March 3, 014

Dear EBAC Colleagues,

Outlined below is a summary of the EBAC meeting held on Friday, February 28 in Brother Jerome Hall. Also attached are copies of the presentation for your review. Our next meeting will be on March 25 (10-11:30) in the Founders Hall. Refreshments will be provided.

Summary of meeting highlights:

Jon began with an historical overview (2005-2014) of the key metrics associated with our health care providers. The analysis included:

- Year over year combined enrollment
- Employee enrollment by carrier
- Enrollment history by plan and tier
- Historical base plan rates (Kaiser & non-Kaiser) for single employees
- Kaiser single and family cost share
- Non-Kaiser single and family cost share
- Rate history of what SMC contributed toward single and family cost
- SMC percentage of cost

Key insights for Jon was how helpful this historical analysis was in terms of reviewing the College's various scenarios and thoughtful consideration that was given at the time recommendations were made. For example it was very helpful to recall during the recession years, (2007-2009), employees elected lower cost options.

Pete suggested we look at the AICCU benefit data to see how other colleges are contributing. We also discussed going from 4 coverage tiers to 5 coverage tiers. The 4th tier was intended to add families. We could consider adding a 5th tier.
We then discussed what would we do if we decided to not cover elective surgery. Jon mentioned that the elective surgery option was only available through the non-Kaiser carrier. We also discussed the importance of involving additional voices if we decided to drop elective surgeries.

We all concluded that the historical analysis was very helpful in assisting us to better understand our decision points and what was going on at the College at various points in our journey. We also discussed the importance of identifying some good tenets, which will help us better inform our recommendations.

Our basic tenets were as follows:

- Employee choice of Kaiser / non-Kaiser (within one risk sharing pool)
- Maintain a “low/no cost plan”
- Reflect cost difference
- Target budget
- Ease of communication and administration
- Support coverage for dependents

We also discussed an important new tenet and that was “Wellness”.

It was suggested we may want to do some report card on how well we have done with our basic tenets as a way of measuring progress.

Topics for our next meeting will be to flesh out our old tenets and identify new tenets, such as wellness for 2015 and beyond. We also need to review and discuss cost saving strategies such as eliminating coverage for all elective procedures and to review and discuss expanding choice to include some type of cafeteria plan for selected benefits.

Eduardo