

THE UNIFIER

A CCASAPE PUBLICATION FOR MEMBERS

SEPTEMBER/OCTOBER 2008

www.ccasa.net

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CLARK COUNTY ASSOCIATION OF SCHOOL ADMINISTRATORS AND PROFESSIONAL-TECHNICAL EMPLOYEES

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PHONE: 796-9602

STEPHEN AUGSPURGER, EXECUTIVE DIRECTOR

CCASAPE PRINCIPAL SURVEY

This past June, CCASAPE conducted an electronic survey for all principals. The primary purpose of the survey was to determine principal opinion about region leadership and working conditions within each respective region. Secondly, the survey provided principals an opportunity to provide input regarding the effectiveness of Superintendent Rulfes and Deputy Superintendent Kohut-Rost and to assess the level of assistance provided by the various service divisions.

A total of 197 principals responded to the 2008 Principal Survey. The survey results have been compiled and have been reviewed with Dr. Rulfes, Dr. Kohut-Rost, and individually with each of the region superintendents, as well as, Martha Tittle and Dr. Goldman. The survey results have been posted on the CCASAPE web site at www.ccasa.net. To view the survey results, go to the CCASAPE web site and click on the survey tab. Listed there will be composite survey results, complete survey analysis, and targeted areas for improvement in each region as appropriate.

Generally, survey results in the Northeast, Northwest and Southeast Regions are excellent with approval ratings consistently scoring in the high 80% to the low 90%. No significant concerns were noted in any of these three regions. Congratulations go to Marsha Irvin, Richard Carranza and Andre Denson, region superintendents in these three regions, for their outstanding survey results. Approval ratings in the Southwest Region averaged 65%. Scores in the Superintendent's Schools had an average approval rating of 48%, and scores in the East Region had an average approval rating of 43%.

CCASAPE is particularly concerned about East Region principal responses to the survey. These concerns are representative of principal concerns which have existed in the East Region for some

time. Specific concerns from principals have been reviewed with Mr. Alfaro, and also discussed with Dr. Kohut-Rost and Dr. Rulfes. Nineteen of the twenty areas that allowed principals to provide feedback regarding the East Region superintendent indicated significant concerns. Because of the large number of questions providing negative feedback from principals in the East Region, as well as, narrative comments provided by East Region principals, Mr. Alfaro was informed that a follow-up survey will be conducted by CCASAPE in late November or early December to determine areas of improvement.

Although scores in the Superintendent's Schools are also of concern, the issues between the two regions are significantly different. Because approval ratings in the Southwest Region and the Superintendent's Schools were lower than desired, the region superintendents in these two areas, Dr. McCormick-Lee and Dr. Wallace, requested that CCASAPE resurvey their respective regions at the same time that the East Region is resurveyed. CCASAPE appreciates the initiative of these two region superintendents in requesting the resurveying of their principals, as well as, the efforts of each of the region superintendents in making use of the input provided through the survey to improve communication and working conditions for their principals.

CCASAPE also appreciates the time and effort responding principals put forth in completing this important survey. While principal response to the survey was good with 197 of 325 principals responding (61%), it is a concern that over 125 principals did not respond to the survey. It is hoped in the future that all principals will express their opinion. CCASAPE again reminds principals that the Zoomerang Survey design option selected for CCASAPE surveys ensures complete anonymity. The identity of each

respondent is not available to anyone in the CCSD or in the CCASAPE office.

And finally, the efforts of Mark Coleman in implementing CCASAPE's first ever on-line survey are noted and appreciated.

ANNUAL REVIEW OF SITE BASED PRINCIPAL POSITIONS

All principals are reminded that Article 20-11-5 of the Negotiated Agreement between the Clark County School District and the Clark County Association of School Administrators and Professional-technical Employees outlines the process and procedure for the required annual review of the classification of each principal position in the District. The review occurs annually, following count day (September 19 for the 2008-2009 school year). Human Resources will complete the analysis of all required data and will notify those principals who have changes in their classification point factors prior to October 24, 2008. Any change in classification factors which results in a salary increase will be paid beginning on the November 10th pay date and will be retroactive to the first day of the contract (July 1 or August 1). Reclassification point factors for principals can be viewed on the CCSD web site.

FULL-TIME STUDENT ENROLLMENT STATUS REQUIRED FOR HEALTH PLAN ELIGIBILITY

With the fall semester underway, health plan participants are reminded that an unmarried child who is under the age of 27 and enrolled in an accredited school is eligible to receive health benefits as a dependent on any of the health benefit plans offered through the Welfare Trust. Students must be enrolled in 6 credit hours to be eligible to participate. In the past, Sierra Health required an annual letter from the registrar's office verifying that the student is enrolled in a minimum of 6 credit hours.

HEALTH PLAN PARTICIPANTS ARE REMINDED THAT THIS ANNUAL VERIFICATION IS NO LONGER REQUIRED. ADMINISTRATORS AND RETIREES MUST PROVIDE A "STUDENT STATUS VERIFICATION" ONLY ONCE (WHEN A DEPENDENT TURNS 19, OR AT THE TIME OF COLLEGE ENROLLMENT IF THE CHILD IS 19 OR OLDER). PLAN PARTICIPANTS ARE REMINDED THAT SIERRA HEALTH EXPECTS THAT EACH ADMINISTRATOR AND RETIREE WILL INFORM THE DISTRICT'S BENEFITS OFFICE (799-5418) WHEN ANY DEPENDENT IS NO LONGER ELIGIBLE FOR HEALTH BENEFITS COVERAGE.

