

**Peralta Community College District
Health Benefits Fringe Committee Meeting
December 8, 2016
9-10:30am**

Present: Ed Jaramillo, Rick Greenspan, Jess Rallojaj, Erin Thomas, Reagan Peralta, Debra Weintraub, Patricia Dudley, Luther Aaberge, Selwyn Montgomery, Ava Lee, Trudy Largent, William Highsmith, Ronnie Roberts-McCain (note taker)

Facilitators: Jennifer Seibert

Introductions: New Faces

Luther Aaberge– District Budget Director

Jess Rallojaj - Local 39 Business Representative

Agenda

- I. Save the Dates/Announcements/ Upcoming Open Enrollments & Other Reminders: Benefits
 - I. Part Time Hourly Faculty Open Enrollment
 - II. Medicare open enrollment
 - III. Flexible Benefit Plan Enhancements
 - IV. Kaiser Reimbursement
 - V. Medicare Reimbursement
- II. Dependent Eligibility Audit Update
- III. Upcoming Surveys: Benefits Office
 - I. Benefits Office Activities
 - II. Benefits Office Services
- IV. Health & Wellness Risk Assessment plan for Spring 2017
- V. ACA Update-Alliant

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Save-the-Dates

Upcoming Open Enrollments & Other Reminders

Event	Window	Audience	Take-a-ways
<ul style="list-style-type: none"> Part-time and Hourly Faculty open enrollment 	<ul style="list-style-type: none"> Mailing early January Enroll by for Spring 2017 coverage 	<ul style="list-style-type: none"> 700+ Part-time Hourly Faculty 	<ul style="list-style-type: none"> ✓ Share the information
<ul style="list-style-type: none"> Medicare open enrollment 	<ul style="list-style-type: none"> January 1 – March 31 Annual Campaign on February 1 	<ul style="list-style-type: none"> Anyone reaching age 65 in 2017 (approx. 50) Anyone who is age-eligible, retired, spouse of retiree AND not currently enrolled (approx. 50) Campaign is open to all 	<ul style="list-style-type: none"> ✓ Suggest a volunteer who will make outgoing calls ✓ January 23 ✓ March 13
<p><i>New guests participating in the 2017 Campaign on February 1 include CALSTRS; CALPERS and Retired Public Employees Association of California</i></p> <p><i>Delta Dental will answer questions about the dental options available through its connection with AARP</i></p>			
<ul style="list-style-type: none"> Kaiser Reimbursement 	<ul style="list-style-type: none"> December 31 June 30 	<ul style="list-style-type: none"> 700+ Any Kaiser member 	<ul style="list-style-type: none"> ✓ Remind your constituents to submit receipts for reimbursement
<ul style="list-style-type: none"> Medicare Reimbursement 	<ul style="list-style-type: none"> Annually, quarterly, monthly, subject contingent on the timing if information received 	<ul style="list-style-type: none"> 400 (approx.) retirees & eligible currently on Medicare 	<ul style="list-style-type: none"> ✓ Remind your constituents to submit annual verification usually sent out by CMS during this time of the year
<ul style="list-style-type: none"> Flexible Benefits Open Enrollment 	<ul style="list-style-type: none"> November 1 – December 16 	<ul style="list-style-type: none"> Active employees who want to participate in the pre-tax spending account for medical and dependent day care expenses for 2017 	<ul style="list-style-type: none"> ✓ Election deadline extended to December 16 to allow time for processing in accordance with business partners and IRS deadlines ✓ New features: <ul style="list-style-type: none"> ✓ debit card convenience ✓ contribution limit increase


