



**HEALTH BENEFITS  
BOARD OF DIRECTORS MEETING  
OCTOBER 17, 2024  
2:30 P.M.**

**AGENDA**

**I. Consent Agenda**

- A. Approval of Minutes for September 2024 Board of Directors Meeting Dave Ostash
- B. Report of Activity for the Month of September 2024 and the Ratification of Payment as follows: Dave Ostash

DELTA DENTAL CLAIMS		9,583,723.28	
DELTA DENTAL ASO		559,689.47	
ANTHEM DENTAL CLAIMS		215,783.84	
ANTHEM DENTAL ASO		12,820.00	
		TOTAL DENTAL	10,372,016.59
VSP CLAIMS		1,330,532.07	

EYE MED CLAIMS		103,674.26	
VSP ASO		160,262.91	
EYEMED ASO		12,389.65	
		TOTAL VISION	1,606,858.89
ANTHEM BLUE CROSS HEALTH CLAIMS		119,730,292.14	
BLUE SHIELD HEALTH CLAIMS		37,567,762.14	
ANTHEM BC COMPANION CARE RETIREE CLAIMS		723,472.81	
	TOTAL HEALTH CLAIMS	158,021,527.09	
ANTHEM BLUE CROSS ASO		4,746,083.63	
BLUE SHIELD PPO ASO		666,060.93	
AMERIBEN PPO ASO		85,240.08	
ANTHEM BC COMPANION CARE RETIREE ASO		127,474.78	
FOUNDATION CLMS PROCESSING ASO		654,017.88	
	TOTAL HEALTH ASO	6,278,877.30	
		TOTAL HEALTH	164,300,404.39
EXPRESS SCRIPTS CLAIMS		11,338,758.21	
NAVITUS RX CLAIMS		48,130,219.00	
EXPRESS SCRIPTS ASO		194,648.83	
NAVITUS RX ASO		589,628.32	
RX N GO		41,156.14	
		TOTAL RX	60,294,410.50
INSURED PRODUCTS			
ANTHEM BC HMO CLAIMS		7,432,038.89	
ANTHEM BC HMO ADMIN FEE		0.00	
ANTHEM BC EAP		340,072.00	
ANTHEM VIVITY		0.00	
ANTHEM HMO CAPITATION		7,471,042.62	
BLUE SHIELD HMO CLAIMS		2,602,764.94	
BLUE SHIELD HMO ADMIN FEE		4,848,910.56	
KAISER HMO		65,513,377.25	
SIMNSA		587,146.00	

DELTACARE/PMI DENTAL		31,676.61	
EYEMED-FULLY INSURED		75,535.88	
BLUE SHIELD MEDICARE ADVANTAGE		18,685.30	
LINCOLN FINANCIAL LIFE INSURANCE		409,958.66	
		TOTAL INSURED	89,331,208.71
WELLNESS			6,000.00
ALL OTHER			5,672,763.71
		TOTAL III PAYMENTS	331,583,662.79

Moved \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_ Roll Call Vote \_\_\_\_\_

## II. Public Comment

## III. Action Items

- A. Financial Report – Presentation of Financial Statements for the Month of September 2024 Will Be Submitted for Approval

Kim Sloan

Moved \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_ Roll Call Vote \_\_\_\_\_

## IV. Information and Discussion Items

- A. Review Monthly Budget-to-Actual through September 2024

John Stenerson

- B. Review of Large Claim History

John Stenerson

- C. Plan Decision Making Tools for Employees

Nicole Mata

- D. SISC Health Screening Program – Review and Update

Nicole Mata

- E. Comments from the Board of Directors Will Be Heard

Dave Ostash

- F. Next Meeting:

Dave Ostash

Thursday, November 21, 2024

1:00 p.m.

SISC Board Room, 4<sup>th</sup> Floor – Larry E. Reider Education Center

2000 K Street, Bakersfield, CA 93301

G. Adjournment

Dave Ostash

Moved \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_ Roll Call Vote \_\_\_\_\_

Any materials required by law to be made available to the public prior to a meeting of the Governing Board of the SISC III JPA can be inspected at the following address during normal business hours at:  
2000 K Street, Bakersfield, CA. 93301

For more information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation to participate in the public meeting, please contact Kristy Comstock at 661-636-4682 or [krcomstock@siscschools.org](mailto:krcomstock@siscschools.org)

\*The number of Board Members needed to form a quorum for this meeting is eight

## HEALTH BENEFITS TERMINOLOGY

**Adjudication:** Refers to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.

**Administrative Services Only (ASO):** An arrangement under which an insurance carrier or an independent organization will, for a fee, handle the administration of claims, benefits and other administrative functions for a self-insured group but does not assume any financial risk for the payment of benefits.

**Balance bill:** The amount you could be responsible for (in addition to any co-payments, deductibles or coinsurance) if you use an out-of-network provider and the fee for the particular service exceeds the allowable charge.

**Calendar Year Deductible:** The dollar amount for covered services that must be paid during the calendar year (January 1 – December 31) by members before any benefits are paid by the Plan.

**Centers of Medical Excellence (CME):** Health care providers designated as a selected facility for specified medical services. Providers participating in a CME network have an agreement to accept an agreed upon amount as payment in full for covered services.

**Coinsurance:** An arrangement under which the member pays a fixed percentage of the cost of medical care after the deductible has been paid. For example, an insurance plan might pay 80% of the allowable charge, with the member responsible for the remaining 20%, which is then referred to as the coinsurance amount.

**Coordination of Benefits:** This is the process by which a health insurance company determines if it should be the primary or secondary payer of medical claims for a patient who has coverage from more than one health insurance policy.

**Co-Payment:** A specific charge that a health plan may require a member to pay for a specific medical service or supply, after which the insurance company pays the remainder of the charge.

**Deductible:** An amount the covered person must pay before payments for covered services begin. The deductible is usually a fixed amount. For example, an insurance plan might require the insured to pay the first \$250 of covered expense during a calendar year.

**Dependent:** Person, (spouse or child), other than the subscriber who is covered under the subscriber's benefit certificate.

**Employee Assistance Program (EAP):** A program that is designed to provide employees and their dependents with access to resources to support various life situations. It also provides confidential, short-term counseling by qualified practitioners, in person or virtually.

**Explanation of Benefits (EOB):** A form sent to the covered person after a claim for payment has been processed by the carrier that explains the action taken on that claim. This explanation might include the amount that will be paid, the benefits available, reasons for denying payment, or the claims appeal process.

**Flexible Spending Account:** Financial account that allows employees to set aside pre-tax money from their paycheck toward premiums or costs not covered by their health plan, such as co-payments. Generally, all the money must be used within the plan year or it is lost.

**Health Assessment:** A health screening that provides participants with basic health results and actionable steps for improving them.

**Health Insurance Portability and Accountability Act (HIPAA):** A federal health benefits law passed in 1996, effective July 1, 1997, which among other things, protects the privacy rights of health plan participants.

**Health Maintenance Organization (HMO):** A plan that offers a wide range of health care services through a network of providers who agree to provide services to members at a pre-negotiated rate. Members of an HMO choose a primary care physician who manages all healthcare and refers to specialists as needed.

**Health Savings Account:** A tax advantaged savings account to be used in conjunction with certain high-deductible (low premium) health insurance plans to pay for qualifying medical expenses, such as deductibles. Contributions may be made to the account on a tax-free basis. Funds remain in the account from year to year and may be invested at the discretion of the individual owning the account. Interest or investment returns accrue tax-free. Penalties may apply when funds are withdrawn to pay for anything other than qualifying medical expenses. Employers can also fund such plans.

**ID Card/Identification Card:** A card issued by a carrier to a covered person, which allows the individual to identify himself or his covered dependents to a provider for health care services.

**IBNR:** An acronym for "incurred but not reported". This is an accounting estimate used by health plans to accrue for care that was provided "incurred" in one accounting period, but not paid or "reported" until another accounting period.

**In-Network:** Refers to the use of providers who participate in the carrier's provider network. Many benefit plans encourage covered persons to use participating (in-network) providers to reduce the individual's out of pocket expense.

**Medical Tourism:** To have medical care outside the United States.

**Medigap:** Refers to various private health insurance plans sold to supplement Medicare.

**Negotiated Rate:** The amount participating providers agree to accept as payment in full for covered services. It is usually lower than their normal charge. Negotiated rates are determined by Participating Provider Agreements.

**Open Enrollment:** A time period during which eligible employees can select among the plans offered by their employer as well as make any other dependent changes.

**Out-Of-Network:** The use of health care providers who have not contracted with the carrier to provide services. Members are generally not reimbursed if they go out-of-network except in emergency situations.

**Out-Of-Pocket:** The most a member would pay for covered medical expenses in a plan year through copays, deductibles and coinsurance before your insurance plan begins to pay 100 percent of the covered medical expense.

**Participating Provider:** A physician, hospital, pharmacy, laboratory or other appropriately licensed provider of health care services or supplies, that has entered into an agreement with a managed care entity to provide such services or supplies to a patient enrolled in a health benefit plan.

**Pre-Authorization:** A procedure used to review and assess the medical necessity and appropriateness of elective hospital admissions and non-emergency outpatient services before the services are provided.

**Preferred Provider Organization (PPO):** A type of managed care organization that has a panel of preferred providers who are paid according to a discounted fee schedule. The enrollees do have the option to go to out-of-network providers at a higher level of cost sharing.