STUDENTS CURRENTLY ENROLLED IN THE HEALTH BENEFITS PLAN AS A DEPENDENT WHO DO NOT RETURN TO SCHOOL IN THE FALL ARE NOT ELIGIBLE FOR COVERAGE BEYOND SEPTEMBER 30, 2008.

Even though student status verification is no longer required by Sierra Health, the student must remain enrolled throughout the school year, with the exception of the summer months, to maintain health benefits eligibility. **Failure to notify the District's Benefits Office when a student dependent is no longer enrolled as a full-time student will result in Sierra Health terminating health benefits eligibility for that dependent retroactively to the date when the student became ineligible.** Claims incurred during the ineligible period will be denied by Sierra Health and the other health care providers.

CCASAPE REPRESENTATIVE COUNCIL 2008-2009

EXECUTIVE BOARD

President	Ron Montoya	Valley HS	5450
President Elect	Cathy Conger	Ronzone ES	4780
Past President	Charles Anderson	Food Service	8123
Secretary	Joe Murphy	Mack MS	2005
Treasurer	Beverly Mathis	Booker ES	4720

REPRESENTATIVES

First Year	Jeff Hafen	Training & Dev	387-0634
First Year	Beth Howe	Greenspun JHS	0920
First Year	Andre Long	LV Academy	7800
First Year	Karen Smallwood	Scherkenbach ES	3401
Second Year	Sue Daellenbach	Assessment	2808
Second Year	Kevin McPartlin	Chaparral HS	7580
Second Year	Greta Peay	Support Recruit	855-5444
Second Year	Robin Rankow	Partnership	6560

PROFESSIONAL ASSOCIATION REPRESENTATIVES

CCAESP	Shawn Paquette	Forbuss ES	6840
CCASSP	Jeff Geihs	Cheyenne HS	4830
Prof-technical	Jeff Hafen	Training & Dev	387-0634

CCASAPE STAFF

Stephen Augspurger	Executive Director	796-9602
Mark Coleman	Deputy Director	796-9602
Allin Chandler		796-9602
Debbie Cavin	Office Manager	796-9602
Sadie Tanaka	Special Projects	796-9602
FAX		796-9624

MEMBERSHIP

CCSD	ADMINISTRATIVE EMPLOYEES	1092
CCSD	PROFESSIONAL-TECHNICAL EMPLOYEES	234
CCASAPE	MEMBERS	1302
CCASAPE	AFFILIATES (RETIREES)	323

**WELFARE TRUST 2008 OPEN
ENROLLMENT MEETING SCHEDULE**

DATE	TIME	LOCATION	MEMBERS
Oct. 10, 2008 Friday	10:30 AM	Education Center Board Room	Retirees
Oct. 27, 2008 Monday	3:45 PM	Green Valley HS Room 200	Active Employees
Oct. 28, 2008 Tuesday	3:45 PM	Cimarron-Memorial HS Room 200	Active Employees
Nov. 4, 2008 Tuesday	3:45 PM	Rancho HS Room 513	Active Employees
Nov. 6, 2008 Thursday	3:45 PM	Durango HS Room 404	Active Employees
Nov. 24, 2008 Monday	3:45 PM	Education Center Board Room	Active Employees
Nov. 24, 2008 Monday	6:30 PM	Education Center Board Room	Retirees

HEALTH PLAN OPEN ENROLLMENT

Once each year, during the months of October and November, the School Administrators' and Professional-technical Employees' Welfare Trust holds an open enrollment period. This is the time for you to review your benefit election to ensure that it meets the needs of you and your family. During the open enrollment period, you will have the opportunity to make the following changes to your benefit election:

- You can add eligible dependents.
- You can drop covered dependents, although this can be done at any time.
- You can transfer your enrollment into any of the medical plan options offered through the Trust. There are two Point of Service plans, an HMO plan, and a Medicare Eligible Point of Service Plan which is available for actives and retirees who are 65 years of age and who meet eligibility requirements for Medicare Parts A and B. The Trust also offers an "Out of Area PPO Plan" for retirees who live outside of Nevada.
- If you are currently an active administrative employee and receiving your health coverage from CCEA, ESEA, or from another provider, you can join any of the health benefit plans offered by the Trust during the two month open enrollment period.
- **PLEASE NOTE: ADMINISTRATORS CURRENTLY RECEIVING THEIR HEALTH COVERAGE FROM CCEA, ESEA OR FROM ANOTHER PROVIDER WILL, AT RETIREMENT, NOT BE PERMITTED TO ENROLL IN ANY OF THE HEALTH BENEFIT PLANS OFFERED THROUGH THE WELFARE TRUST EXCEPT DURING THE ANNUAL OPEN ENROLLMENT PERIOD.**

Any changes you make in your benefit election during the open enrollment period will become effective on January 1, 2009. The CCSD Benefits Office will assist you with these changes (799-5418).

The School Administrators' and Professional-technical Employees' Welfare Trust has scheduled a series of seven benefit information meetings (5 for actives / 2 for retirees) to be held during October and November to provide administrators and retirees an opportunity to discuss the five medical plan options that are available through the Trust, make changes in their benefit election, and to review premium rates and Welfare Trust subsidy amounts.