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Agenda Item and Presenter(s)	Discussion	Follow-up Action and Decisions
Meeting Call	9:00 am	
Jennifer	<p>Any suggestions on someone who can assist in making outgoing calls to the Retirees during the campaign, and there are two dates in mind. Jan 23 & March 13. (Elaborates on the save the dates table above) We mailed out the Medicare Premium Reimbursement for November 28, 2016 to all eligible Retiree and eligible dependents. Take away is to remind them of the annual verifications.</p>	
<p>Debbie</p> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 10px;"> <p>✓ Remind your constituents to submit annual verification usually sent out by CMS during this time of the year</p> </div> <p>Jennifer</p> <p>Debbie</p> <p>Jennifer</p> <p>Debbie</p> <p>Jennifer</p>	<p>When people receive the Medicare Reimbursement form they are not supposed to just look at it? Are they are supposed to complete it annually, right?</p> <p>It can be annually. The answer is there was a cover memo. Did you receive yours?</p> <p>Yes</p> <p>There are instructions on what to do which includes completing it and attaching required documents before sending it in.</p> <p>Are people only supposed to fill it out annually or just once if they didn't have any change?</p> <p>Let's go to the page 7 where you will find the form. (Jennifer goes over the Medicare Reimbursement form and the types of documents required along with the frequently asked questions.)</p>	

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<p>Debbie</p> <p>Jennifer</p> <p>Debbie</p>	<p>I see, once a year and thereafter.</p> <p>Or thirty days if there is a change people are audited. So while I cannot say unilaterally, or generally when it is, but what I can say is generally once a year.</p> <p>I see the answer. Thanks.</p>	
<ul style="list-style-type: none"> ▪ Medicare open enrollment • January 1 – March 31 • Annual Campaign on February 1 	<ul style="list-style-type: none"> • Anyone reaching age 65 in 2017 (approx. 50) • Anyone who is age-eligible, retired, spouse of retiree AND not currently enrolled (approx. 50) • Campaign is open to all 	<ul style="list-style-type: none"> ✓ Suggest a volunteer who will make outgoing calls ✓ January 23 ✓ March 13
<p>Jennifer</p> <p>Debbie</p> <p>Jennifer</p> <p>Debbie</p>	<p>We are having our 9th Annual Campaign on Feb, 1 2017. Debbie did you already announce this to anyone?</p> <p>We are going to put it in our newsletter in January 2017.</p> <p>Social Security and Kaiser will be among the vendors attending. What particularly is being added is CalStrs is coming to participate in workshops. They approached us to be a host-site for regular and frequent workshops. CalSTRS is marketing the workshops and this will be a pilot. CalPERS will be exclusive to Peralta.</p> <p>Can people sign up for personalized sessions at these workshops on Feb 1?</p>	

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Jennifer	<p>The window for the workshop is intended to be educational and informative so if in that context they are offering counseling that would be up to them as we are not regulating their agenda.</p> <p>We will also have the Retired Public Employees' Association of California. During a previous meeting I meet them and asked if they would meet to assist people with broader issues when it come to their retirement as well as Delta Dental/AARP for dental options for retirees.</p>	
Jennifer	(Noted that the Flexible Benefits Plan Open Enrollment deadline was extended to December 16, 2016)	
<p>Jennifer</p> 	<p>There are two surveys coming up.</p> <ol style="list-style-type: none"> 1. Employee Activities 2. Benefit Office Service Survey <p>(Jennifer refers to the slide from the Power Point with the questions)</p>	<p>2017 Annual Interest Survey (Additional question will need to be emailed back to Jennifer by December 16, 2016)</p>
<p>Debbie</p> <p>Jennifer</p> <p>Debbie</p>	<p>How will people know when the survey will be up on the website?</p> <p>Email and hard mail.</p> <p>Okay</p>	

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Rick	As you know Faculty will be out after Finals until about January 24, 2017 and to think that the results will represent them is wrong.	
Jennifer	If the idea is to capture the audience we may need to modify the date of the surveys. But they do use services around that time.	
Rick	Well they might not be checking their emails around that time. They are in Finals and then there is the break and then Flex week. The first week of schools is a nightmare so a lot of time this sort of thing goes to the bottom of the emails in the inbox and are not seen again until the first week of February. When you finally get to the email it is I guess I missed that.	
Debbie	(Debbie discusses that if the dates are modified they could announce the two surveys and link/direct the members to the Benefits website to participate in the surveys)	
Rick	Maybe do them both in February.	
Jennifer	Let us hear from you guys (L39), how do I reach your members?	
Selwyn	A lot of the members do not read their emails. Maybe the hard copies because even though they have email addresses they do not check them.	
Jennifer	So how does the union get their information to the members?	
Selwyn	I go to the meeting and give the information to the Department heads and if there are email that I think they need to look at I tell them.	

