

**SCHOOL DISTRICT OF MANAWA
FINANCE COMMITTEE MEETING
AGENDA**

Join Hangouts Meet

meet.google.com/ddk-wjox-ter

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), J. Johnson, Pethke

In Attendance:

Timer: _____ **Recorder:** _____

1. Health Insurance Bids
 - a. Authorize District Administrator to Vote as the BOE Wishes (Action)
 - b. Consider Endorsement of Anthem, Inc. as the Insurance Carrier beginning July 1, 2020 as Presented. (Action)
2. Co-curricular Contract Pay (Action)
3. 2020-21 Budget Scenarios (Informational)
4. Food/Instructional Material Delivery Update (Informational)
5. Monthly Finance Report (Informational)
6. 2019-20 Budget Update (Informational)
7. Finance Committee Planning Guide (Information / Action)
8. Next Finance Committee Meeting Date: _____
9. Next Finance Committee Items:
 - 1.
 - 2.
10. Adjourn



Manawa School District Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		WCA Group Health Trust	
		Current/Renewal	
Insurance Type		EPO/HMO HRA	
Provider Network:		UHC Choice	
Deductible		Single	Family
In Network		\$2,000	\$4,000
Out of Network		Does Not Apply	
Co-Insurance		100% after Deductible	
In Network		100% after Deductible	
Out of Network		Does Not Apply	
Maximum Out-of-Pocket		Single	Family
In Network		\$4,000	\$8,000
Out of Network		Does Not Apply	
Office Visits		PCP	Specialist
In Network		\$25 Copay, then Deductible	\$50 Copay, then Deductible
Out of Network		No Coverage	
Diagnostic/Xray/Lab		Deductible Applies	
In Network		Deductible Applies	
Out of Network		No Coverage	
Routine/Preventive Care		Select Services Covered in Full	
In Network		Select Services Covered in Full	
Out of Network		No Coverage	
Urgent Care		\$100 Copay, then Deductible	
In Network		\$100 Copay, then Deductible	
Out of Network		No Coverage	
Emergency Room		\$250 Copay, then Deductible	
Hospital Services		Deductible Applies	
In Network		Deductible Applies	
Out of Network		No Coverage	
Prescription Drugs		\$0 / \$10 / \$30 / \$60	
In Network		\$0 / \$10 / \$30 / \$60	
Out of Network		No Coverage	
Rx Maximum Out-of-Pocket		Single	Family
		\$2,000	\$4,000
Enhanced Services		Included	
Vision Benefit		Included	
Extraction/Replacement of Teeth		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.



Manawa School District Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		Anthem	
Insurance Type		\$2,000 Essential	
Provider Network:		Blue Preferred	
Deductible		Single	Family
In Network		\$2,000	\$4,000
Out of Network		\$4,000	\$8,000
Co-Insurance			
In Network		100% after Deductible	
Out of Network		70/30 to Out of Pocket Max	
Maximum Out-of-Pocket		Single	Family
In Network		\$4,000	\$8,000
Out of Network		\$8,000	\$16,000
Office Visits		PCP	Specialist
In Network		Deductible Applies	
Out of Network		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 & Coinsurance	
Urgent Care			
In Network		Deductible Applies	
Out of Network		Deductible & Coinsurance	
Emergency Room			
		In-Network Deductible and/or Coinsurance	
Hospital Services			
In Network		Deductible Applies	
Out of Network		Deductible & Coinsurance	
Prescription Drugs			
In Network		\$10 / \$30 / \$60 / 25%	
Out of Network		50% / 50% / 50% / 50%	
Rx Maximum Out-of-Pocket			
		Included in Medical Max OOP	
Enhanced Services			
Vision Benefit		Exam Included	
Extraction/Replacement of Teeth		Limited Benefit	
Waiver of Premium		No	
Rates			
Employee/Spouse	14	\$844.04	
Employee/Child(ren)	9	\$1,689.25	
Family	33	\$2,279.48	
Annual Δ% from Current		9.00%	
Monthly Totals		\$102,242.65	
Annual Totals		\$1,226,911.80	
Annual Δ\$ from Current		\$101,303	