As you know, effective July 1, 2008, a 12% increase occurred in the medical benefit provided by Sierra Health. Fortunately, through the collective bargaining process, sufficient state health insurance money was negotiated to cover the 12% increase for all active administrators without dependents. As mentioned in a previous *Unifier*, last fall the Representative Council voted to approve a two year subsidy to be paid from the School Administrators' and Professional-technical Employees' Welfare Trust that will cover the additional out-of-pocket expenses for health benefits for administrators with dependents, retirees, and retirees with dependents. This subsidy will be in effect until June 30, 2010. Payment of the Welfare Trust subsidy will ensure that no administrator or retiree will see any change in health benefit premiums until July 1, 2010. It is anticipated that the cost of this Welfare Trust subsidy for the two year period will be in excess of \$700,000.

In an effort to ensure that every administrator and retiree has the very best medical benefits possible, the most responsive provider service, and the lowest possible price, your Welfare Trust Trustees and CCASAPE staff continuously review and evaluate all aspects of the health benefit program. **CURRENT CCASAPE ACTIVE AND RETIREE HEALTH BENEFIT RATES ARE INCLUDED IN THIS UNIFIER.**

HEALTH BENEFITS CONTACTS

MEDICAL COVERAGE:

Sierra Health Member Services.....702-562-8077
 Telephone Advice Nurse.....702-242-7330
 Express Scripts (Mail Order Pharmacy).....800-488-9800

DENTAL COVERAGE:

Standard Insurance (Customer Service).....800-547-9515

VISION COVERAGE:

Vision Services Plan (VSP).....800-877-7195

LONG TERM CARE COVERAGE:

UNUMProvident.....800-227-4165

Visit www.ccasa.net for health benefits links!

SCHOOL ADMINISTRATORS' AND PROFESSIONAL-TECHNICAL EMPLOYEES' WELFARE TRUST HEALTH BENEFITS PROGRAM

The School Administrators' and Professional-technical Employees' Welfare Trust offers a comprehensive health benefits program. In order to receive the maximum benefits possible at the lowest possible cost, it is important that retirees, administrators and professional-technical employees and their dependents are familiar with the various components and benefit levels offered through the various plans. Each participant is encouraged to periodically review the Health Plan benefits booklet. Additionally, the PPO and HMO Provider Directories from Sierra Health should be examined carefully to ensure the appropriate selection of medical providers. It is recommended that plan doctors be verified on line through the CCASAPE web site (www.ccasa.net). The web site listing will be more up-to-date than the printed HMO and PPO provider directories that you have received.

Included in this *Unifier* is a color-coded summary of three medical plans offered through the School Administrators' and Professional-technical Employees' Welfare Trust for actives and retirees living in the HPN service area, defined as the State of Nevada. Additionally, participants in the POS Plans will access PPO providers in the Plan Provider Network in Nevada and surrounding areas, to include Mojave County, Arizona, and Washington County, Utah. The Trust also offers a Medicare Eligible Point of Service Plan for participants with Medicare A and B with benefits identical to POS Plan 1. An Out-of-Area PPO Plan is also provided for participants living outside of Nevada. This Out-of-Area plan mirrors Plan One benefits with the exception there is no HMO benefit. All plan participants are encouraged to review the summaries of the various plans.

Since there are many new administrators, professional-technical employees, and retirees enrolling in one of the comprehensive health benefits plans, the Trust is pleased to provide a brief overview of the various benefits provided to plan participants. It is important to note that CCASAPE retirees have the same level of benefits as active employees, with the exception that there is no Long Term Disability benefit for retirees. Additionally, retirees do not receive a District contribution to offset the cost of health coverage and thus are responsible for paying for

the full cost of health benefits. The Welfare Trust subsidy will continue to be paid through June 30, 2010.

For active administrators, CCASAPE's goal is to negotiate a sufficient District health benefit contribution to cover the full cost of health benefits for the employee and to provide maximum benefits for the lowest possible cost for dependents and retirees. There continues to be a number of influences which cause health benefit costs to increase. These influences include rising hospital costs, medical malpractice insurance, escalating pharmacy expenses and costs associated with providing benefits to an increasingly older population. Additionally, member utilization plays a significant role when negotiating new health benefit premiums.

The School Administrators' and Professional-technical Employees' Welfare Trust provides a comprehensive health benefit plan that consists of five separate components that are provided by three different providers:

Medical Benefits (5 options)	Health Plan of Nevada and Sierra Health Services
Dental Benefits	Standard Insurance Co.
Vision Benefits	Vision Services Plan
Life Insurance	Standard Insurance Co.
Long Term Disability	Standard Insurance Co.

Medical Benefits – Sierra Health

Administrators and retirees have five excellent medical benefit plan options from which to choose. The five plans are listed below:

- Point of Service Plan 1 (for active administrators and retirees living in Nevada)
- Point of Service Plan 2 (for active administrators and retirees living in Nevada)
- HMO Plan 3 (for active administrators and retirees living in Nevada)
- Medicare Eligible Point of Service Plan (for active administrators and retirees living in Nevada)
- Out of Area PPO Plan (for retirees living outside the State of Nevada)

While each of the medical plans is different, they each provide a rich array of benefits and are provided to allow the retirees, the administrators and their dependents to save a significant amount of money. For example, an active administrator and family on the **POS Plan 1** annually pay \$4740.24 out-of-pocket for dependent coverage. On the **POS Plan 2**, the annual out-of-pocket cost for family coverage is \$2764.56, a reduction annually of \$1975.68. The out-of-pocket cost is reduced to \$1388.16 if the administrator and family enroll in the **HMO Plan 3**, a reduction annually of \$3352.08 from the cost of **POS Plan 1**. Administrators with a spouse only or children only will also enjoy significant reductions if **POS Plan 2** or **HMO Plan 3** is selected. Retirees living in Nevada will also see significant savings if they enroll in either Plan 2 or Plan 3. Please understand there is a reduction in benefits as the premiums are reduced. Retirees living outside the state of Nevada must be enrolled in the **Out-of-Area PPO Plan** which is priced the same as the **POS Plan 1**.