**Reasonable and Customary:** This refers to the standard or most common charge for a particular medical service when rendered in a particular geographic area. Also known as Usual, Customary and Reasonable (UCR).

**Skilled Nursing Facility:** An inpatient healthcare facility with the staff and equipment to provide skilled care, rehabilitation and other related health services to patients who need nursing care, but do not require hospitalization.

**Subscriber:** The individual in whose name a contract is issued or the employee covered under an employer's group health contract.

**Transparency:** The ability for patients to have easy access to understandable information about the cost and quality of their health care options. They should be able to obtain this information from their health plan and medical providers prior to the time of treatment.



**SISC**

Self-Insured Schools  
of California

*Schools Helping Schools*

**HEALTH BENEFITS  
BOARD OF DIRECTORS MEETING  
SEPTEMBER 19, 2024  
1:00 P.M.**

**MINUTES**

The Regular Meeting of the Board of Directors of SISC III Health Benefits Program was called to order by Director Ostash at 1:00 p.m. on Thursday, September 19, 2024 in the SISC Board Room of the Larry E. Reider Building, 2000 K Street, Bakersfield, California 93301. The following individuals were in attendance:

**MEMBERS PRESENT:**

Dave Ostash  
Jason Hodgson  
Ty Bryson  
Rhonda Phinney  
Stacey Larson – Everson  
Ramon Hendrix  
Dr. Mike Zulfa (arrived at 1:02)  
Brad Pawlowski  
Steve Torres  
Robert Hughes

**ALTERNATES PRESENT:**

Katie Gonzalez  
Mark Luque  
Kimberly McAbee  
Eduardo Martinez

**OTHERS PRESENT:**

Kim Sloan  
Megan Hanson  
Kristy Comstock  
Rich Edwards  
Fred Bayles  
John Stenerson  
Frank Impastato  
Armando Cabrera  
Carmen Gonzales  
Bob Hunter  
Paola Ferruzo  
Annette Charlton  
Debbie Hankins  
Brent Boyd  
Gus Fausto  
Lola Nickell

## Consent Agenda

Motion was made by Director Hodgson seconded, by Director Bryson and by roll call vote of 12-Yes, 0-No, and 0 Abstentions (12-0-0) to approve the Consent Agenda as follows:

## Minutes

Approval of minutes for August 2024 Board of Directors Meeting.

DELTA DENTAL CLAIMS		16,309,535.91	
DELTA DENTAL ASO		952,449.71	
ANTHEM DENTAL CLAIMS		365,249.07	
ANTHEM DENTAL ASO		12,480.00	
		TOTAL DENTAL	17,639,714.69
VSP CLAIMS		1,784,723.20	
EYE MED CLAIMS		130,907.18	
VSP ASO		157,528.62	
EYEMED ASO		12,095.24	
		TOTAL VISION	2,085,254.24
ANTHEM BLUE CROSS HEALTH CLAIMS		164,749,659.33	
BLUE SHIELD HEALTH CLAIMS		36,709,588.20	
ANTHEM BC COMPANION CARE RETIREE CLAIMS		985,095.47	
	TOTAL HEALTH CLAIMS	202,444,343.00	
ANTHEM BLUE CROSS ASO		4,533,073.30	
BLUE SHIELD PPO ASO		742,504.68	
AMERIBEN PPO ASO		84,399.90	
ANTHEM BC COMPANION CARE RETIREE ASO		126,286.12	
FOUNDATION CLMS PROCESSING ASO		642,254.49	
	TOTAL HEALTH ASO	6,128,518.49	
		TOTAL HEALTH	208,572,861.49
EXPRESS SCRIPTS CLAIMS		11,494,136.92	
NAVITUS RX CLAIMS		51,787,850.44	
EXPRESS SCRIPTS ASO		597,669.20	
NAVITUS RX ASO		586,460.48	
RX N GO			
		TOTAL RX	64,466,117.04



INSURED PRODUCTS			
ANTHEM BC HMO CLAIMS		11,782,896.72	
ANTHEM BC HMO ADMIN FEE		1,751,524.26	
ANTHEM BC EAP		335,874.00	
ANTHEM VIVITY		2,267,566.73	
ANTHEM HMO CAPITATION		7,396,569.38	
BLUE SHIELD HMO CLAIMS		3,094,006.08	
BLUE SHIELD HMO ADMIN FEE		4,939,200.53	
KAISER HMO		65,379,193.85	
SIMNSA		583,513.00	
DELTACARE/PMI DENTAL		31,345.70	
EYEMED-FULLY INSURED		74,519.48	
BLUE SHIELD MEDICARE ADVANTAGE		20,290.30	
LINCOLN FINANCIAL LIFE INSURANCE		410,582.35	
		TOTAL INSURED	98,067,082.38
WELLNESS			26,975.00
ALL OTHER			2,581,470.63
		TOTAL III PAYMENTS	393,439,475.47

**Public Comment**

None

**Action Items**

**Financial Report**

Kim Sloan reviewed with the Board the Financial Report for the period ending August 31, 2024. Kim reported the LAIF rate for the month of August 2024 increased to 4.58% from last month at 4.52%. After discussion, motion was made by Director Torres, seconded by Director McAbee and by roll call vote of 13-0-0, approving the Financial Reports as submitted.

**Request Approval of the 2024-2025 SISC III Budget**

Kim Sloan presented the 2024-2025 budget to the Board for approval. After discussion, a motion was made by Director Hendrix, seconded by Director Torres and by roll call vote of 13-0-0, approving the SISC III Budget as submitted.

**Information and Discussion Items**

**Review Monthly Budget-to-Actual through August 2024**

John Stenerson reviewed the monthly budget-to-actual with the Board for the month of August 2024.

**Comments from the Board**

No comments from the Board

**Adjournment**

There being no further business to come before the Board, motion was made by Director Pawlowski, seconded by Director Hughes, and by roll call vote of 13-0-0, adjourning the meeting at 1:25 p.m.

**Next Meeting**

The next meeting of the Board of Directors will be held **Thursday, October 17<sup>th</sup> at 2:30 p.m.** in the Georgie O'Connor Board Room, Lucia Mar Unified School District, 602 Orchard St., Arroyo Grande, CA 93420

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Ramon Hendrix, Secretary

**SISC III  
INCOME STATEMENT  
SEPTEMBER 2024**

	BUDGET	YEAR-TO-DATE	CURRENT MONTH
<b><u>REVENUES</u></b>			
8660.00 Interest-County Treasurer	\$6,300,000.00	\$2,665,806.49	\$200,000.00
8660.03 LAIF	\$9,617.00	\$8,023.96	\$0.00
8660.04 Investments	\$23,683,954.00	\$33,061,160.59	\$12,740,000.00
8660.05 Bank	\$675,000.00	\$756,384.69	\$35,540.19
8674.03 Premiums-PPO Medical	\$1,926,624,492.00	\$1,868,403,109.31	\$158,889,913.97
8674.04 Dental	\$148,765,232.00	\$162,611,089.29	\$14,252,310.68
8674.08 Pharmacy	\$409,177,100.00	\$439,694,599.73	\$37,313,761.71
8674.25 Vision	\$22,469,995.00	\$22,827,200.57	\$1,809,796.00
8674.05 HMO	\$1,086,474,675.00	\$1,100,896,738.34	\$93,145,064.35
8674.06 Life	\$4,739,736.00	\$4,982,498.00	\$410,262.76
8674.09 Insured Retiree Programs	\$399,024.00	\$270,174.00	\$20,139.00
8674.10 Insured Vision	\$872,803.00	\$908,368.95	\$76,295.38
8674.18 Insured Dental	\$377,627.00	\$390,660.97	\$32,095.48
8699.00 IRC 125 Flex Plan Contributions	\$0.00	\$555,356.08	\$184,002.00
8699.07 Administration Fees	\$231,983.00	\$224,622.84	\$23,182.59
8699.08 Penalties/Late Fees	\$225,000.00	\$314,733.60	\$19,899.14
8699.10 SISC Access Fee	\$1,468,892.00	\$1,384,422.00	\$116,676.25
<b>TOTAL REVENUES</b>	<b>\$3,632,495,130.00</b>	<b>\$3,639,954,949.41</b>	<b>\$319,268,939.50</b>
<b><u>EXPENSES</u></b>			
3900.00 Benefits Paid - IRC 125 Flex Plan	\$0.00	\$0.00	\$0.00
4300.00 Supplies	\$100,000.00	\$123,381.97	\$6,920.36
5200.00 Travel/Conference	\$120,000.00	\$146,521.95	\$3,089.84
5300.00 Dues and Membership	\$35,000.00	\$34,665.87	\$315.17
5450.03 E & O Insurance	\$140,627.00	\$120,061.08	\$0.00
5450.05 Premiums - HMO	\$919,613,821.00	\$942,846,893.35	\$80,259,263.72
5450.08 Insured Dental	\$377,627.00	\$391,631.13	\$31,676.61
5450.09 Insured Retiree Programs	\$399,024.00	\$293,752.20	\$18,685.30
5450.10 Insured Vision	\$872,803.00	\$908,068.12	\$75,535.88
5450.21 Life	\$4,675,003.00	\$5,027,426.32	\$409,958.66
5800.00 Miscellaneous	\$25,000.00	\$0.00	\$0.00
5800.02 Audit	\$35,185.00	\$33,185.00	\$0.00
5800.10 Consulting	\$617,800.00	\$543,827.50	\$86,313.14
5800.32 Bank Fees	\$372,000.00	\$365,056.38	\$0.00
5800.33 Government Fees	\$824,547.00	\$784,409.43	\$0.00
5800.35 Admin Fees	\$84,548.00	\$89,227.05	\$7,624.50
5800.40 Wellness Program	\$1,300,000.00	\$1,403,117.08	\$6,000.00
5800.41 Healthcare Specialists	\$5,931,338.00	\$5,487,244.34	\$675,321.67
5800.50 Administration - KCSOS	\$8,185,292.00	\$8,737,634.92	\$691,020.91
5800.60 Claims - PPO Medical	\$1,803,236,543.00	\$1,891,919,466.72	\$154,337,926.59
5800.61 Claims - Dental	\$137,622,374.00	\$150,303,681.33	\$9,799,507.12
5800.63 Claims - Vision	\$19,812,115.00	\$20,121,104.10	\$1,434,206.33
5800.64 Claims - HMO Flex	\$150,614,347.00	\$126,912,123.42	\$9,034,803.83
5800.68 Claims - Pharmacy	\$392,829,631.00	\$427,878,792.25	\$1,155,784.35
5800.70 Admin - PPO Medical	\$64,242,742.00	\$59,215,261.35	\$5,020,843.61
5800.71 Admin - Claims Processing	\$8,400,000.00	\$8,685,278.30	\$734,992.45
5800.72 Admin - Dental	\$8,037,147.00	\$8,714,749.46	\$572,509.47
5800.73 Admin - Vision	\$1,988,812.00	\$2,049,728.96	\$172,036.96
5800.75 Admin - Pharmacy	\$15,374,636.00	\$14,129,533.91	\$777,995.42
5800.79 EAP Expense	\$3,608,950.00	\$4,035,810.00	\$340,072.00
5800.94 Other Distributions/Contributions	\$6,660,880.00	\$9,535,223.17	\$3,641,391.92
5800.95 Unpaid Claims Liability Adjustment	\$20,248,153.00	\$20,248,153.00	\$1,687,346.00
<b>TOTAL EXPENSES</b>	<b>\$3,576,385,945.00</b>	<b>\$3,711,085,009.66</b>	<b>\$270,981,141.81</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$56,109,185.00</b>	<b>(\$71,130,060.25)</b>	<b>\$48,287,797.69</b>
<b>NET ASSETS - BEGINNING</b>	<b>\$698,568,274.65</b>	<b>\$698,568,274.65</b>	<b>\$579,150,416.71</b>
<b>NET ASSETS - ENDING</b>	<b>\$754,677,459.65</b>	<b>\$627,438,214.40</b>	<b>\$627,438,214.40</b>

