposals for the Cities of
Waterford, Dos Palos, Kerman and Reedley and authorize the Board President
to execute related participation agreements.



**Central San Joaquin Valley Risk Management Authority
Prospective Member Underwriting**

Entity	Current	Renewal	SJVIA	Potential Savings over Current
Dos Palos	\$ 119,040	\$ 130,944	\$ 122,612	\$ (3,572)
Kerman	\$ 439,116	\$ 483,028	\$ 453,329	\$ (14,213)
Reedley	\$ 1,542,309	\$ 1,683,743	\$ 1,453,300	\$ 89,009
Waterford	\$ 114,360	\$ 128,655	\$ 116,912	\$ (2,552)
Totals	\$ 2,214,825	\$ 2,426,370	\$ 2,146,153	
		Savings over current - \$	\$ 68,672	
		Savings over current - %	-3.10%	
		Savings over renewal \$	\$ 280,217	
		Savings over renewal - %	-11.55%	

**BOARD OF DIRECTORS**

ANDREAS BORGES

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 12

SUBJECT: Report on GBS Activity

REQUEST(S): That the Board receive and file the report on Gallagher Benefit Services Activity

DESCRIPTION:

At the November 9, 2012 Board Meeting, your Board requested a report summarizing Gallagher's activity associated with the SJVIA. In response, the attached report outlines the tasks, services and various levels of involvement of Gallagher Benefit Services. Additional detail beyond the information in this report can be provided upon request. Exhibit A summarizes the scope of services provided to the SJVIA by Gallagher. Exhibit B summarizes current Gallagher staff and activity.

FISCAL IMPACT/FINANCING:

None

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink that reads "Jeffrey Cardell".

Jeffrey Cardell
SJVIA Manager

A handwritten signature in black ink that reads "Paul Nerland".

Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Report on GBS Activity

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board received and filed the report on Gallagher Benefit Services Activity.

Exhibit A – Scope of Services

GBS has worked closely with the charter members of the SJVIA to develop the structure of the JPA, obtain competitive quotes for the JPA programs, negotiate with the various service providers for the best combination of price and service delivery, and provide an outline for the basic structure of the SJVIA. This work completed in partnership with the County of Fresno and County of Tulare has led to the formation of the SJVIA.

Moving forward, GBS will work closely with the SJVIA Board and staff to help manage the ongoing success of the JPA programs. This will include a wide range of benefits consulting, client service, financial analysis, actuarial modeling, contract renewals and negotiations, and ultimately program marketing and communication support.

Subject to any changes and additions as may be mutually agreed by the parties in writing, GBS will provide the SJVIA a wide range of services, including, but not limited to the following key support categories and services as part of this Agreement:

☐ **Strategic Planning**

- Annual strategic planning meeting with SJVIA Board and staff
- Develop reporting outlining the agreed upon strategic initiatives
- Quarterly meetings covering the progress of strategic initiatives
- Attend annual Board planning session
- Attend annual Member meeting
- Ongoing meetings with current and potential member agencies
- Ongoing feedback covering benefit alternatives

☐ **Financial Monitoring and Reporting**

- Develop annual budgets for SJVIA programs
- Provide quarterly summary loss experience reports to JPA
- Provide quarterly reports covering actual versus budgeted costs
- Provide year-end financial reports on the programs in consultation with the SJVIA Treasurer
- Work with the SJVIA to develop the annual financial report
- Provide other financial reporting including actuarial valuations
- Benchmark costs by specific line of coverage

☐ **Renewal Services:**

- Annual renewal planning meeting with SJVIA to set objectives
- Renewal meetings with program carriers/vendors
- Preliminary renewal report to SJVIA
- Negotiations with all carriers/vendors regarding financial and benefit terms
- Market programs for viable alternatives as necessary
- Final renewal report to SJVIA with recommendations on actions
- Work with SJVIA to communicate renewals to all member agencies
- Clarify/confirm final renewal terms with SJVIA and all carriers/vendors

☐ **Renewal Rate Setting:**

- Review program rating models with the SJVIA Board and staff



- Develop initial renewal rates using actuarial models and performing the required actuarial valuations
 - Review rating results and modify as needed
 - Develop final renewal rate action and individual member agency rates
 - Discuss rating methods and processes with members as needed
- ☐ **Vendor Management:**
- Work with the SJVIA to identify and address any vendor issues
 - Work with vendors to address billing, claim payment, and other service issues
 - Review vendor contracts and agreements for accuracy
 - Work to develop performance agreements where appropriate
 - Meet with vendor's senior management team to assure the highest level of service to the SJVIA members
- ☐ **Compliance Services:**
- Review current programs with regard to overall compliance
 - Provide compliance updates and alerts
 - Review the impact of proposed and enacted legislation on the SJVIA programs
 - Recommend necessary compliance procedures to the SJVIA and member agencies
- ☐ **Member Agency Support Services:**
- Assistance with difficult service/vendor issues
 - Assistance with member agency and employee level communication pieces
 - Provide educational support to understand new program options developed by the SJVIA
- ☐ **Program Marketing and Promotion:**
- Develop communication materials that depict SJVIA programs and services offered to potential JPA members each year
 - Benchmark of plan data with other joint purchasing arrangements, JPAs, and Trust programs