The selection of a medical benefit option must not be taken lightly or based on what your colleagues may do. It should be based on the medical and pharmacy needs of your family. A primary difference between the plans is the pharmacy benefit. The pharmacy benefit for **POS Plan 2** and **HMO Plan 3** requires two co-payments for a 90 day supply of drugs purchased through mail order (Express Scripts) while **POS Plan 1**, **Medicare Eligible Plan**, and the **Out of Area PPO Plan** requires only one co-pay for the 90-day supply ordered through Express Scripts. However, non-preferred brand name drugs, those drugs which have a \$20 co-pay on **POS Plan One**, are not available for a 90-day supply through mail order (Express Scripts) in **POS Plan 2** or **HMO Plan 3**, but must be purchased for the applicable co-pay on a monthly basis. Participants selecting the **HMO Plan 3** will, of course, be limited to seeing HMO providers only. Regardless of which medical benefit plan you choose, every active administrator has the same vision, dental, life insurance and long term disability plans. Eligible retirees will also have the same vision, dental and life insurance plans, but do not receive long term disability.

Active administrators who do not have dependents on the plan should enroll in **POS Plan 1**, since the Welfare Trust continues to offer this plan with no out-of-pocket cost to the employee. Administrators with college student

dependents attending school out-of-state should enroll in **POS Plan 1** since the PPO (tier 2) coverage levels will apply. In **POS Plan 2**, college student dependents attending school out-of-state will receive coverage in the out-of-network (tier 3) only which will cost significantly more for services. **HMO Plan 3** provides no coverage for college student dependents attending school out-of-state.

Administrators and retirees who are 65 and meet the eligibility requirements for Medicare (Part A and B) may want to consider enrolling in the Trust's Medicare Eligible POS Plan. This plan has the same or enhanced benefit levels as the benefits in the Trust's POS Plan 1, but at a significantly reduced cost. **Participants in this plan must live in the state of Nevada.**

Retirees who move outside the state of Nevada must enroll in the Out-of-Area PPO Plan negotiated with Sierra Health. Premiums for this plan are the same as the premiums for the POS Plan 1 and PPO and non PPO benefits can be obtained anywhere in the United States.

Please refer to your health benefit booklets for specific benefit coverages for the various covered services. The dedicated member services number at Sierra Health for each of the five medical benefit plans negotiated with Sierra is 702-562-8077 or 1-800-279-4863.

If you have ANY problems with the HPN Point of Service Plans 1 or 2, the HMO Plan 3, the SHL Out-of-Area PPO Plan, or the Medicare Eligible Point of Service Plan please contact the CCASAPE office at 796-9602.

Dental Benefits – Standard Insurance Co.

Dental benefits are provided by the Standard Insurance Company. A summary of benefits is as follows. The deductible for each new enrollee is a \$100 lifetime deductible. The deductible does not apply to preventive services. Diagnostic and preventive services are paid at 100% if a plan dentist is utilized. Basic benefits are covered at 80% and crowns, bridges, and dentures are covered at 50%. There is a maximum \$1500 benefit per patient per calendar year and a lifetime \$1500 orthodontic benefit for dependent children to age 19. A Maxbuilder feature will allow your \$1500 annual maximum benefit to be increased to as much as \$2500. The customer service number for Standard is 800-547-9515.

Vision Benefits – VSP

Vision benefits are provided by Vision Services Plan (VSP). Examinations and lenses will be provided every 12 months and frames will be provided every 24 months. The plan includes a \$10 co-pay to member doctors at the time services are provided. Services can be obtained from non-member providers and a fixed reimbursement schedule is utilized. The customer service number for VSP is 800-877-7195.

Group Life Insurance - Standard Insurance

Each administrator and retiree (except for a few retirees in the Medicare Eligible POS Plan) currently participating in a health benefits plan offered through the Trust has a \$50,000 life insurance policy from Standard. This policy also contains an additional \$50,000 Accidental Death and Dismemberment (AD&D) benefit. Both the original amount and the AD&D benefit will reduce to \$32,500 when active employees reach age 70 and to \$25,000 when active employees reach age 75. The benefit reduction actually occurs on January 1 following the 70th and 75th birthday. For eligible retirees who remain enrolled in a health benefit plan offered through the Trust at retirement, both the original amount and the AD&D benefit reduce to \$25,000 on January 1 following the 70th birthday. The policy also provides \$2,000 life insurance coverage for the dependent spouse and each dependent child of an active or retired administrator. Dependent coverage includes unmarried children from live birth through age 18, or through age 26 if the child is a full-time, registered student. Dependent coverage decreases in the same ratio as the administrator or retiree. The customer service number for Standard is 800-547-9515.

Long Term Disability - Standard Insurance

A long term disability benefit is provided by the Standard Insurance Company. The benefit is effective 180 days after an individual becomes disabled. The benefit is 60% of an individual's salary. The premium is paid with after taxed money which makes the full 60% benefit tax free. This benefit is only available for active employees and is not available to retirees or dependents. The customer service number for Standard is 800-547-9515.