**SISC III  
BALANCE SHEET  
September 30, 2024**

	October 1, 2023 BALANCE	September 30, 2024 BALANCE
<b><u>ASSETS</u></b>		
9110.00 Cash in County Treasury	\$110,780,738.98	\$100,355,945.34
9120.00 Bank Account-Health Claims	\$162,963,108.78	\$195,294,956.81
9130.00 Revolving Fund	\$1,500.00	\$0.00
9150.01 Local Agency Investment Fund	\$245,771.10	\$256,011.32
9150.03 Investments	\$518,909,265.11	\$526,970,425.70
9200.00 Accounts Receivable	\$126,494,090.92	\$108,558,789.37
9330.00 Prepaid Expenditures	\$60,980,164.28	\$0.00
9335.00 Reserve Fund	\$13,722,357.00	\$14,087,525.81
TOTAL ASSETS	\$994,096,996.17	\$945,523,654.35
 <b><u>LIABILITIES</u></b>		
9500.00 Current Liabilities	\$80,350,572.36	\$86,681,544.91
9650.00 Deferred Income	\$7,580,704.23	\$3,558,297.11
9668.00 Unpaid Claims Liability	\$207,597,444.93	\$227,845,597.93
TOTAL LIABILITIES	\$295,528,721.52	\$318,085,439.95
 NET ASSETS - Funding Stabilization Reserves	 \$698,568,274.65	 \$627,438,214.40
TOTAL LIABILITIES AND NET ASSETS	\$994,096,996.17	\$945,523,654.35

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AUTHORIZED SIGNATURE

PREPARED BY: Nancy Russo

**SISC III  
Investments  
September 30, 2024**

**24-HOUR LIQUID FUNDS**

SISC III maintains much of its cash in the Kern County Treasury and Local Agency Investment Fund. Both agencies pool these funds with those of other entities in the state. These pooled funds are carried at cost which approximates market value.

AGENCY	BALANCE	RETURN	PERIOD	DATES
COUNTY OF KERN	\$100,355,945.34	3.46%	LAST QUARTER	APR-JUN 2024
		1.88%	5 YEAR AVERAGE	JUL 2019 - JUN 2024
LOCAL AGENCY INVESTMENT FUND	\$256,011.32	4.58%	CURRENT MONTH	September, 2024
		4.55%	LAST QUARTER	APR-JUN 2024
		1.89%	5 YEAR AVERAGE	JUL 2019 - JUN 2024

**INVESTMENT MANAGEMENT ACCOUNTS**

The investment securities portfolio is comprised of securities carried at fair market value.

The fair market value of the investment securities available for sale at June 30, 2024 was:

INVESTMENT FIRM	MARKET VALUE	QUARTERLY RETURN	ANNUALIZED RETURN	PERIOD	DATES	
MADISON INVESTMENTS (SISC INVESTMENT POOL)	\$68,663,790.00	0.91%	3.67%	LAST QUARTER	APR-JUN 2024	
				1.13%	5 YEAR AVERAGE	JUL 2019 - JUN 2024
				4.29%	YIELD TO MATURITY	AS OF JUN 30, 2024
MORGAN STANLEY (FRED BAYLES)	\$214,439,669.52	1.02%	4.10%	LAST QUARTER	APR-JUN 2024	
				1.32%	5 YEAR AVERAGE	JUL 2019 - JUN 2024
				4.24%	YIELD TO MATURITY	AS OF JUN 30, 2024
WELLS FARGO ADVISORS (RICH EDWARDS)	\$231,126,966.18	0.98%	3.96%	LAST QUARTER	APR-JUN 2024	
				0.71%	5 YEAR AVERAGE	JUL 2019 - JUN 2024
				4.96%	YIELD TO MATURITY	AS OF JUN 30, 2024
	\$514,230,425.70					