Exhibit B – Team and Activity Overview

Overview of SJVIA Consulting Team:

As mentioned, GBS has worked closely with the charter members of the SJVIA to develop the structure of the JPA, obtain competitive quotes for the JPA programs, negotiate with the various service providers for the best combination of price and service delivery, and provide an outline for the basic structure of the SJVIA. This work, completed in partnership with the County of Fresno and County of Tulare, led to the formation of the SJVIA. GBS works closely with the SJVIA Board and staff to help manage the ongoing success of the JPA programs. This includes a wide range of benefits consulting, client service, financial analysis, actuarial modeling, contract renewals and negotiations, and program marketing and communication support. These services are provided by the SJVIA's GBS consulting team made up of professionals in and outside of California, with the team's primary service based in the GBS Fresno office. The SJVIA team from Gallagher Benefit Services is made of the following individuals:

LeRoy Tucker, Jr.	Area President
Mark Tucker	Senior Client Consultant
Alan Thaxter	Senior Client Consultant
Bruce Caldwell	Area Senior Vice President
Glen Volk	Enrolled Actuary and Actuarial Consultant
Michel Mills	Senior Client Manager
Brittany Harlan	Client Manager
Stacy Borchardt	Marketing Coordinator
Michael Thomas, Pharm. D	Area President, National Pharmacy Practice
Ali Payne	Area Vice President, Wellness Consulting

Dedicated GBS Staff

Because the SJVIA doesn't have full-time staff, Gallagher provides administrative support for day to day operations and in assisting in virtually all aspects of the JPA. In October of 2011, staff requested GBS provide dedicated staff for ongoing JPA business and administration. GBS committed that Michele Mills, Senior Client Manager, would devote at least 80% of her time to the service and management of the SJVIA. Also at that time, weekly planning meetings with GBS and SJVIA staff commenced and have been held consistently.

In addition to key, ancillary, and ongoing project involvement, Michele's duties provide the SJVIA with the ongoing support required. These services include:

- Vendor Oversight- implementing new plans and services and ongoing maintenance of these programs.
- Vendor Oversight- problem solving.
- Employee Advocacy and Assistance with eligibility and claims issues.
- Determining resolutions required when billing and payment issues arise.
- Compilation and analysis of data from all sources.

- Coordination of meetings and other programs such as claims review meetings, wellness programs and calendars, etc.
- Contract Tracking- reviewing all SJVIA agreements both to participating entities and vendors providing services. Ensure accuracy of rates and terms agreed upon by both parties. Obtaining vendor signature and submitting to SJVIA Board for final execution.
- Weekly Planning Meetings- preparing all agenda and materials for SJVIA Manager and Board meetings as well as coordinating schedules for necessary participants.
- Internal GBS Team Management – tracking of key projects and ongoing tasks to ensure deadlines are met.

Overview of Recent Activity:

Following is a summary of Key, Ongoing, and Ancillary Projects from the past year:

☐ Strategic Planning

- Develop, Negotiate, and Implement Dental and Vision Benefit Options for SJVIA (Delta PPO, DHMO, and VSP Vision)
- Provide Direction on Revision of Claims Appeals Processes
- Negotiate and Communicate SJVIA Potential Related to Offering Kaiser and a Plan Option through the SJVIA

☐ Financial Monitoring and Reporting

- Facilitate the Adoption of Revised Fiscal Budget
- Assessment of Funds Needed for and Implementation of Mobil Mammography Screening Program
- Assessment of Communication Funds Needed for and Oversight of Open Enrollment Materials
- Draft, Refine, and Present Fiscal Year 2012-13 Budget for Board Approval
- Prepare and Present Executive Summary Claims Reviews at Quarterly Intervals and all Board Meetings

☐ Renewal Services and Rate Setting::

- Conduct SJVIA Renewal Underwriting and Present Preliminary and Final Rates
- Conduct Study Projecting Kaiser Migration based on multiple scenarios
- Conduct and Communicate Member Migrations Resulting from Open Enrollments
- Perform Rate Stabilization Calculations and Provide Executive Summary of Findings