In addition to the comprehensive benefits outlined above, the School Administrators' and Professional-technical Employees' Welfare Trust has negotiated other health related benefits for

administrative and professional-technical employees. These benefits are provided at no cost to the employee and include the following:

\$100,000 Life Insurance Policy - Standard Insurance

The Trust administers a \$100,000 life insurance policy for all active employees and those eligible retirees who elect to continue the policy after retirement. The policy also contains an additional \$100,000 Accidental Death and Dismemberment (AD&D) benefit. Both the original amount and AD&D benefit reduce to \$65,000 when the active employee reaches age 70 and to \$50,000 when the active employee reaches age 75. This policy is currently provided through the Standard Insurance Company. This policy is provided by the School Administrators' and Professional-technical Employees' Welfare Trust to active district administrators with contributions negotiated in the CCASAPE labor agreement. There is no negotiated life insurance contribution provided once an administrator retires. However, the Trust, as a free service to its eligible retirees, will collect the premium and transfer the premium to the Standard Insurance Company. For eligible retirees who elect to continue this insurance, the original amount and the AD&D benefit reduce to \$50,000 on January 1st following the insured retiree's 70th birthday. The premiums for eligible retirees are the same as those of active administrators for this policy.

Long Term Care - UNUM

The Trust also provides to each active administrator and professional-technical employee a basic long term care policy. This policy pays \$1000 per month for a long term care facility, \$600 per month for an assisted living facility, and \$500 per month if receiving professional home care from a licensed practitioner. This basic LTC plan pays a maximum lifetime benefit of \$60,000. There is no cost to active administrators. Retirees may continue this basic long term care policy at retirement by paying the premiums themselves. Active administrators and retirees, who have had no lapse in long term care coverage, may apply to purchase additional long term care coverage from UNUM. Please contact the CCASAPE office for an application packet if you are interested in purchasing additional coverage. The customer service number for UNUM is 800-227-4165.

**SCHOOL ADMINISTRATORS' AND
PROFESSIONAL-TECHNICAL EMPLOYEES'
WELFARE TRUST
2008-2009**

BOARD OF TRUSTEES

Chairman Stephen Augspurger
 Retiree Representative.....Allin Chandler
 Member Mark Coleman
 Member RJ Lapuz
 Member Pat Painter
 Member Bevelyn Smothers
 Member Nick Venturini

PROFESSIONAL REPRESENTATIVES

Brownstein Hyatt Farber and Schreck (Trust Attorney).....Adam Segal
 Berry & Co. CPA's David Berry
 Southwest Administrators (Third Party Administrator) Mike Shea
 Southwest Administrators (Third Party Administrator) ... Maryse Peoples
 BNY Mellon (Financial Advisor) Bob Kasner
 Business Benefits Inc. (Broker) Tim DeRosa

CHANGE OF BENEFICIARY REMINDER

Administrators are reminded of the importance of periodically reviewing beneficiary designations for the Standard Life Insurance policies (\$100,000 and \$50,000 policies) and for CCSD payroll warrants. When life changing events occur which may necessitate a change in beneficiary designations, it is necessary for the administrator to contact the CCASAPE office to make the necessary changes to the \$100,000 and \$50,000 Standard Life Insurance policies. Administrators wishing to make beneficiary changes to payroll warrants must do so by calling Administrative Personnel at 799-5484. When beneficiary designations are not periodically reviewed and updated, it is possible that the financial benefits from these policies and payroll warrants (final pay check and vacation payoff) will not go where they are needed and/or desired.

**SEPTEMBER REPRESENTATIVE
COUNCIL MEETING**

On September 11, 2008, the CCASAPE Representative Council held its regular monthly meeting. The major items discussed, reviewed, and/or actions taken during the regular meeting included the following:

1. The revenue, expenditures, and balances within the CCASAPE Association and the School Administrators' Trust Fund Accounts were reviewed;
2. The status of:
 - A. 2008 Principal Survey – Complete survey results have been posted on the CCASAPE web site at www.ccasa.net. Survey results have been shared individually with Dr. Rulffes,

Dr. Kohut-Rost and each of the region superintendents. Results were also reviewed with Martha Tittle and Dr. Goldman. The follow-up principal survey, which will be completed later this winter, will be discussed with the Dr. Rulffes and Dr. Kohut-Rost at the first Administrators' Advisory Council meeting in October, 2008;

- B. School Administrators' and Professional-technical Employees' Welfare Trust - Stephen outlined the status of the operational changes that have allowed the Trust to become an entity separate from the Association. The Trustee meeting schedule for the 2008-2009 school year was reviewed. The 2008 open enrollment meeting schedule was distributed and the Trustee meeting agenda for September 23, 2008, was reviewed; and
 - C. Health Reimbursement Account – Article 13-9 – Stephen reviewed the status of a current IRS audit of District HRA accounts.
3. New Business:
- A. Potential CCSD Budget Cuts – Stephen reviewed recent discussions with Dr. Rulffes, Dr. Kohut-Rost, Mr. Weiler, and Fran Juhasz and each of the bargaining group executive directors regarding potential CCSD budget cuts. Final decisions regarding budget cuts will not be definitively known until the Nevada Legislature adjourns in June of 2009;
 - B. 2008-2009 Administrator/Teacher Salary Comparison – Annually, CCASAPE completes an administrator/teacher salary comparison. This document was distributed and reviewed with the Representative Council. The salary comparison is posted on the CCASAPE web site at www.ccasa.net;
 - C. Officers' and Directors' Insurance – The Representative Council had previously authorized CCASAPE staff to secure coverage prior to the existing policy expiring on September 10, 2008. Coverage was renewed with RSUI Indemnity Company with an annual rate reduction of over \$900;

- D. General Operating Account Audit – An audit of the CCASAPE general operating accounts revealed that all financial statements and accounts were in order;
- E. Administrators' Advisory Council Meeting Schedule – The 2008-2009 meeting schedule was provided to the members of the Council. Discussion topics for the October 21 meeting with Dr. Rulfes, Dr. Kohut-Rost, Charlene Green and Martha Tittle will be identified at the October 9, 2008, Representative Council meeting;
- F. Request for Sick Leave Pool Days – The Representative Council approved days from the CCASAPE Sick Leave Pool for an administrator who, because of serious illness, had exhausted all available leave;
- G. Additional CCASAPE Office Space – Authorization was provided by the Representative Council for CCASAPE staff to work with the current landlord to secure additional office space for CCASAPE and Welfare Trust operations; and
- H. PERS – Stephen reviewed the Las Vegas Chamber of Commerce analysis and criticism of the Public Employees Retirement System. Additionally, the PERS response to the Chamber's report was reviewed.

