## Sierra County Board of Supervisors’ Agenda Transmittal & Record of Proceedings

**MEETING DATE:** August 20, 2019  
**TYPE OF AGENDA ITEM:** Regular ✔️Timed ☐Consent  
**DEPARTMENT:** Auditor  
**APPROVING PARTY:** Van Maddox  
**PHONE NUMBER:** 530-289-3286

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>Supportive Documents Attached</th>
<th>Background Information</th>
<th>Funding Source</th>
<th>General Fund Impact</th>
<th>Other Fund</th>
<th>Amount</th>
<th>Are Additional Personnel Required?</th>
<th>Is This Item Allocated in the Budget?</th>
<th>Is a Budget Transfer Required?</th>
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</thead>
<tbody>
<tr>
<td>Approval of an Amended Memorandum of Understanding (MOU) with Special District Risk Management Authority (SDRMA).</td>
<td>☐Memo ✔️Resolution ☐Agreement ☐Other</td>
<td>SDRAM is the JPA Sierra County buys health insurance thru The cover letter from SDRMA states this is an amendment to comply with federal law.</td>
<td></td>
<td>☐No General Fund Impact</td>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td>☐Yes ☐No</td>
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<tr>
<th>Board Action:</th>
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<tbody>
<tr>
<td>☐Approved</td>
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<td>☐Approved as amended</td>
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<tr>
<td>☐Adopted</td>
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<td>☐Adopted as amended</td>
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<td>☐Denied</td>
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<tr>
<td>☐Other</td>
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<td>☐No Action Taken</td>
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| ☐Set public hearing |
| For: ____________________ |
| ☐Direction to: ______________ |
| ☐Referred to: ______________ |
| ☐Continued to: ______________ |
| ☐Authorization given to: ____________________ |

| Resolution 2019- __________ |
| Agreement 2019- __________ |
| Ordinance ________________ |

**Vote:**  
Ayes:  
Noes:  
Abstain:  
Absent:  
☐By Consensus

**Comments:**

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**CLERK TO THE BOARD** ____________________ **DATE** ____________________
RESOLUTION NO. _______

A RESOLUTION OF THE OF THE (GOVERNING BODY) OF Sierra County
APPROVING THE FORM OF AND AUTHORIZING THE EXECUTION OF A
MEMORANDUM OF UNDERSTANDING AND AUTHORIZING PARTICIPATION IN
THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY’S HEALTH BENEFITS
PROGRAM

WHEREAS, Sierra County, a public agency duly organized and existing under and by virtue of the laws of the State of California (the “ENTITY”), has determined that it is in the best interest and to the advantage of the ENTITY to participate in the Health Benefits Program offered by Special District Risk Management Authority (the “Authority”); and

WHEREAS, the Authority was formed in 1986 in accordance with the provisions of California Government Code 6500 et seq., for the purpose of providing risk financing, risk management programs and other coverage protection programs; and

WHEREAS, participation in Authority programs requires the ENTITY to execute and enter into a Memorandum of Understanding which states the purpose and participation requirements for the Health Benefits Program; and

WHEREAS, all acts, conditions and things required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the transactions authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the ENTITY is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such transactions for the purpose, in the manner and upon the terms herein provided.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE ENTITY AS FOLLOWS:

Section 1. Findings. The ENTITY’s Governing Body hereby specifically finds and determines that the actions authorized hereby relate to the public affairs of the ENTITY.

Section 2. Memorandum of Understanding. The Memorandum of Understanding, to be executed and entered into by and between the ENTITY and the Authority, in the form presented at this meeting and on file with the ENTITY’s Secretary, is hereby approved. The ENTITY’s Governing Body and/or Authorized Officers (“The Authorized Officers”) are hereby authorized and directed, for and in the name and on behalf of the ENTITY, to execute and deliver to the Authority the Memorandum of Understanding.

Section 3. Program Participation. The ENTITY’s Governing Body approves participating in the Special District Risk Management Authority’s Health Benefits Program.

Section 4. Other Actions. The Authorized Officers of the ENTITY are each hereby authorized and directed to execute and deliver any and all documents which are necessary in order to
consummate the transactions authorized hereby and all such actions heretofore taken by such officers are hereby ratified, confirmed and approved.