□ **Vendor Management:**

- Develop RFP for Second Carrier Options as well as TPA Alternatives
- Conduct Carrier Network Evaluation including Claims Repricing Study
- Negotiate Terms with Blue Shield of CA/Health Now as Second Carrier
- Conduct Pharmacy Benefit Services Request for Proposal, Evaluation and Recommendation
- Conduct Special Legal Counsel Request for Proposal, Evaluation and Recommendation
- Negotiate Contract Extension with Current Administrative Service Provider
- Review and Refine Contract Amendments for Anthem ASO and MPP Agreements
- Monitor and Facilitate SJVIA Wellness Activities and Provide Vendor Oversight

□ **Compliance Services:**

- Provide Guidance and Direction on the Effects of Healthcare Reform on SJVIA
- Communicate GASB 10 Requirements and Conduct Request for Proposal for Related Actuarial Services

□ **Member Agency Support Services:**

- Implement New SJVIA Members- City of Tulare and City of Ceres

□ **Program Marketing and Promotion:**

- Perform, Present, and Communicate Underwriting for 20 Separate Prospective Member Entities
- Develop and Present Updated Underwriting Guideline
- Develop and Present Advantages to Growth Report to SJVIA Board
- Report on GBS Marketing Activity to Prospective SJVIA Member Entities
- Develop and Discuss SJVIA Logo and Letterhead Adopted by Board





BOARD OF DIRECTORS

ANDREAS BORGEAS

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 13

SUBJECT: Approve & Authorize sending the 2012 Multi-County Biennial Notice to the California Fair Political Practices Commission (FPPC)

REQUEST(S): That the Board of Directors approve and authorize the SJVIA Manager to submit the "2012 Multi-County Biennial Notice" to the FPPC indicating that no amendment is necessary.

DESCRIPTION:

The Political Reform Act requires every government agency to review its conflict of interest code biennially to determine if it is accurate or, alternatively, that the code must be amended. The biennial review examines current programs to ensure that the agency's code requires disclosure by agency officials who make or participate in making governmental decisions. Your Board did review and approve minor changes to the SJVIA conflict of interest code on January 20, 2012 reflecting designated positions that had a title change.

SJVIA staff and Counsel have reviewed the SJVIA conflict of interest code and recommend submission of the "2012 Multi-County Biennial Notice" to the FPPC indicating that no amendment is necessary at this time. The 2012 form is necessary as the original SJVIA conflict of interest code was approved in 2010. The code accurately reflects designated positions and disclosure categories. The approved SJVIA conflict of interest code is attached for your reference only.

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF

2012 Multi-County Biennial Notice to the California Fair Political Practices
Commission (FPPC)

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board of Directors approved and authorized the SJVIA Manager to submit the "2012 Multi-County Biennial Notice" to the FPPC indicating that no amendment is necessary.

SAN JOAQUIN VALLEY INSURANCE AUTHORITY

CONFLICT-OF-INTEREST CODE

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **San Joaquin Valley Insurance Authority, (Authority)**.

Individuals holding designated positions shall file their statements of economic interests with the **Authority**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) Upon receipt of the original statements, the **Authority** shall make and retain copies and forward the originals to the **Fair Political Practices Commission**.

APPENDIX A DESIGNATED POSITIONS

<u>Designated Position</u>	<u>Assigned Disclosure Category</u>
Members of the Board of Directors (President and Vice President)	1, 2, 3
Alternate Members of the Board of Directors	1, 2, 3
The following three positions are filled by employees of Tulare and Fresno County	
San Joaquin Valley Insurance Authority Manager	2, 3
San Joaquin Valley Insurance Authority Assistant Manager	2, 3
Authority Counsels	1, 2, 3
Consultants/New Positions	*

*Consultants/New Positions shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The San Joaquin Valley Insurance Authority Manager may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant’s duties and based upon that description, a statement of the extent of disclosure requirements. The San Joaquin Valley Insurance Authority Manager determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008).

The following positions are NOT covered by the conflict-of-interest code because they must file under Government Code Section 87200 and, therefore, are listed for informational purposes only:

Auditor Treasurer

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

APPENDIX B

DISCLOSURE CATEGORIES

Category 1

Designated positions in this category must disclose interests in real property if the property is owned or leased by the Authority or within a 2 mile radius of property owned or leased by the Authority.

Category 2

Designated positions in this category must disclose sources which within the last two years provide services, supplies, materials, machinery or equipment to the Authority.

Category 3

Designated positions in this category must disclose investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments from sources of the type which provide insurance services to the Authority, including, but not limited to, insurance underwriting agencies, insurance brokers, insurance adjusters, insurance claim managers and insurance agencies.

This is the last page of the conflict-of-interest code of the **San Joaquin Valley Insurance Authority**.