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Will	I print the information and post it at Laney and also discuss the information at the Friday meeting. Custodians do not have direct access to check their emails.	
Ava	I don't think there is an issue with them receiving the information. Maybe in order to get them to do the survey we need more catchy phrases and details on the importance of doing the survey. I agree with Rick that February would be better for the surveys. Early February would be more inclusive instead of around the holidays.	
Jennifer	How about if we stagger them or a longer turnaround time for them. What do you think?	
Debbie	(Debbie discussed that if people are given a few weeks to respond that would be sufficient because usually if they do not respond in that time they probably wouldn't. She feels that February would be good and hard copies would be better for their membership. She said that she will think about additional questions for the surveys and email them in but hopes that there is more spaces for individual comments after each choice)	
Jennifer	(Jennifer explains that not all questions require a comments box but where appropriate they will be added)	

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<p>Dependent Eligibility Audit (DEA) September 19, 2016-November 14, 2016</p> <p>Jennifer</p> <p>Reagan</p>	<p>(Jennifer goes over the results of the Dependent Eligibility Audit results which can be found on page 18 of the handout. She also mentioned that he Union will receive a list of the members that still haven't completed the audit process by December 16, 2016)</p> <p>Members are still sending in information to CoreSource and the District and we are still processing that information/documentation as it is received. We reached a 98% participation rate)</p> <p>List will be specific to each union.</p>	
<p>Jennifer</p>	<p>There are several reason why a member may not respond. Reasons like the dependent may no longer be eligible and the District will drop the dependent. They don't feel the District will take any action to remove the dependent if they do not comply and some employees just procrastinate and do not obtain the required documents by the deadline. (Jennifer thanked everyone for their help and participation. She continued to discuss that we still have work to do in verifying the 81 employee's dependents that are still not verified) The District will review what information is on file to see if it can be used to verify some of the outstanding verifications. We will still continue to generate verifications as the information is received.</p>	<ol style="list-style-type: none"> 1. The Dependent Audit so far has saved the District about \$ 31,000 in premiums. 2. Review data integrity earlier in the process. 3. Clearer communications to affected employees. 4. Consider more communications directly with the dependent (sometime the dependent reads the mail that the employee doesn't). 5. Enlist constituent feedback earlier in the process.

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Debbie	<p>I am going to be writing the Presidents report for PRO. I want to know who authorized the consequences for missing the deadline? I think the whole group would like to know the answer because to me, in union contracts and people who retire are subject to these contracts have certain contractual rights to our healthcare so when the District sends something out that says when you don't do this thing by a particular deadline your health benefits that are in your contract will be removed from you I am wonder who authorized those consequences. I also would like to know who set the time-table? Who was managing and trying to correct the multiple sort of miss communications between the time people first received their packet, sent it in, and were told nothing had been received? Who at the District had the authority and used it to not inform? I need clarification of if a dependent is eligible and did not turn in the paperwork for whatever reason that dependent will be reenrolled prior to May 2016 if they meet the eligibility requirements. If that not true...I just need some clarification. If tomorrow someone came in with their paperwork and had an eligible dependent and at this point failed to document or some of these people whose spouse relationship for instance has not been adequately established but they manage within the next week or two to establish that they are actually married or have a legal relationship with that person are those people not going to be allowed.... Somehow you have decided to take away people's rights to their healthcare, that a huge serious consequence which I don't think any of the unions were consulted about but, um, I want to know is that true?</p>	
Jennifer	Which question was it?	
Debbie	Well, let's go to this if somebody tomorrow came in, had all their paperwork to establish they are married and it's a legal	