4. Committee Reports:

- A. CCAESP – Shawn Paquette, CCAESP President, reported that elementary principals will meet with Dr. Kohut-Rost on a bi-monthly basis. Agenda items for the first meeting include custodial issues, elementary report card concerns, support staff, library, and custodial staffing issues, daily start and end times for administrators, and communication from various CCSD departments to principals;
- B. CCASSP – Jeff Geihs, CCASSP President, reported that the CCASSP website was up and running. The new website address is www.ccassp.com;

- C. Legal Committee – Cathy Conger, Legal Committee Chairperson, reported on the status of a request that had been made by an administrator for legal assistance;
- D. Legislative Committee – Mark Coleman, Legislative Committee Chairperson, reported on his efforts at meeting with legislators to discuss items of interest to administrators; and
- E. Executive Director's Report – Stephen provided a review of the accountant's report, the membership report, and the various CCASAPE activities and the types of assistance provided to CCASAPE members.

**ADDRESS CHANGES
ATTENTION ACTIVE ADMINISTRATORS
AND RETIREES**

As you know, the Clark County School District requires that all professional organizations communicate with their members through the U.S. Postal Service rather than the CCSD mail. In order for you to receive the CCASAPE and the Welfare Trust communications, it is critical that we be notified when you have a change of address. If you have moved recently, please call Debbie or Sadie in the CCASAPE office (796-9602) and provide your new address. This information will be communicated by CCASAPE staff to the Welfare Trust, the District, and to the medical benefit providers.

RETIREMENT

Please be reminded that any administrator planning to retire on or before December 31, 2008, must schedule a meeting with the CCASAPE staff and complete the form to participate in the "Welfare Trust's" retiree unused sick leave payout, retiree medical reimbursement payout, retiree health benefit programs, and retiree life insurance / retiree long term care programs. **THE FORM MUST BE COMPLETED AND FILED WITH THE CCASAPE OFFICE PRIOR TO NOVEMBER 1, 2008, IN ORDER TO PARTICIPATE IN THE JANUARY 2009 PAYOUT.** Please call the CCASAPE office at 796-9602 if you have any questions.