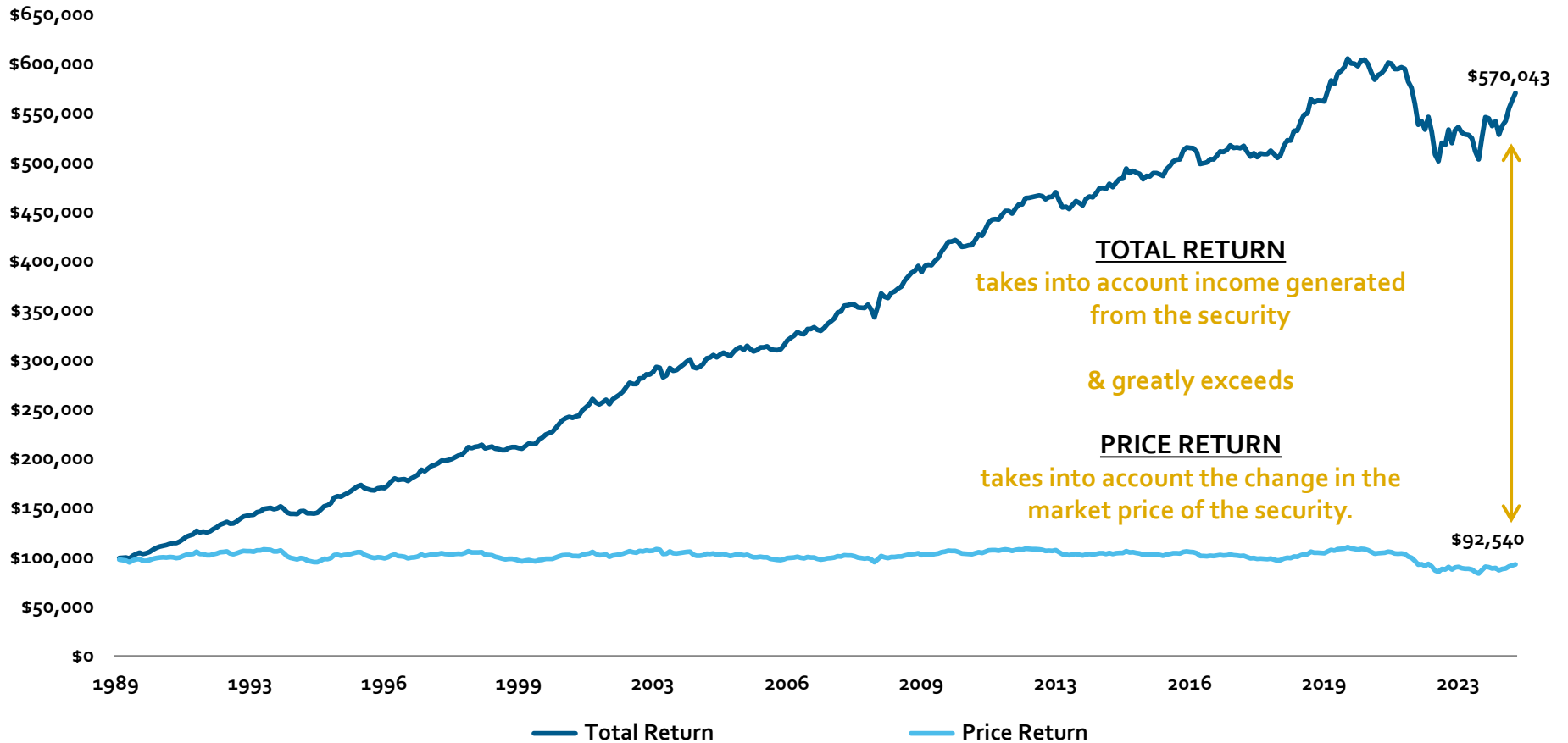
**5-YEAR HISTORY OF RETURNS**

Quarter Ending:	Co of Kern	LAIF	Investment Pool	Fred Morgan Stanley	Rich Wells Fargo	Combined Weighted Average Return
6/30/2024	3.46%	4.55%	3.67%	4.10%	3.96%	3.89%
3/31/2024	3.37%	4.30%	1.19%	2.68%	2.16%	2.45%
12/31/2023	3.15%	4.00%	10.98%	8.18%	10.02%	8.11%
9/30/2023	2.91%	3.53%	2.14%	3.48%	2.33%	2.83%
6/30/2023	2.65%	3.15%	-0.66%	0.45%	-1.03%	0.30%
3/31/2023	2.42%	2.74%	6.06%	5.83%	6.15%	5.43%
12/31/2022	2.16%	2.07%	3.47%	3.55%	3.49%	3.16%
9/30/2022	1.06%	1.35%	-4.79%	-5.11%	-8.00%	-3.40%
6/30/2022	1.00%	0.75%	-2.22%	-2.09%	-3.28%	-1.12%
3/31/2022	0.95%	0.32%	-9.06%	-6.20%	-11.03%	-4.35%
12/31/2021	0.84%	0.23%	-2.39%	-1.48%	-2.67%	-0.65%
9/30/2021	1.24%	0.24%	-0.20%	0.03%	-0.24%	0.50%
6/30/2021	1.00%	0.33%	0.80%	0.31%	-0.04%	0.51%
3/31/2021	1.07%	0.44%	-1.86%	-1.15%	-1.49%	-0.32%
12/31/2020	1.16%	0.63%	0.18%	0.03%	0.19%	0.46%
9/30/2020	1.30%	0.84%	0.43%	0.43%	0.53%	0.91%
6/30/2020	1.70%	1.47%	2.89%	2.95%	3.26%	2.28%
3/31/2020	2.10%	2.03%	8.05%	6.39%	5.47%	4.11%
12/31/2019	2.13%	2.29%	1.12%	1.63%	1.98%	1.93%
9/30/2019	2.03%	2.45%	2.85%	2.47%	2.51%	2.31%
5-Yr Average	1.88%	1.89%	1.13%	1.32%	0.71%	1.47%

# Fixed Income Returns Come From the Coupon

\$100,000 Investment in Bloomberg US Aggregate Index

December 1989 - September 30, 2024



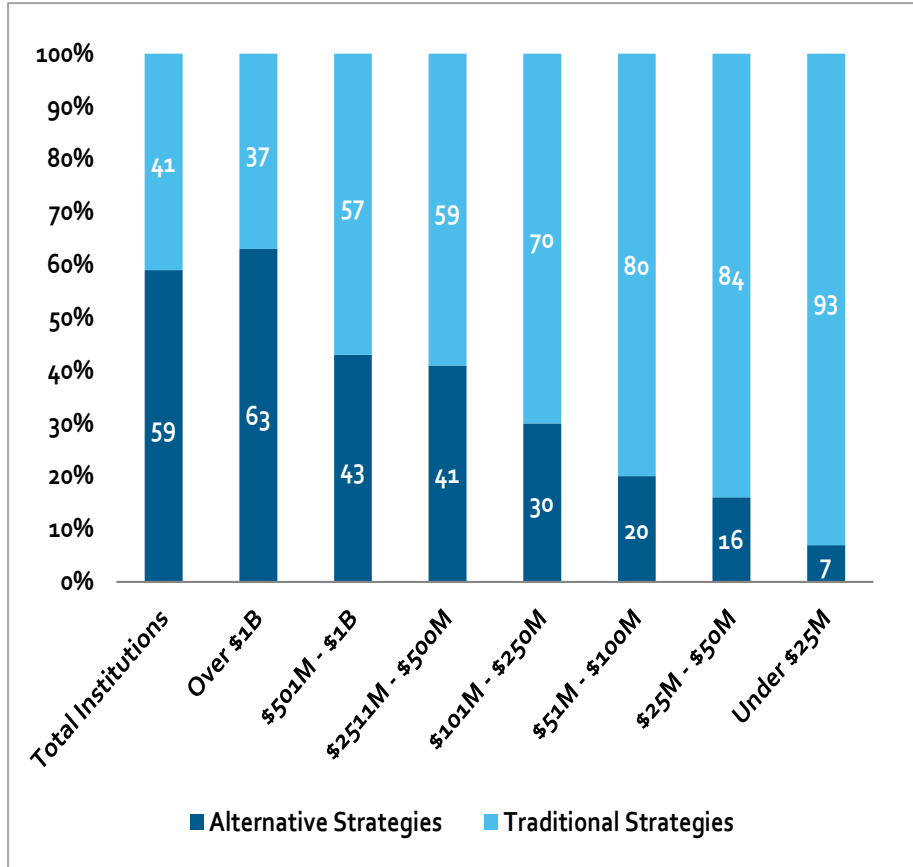
Source: FactSet, Morgan Stanley Wealth Management GIO

Past performance is no guarantee of future results. Estimates of future performance are based on assumptions that may not be realized. This material is not a solicitation of any offer to buy or sell any security or other financial instrument or to participate in any trading strategy. Please refer to important information, disclosures and qualifications at the end of this material.

# Institutions & College Endowments Are Heavily Invested in Alternatives

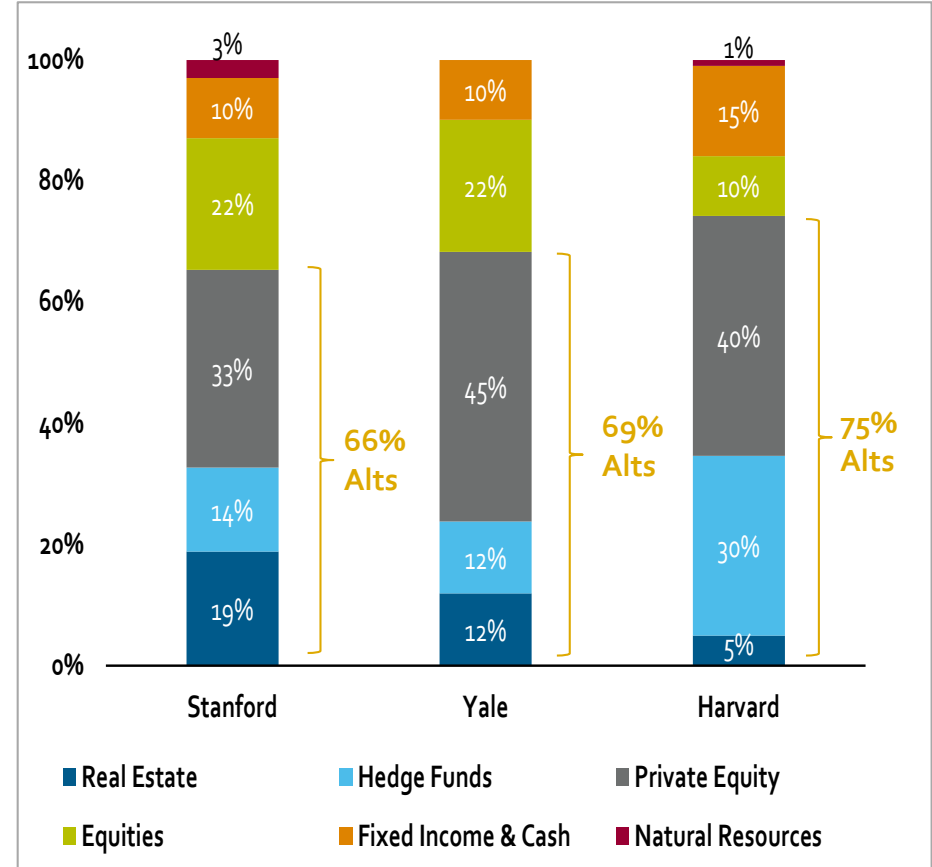
## Institutional Portfolio Allocations

December 31, 2022



## Strategic Endowment Asset Allocations

Latest data available as of October, 2023



Source: Morgan Stanley Wealth Management Global Investment Office. Left Chart: National Association of College and University Business Officers (NACUBO) study of approximately 800 institutions published January of each year. Note: The larger the endowment, the better the ability to diversify. Traditional Strategies include equity, fixed income and cash. Alternatives Strategies include real estate, hedge funds, private equity, venture capital, natural resources and other. Right Chart: Stanford University 2023 Financial Report, Yale University 2023 Financial Report, Harvard University 2023 Financial Report. Note: The allocations represented here are for illustrative purposes only. Alternatives investments are not suitable for all investors.

