SCHOOL DISTRICT OF MANAWA FINANCE COMMITTEE MEETING AGENDA

Join Hangouts Meet

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Join by phone

+1 413-471-2146 PIN: 858 398 679#

April	15, 2020	5:30 p.m.	MES Board Room 800 Beech Street, Manawa
Board	Committee Members: Pohl (C	C), J. Johnson, Pethke	
In Att	endance:		
Timer	:	Recorder:	
	as Presented. (Action)	them, Inc. as the Insuran	Wishes (Action) nce Carrier beginning July 1, 2020
	Co-curricular Contract Pay (Act		
3. 4	2020-21 Budget Scenarios (Info Food/Instructional Material Del	· · · · · · · · · · · · · · · · · · ·	ional)
	Monthly Finance Report (Inform	• •	ionar)
	2019-20 Budget Update (Inform	· · · · · · · · · · · · · · · · · · ·	
7.	Finance Committee Planning G	uide (Information / Acti	ion)
	Next Finance Committee Meeti		
9.	Next Finance Committee Items:	:	
	1.		
10.	2. Adjourn		



Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		WCA Group Health Trust		
		Current/Renewal		
Provider Network:		EPO/HMO HRA		
		UHC Choice		
Deductible		Single	Family	
	In Network	\$2,000	\$4,000	
	Out of Network	Does Not Apply		
Co-Insurance				
	In Network	100% after Deductible		
	Out of Notwork	Dana A	Int America	
Maximum Out-of-Pocket	Out of Network	Does Not Apply		
Maximum Out-of-Pocker	In Notwork	Single \$4,000	Family	
	In Network	γ4,000	\$8,000	
	Out of Network	Does Not Apply		
Office Visits	3 de de l'il dell'olik	PCP	Specialist	
J	In Network	\$25 Copay, then Deductible	\$50 Copay, then Deductible	
	Out of Network	No Co	overage	
Diagnostic/Xray/Lab				
	In Network	Deductible Applies		
	Out of Network	No Co	overage	
Routine/Preventive Care				
	In Network	Select Services Covered in Full		
lunant Cara	Out of Network	No Coverage		
Urgent Care	In Network	\$100 Copay, then Deductible		
	Out of Network		overage	
Emergency Room	out of Network	No ex	over uge	
inicigency Reem		\$250 Copay, t	then Deductible	
lospital Services				
	In Network	Deductible Applies		
	Out of Network	No Co	overage	
Prescription Drugs				
	In Network	\$0 / \$10 / \$30 / \$60		
	Out of Network		overage	
Rx Maximum Out-of-Pocket		Single	Family	
Enhanced Condess		\$2,000	\$4,000	
Enhanced Services	Vision Benefit	Inc	luded	
Vision Benefit Extraction/Replacement of Teeth		Included No		
Waiver of Premium		No		
Rates		Current	Renewal	
Employee	14	\$774.35	\$890.50	
Employee +1	9	\$1,549.77	\$1,782.24	
Family	33	\$2,091.27	\$2,404.96	
Annual Δ% from Current	•		15.00%	
Monthly Totals		\$93,800.74	\$107,870.85	
Annual Totals		\$1,125,608.88	\$1,294,450.21	
Annual Δ\$ from Current			\$168,841	

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.



Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier			Anthem	
Insurance Type Provider Network:		\$2,000 Essential Blue Preferred		
	In Network	\$2,000	\$4,000	
	Out of Network	\$4,000	\$8,000	
Co-Insurance				
	In Network	100% after Deductible		
	Out of Network	70/20+6	Out of Pocket Max	
Maximum Out-of-Pocket	Out of Network	Single	Family	
Maximom Out-of-Focker	In Network	\$4,000	\$8,000	
	III INCLWOIK	уч ,000	, po, po, po, po, po, po, po, po, po, po	
	Out of Network	\$8,000	\$16,000	
Office Visits		PCP	Specialist	
	In Network	Dec	ductible Appies	
	Out of Network	Deductible & Coinsurance		
Diagnostic/Xray/Lab				
	In Network		luctible Applies	
	Out of Network	Deductible & Coinsurance		
Routine/Preventive Care				
	In Network		rvices Covered in Full	
	Out of Network	Deduct	ible & Coinsurance	
Urgent Care	In Nichwork	Dod	luctible Applies	
	In Network Out of Network		ible & Coinsurance	
Emergency Room	out of Network	Beddet	ible & comsurance	
Lineigency Room		In-Network Ded	uctible and/or Coinsurance	
Hospital Services				
	In Network	Ded	luctible Applies	
	Out of Network	Deduct	ible & Coinsurance	
Prescription Drugs				
	In Network		\$30 / \$60 / 25%	
	Out of Network	50% /	50% / 50% / 50%	
Rx Maximum Out-of-Pocket				
		Included in Medical Max OOP		
Enhanced Services		_		
	Vision Benefit		kam Included	
Extraction/Replacement of Teeth		Limited Benefit		
Patos	Waiver of Premium		No	
Rates Employee/Spause	1.1		\$844.04	
Employee/Spouse Employee/Child(ren)	14	\$844.04		
Family	33			
Annual Δ% from Current	33			9.00%
Monthly Totals		\$102,242.65		
Annual Totals			,226,911.80	
	Annual Δ\$ from Current		\$101,303	
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Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		WEA Trust		
Insurance Type Provider Network:		\$2,000 Essential PPO Preferred Trust		
	In Network	\$2,000	\$4,000	
	Out of Network	\$4,000	\$8,000	
Co-Insurance		4000/ - \$4-	De de skilde	
	In Network	100% after Deductible		
	Out of Network	80/20 to Out	of Pocket Max	
Maximum Out-of-Pocket	Out of Network	Single	Family	
Maximom Cor-or-1 ocker	In Network	\$2,000	\$4,000	
	III WELWOIK	ψ 2 ,000	үч,ооо	
	Out of Network	\$6,000	\$12,000	
Office Visits		PCP	Specialist	
	In Network	\$25 Copay, then Deductible	\$50 Copay, then Deductible	
	Out of Network	\$50 Copay, then Deductible & Coinsurance	\$100 Copay, then Deductible & Coinsurance	
Diagnostic/Xray/Lab				
	In Network	Deductible Applies		
	Out of Network	Deductible & Coinsurance		
Routine/Preventive Care				
In Network		Select Services Covered in Full		
	Out of Network	Deductible 8	& Coinsurance	
Urgent Care		¢100 Consul then Dadwetible		
In Network		\$100 Copay, then Deductible		
F	Out of Network	\$100 Copay, then In-Network Deductible & Coinsurance		
Emergency Room		\$250 Canay than In Natwork	Dodustible and for Coincurance	
Hospital Services		\$250 Copay, then In-Network Deductible and/or Coinsurance		
nospiidi services	In Network	Deductih	ole Applies	
	Out of Network		& Coinsurance	
Prescription Drugs		Deductible		
In Network		\$0 / \$10 / \$30 / \$60		
	Out of Network	No Coverage		
Rx Maximum Out-of-Pocket	ĺ	Single	Family	
		\$2,000	\$4,000	
Enhanced Services				
Vision Benefit		Enhanced Vision		
Extraction/Replacement of Teeth		Extr/Repl Teeth (\$1,500)		
	Waiver of Premium	1	No	
Rates				
Employee/Spouse	14		19.93	
Employee/Child(ren)	9			
Family	33			
Annual Δ% from Current		18.80%		
Monthly Totals		\$111,435.38		
Annual Totals		\$1,337,224.56		
A	Annual Δ\$ from Current	\$21	1,616	