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	<p>relationship, the dependent is eligible under Peralta's guidelines is eligible for dependent coverage. Are you sticking to that because they missed the Nov 11 deadline that person's dependent will now be without healthcare until July 2017.</p>	
Jennifer	<p>No but if you go to the website you will see where we have the most current information about what happens to the information received after the deadline so we are still processing, there has been no action. So if the question is what happens to late forms received after the deadline, we continue to process them.</p>	
Debbie	<p>I understand that you continue to process them. Are those people going to be allowed to re-enroll if they meet the eligibility requirements?</p>	
V C Largent & Jennifer	<p>Yes</p>	
Debbie	<p>Pro kept saying, can you just tell people that this is very important you should fill these things out but... I mean this is such a huge stressful consequence to put on people that in fact isn't even true.</p>	
V C Largent	<p>Hi Everybody good morning. So let me just put this out there. Those of you who worked with me for a number of years know that I don't make excuses, If there is a process issue or an issue we try to collaborate to address the issue and clearly the independent audit this year had a lot of perfect storm issues, if you will, that created a lot of anxiety on retirees and employees. The Benefits Office has already discussed this and I think I have discussed this in some of PFT's negotiations but we had incidences where people who live in WA and OR (Retirees), never got the package to even fill-out, yet they were being told the deadline approaching you are going to be dis-enrolled, okay, those are serious consequences and the fact that</p>	

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	<p>we can dis-enroll you and then enroll you back what happens to the gap period of that is a major issue, and that cannot be taken lightly. I know for a fact that there were people, active employees here at the District Office that never got their package so it wasn't just retirees. So there were a lot of things going on at the District during that time period, you know we had the shutdown for that period of about 2.5 weeks. Mail was shut down because of the fumigation issue so there were a lot of unanticipated issues that came up during the audit period that we didn't have in prior years where we should have better positioned ourselves and responded more accurately, more timely to information and be sensitive with that. So I say that to say that we hear your concerns and we will respond to all of your questions, not here, we need to do some research and that things we can respond to here like your questions about, will they be allowed to enroll? The simple answer is yes. So a lot of the things that happened were not the retirees fault, they were not the employees fault. Benefits are doing the best they can and there were, quite frankly, some hiccups that could have been avoided and clearly with more defined information and that's why you got a lot of, not you Debbie in particular, you know a lot of information was sent out saying that the intent of this is not to cancel peoples insurance. At some point for those very few, I think there were five, who said they were not going to fill it out for whatever reason, they don't have their documentation, those are the ones, and that is the intent of the audit, not the ones that didn't get the packet, not the ones who were confused about things that we should have better explained. I just wanted to put that out there so that we hear it, and we do this every two years so we have ample internal planning time to be able to do a better job in the future is how we handle this and the information we put out. So I appreciate the feedback, Benefits appreciates the feedback and we are going to do a better on to how we manage it in the future.</p>	
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Debbie	Thank you.	
Rick	Jennifer do we know how many of those 59 people are members of PFT and or Retirees?	
Jennifer	We will know by the end of December ... Dec 16 th we will know.	
Rick	So my next questions had to do with something else I sent to Trudy is the issue of planning for the next time because if this is going to happen every two years we have to start planning now if we are going to get it right. If you are sending these out six months ahead of time that means the audits is going to being a year and a half from now. So we need to sit down at some point to figure this out so that it doesn't cause problems. The one specific thing I want to reiterate, which Ava brought up last time we had the meeting, is that a lot of people, I followed up with a lot of PFT members at Alameda College who received notices said the same thing Ava said. I already sent in my child's birth certificate 2 years ago you have it, and I say well they destroyed it, and they say well if they knew they need it why would they destroy it if they knew they would need it two years from now and just send a notice saying I still got your birth certificate and if the child is dead let me know or something. What he said is that he had just moved and everything was in boxes so he got the request and he thought that they already had it because he sent it in two years ago so he didn't send it and he was sorry about that. Now he was going to have to go back through boxes to search for the birth certificate. The point is that he was very frustrated that this was going to happen every two years that somebody doesn't say, well we got the stuff two years ago and if hasn't changed let us know. This is the kind of thing we need to talk about in enough time so we can figure out how to deal with	