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**SISC III**  
**Comparison of Budget to Actual**  
**2023-24**

Revenues		Expenses		Surplus/Deficit		Exp/Rev		Act/Bgt
Monthly	YTD	Monthly	YTD	Monthly	YTD	Monthly	YTD	YTD

**Budget**

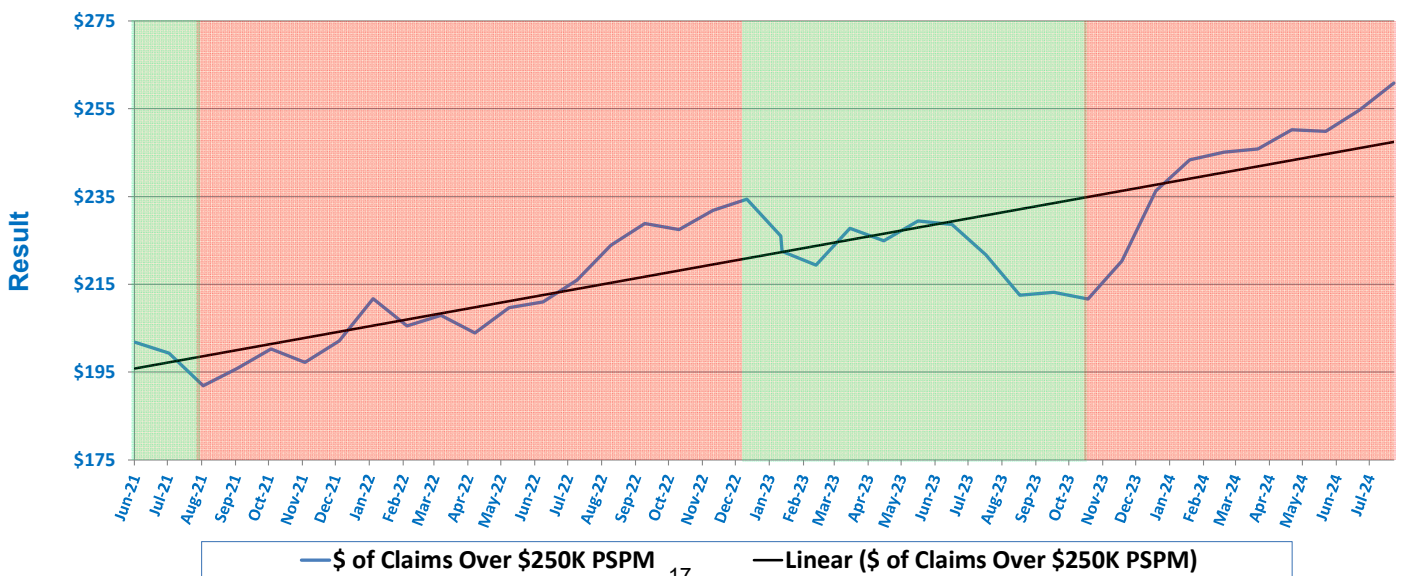
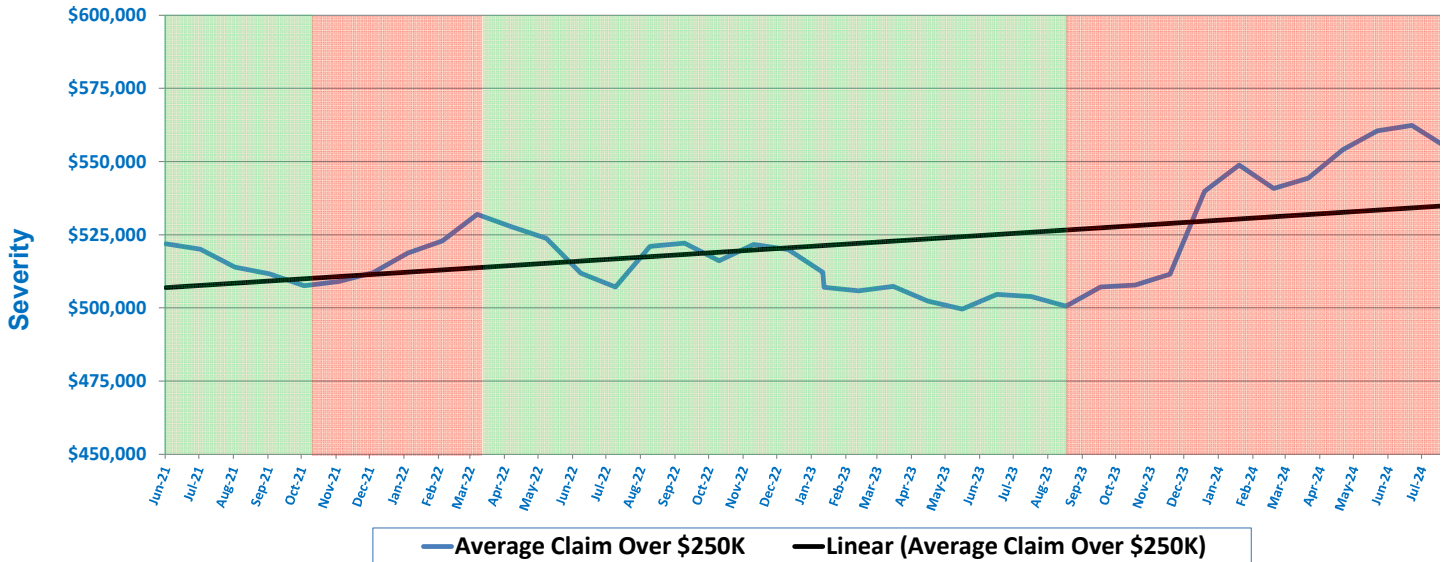
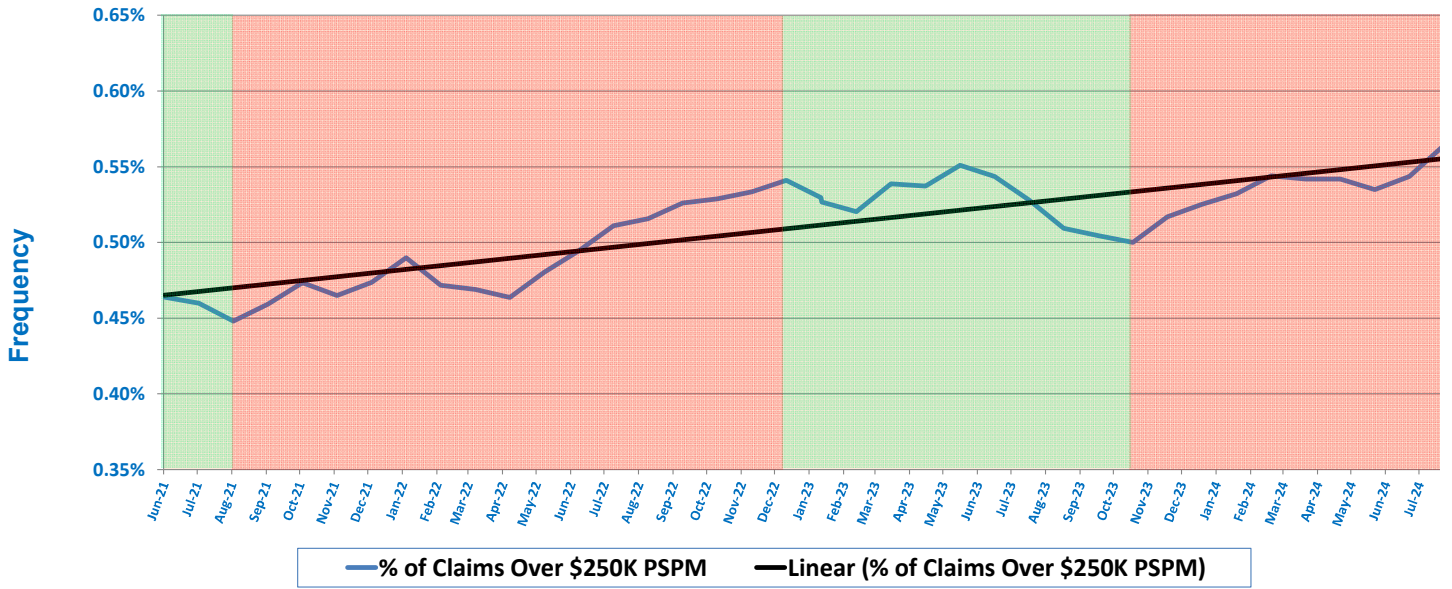
Oct-23	\$290,502,388	\$290,502,388	\$296,759,466	\$296,759,466	(\$6,257,079)	(\$6,257,079)	102.2%	102.2%
Nov-23	\$293,349,292	\$583,851,680	\$289,724,378	\$586,483,844	\$3,624,914	(\$2,632,165)	98.8%	100.5%
Dec-23	\$293,349,292	\$877,200,972	\$313,267,310	\$899,751,154	(\$19,918,018)	(\$22,550,183)	106.8%	102.6%
Jan-24	\$310,750,649	\$1,187,951,621	\$281,611,717	\$1,181,362,871	\$29,138,932	\$6,588,749	90.6%	99.4%
Feb-24	\$303,083,506	\$1,491,035,127	\$282,506,117	\$1,463,868,989	\$20,577,389	\$27,166,138	93.2%	98.2%
Mar-24	\$303,083,506	\$1,794,118,633	\$294,743,624	\$1,758,612,613	\$8,339,882	\$35,506,021	97.2%	98.0%
Apr-24	\$310,750,649	\$2,104,869,282	\$300,051,193	\$2,058,663,806	\$10,699,456	\$46,205,476	96.6%	97.8%
May-24	\$303,083,506	\$2,407,952,789	\$297,590,704	\$2,356,254,510	\$5,492,803	\$51,698,279	98.2%	97.9%
Jun-24	\$303,083,506	\$2,711,036,295	\$298,846,502	\$2,655,101,012	\$4,237,004	\$55,935,283	98.6%	97.9%
Jul-24	\$307,843,457	\$3,018,879,752	\$297,367,376	\$2,952,468,388	\$10,476,081	\$66,411,364	96.6%	97.8%
Aug-24	\$300,176,314	\$3,319,056,066	\$310,746,112	\$3,263,214,500	(\$10,569,797)	\$55,841,567	103.5%	98.3%
<b>Sep-24</b>	<b>\$313,439,065</b>	<b>\$3,632,495,131</b>	<b>\$313,171,445</b>	<b>\$3,576,385,945</b>	<b>\$267,619</b>	<b>\$56,109,186</b>	<b>99.9%</b>	<b>98.5%</b>