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS
GENERAL SUMMARY**

PLAN BENEFITS	Welfare Trust Point of Service – PLAN 1	Welfare Trust Point of Service – PLAN 2	Welfare Trust HMO – PLAN 3
Maximum Benefit	HMO / PPO / Non PPO HMO Unlimited / PPO & Non PPO \$2,000,000	HMO / PPO / Non PPO HMO Unlimited / PPO & Non PPO \$2,000,000	HMO Unlimited
Deductible	HMO None / PPO & Non PPO \$250	HMO None / PPO & Non PPO \$250	None
Maximum Per Family	HMO None / PPO & Non PPO \$500	HMO None / PPO & Non PPO \$750	N/A
Co-Insurance	HMO None / PPO 80% / Non PPO 70%	HMO None / PPO 90% / Non PPO 70% after CYD	None
Doctor Office Visit Co-Pay	HMO \$5 Office Visit / PPO \$10 Office Visit / Non PPO 70%	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70% after CYD	\$10 Office Visit
Specialist Office Visit Co-Pay	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70%	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70% after CYD	\$20 Office Visit
Inpatient Hospital	HMO \$100 Per Admission / PPO 80% / Non PPO 70%	HMO \$100 Per Day \$400 Max / PPO 90% / Non PPO 70% after CYD	\$150 Per Admission
Outpatient Hospital	HMO \$50 Per Admission / PPO 80% / Non PPO 70%	HMO \$100 Per Admission / PPO 90% / Non PPO 70% after CYD	\$50 Per Admission
Inpatient Hospital / Surgical Services	HMO No Charge / PPO \$100 Per Surgery / Non PPO 70%	HMO \$100 Per Surgery / PPO 90% / Non PPO 70% after CYD	\$25 Per Surgery
Outpatient Facility / Surgical Services	HMO No Charge / PPO \$50 Per Surgery / Non PPO 70%	HMO \$50 Per Surgery / PPO 90% / Non PPO 70% after CYD	\$10 Per Surgery
Physician Office / Surgical Services	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO \$10 Per Visit / PPO 90% / Non PPO 70% after CYD	\$10 Per Visit
Specialist Office / Surgical Services	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO \$10 Per Visit / PPO 90% / Non PPO 70% after CYD	\$20 Per Visit
Anesthesia	HMO \$50 Per Surgery / PPO 80% / Non PPO 70%	HMO \$100 Per Surgery / PPO 90% / Non PPO 70% after CYD	\$50 Per Surgery
Physician Services / ER Within Service Area	\$25 Per Visit	\$15 Per Visit	\$25 Per Visit
ER / Within Service Area	\$50 Per Visit Waived If Admitted	\$50 Per Visit Waived If Admitted	\$50 Per Visit Waived If Admitted
Ambulance / Within Service Area	No Charge (Ground or Air)	\$75 Per Trip (Ground) / 50% EME (Air)	\$50 Per Trip (Ground) / 50% EME (Air)
Urgent Care / Within Service Area	\$20 Per Visit	\$15 Per Visit	\$20 Per Visit
Physician Services / ER Outside Service Area	\$50 Per Visit	\$30 Per Visit	\$50 Per Visit
ER Outside Service Area Admit Fee	\$75 Per Visit Waived If Admitted	\$75 Per Visit Waived If Admitted	\$75 Per Visit Waived If Admitted
Ambulance / Outside Service Area	No Charge (Ground or Air)	\$75 Per Trip (Ground) / 50% EME (Air)	\$50 Per Trip (Ground) / 50% EME (Air)
Urgent Care / Outside Service Area	\$25 Per Visit	\$15 Per Charge	\$40 Per Visit
Routine Lab	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO No Charge / PPO \$5 Per Visit / Non PPO 70% after CYD	\$10 Per Visit
Routine X-Ray	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO \$10 Per Visit / PPO \$15 Per Visit / Non PPO 70% after CYD	\$10 Per Visit
Maximum Individual Out of Pocket	HMO 200% of the Total Annual Premium/PPO \$1,500/Non PPO \$3,000	HMO 200% of the Total Annual Premium/PPO \$1,000/Non PPO \$2,000	200% of the Total Annual Premium
Maximum Family Out of Pocket	HMO 200% of the Total Annual Premium/PPO \$4,500/Non PPO \$9,000	HMO 200% of the Total Annual Premium/PPO \$3,000/Non PPO \$6,000	200% of the Total Annual Premium
Hearing Aids	Limited to one (1) Hearing Aid per Member per ear every three (3) years, up to a benefit maximum of \$400 per aid for an in or behind the ear model and \$700 per aid for a canal model.	Limited to one (1) Hearing Aid per Member per ear every three (3) years, up to a benefit maximum of \$400 per aid for an in or behind the ear model and \$700 per aid for a canal model.	Limited to one (1) Hearing Aid per Member per ear every three (3) years, up to a benefit maximum of \$400 per aid for an in or behind the ear model and \$700 per aid for a canal model.
Prescriptions - 30 Day Therapeutic Supply	<ul style="list-style-type: none"> Generic - \$5 Co-pay Preferred Brand Name - \$10 Co-pay Non Preferred Brand Name - \$20 Co-pay 	<ul style="list-style-type: none"> Preferred Generic - \$5 Co-pay Preferred Brand Name / Without a Generic Equivalent - \$15 Co-pay Non Preferred Generic or Brand Name/Without a Generic Equivalent - \$25 Co-pay Preferred Brand Name or Non-Preferred Brand Name / With a Generic Equivalent - \$5 co-pay plus the difference between EME of the generic drug and the EME of the brand name drug 	<ul style="list-style-type: none"> Preferred Generic - \$7 Co-pay Preferred Brand Name / Without a Generic Equivalent - \$15 Co-pay Non Preferred Generic or Brand Name/Without a Generic Equivalent - \$40 Co-pay Preferred Brand Name or Non-Preferred Brand Name/With a Generic Equivalent - \$7 Co-pay plus the difference between EME of the generic drug and the EME of the brand name drug
Mail Order Pharmacy - Maintenance Supply	1 Co-pay for a 90 day supply (Tiers I, II and III)	2 Co-pays for a 90 day supply (Tiers I and II)	2 Co-pays for a 90 day supply (Tiers I and II)

*Yellow Highlight Indicates the Benefit Equals or Exceeds the Benefit in Other Plans in the Comparison

WELFARE TRUST EMPLOYEE
HEALTH BENEFIT PREMIUMS
NOVEMBER 1, 2008 – JUNE 30, 2009

Welfare Trust Point of Service PLAN 1 – EMPLOYEE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$3.92	\$529.45	\$9.69	\$45.97	\$12.00	\$13.97	\$615.00	\$670.62	\$0.00	\$0.00	\$0.00
Admin/Spouse	3.92	718.11	14.05	82.96	13.00	13.97	846.01	670.62	22.49	152.90	76.45
Admin/Children	3.92	649.99	14.05	89.08	13.00	13.97	784.01	670.62	15.43	97.96	48.98
Admin/Family	3.92	931.82	25.20	125.31	13.00	13.97	1113.22	670.62	47.58	395.02	197.51

Welfare Trust Point of Service PLAN 2 – EMPLOYEE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$3.92	\$393.44	\$9.69	\$45.97	\$12.00	\$13.97	\$478.99	\$670.62	\$0.00	\$0.00	\$0.00
Admin/Spouse	3.92	583.18	14.05	82.96	13.00	13.97	711.08	670.62	8.03	32.43	16.22
Admin/Children	3.92	521.55	14.05	89.08	13.00	13.97	655.57	670.62	0.00	0.00	0.00
Admin/Family	3.92	747.42	25.20	125.31	13.00	13.97	928.82	670.62	27.82	230.38	115.19

Welfare Trust HMO PLAN 3 – EMPLOYEE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only	\$3.92	\$323.93	\$9.69	\$45.97	\$12.00	\$13.97	\$409.48	\$670.62	\$0.00	\$0.00	\$0.00
Admin/Spouse	3.92	492.22	14.05	82.96	13.00	13.97	620.12	670.62	0.00	0.00	0.00
Admin/Children	3.92	454.53	14.05	89.08	13.00	13.97	588.55	670.62	0.00	0.00	0.00
Admin/Family	3.92	618.96	25.20	125.31	13.00	13.97	800.36	670.62	14.06	115.68	57.84