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Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier			Quartz	
Insurance Type Provider Network:		PPO 1-1 \$2,000 Embedded Quartz		
				Deductible
In Network		\$2,000 \$4,000		
	Out of Network	\$4,000	\$8,000	
Co-Insurance				
	In Network	100% after Deductible		
	Out of Nationals	00/201		
Marrian Out of Doublet	Out of Network		Out of Pocket Max	
Maximum Out-of-Pocket	La Materia di	Single \$2,000	Family	
	In Network	\$2,000	\$4,000	
	Out of Network	\$8,000	\$16,000	
Office Visits	Out of INELWOIR	PCP	\$16,000 Specialist	
OHICE VISHS	In Network		\$25 Copay	
	III WELWOIK	•	p~1	
	Out of Network	Deductik	ole & Coinsurance	
Diagnostic/Xray/Lab				
J	In Network	Covered in Full		
	Out of Network	Deductik	ole & Coinsurance	
Routine/Preventive Care				
	In Network	Select Serv	vices Covered in Full	
	Out of Network	Deductik	ole & Coinsurance	
Urgent Care				
	In Network	\$100 Copay		
	Out of Network	Deductik	ole & Coinsurance	
Emergency Room				
		,	250 Copay	
Hospital Services		D-1	and the land of the same than a	
	In Network	Deductible Applies Deductible & Coinsurance		
Prescription Drugs	Out of Network	Deductiv	DIE & COITISUI dIICE	
riescripilon brugs	In Network	Ċ1/	0 / \$25 / \$50	
	Out of Network		o Coverage	
Rx Maximum Out-of-Pocket		Single Family		
		\$2,000 \$4,000		
Enhanced Services			+ .,,===	
	Vision Benefit	Exa	am Included	
Extraction/F	Replacement of Teeth	No Coverage		
	Waiver of Premium		Yes	
Rates				
Employee/Spouse	14	\$1,188.01		
Employee/Child(ren)	9	\$2,655.76		
Family	33	\$2,655.76		
Annual Δ% from Current		36.65%		
Monthly Totals		\$128,174.06		
Annual Totals		\$1,538,088.72		
,	Annual Δ\$ from Current		\$412,480	

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Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		Quartz		
Insurance Type Provider Network:		POS 1-2 \$2,000 Embedded Quartz		
				Deductible
	In Network	\$2,000	\$4,000	
	Out of Network	\$4,000	\$8,000	
Co-Insurance	In National	4000/ (1, D. L. 1711		
	In Network	100% after Deductible		
	Out of Network	80/20 to Ou	t of Pocket Max	
Maximum Out-of-Pocket		Single	Family	
	In Network	\$2,000	\$4,000	
			• •	
	Out of Network	\$8,000	\$16,000	
Office Visits		PCP	Specialist	
	In Network	\$25 Copay	\$50 Copay	
	Out of Network	Deductible & Coinsurance		
Diagnostic/Xray/Lab				
	In Network	Cover	ed in Full	
	Out of Network	Deductible	& Coinsurance	
Routine/Preventive Care				
	In Network		s Covered in Full	
	Out of Network	Deductible	& Coinsurance	
Urgent Care		***		
	In Network		O Copay	
D	Out of Network	Deductible	& Coinsurance	
Emergency Room		¢25/	Э Сорау	
Hospital Services		ر کون	Сорау	
Tospiidi Services	In Network	Deducti	ble Applies	
	Out of Network		& Coinsurance	
Prescription Drugs				
In Network		\$10 / \$35 / \$60 / \$200 \$5 RX Outcomes		
	Out of Network		overage	
Rx Maximum Out-of-Pocket		Single	Family	
		\$2,350	\$4,700	
Enhanced Services				
	Vision Benefit		Included	
Extraction/Replacement of Teeth		No Coverage		
	Waiver of Premium		Yes	
Rates			20.46	
Employee/Spouse	14	\$920.46		
Employee/Child(ren)	9	\$2,057.66		
Family	33	\$2,057.66		
Annual Δ% from Current		5.87%		
Monthly Totals		\$99,308.16 \$1,101,607,03		
Annual Totals	Annual Ac from Current	\$1,191,697.92 \$66,089		
, and the second se	Annual Δ\$ from Current	\$6	C8U,0	

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Students choosing to excel; realizing their strengths.

To: Board of Education From: Carmen O'Brien cc: Dr. Melanie Oppor

Date: 4/14/2020

Re: Spring 2020 Co-curricular Contracts

Recommendation

I recommend to pay all signed spring co-curricular contracts at 50% and to pay all year-long co-curricular contract at 100% on June 1, 2020.

Reasoning

Spring season coaches signed contracts and blocked off their time to allow them to coach. Through no fault of their own, they were not allowed to fulfill their contract obligations. Many of our coaches put in time to prepare for the season. Therefore, I believe it is fair to pay a portion of the coaching contracts.