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	<p>this in time. It seems to me that if they didn't destroy the birth certificate and they have a file on this person, and they have the birth certificate they could send him an email and say we have a birth certificate on file is that still valid? And then he wouldn't have to find the birth certificate makes a copy of it fax it in or email it in but people did it. I think we just need to start talking about this kind of things soon enough so that we can, you know, if the audit is two years from now, that means six months ahead of time we can start sending this information out sooner rather than later. So there were a bunch of questions that I sent to you Trudy that could come up. Debbie actually send them to you about processes and procedures and stuff that we need to start talking about at some point. What Trudy was saying is not clear because whatever we decide is going to apply to all of the bargaining units, but the PFT wants a side letter at least I mean just maybe one for everybody but we just want one for ourselves that specifies the process so that if we run into this kind of thing again we have a whole set of rules and if the Personnel changes it's clear how we're going to do it and whether we talk about it in this committee or whether we talk about it in a smaller group. My point is we probably got to start sooner rather than later. My point is that not right away but in may be couple of months from now I think it is time for us to figure this out for the next time. It seems like a long way off but just researching the legal requirements about if somebody's sends in the birth certificate... I mean I know if my kid was born I bought in the birth certificate to you guys. Back in the olden days we would come in and sign up like when you had a baby and you would come into the benefits</p>	
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	<p>office with your birth certificate. So I don't know if you guys throw that away after a while or if you still keep it or what happens to CoreSource and them being the vendor you know it seems like that kind of thing, marriage certificates all that kind of stuff, court orders you know.. We need to just start thinking about those kinds of things in advance. We need to figure out a process and not just drop it today and think about it two years from now when it comes up again.</p>	
V.C Largent	<p>Point well taken.</p>	
Jennifer	<p>I want to say the ones that haven't responded the district will have ongoing efforts that will include looking in the file to see if we already had it. Which is easy for kids which in fact if we get it. A little bit more challenging on the spouses.</p>	
Debbie	<p>So...</p>	
Jennifer	<p>One more thing on that, if we just did children and not the whole group then we could look at discriminatory issues.</p>	
Rick	<p>Oh yeah I don't have a problem doing the whole group.</p>	
Debbie	<p>I did work with people from PRO and we did come up with sort of an idea, side letter idea for PFT which I would be</p>	