Section 5. **Effective Date.** This resolution shall take effect immediately upon its passage.

**ADOPTED** by the Board of Supervisors of the County of Sierra, State of California on the 20th day of August 2019 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA

_________________________________________
PAUL ROEN, CHAIRPERSON
BOARD OF SUPERVISORS

ATTEST:

_________________________________________
HEATHER FOSTER
CLERK OF THE BOARD

COUNTY COUNSEL

APPROVED AS TO FORM:
August 1, 2019

Ms. Judi Behlke
Personnel Analyst / Loss Prevention Specialist
Sierra County
Post Office Box 425
Downieville, California 95936

Amended Memorandum of Understanding

Dear Ms. Behlke,

At the June 26, 2019 SDRMA Board Meeting, the SDRMA Board of Directors approved amendments to the Memorandum of Understanding (MOU) between your agency and SDRMA. The amendments were made to align the MOU with IRS guidelines, the Affordable Care Act and the CSAC-EIA pool guidelines. CSAC-EIA is the organization that provides coverage for the Health Benefits program.

Your entity participates in SDRMA’s Health Benefits program and has previously executed the Memorandum of Understanding (MOU) and Resolution when your entity joined SDRMA’s Health Benefits program. Included in the MOU is the following section: AMENDMENT OF MEMORANDUM. This MEMORANDUM may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY’s designated representative, or alternate, who shall have authority to execute this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.

To follow the above MOU guideline your governing body must execute the enclosed MOU and Resolution and return the original MOU and Resolution to SDRMA by November 1, 2019. If your entity does not return the MOU and Resolution to SDRMA by November 1, 2019 your entity will be deemed as withdrawn and benefits will be terminated effective January 1, 2020.

If SDRMA has not received your entity’s MOU and Resolution by October 1, 2019 we will send an email to your attention inquiring when the MOU and Resolution will be sent to SDRMA.

In the MOU under section 4 it refers to SDRMA Program Administrative Guidelines. The Administrative Guidelines can be found on the SDRMA MemberPlus Portal at www.sdrma.org. If you are already registered on the MemberPlus Portal you do not need to re-register. If you are not already registered on the MemberPlus Portal, please find enclosed instructions of how to register. Once you are registered and login, the Administrative Guidelines can be found under the following pathway: Document Library>Health Benefits>Administrative Guidelines.

Please contact us at 800.537.7790 or at healthbenefits@sdrma.org if you have any questions regarding the MOU and/or Resolution. Thank you for your continued participation in the Health Benefits Program!
Sincerely,
Special District Risk Management Authority

Alana Little
Health Benefits Manager

Enclosures: Memorandum of Understanding
  Resolution
  MemberPlus Registration instructions
  Return Address Envelope
MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (HEREAFTER “MEMORANDUM”) IS ENTERED INTO BY AND BETWEEN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY (HEREAFTER “SDRMA”) AND THE PARTICIPATING PUBLIC ENTITY (HEREAFTER “ENTITY”) WHO IS SIGNATORY TO THIS MEMORANDUM.

WHEREAS, on August 1, 2006, SDRMA was appointed administrator for the purpose of enrolling small public entities into the CSAC - Excess Insurance Authority Health’s ("CSAC-EIA Health") Small Group Health Benefits Program (hereinafter "PROGRAM"); and

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments, and premiums are governed by CSAC-EIA Health Committee for the PROGRAM (the "COMMITTEE") and not SDRMA; and.

WHEREAS, ENTITY desires to enroll and participate in the PROGRAM.

NOW THEREFORE, SDRMA and ENTITY agree as follows:

1. PURPOSE. ENTITY is signatory to this MEMORANDUM for the express purpose of enrolling in the PROGRAM.

2. ENTRY INTO PROGRAM. ENTITY shall enroll in the PROGRAM by making application through SDRMA which shall be subject to approval by the PROGRAM’s Underwriter and governing documents and in accordance with applicable eligibility guidelines.

3. MAINTENANCE OF EFFORT. PROGRAM is designed to provide an alternative health benefit solution to all participants of the ENTITY including active employees, retired employees (optional), dependents (optional) and public officials (optional). ENTITY public officials may participate in the PROGRAM only if they are currently being covered and their own ENTITY’s enabling act, plans and policies allow it. ENTITY must contribute at least the minimum percentage required by the eligibility requirements.