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Manawa School District Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		WEA Trust	
Insurance Type		\$2,000 Essential PPO	
Provider Network:		Preferred Trust	
Deductible		Single	Family
	In Network	\$2,000	\$4,000
	Out of Network	\$4,000	\$8,000
Co-Insurance		100% after Deductible	
	In Network	100% after Deductible	
	Out of Network	80/20 to Out of Pocket Max	
Maximum Out-of-Pocket		Single	Family
	In Network	\$2,000	\$4,000
	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		Deductible Applies	
	In Network	Deductible Applies	
	Out of Network	Deductible & Coinsurance	
Routine/Preventive Care		Select Services Covered in Full	
	In Network	Select Services Covered in Full	
	Out of Network	Deductible & Coinsurance	
Urgent Care		\$100 Copay, then Deductible	
	In Network	\$100 Copay, then Deductible	
	Out of Network	\$100 Copay, then In-Network Deductible & Coinsurance	
Emergency Room		\$250 Copay, then In-Network Deductible and/or Coinsurance	
Hospital Services		Deductible Applies	
	In Network	Deductible Applies	
	Out of Network	Deductible & Coinsurance	
Prescription Drugs		\$0 / \$10 / \$30 / \$60	
	In Network	\$0 / \$10 / \$30 / \$60	
	Out of Network	No Coverage	
Rx Maximum Out-of-Pocket		Single	Family
		\$2,000	\$4,000
Enhanced Services		Enhanced Vision	
	Vision Benefit	Enhanced Vision	
	Extraction/Replacement of Teeth	Extr/Repl Teeth (\$1,500)	
	Waiver of Premium	No	
Rates			
Employee/Spouse	14	\$919.93	
Employee/Child(ren)	9	\$1,841.13	
Family	33	\$2,484.43	
Annual Δ% from Current		18.80%	
Monthly Totals		\$111,435.38	
Annual Totals		\$1,337,224.56	
Annual Δ\$ from Current		\$211,616	

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Manawa School District Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		Quartz	
Insurance Type		PPO 1-1 \$2,000 Embedded	
Provider Network:		Quartz	
Deductible		Single	Family
	In Network	\$2,000	\$4,000
	Out of Network	\$4,000	\$8,000
Co-Insurance			
	In Network	100% after Deductible	
	Out of Network	80/20 to Out 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	
	Out of Network	Deductible & Coinsurance	
Diagnostic/Xray/Lab			
	In Network	Covered in Full	
	Out of Network	Deductible & Coinsurance	
Routine/Preventive Care			
	In Network	Select Services Covered in Full	
	Out of Network	Deductible & Coinsurance	
Urgent Care			
	In Network	\$100 Copay	
	Out of Network	Deductible & Coinsurance	
Emergency Room			
		\$250 Copay	
Hospital Services			
	In Network	Deductible Applies	
	Out of Network	Deductible & Coinsurance	
Prescription Drugs			
	In Network	\$10 / \$25 / \$50	
	Out of Network	No Coverage	
Rx Maximum Out-of-Pocket		Single	Family
		\$2,000	\$4,000
Enhanced Services			
	Vision Benefit	Exam Included	
	Extraction/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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Manawa School District Health Insurance Benefit Comparison

Effective Date: 7/1/2020

Health Carrier		Quartz	
Insurance Type		POS 1-2 \$2,000 Embedded	
Provider Network:		Quartz	
Deductible		Single	Family
	In Network	\$2,000	\$4,000
	Out of Network	\$4,000	\$8,000
Co-Insurance			
	In Network	100% after Deductible	
	Out of Network	80/20 to Out 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	Covered in Full	
	Out of Network	Deductible & Coinsurance	
Routine/Preventive Care			
	In Network	Select Services Covered in Full	
	Out of Network	Deductible & Coinsurance	
Urgent Care			
	In Network	\$100 Copay	
	Out of Network	Deductible & Coinsurance	
Emergency Room			
		\$250 Copay	
Hospital Services			
	In Network	Deductible Applies	
	Out of Network	Deductible & Coinsurance	
Prescription Drugs			
	In Network	\$10 / \$35 / \$60 / \$200 \$5 RX Outcomes	
	Out of Network	No Coverage	
Rx Maximum Out-of-Pocket		Single	Family
		\$2,350	\$4,700
Enhanced Services			
	Vision Benefit	Exam Included	
	Extraction/Replacement of Teeth	No Coverage	
	Waiver of Premium	Yes	
Rates			
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	
Annual Totals		\$1,191,697.92	
Annual Δ\$ from Current		\$66,089	

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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.