**Actual**

Oct-23	\$285,608,414	\$285,608,414	\$285,552,298	\$285,552,298	\$56,116	\$56,116	100.0%	100.0%	97.9%
Nov-23	\$292,667,843	\$578,276,257	\$300,015,641	\$585,567,939	(\$7,347,798)	(\$7,291,682)	102.5%	101.3%	100.8%
Dec-23	\$292,899,192	\$871,175,449	\$332,325,943	\$917,893,882	(\$39,426,751)	(\$46,718,433)	113.5%	105.4%	102.7%
Jan-24	\$315,692,139	\$1,186,867,589	\$307,861,694	\$1,225,755,576	\$7,830,446	(\$38,887,987)	97.5%	103.3%	103.9%
Feb-24	\$301,429,578	\$1,488,297,166	\$297,929,524	\$1,523,685,100	\$3,500,054	(\$35,387,933)	98.8%	102.4%	104.3%
Mar-24	\$306,856,099	\$1,795,153,265	\$313,837,429	\$1,837,522,529	(\$6,981,331)	(\$42,369,264)	102.3%	102.4%	104.4%
Apr-24	\$307,178,987	\$2,102,332,251	\$299,269,456	\$2,136,791,985	\$7,909,531	(\$34,459,733)	97.4%	101.6%	103.9%
May-24	\$304,592,764	\$2,406,925,016	\$314,539,372	\$2,451,331,356	(\$9,946,607)	(\$44,406,341)	103.3%	101.8%	104.1%
Jun-24	\$305,354,878	\$2,712,279,894	\$290,808,007	\$2,742,139,364	\$14,546,871	(\$29,859,470)	95.2%	101.1%	103.2%
Jul-24	\$308,001,135	\$3,020,281,030	\$326,528,764	\$3,068,668,127	(\$18,527,628)	(\$48,387,098)	106.0%	101.6%	103.9%
Aug-24	\$300,404,980	\$3,320,686,010	\$371,435,740	\$3,440,103,868	(\$71,030,760)	(\$119,417,858)	123.6%	103.6%	105.4%
<b>Sep-24</b>	<b>\$319,268,940</b>	<b>\$3,639,954,949</b>	<b>\$270,981,142</b>	<b>\$3,711,085,010</b>	<b>\$48,287,798</b>	<b>(\$71,130,060)</b>	<b>84.9%</b>	<b>102.0%</b>	<b>103.6%</b>



# Large Claim History - June 2021 - August 2024



## Summary of Individuals with Claims over \$250,000

<u>2022-23</u>		<u>2023-24</u>	
Count	Paid	Count	Paid
		1	\$7,600,906
1	\$5,368,512	1	\$4,882,545
		1	\$4,515,375
1	\$3,709,790	1	\$3,918,118
		1	\$3,299,576
		1	\$3,221,698
1	\$2,663,923	1	\$2,476,658
		1	\$2,427,271
		1	\$2,416,068
		1	\$2,378,525
		1	\$2,362,406
1	\$2,231,956	1	\$2,286,840
1	\$2,085,899	1	\$2,235,865
1	\$2,082,787	1	\$2,113,665
		1	\$1,895,383
		1	\$1,855,931
		1	\$1,806,714
		1	\$1,769,220
1	\$1,755,204	1	\$1,744,158
		1	\$1,732,574
		1	\$1,713,540
		1	\$1,707,777
		1	\$1,660,574
		1	\$1,643,838
		1	\$1,613,705
		1	\$1,611,619
<b>Total Yellow:</b>	<b>7      \$19,898,070</b>	<b>7</b>	<b>\$19,657,849</b>
<b>Total Blue:</b>	<b>0      \$0</b>	<b>19</b>	<b>\$47,232,699</b>
<b>Total &gt;\$1.6M</b>	<b>7      \$19,898,070</b>	<b>26</b>	<b>\$66,890,548</b>
<b>% Change</b>		<b>271%</b>	<b>236%</b>

1	\$1,562,423	1	\$1,572,755
1	\$1,534,105	1	\$1,511,555
1	\$1,506,312	1	\$1,504,330
1	\$1,485,995	1	\$1,476,962
1	\$1,473,081	1	\$1,462,048
1	\$1,457,810	1	\$1,459,103
1	\$1,457,096	1	\$1,438,120
1	\$1,438,527	1	\$1,414,808
1	\$1,368,288	1	\$1,403,454
1	\$1,367,916	1	\$1,379,846
1	\$1,366,852	1	\$1,353,343
1	\$1,340,501	1	\$1,318,644
1	\$1,306,061	1	\$1,279,307
1	\$1,276,341	1	\$1,249,753
1	\$1,271,572	1	\$1,244,396

## Summary of Individuals with Claims over \$250,000

	<u>2022-23</u>		<u>2023-24</u>	
	Count	Paid	Count	Paid
			1	\$1,237,931
			1	\$1,224,557
	1	\$1,221,800	1	\$1,224,499
	1	\$1,181,718	1	\$1,210,996
	1	\$1,153,413	1	\$1,158,531
			1	\$1,137,801
			1	\$1,127,818
	1	\$1,109,137	1	\$1,118,986
	1	\$1,105,797	1	\$1,100,625
	1	\$1,080,604	1	\$1,086,865
			1	\$1,082,057
			1	\$1,075,948
	1	\$1,059,778	1	\$1,049,533
	1	\$1,057,711	1	\$1,041,951
	1	\$1,054,110	1	\$1,041,632
	1	\$1,048,891	1	\$1,036,280
	1	\$1,039,590	1	\$1,030,857
	1	\$1,039,079	1	\$1,030,112
	1	\$1,031,869	1	\$1,022,666
	1	\$1,024,662	1	\$1,021,850
			1	\$1,020,898
			1	\$1,020,187
	1	\$1,016,347	1	\$1,019,084
	1	\$1,006,217	1	\$1,011,375
<b>Total Yellow:</b>	<b>31</b>	<b>\$38,443,602</b>	<b>31</b>	<b>\$38,274,269</b>
<b>Total Blue:</b>	<b>0</b>	<b>\$0</b>	<b>8</b>	<b>\$8,927,197</b>
<b>Total \$1.0M-\$1.6M</b>	<b>31</b>	<b>\$38,443,602</b>	<b>39</b>	<b>\$47,201,466</b>
<b>% Change</b>			<b>26%</b>	<b>23%</b>

\$750K-\$1M	52	\$44,501,574	50	\$43,522,002
% Change			-4%	-2%
\$500K-\$750K	126	\$76,446,260	134	\$80,665,249
% Change			6%	6%
\$250K-\$500K	447	\$154,792,154	487	\$170,145,358
% Change			9%	10%
<b>Total \$250K-\$1M</b>	<b>625</b>	<b>\$275,739,988</b>	<b>671</b>	<b>\$294,332,608</b>
<b>% Change</b>			<b>7%</b>	<b>7%</b>

<b>Grand Totals</b>	<b>663</b>	<b>\$334,081,660</b>	<b>736</b>	<b>\$408,424,622</b>
<b>Increase</b>			<b>73</b>	<b>\$74,342,962</b>
<b>% Change</b>			<b>11%</b>	<b>22%</b>



# Plan Decision Making Tool for Employees

Presented by:  
Nicole Mata, Director of Health Benefits

October 17, 2024

# The Problem

Health literacy is low! Only 14% of insureds have proficient health literacy<sup>1</sup> Low health literacy leads to worse health outcomes<sup>2</sup>

- ✓ Employees often don't understand their plan options.
- ✓ Decisions are often made based on peer influence or copays.
- ✓ District staff don't always fully understand the plan options.
- ✓ Districts staff don't have the time to individually help employees.
- ✓ Employees ask questions that include personal health information.