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<p>V.C Largent</p>	<p>happy... PFT lined it all up nice and pretty to the other Unions so that you can see... but basically it was kind of like what Rick was saying like agreeing on a timeline which the Unions and PRO, even though we are not a bargaining agent would sit down and talk about a reasonable timeline and talk together about ways that our Unions or organizations could help with the audit and work with our members. Also we will review how the materials are going to be distributed and what is the best way. Like you were saying a lot of members don't check their mail and all those kind of things.. but also to goes back to one of my questions here which is who determines the consequences here for failing to meet a deadline. To me that seems like a pretty crucial issue. This is a big deal because I think this is what created the most amount of stress four people.</p> <p>Can I just make a general statement? I would like to distinguish between, in general, not meeting a deadline established and not responding at all to the information. To me there's a big distinction. So people genuinely so got so concerned about the deadline and there has to be some consequences at the end of the day down the process pipe, if you will, because again the intent is not to dis-enroll people but to make sure that the people we are actually covering, that they're actually their dependents that we should be covering. So that was the whole intent of the independent audit. And then when the District puts a deadline to that without further</p>	
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<p>Debbie</p> <p>V.C Largent</p>	<p>explaining what would happen and what we mean by that, that can become a problem but there needs to be some type of time frame for that. But the dis-enrolling of people is separate from the deadline. It should be at the end of the day if we don't receive your information and we verified you've got it and like I said probably 5 people actually said they're not going to fill it out. They are not going to do it for their personal reasons. Those are the people that we can't verify their dependents and those are the only people that should be told that as a result of that it is documented and your response that the District cannot continue on our plan versus people who did not meet a deadline that kept moving if you will okay.</p> <p>I do agree that at some point if you don't... if for whatever reason you are refusing to participate that there is some consequence. I guess what I'm saying is that it would be far more productive if the stakeholders were part of the initial timeline setting. Agreeing that if such and such as such and such a point this is the next step. I think that it would be a much better experience for everybody involved and there are a lot of things I think a lot of us learned during this process that would be good to share so that it doesn't happen again.</p> <p>And that's why I felt this conversation here with the health benefits committee it's important to have as I said in my email to Rick we should share what the experience was so</p>	
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<p>Debbie</p> <p>V.C Largent</p> <p>Debbie</p>	<p>that everyone could hear but when we get down to actually negotiating I know that everyone has similar concern that will probably cover all three Unions that's where negotiations a side agreement with the Union and it'll all be the same and I'm hoping that the three different unions don't have three different agreements because it's the same process for everybody we are just clarifying it. But then with Pro obviously we're not negotiating and you're not negotiating but they are stakeholder in this so there should be Outreach from the District Benefits Office with Pro regarding the same process everyone has to go through the same process which may be aa little different depending on your individual circumstance. So it is not four different processes for the four different groups. So collaboration with that, and a timely one now that we are past this but we are all, as my law professor use to say, we are postmortem, what occurred. And that a good thing so that we can build the process for the future with everyone being part of that so a lot of the discussions will be here in the Health Benefits meetings but the negotiations will be with the Unions and the outreach to PRO. Does that help?</p> <p>Yes. I would like to say that while we cannot negotiate PRO would like to be a part of timeline, you know helping to bring that information.</p> <p>Yes so all four stakeholders, actually six when you consider Management and Confidentials.</p> <p>Right I was going to say that they needed to be represented as well.</p>	
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Jennifer	So we will have ongoing planning and postmortem review will be reflected in the minutes.	
Selwyn	<p>(Jennifer moves on to the 2016 Studies and Outcomes of Manners and Mechanisms & 2017 Open Enrollments/Campaigns and Other Projects and goes over the slide 21 of PowerPoint)</p> <p>(While going over the Health & Wellness Campaign Jennifer asked Selwyn to explain what he had mentioned at the last meeting about this topic)</p> <p>We need to focus more on exercise and nutrition and get people up from their desks more (movement). I try to encourage people to get up from their desk and walk for 15 or 20 minutes just to clear their head.</p>	
Jennifer	Okay and I think one you mentioned Rick about having better selections at meetings or something coming from the top to help orchestrate better menus selections at meeting or something like that.	
Rick	Sure, less soda and less donuts. (everyone chiming in about this topic at once)	

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Reagan	We will be launching health risk assessments for both Kaiser and CoreSource members (Reagan goes over slide 28 & 29). Also throughout 2017 there are plans to do “Lunch and Learns” through your different vendors like EAP as part of the wellness program.	
Jennifer	What’s the benefit of a health risk assessment?	
Reagan	It’s for the employee to find out what state of health they are in at this time and with Kaiser and CoreSource there are different professionals one can go to. Let’s say I take a health risk assessments test and I am borderline diabetic so I have access to a nutritionist who can help me with my eating habits like no more donuts.	
Debbie	So these lunch and learn you are going to have at the colleges can the Retiree come to any of the lunch and learns at any one of the colleges or how would that work? I am sure, let’s face it, at the end of the day it’s probably the retirees that are going to cost the most money at some point so involving them in as healthy a lifestyle as possible.... so I was just wonder if that was a though you were having or how you were going to...	
Jennifer	Let me just say this. None of our workshops are exclusive and we always announce the dates, times and places. Retirees get the same invitation that active employees get, and at our last meeting in October we mentioned that we would send to you the links to the Healthy information and you were going to update it on your website. So when we are ready to launch you will get that to also promote and maybe include in your January newsletter.	