CERTIFICATION OF FPPC APPROVAL

Pursuant to Government Code Section 87303, the conflict-of-interest code for the **San Joaquin Valley Insurance Authority** was approved on Jan 4, 2012. This code will become effective on Feb, 3 2012.

A handwritten signature in black ink, appearing to read "Z. P. Morazzini".

Zackery P. Morazzini

General Counsel

Fair Political Practices Commission

By:

William J. Lenkeit

Senior Counsel, Legal Division

2012 Multi-County Agency Biennial Notice

Name of Agency: _____

Mailing Address: _____

Contact Person: _____ Office Phone No: _____

E-mail: _____ Fax No: _____

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code requires disclosure by agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict-of-interest code and has determined that (*check one box*):

☐ **An amendment is required.** (*Check all that apply.*)

Substantive

- ☐ Include new positions (including consultants) that must be designated
- ☐ Delete positions that no longer make or participate in making governmental decisions
- ☐ Revise disclosure categories
- ☐ Other (*describe*) _____

Non-Substantive

- ☐ Revise the titles of existing positions
- ☐ Modification of any provision of a code, provided no disclosure or disqualification obligations are disturbed
- ☐ Delete titles of positions that have been abolished
- ☐ Other (*describe*) _____

☐ **Code is currently under review by the code-reviewing body.**

☐ **No amendments necessary.**

Verification

This multi-county agency's code accurately designates all positions that make or participate in the making of governmental decisions; the disclosure assigned to those positions accurately requires the disclosure of all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

Date

All multi-county agencies must complete and return this notice, including agencies whose codes are currently under review. Please return this notice no later than **October 1, 2012**, to:

Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814
(866) ASK-FPPC
Fax (916) 322-3711



BOARD OF DIRECTORS

ANDREAS BORGES

JUDITH CASE

MIKE ENNIS

ALLEN ISHIDA

PHIL LARSON

DEBORAH POOCHIGIAN

PETE VANDER POEL

Meeting Location:
Fresno County Employee Retirement
Association Board Chambers
1111 H Street
Fresno, CA 93721
February 1, 2013
9:00 AM

AGENDA DATE: February 1, 2013

ITEM NUMBER: 14

SUBJECT: Report on Wellness Activities – Mobile Mammography

REQUEST(S): That the Board receive and file the report on the results of the Mobile Mammography activity.

DESCRIPTION:

As part of the SJVIA Wellness initiative, both the County of Fresno and Tulare offered eligible employees the opportunity to receive a mammogram free of charge and on-site during the months of November and December.

Your Board approved a contract with Pacific Coast Medical Services at the August 24, 2012 meeting to provide mammography services to SJVIA participating entities. Fresno and Tulare Counties both scheduled a number of days of screenings at various locations. Typically, a mammogram costs the plan around \$300 and is covered as a preventive care benefit. Each exam through Pacific Coast Medical Services costs the plan \$95 (a discount of almost 70%). Additionally, employees that participate in the event spend much less time away from work, thus improving efficiency while providing heightened awareness.

The County of Fresno and Tulare offered this service to eligible employees and an overview of the participation and outcomes for the screening events is as follows:

AGENDA: San Joaquin Valley Insurance Authority

DATE: February 1, 2013

The County of Tulare:

- Screenings were held November 13, 14, 15, 16, and 27, 28.
- A total of 173 screenings were performed
- Of the total screenings 151 produced normal results
- The 22 individuals with results that were either difficult to read or warranted follow-up were referred to a physician.

The County of Fresno:

- Screenings were held December 3, 4, 5 and 12, 13
- A total of 165 screenings were performed
- Of the total screenings 153 of the results were normal
- The 12 individuals with results that were either difficult to read or warranted follow-up were referred to a physician.

Wellness events like this are expected to have a positive impact on the overall health of the SJVIA participants. In addition, the cost of providing the mammograms through this on-site event is less than if each participating member were to go to a local facility.

Given the success of this event it is recommended that the SJVIA contract with Pacific Coast Medical to provide the services again next year for each participating entity.

FISCAL IMPACT/FINANCING:

It was estimated that the cost of providing the on-site mammograms would be approximately \$38,000. Actual expenses of \$36,859 were paid from the claims mitigation fund.

ADMINISTRATIVE SIGN-OFF:



Jeffrey Cardell
SJVIA Manager



Paul Nerland
Assistant SJVIA Manager

**BEFORE THE BOARD OF DIRECTORS
SAN JOAQUIN VALLEY INSURANCE
AUTHORITY**

IN THE MATTER OF Report on Wellness Activities – Mobile Mammography

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF DIRECTOR _____, SECONDED BY
DIRECTOR _____, THE FOLLOWING WAS ADOPTED BY
THE BOARD OF DIRECTORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

BY: _____

* * * * *

That the Board received and filed the report on the results of the Mobile
Mammography activity.