1) "Consumers' Misunderstanding of Health Insurance." Journal of Health Economics 32(5): 850-862

2) <https://health.gov/communication/literacy/quickguide/factsliteracy.htm>

# The Opportunity

SISC is pleased to introduce, My Plan Choices, a **dynamic decision support tool** districts can utilize for their open enrollment (OE) and new hires.

The online tool can help benefits staff answer common employee questions:

What plan should I choose?

How much will it cost me?

Which plan is best for me?

When employees feel informed and satisfied with their health plan selection, they become better consumers of their health. Some outcomes from those who have used the My Plan Choice Decision support tool:

**93%** found the tool helpful

**80%** said they chose one of the top 3 recommended plans

**81%** said they know more about their plan and plan options after using the tool

# More Opportunity

Many SISC districts still use paper forms to collect annual employee open enrollment elections.

The My Plan Choices tool will allow employees to electronically select a plan for open enrollment and provide a corresponding report to the district.

The OE employee election report can then be used by district staff to quickly input open enrollment elections into SISCconnect. In most cases, this tool will eliminate the need for paper forms during open enrollment.

This method of collecting open enrollment elections could save district staff and employees valuable time!



# Cost to Districts

## Packages

- ✓ Decision Support only
- ✓ Decision Support and electronic open enrollment

## Pricing

- ✓ Based on district size and package
- ✓ Added to the SISC monthly invoice





# Another Option

American Fidelity (AF) currently works with 38 SISC districts to provide a full benefits admin system with electronic enrollment.

For districts already using their AF enroll platform, American Fidelity is introducing a plan decision support function at no cost.

Although not all districts qualify for AF's benefit administration system, it's important districts understand their available options to support employees through Open Enrollment.





# SISC Health Screening Program: Review and Update

Presented by:  
Nicole Mata, Director of Health Benefits

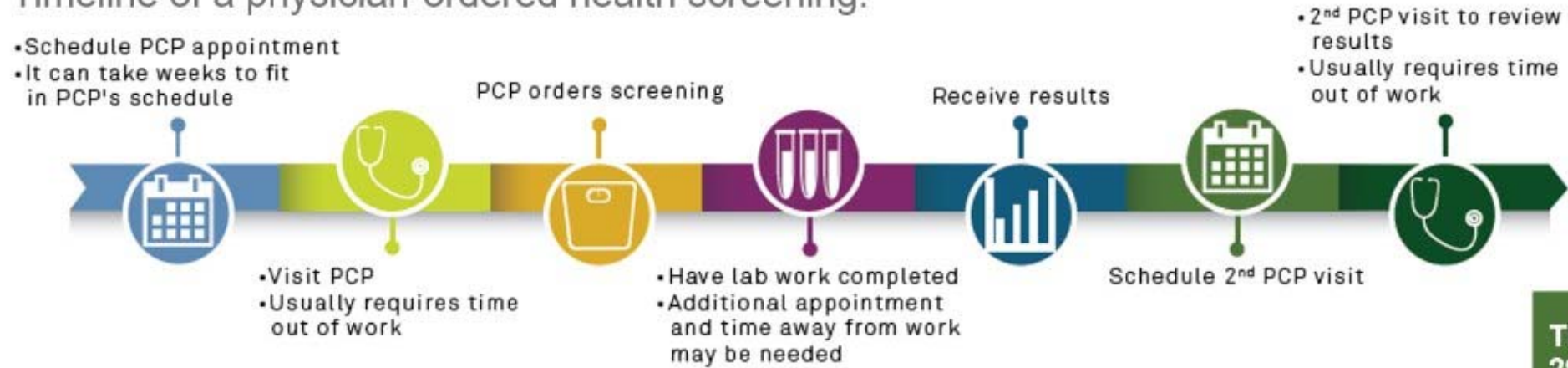
October 17, 2024

# 2024 Screening Program

- ✓ SISC partnered with Quest Diagnostics for our 2024 Health Screening Program which was held from January through June 2024.
- ✓ At the screening, SISC members meet with a Quest health technician for a 15-minute screening to learn their health numbers.
- ✓ Participants walked away with their health numbers and received a follow-up email with a full assessment of results.
- ✓ To encourage participation, members are emailed a \$25 Amazon gift code in the weeks following their screening.

# Why Screen Employees?

## Timeline of a physician-ordered health screening:



## Timeline of an employer-sponsored health screening:



The average patient waits 29.3 days to see a family physician.<sup>1</sup>

Screening through an employer cuts almost 1 month off the timeline, on average.

1. Becker's Hospital Review. PCP wait times are 50% higher than in 2014. 2017. Accessed January 24, 2020. <https://www.beckershospitalreview.com/hospital-physician-relationships/pcp-wait-times-are-50-higher-than-2014.html>.

# Enhancements with Quest

## Increased Flexibility

- ✓ Members had the option to use a Quest Patient Service Center (PSC) to complete their screening. The PSC required a blood draw and delayed results.
- ✓ Districts had the option to host events and/or promote the use of a PSC.

## Enhanced Communication

- ✓ Members received direct emails from Quest promoting the event with automatic reminders and “last chance” emails.
- ✓ Weekly registration update emails were sent to district staff.

## More Accurate Results

- ✓ Triglycerides values are now included in the health numbers.
- ✓ Scales are utilized for weight.
- ✓ Stadiometers are utilized for height.

# More Enhancements with Quest

## Informed Results

- ✓ Members at screening events walked away with an informative brochure assessing risk based on results.
- ✓ Electronic "My Guide" is available in the member's Quest portal after the event.

## Better Data Channels

- ✓ Quest sends data feeds to Eden and Vida for targeted outreach and member care.
- ✓ Members are encouraged to contact Eden to discuss results and use Vida to manage conditions.
- ✓ Quest partners with other vendors to encourage bi-directional referrals.

# Employees Receive a Customized Digital Report

1/2023 2/2022 2/2021

**Heart Health**

Total Cholesterol	219	214	199
Reference Range: 125-199 mg/dL			
Triglycerides	153	120	123
Reference Range: < 150 mg/dL			
HDL Cholesterol	50	71	69
Reference Range: > OR = 40 mg/dL			
LDL Cholesterol	138	120	120
Reference Range: < 130 mg/dL (calc)			
Cholesterol/HDL Ratio	4.4	2.9	
Reference Range: < 5.0 (calc)			

**Pancreas Health**

Glucose	89	80	85
Reference Range: 65-99 mg/dL			
Hemoglobin A1c	5.4	NONE GIVEN	
Reference Range: 4.0-5.6 % of total Hgb			

**Physical Measures**

Body Mass Index (BMI)	22.0	28.1	28.1
Reference Range: 18.5-24.9 (calc)			

Shows a multi-year history so you can see your results over time.



**Diabetic Level**

A person with a hemoglobin A1c result in this range is to have type 2 diabetes. The good news is with the correct treatment and recommended lifestyle changes, many people with diabetes are able to control it without medications and prevent or delay the onset of complications.

**Heart**  
Did you know that people with diabetes have heart ...

**Eyes**  
Diabetes can damage the blood vessels in the eyes, ...

**Kidneys**  
Diabetes can damage the kidneys, which contain ...

**Skin**  
Diabetes can cause changes in a person's skin ...

**Feet**  
People with diabetes can develop many different ...

Show Instructions



# 2024 Results



# Executive Summary of Results

1

## Robust panel allows for maximum risk identification

- Body Mass Index (73%)
- Hypertension (58%)
- Hyperlipidaemia (47%)

2

## Those who participate improve their health

- Glucose (57%)
- A1c (41%)
- HDL (56%)

3

## Participation highlights

- 12,902 (6%)
- YOY Improvement (+1%)
- Spend efficiency has improved w/event minimums & PSCs