Welfare Trust MEDICARE ELIGIBLE PLAN – EMPLOYEE PREMIUMS¹

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	STANDARD LONG TERM DISABILITY	TOTAL PREMIUM	CCSD CONTRIBUTION	TRUST SUBSIDY	EMPLOYEE'S MONTHLY DEDUCTION	EMPLOYEE'S PAYROLL DEDUCTION
Admin Only (With ²)	\$3.92	\$164.40	\$ 9.69	\$ 45.97	\$12.00	\$13.97	\$249.95	\$670.62	\$0.00	\$0.00	\$0.00
Admin/Spouse (One With ²)	3.92	307.44	14.05	82.96	13.00	13.97	435.34	670.62	0.00	0.00	0.00
Admin/Spouse (Both With ²)	3.92	328.80	14.05	82.96	13.00	13.97	456.70	670.62	0.00	0.00	0.00
Admin (With ²)/Children	3.92	275.41	14.05	89.08	13.00	13.97	409.43	670.62	0.00	0.00	0.00
Family (One With ²)	3.92	446.29	25.20	125.31	13.00	13.97	627.69	670.62	0.00	0.00	0.00
Family (Both With ²)	3.92	467.65	25.20	125.31	13.00	13.97	649.05	670.62	0.00	0.00	0.00

¹Participation in this plan requires that you reside in the State of Nevada

²With means with Medicare

LEGEND:

SA Southwest Administrators
 TPA Third Party Administrator
 HPN Health Plan of Nevada
 VSP Vision Services Plan

WELFARE TRUST RETIREE
HEALTH BENEFIT PREMIUMS
NOVEMBER 1, 2008 – JUNE 30, 2009

Welfare Trust Point of Service PLAN 1 – RETIREE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	TRUST SUBSIDY	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$3.92	\$404.33	\$9.69	\$45.97	\$12.00	\$475.91	\$49.49	\$426.42
Retiree/Spouse	3.92	788.29	14.05	82.96	13.00	902.22	92.27	809.95
Retiree/Children	3.92	748.08	14.05	89.08	13.00	868.13	88.20	779.93
Retiree/Family	3.92	1132.56	25.20	125.31	13.00	1299.99	131.35	1168.64

Welfare Trust Point of Service PLAN 2 – RETIREE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	TRUST SUBSIDY	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$3.92	\$330.98	\$9.69	\$45.97	\$12.00	\$402.56	\$41.63	\$360.93
Retiree/Spouse	3.92	645.30	14.05	82.96	13.00	759.23	76.95	682.28
Retiree/Children	3.92	612.38	14.05	89.08	13.00	732.43	73.66	658.77
Retiree/Family	3.92	927.12	25.20	125.31	13.00	1094.55	109.33	985.22

Welfare Trust HMO PLAN 3 – RETIREE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	TRUST SUBSIDY	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$3.92	\$272.51	\$9.69	\$45.97	\$12.00	\$344.09	\$35.37	\$308.72
Retiree/Spouse	3.92	531.29	14.05	82.96	13.00	645.22	64.73	580.49
Retiree/Children	3.92	504.18	14.05	89.08	13.00	624.23	62.07	562.16
Retiree/Family	3.92	763.32	25.20	125.31	13.00	930.75	91.78	838.97

Welfare Trust MEDICARE ELIGIBLE PLAN – RETIREE PREMIUMS¹

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	TRUST SUBSIDY	RETIREE'S MONTHLY DEDUCTION
Retiree Only (With ²)	\$3.92	\$164.40	\$9.69	\$45.97	\$12.00	\$235.98	\$6.17	\$229.81
Retiree/Spouse (One With ²)	3.92	307.44	14.05	82.96	13.00	421.37	7.81	413.56
Retiree/Spouse (Both With ²)	3.92	328.80	14.05	82.96	13.00	442.73	7.81	434.92
Retiree (With ²)/Children	3.92	275.41	14.05	89.08	13.00	395.46	8.05	387.41
Family (One With ²)	3.92	446.29	25.20	125.31	13.00	613.72	10.00	603.72
Family (Both With ²)	3.92	467.65	25.20	125.31	13.00	635.08	10.00	625.08

¹Participation in this plan requires that you reside in the State of Nevada

²With means with Medicare

Welfare Trust Point of Service OUT-OF-AREA PLAN – RETIREE PREMIUMS

DESCRIPTION	SA TPA	HPN	VSP	STANDARD DENTAL	STANDARD LIFE	TOTAL PREMIUM	TRUST SUBSIDY	RETIREE'S MONTHLY DEDUCTION
Retiree Only	\$3.92	\$404.33	\$9.69	\$45.97	\$12.00	\$475.91	\$49.49	\$426.42
Retiree/Spouse	3.92	788.29	14.05	82.96	13.00	902.22	92.27	809.95
Retiree/Children	3.92	748.08	14.05	89.08	13.00	868.13	88.20	779.93
Retiree/Family	3.92	1132.56	25.20	125.31	13.00	1299.99	131.35	1168.64

Note: Retirees joining the Welfare Trust Medicare Eligible Plan from any plan other than an existing Welfare Trust plan are not eligible for the Standard life insurance.

LEGEND: SA – Southwest Administrators TPA – Third Party Administrator HPN – Health Plan of Nevada VSP – Vision Services Plan