4. PREMIUMS. ENTITY understands that premiums and rates for the PROGRAM are set by the COMMITTEE. ENTITY will remit monthly premiums based upon rates established for each category of participants and the census of covered employees, public officials, dependents and retirees.

Rates for the ENTITY and each category of participant will be determined by the COMMITTEE designated for the PROGRAM based upon advice from its consultants.
and/or a consulting Benefits Actuary and insurance carriers. In addition, SDRMA adds an administrative fee to premiums and rates for costs associated with administering the PROGRAM. Rates may vary depending upon factors including, but not limited to, demographic characteristics, loss experience of all public entities participating in the PROGRAM and differences in benefits provided (plan design), if any.

SDRMA will administrate a billing to ENTITY each month, with payments due by the date specified by SDRMA. Payments received after the specified date will accrue penalties up to and including termination from the PROGRAM. Premiums are based on a full month, and there are no partial months or prorated premiums. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines.

5. **Benefits.** Benefits provided to ENTITY participants shall be as set forth in ENTITY’s Plan Summary for the PROGRAM and as agreed upon between the ENTITY and its recognized employee organizations as applicable. Not all plan offerings will be available to ENTITY, and plans requested by ENTITY must be submitted to PROGRAM underwriter for approval.

6. **Coverage Documents.** Except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the PROGRAM and will be provided by SDRMA to each ENTITY. SDRMA will provide each ENTITY with additional documentation, defined as the SDRMA Program Administrative Guidelines which provide further details on administration of the PROGRAM.

7. **Program Funding.** It is the intent of this MEMORANDUM to provide for a fully funded PROGRAM by any or all of the following: pooling risk; purchasing individual stop loss coverage to protect the pool from large claims; and purchasing aggregate stop loss coverage.

8. **Assessments.** Should the PROGRAM not be adequately funded for any reason, pro-rata assessments to the ENTITY may be utilized to ensure the approved funding level for applicable policy periods. Any assessments which are deemed necessary to ensure approved funding levels shall be made upon the determination and approval of the COMMITTEE in accordance with the following:

a. Assessments/dividends will be used sparingly. Generally, any over/under funding will be factored into renewal rates.

b. If a dividend/assessment is declared, allocation will be based upon each ENTITY’s proportional share of total premiums paid for the preceding 3 years. An ENTITY must
be a current participant to receive a dividend, except upon termination of the PROGRAM and distribution of assets.

c. ENTITY will be liable for assessments for 12 months following withdrawal from the PROGRAM.

d. Fund equity will be evaluated on a total PROGRAM-wide basis as opposed to each year standing on its own.

9. **WITHDRAWAL.** ENTITY may withdraw subject to the following condition: ENTITY shall notify SDRMA and the PROGRAM in writing of its intent to withdraw at least 90 days prior to their requested withdrawal date. ENTITY may rescind its notice of intent to withdraw. Once ENTITY withdraws from the PROGRAM, there is a 3-year waiting period to come back into the PROGRAM, and the ENTITY will be subject to underwriting approval again.

10. **LIAISON WITH SDRMA.** Each ENTITY shall maintain staff to act as liaison with SDRMA and between the ENTITY and SDRMA’s designated PROGRAM representative.

11. **GOVERNING LAW.** This MEMORANDUM shall be governed in accordance with the laws of the State of California.

12. **VENUE.** Venue for any dispute or enforcement shall be in Sacramento, California.

13. **ATTORNEY FEES.** The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.

14. **COMPLETE AGREEMENT.** This MEMORANDUM together with the related PROGRAM documents constitutes the full and complete agreement of the ENTITY.

15. **SEVERABILITY.** Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.

16. **AMENDMENT OF MEMORANDUM.** This MEMORANDUM may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY’s designated representative, or alternate, who shall have authority to execute this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.

17. **EFFECTIVE DATE.** This MEMORANDUM shall become effective on the later of the first date of coverage for the ENTITY or the date of signing of this MEMORANDUM by the Chief Executive Officer or Board President of SDRMA.
18. **EXECUTION IN COUNTERPARTS.** This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: **August 1, 2019**

By: ____________________________

Special District Risk Management Authority

Dated: __________________________

By: ____________________________

Sierra County