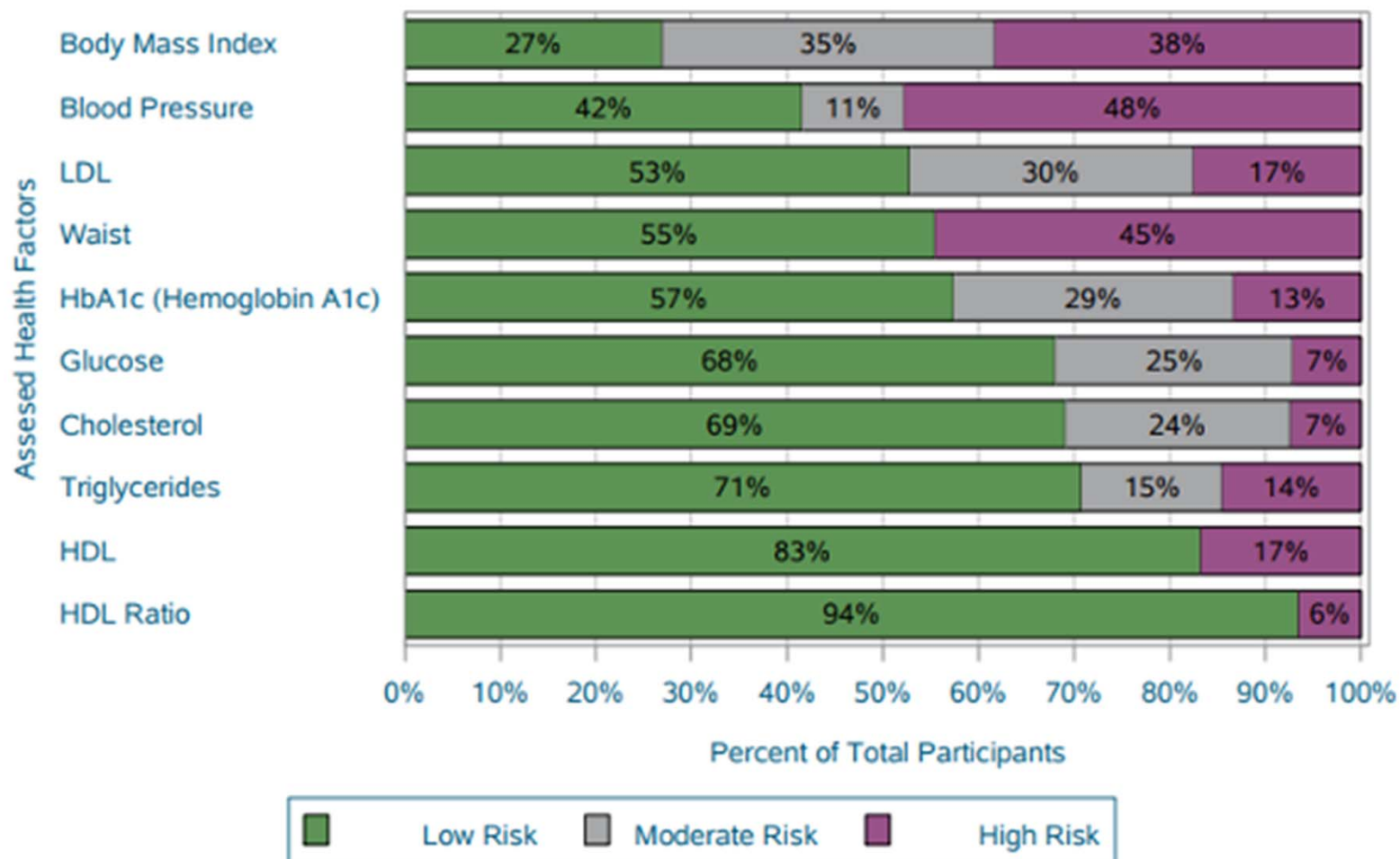
# Top Risks

**73%**  
of the employee  
population are at  
Moderate or High  
risk for **Body  
Mass Index**.

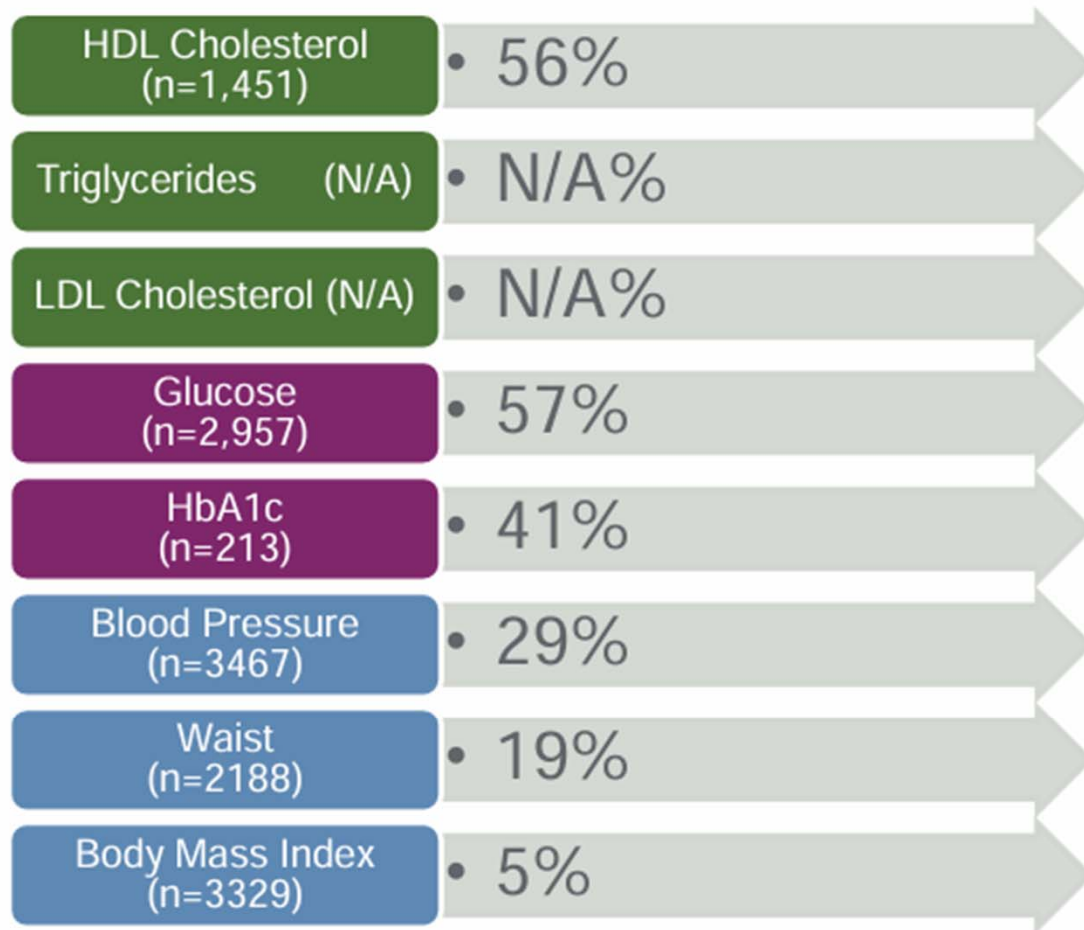
**58%**  
are at Moderate or  
High risk for **Blood  
Pressure**.

**47%**  
are at Moderate or  
High risk for **LDL**.

Top Risks Of All Participants (N=12,902)



# Health Improvement



# Hba1c

Members who meet age and BMI criteria are also issued an Hba1c test which measures average blood sugar over the previous 90 days. It's a measure used to clinically diagnosis and asses diabetes.

<u>BMI</u>	<u>Age</u>
<u>30-34.9</u>	<u>45+</u>
<u>35-39.9</u>	<u>35+</u>
<u>40.0+</u>	<u>18+</u>

<b>Hemoglobin A1c Level</b>	<b>Interpretation</b>	<b>Male</b>	<b>Female</b>	<b>Number in Range</b>	<b>Percent in Range</b>
4.0-5.6%	Consistent with controlled diabetes or absence of diabetes. May increase risk of hypoglycemia (low glucose level) among those with diabetes.	450	1,345	1,795	57.38%
5.7-6.4%	If known to have diabetes,consistent with controlled diabetes.Suggests increased future risk of diabetes if confirmed by elevated fasting glucose level.	269	648	917	29.32%
6.5-6.9%	If known to have diabetes, consistent with controlled diabetes. If not previously diagnosed, results of 6.5% and greater are consistent with diabetes if confirmed on repeat measurement or if non-fasting glucose 200 mg/dL or greater and symptoms are present.	55	118	173	5.53%
7.0-8.0%	If not previously diagnosed, this result is consistent with diabetes if confirmed on repeat measurement or if glucose 200 mg/dL or greater and symptoms are present.	63	93	156	4.99%
>8.0%	Consistent with poorly controlled diabetes that needs modified management.	24	63	87	2.78%

# Participation

12,902 Participants Total

# Onsite: 7,294

# PSC: 5,611

# A1c: 3,134

# MyGuide Views: 7,351

# Service Center Calls: 2,541

# Participation Champions



Location	Participants	Eligible	Participation Rate
Hope School District	24	111	22%
Armona Union Elementary	41	201	20%
Santa Ynez Valley Union High	34	175	19%
Winton Elementary	66	367	18%
Delano Jt Union High	156	951	16%
Palisades Charter High	54	332	16%
Muroc Jt Unified	49	317	15%
Arcata Elementary SD	20	130	15%
Livingston Union Elementary	71	462	15%
San Luis Obispo Co Office of Education	54	354	15%
Santa Barbara Co Education Office	116	763	15%

By Participation Rate

By Participant Count

Location	Participants	Eligible	Participation Rate
Kern Co Office of Education	364	2995	12%
South Orange County Community College	306	2183	14%
Panama Buena Vista Union Elementary	295	3967	7%
Pajaro Valley Unified	273	4412	6%
Moreno Valley Unified	256	5161	5%
Pomona Unified	252	3534	7%
Fresno County Superintendent of Schools	243	2109	12%
Merced Co Office of Education	224	1621	14%
Antelope Valley Union High	220	3913	6%
Merced City School District	216	2129	10%
William S. Hart Union High	211	3280	6%
Sanger Unified	192	2135	9%
Tulare Co Office of Education	185	2283	8%



# What's Next?

# Colorectal Cancer Screenings

We are pleased to expand our 2025 program to include colorectal cancer screenings for those who are 45+ enrolled on a SISC PPO Plan. Quest's Insure One FIT test is a simple way to screen annually for colorectal cancer at home.

- Targeted members will receive a post card with a QR code for easy ordering.
- Targeted members will be asked at onsite events if they would like to order a kit.
- The kit includes easy-to-follow instructions and does not require handling of a sample.
- The results are sent back in a pre-addressed postage paid envelope via the regular mail (USPS).
- Within a week, an email is sent for negative results and a call from a healthcare provider is conducted for positive results.

