



In late 2009, two large Central California County Governments with approximately 12,000 employees and dependents, combined to form a Joint Powers Authority (JPA) called the *San Joaquin Valley Insurance Authority (SJVIA)*. This JPA was developed through the extensive effort of the Fresno and Tulare Counties in conjunction with Gallagher Benefit Services Fresno, for the purpose of lowering medical and prescription drug costs.

The plan has already produced significant results and each County realized greater than projected savings over their prior "stand alone" plans. The SJVIA plan overhead and administrative costs were set at levels **considerably lower** than what the respective member Counties were able to achieve on their own. Moreover, other special features were added to benefit participants, including robust reporting capabilities, disease management and wellness programs and provider contract discount rates that further increased the plan cost savings. These savings represent millions of dollars annually.

*The SJVIA Board of Directors has elected to open membership consideration to other public agencies. The goal is to increase membership, further reduce imbedded overhead cost and leverage additional growth to improve the SJVIA's negotiating capabilities with plan vendors in California.*

If you would like to learn more about the SJVIA and how your organization could benefit by becoming a member please complete the attached response card and we will contact you to schedule a mutually convenient appointment. Alternatively, I can be reached by phone at 436-0833 or by email at the following address: [michele\\_mills@ajg.com](mailto:michele_mills@ajg.com). If you have questions for County staff currently participating in the SJVIA you can reach Paul Nerland of Fresno County at 600-1800 or on e-mail at [pnerland@co.fresno.ca.us](mailto:pnerland@co.fresno.ca.us) or Jeff Cardell of Tulare County at 636-4900 or on e-mail at [jcardell@co.tulare.ca.us](mailto:jcardell@co.tulare.ca.us).

Sincerely,

Michele Mills  
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[www.sjvia.org](http://www.sjvia.org)

**CONTACT INFORMATION**

City/County Name: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**SJVIA REQUIREMENTS**

Number of Active Employees: \_\_\_\_\_

Number of Retirees: \_\_\_\_\_

Current plan renewal date: \_\_\_\_\_

Current Insurance Carrier/Plan: \_\_\_\_\_

Do you have historical claims data? \_\_\_\_\_