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Debbie	Okay that would be great.	
Jennifer	Again, just so that you know as well Jess, when we do workshops we are very inclusive, all we ask of you is a sign in sheet. Otherwise if there is a seat you can sit.	
Reagan	The Benefits Office has put together a wellness calendar and we will show you what it will look like in about a week or so.	
Debbie	And I just have a suggestion, I know once you had this sort of like a weight loss thing and I think it was an individual thing as to who lost the most. I think that if you do it as a college and District as opposed to individual it sort of is a collective team effort. If the College of Alameda had the most attendees at the lunch and learn and did something to encourage participation as a group instead of as individuals. I am just throwing that out there as a possibility that you foster some healthy competition by Colleges as opposed to individual.	
Reagan	In the next few weeks we will be talking to CoreSource about the wellness program that they have and we will also engage Sutter we + you program because Sutter is the most utilized medical group on the PPO plan. We will be engaging them probably in our January meeting we will be talking about what	

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Jennifer	The other thing we will be looking at next year will be Joint Powers Authority (slides 22-24). Reagan do you want to address that as well?	
Reagan	Yes, so I believe in 2012 there was an initiative to look at Joint Powers of Authority (JPA) as a possible option for the District. We are at this point looking at the possibility of a JPA to take over your medical plan. Nothing is set in stone at this time, it is just exploratory and this will be probably for, the earliest for your July plan but it may not be that yearly.	
Jennifer	It probably won't be it's just an idea.	
Reagan	Again it's exploratory. So on page 23 of the handout, most of you were here in 2012 when the JPA's came and did their presentation, but for those who were not here at that time a JPA is a Joint Powers Authority and it is an entity of two or more public agencies which can operate collectively for purposes of improving buying power of health insurance. So what that means is Peralta's contracts are directly with Kaiser and you are self-insured on your PPO plan and what that would mean is you would be joining a JPA for better purchasing power.	
Erin	An example would be CalPERS. Anyone that is purchasing medical benefits through CalPERS would be doing so through a JPA because they are buying it through CalPERS collectively with other public agencies as oppose to directly contracting through Anthem, BlueCross or Kaiser etc.	
Reagan	So why a JPA. Again it gives Peralta a better buying power. But one of the things we as the consultant are trying to decipher at this	

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	<p>time is do the JPA’s have a plan that is comparable to what you have at this time because that is very important. That is number one on our list, exploring JPA’s as an option. If a JPA can’t duplicate what you have there is no reason to go that route at this particular time probably. But again we are in the exploratory phase of looking at JPA’s and we will be updating you as we go along.</p> <p>I just need to understand. Let’s say we join a JPA and we find a plan that like what we have and its set in stone, and later on how do the negotiation go, do we have to go along with whatever plan they have?</p> <p>They say we have a different plan and other schools are having their benefits cut and they no longer have the same comparable plan we have. How is that going to coincide?</p> <p>A JPA has multiple plan so it doesn’t necessarily mean let’s say a school in Santa Clara cuts their benefits you have to cut your benefits too, it’s a suite of benefits so you keep the benefits you have. It doesn’t matter what the other schools do, the JPA offer a suite of Benefits like 10 HMO plans and 10 PPO plans and you choose your plan and we try to look for a plan that comparable to what you have.</p> <p>Okay let’s say in the future they cut the plan and they say it is too expensive to offer anymore, so what are we going to do.</p> <p>In cases like that....</p>	
Ava		
Reagan		
Ava		
Reagan		

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Jennifer	Well that's a consideration.	
Erin	Every JPA is different. So part of the evaluation process is how are they governed, how are decisions made things like that and that all part of before you join a JPA you would know exactly how they operate. How can plan be added, how they can be detracted. Some JPA's allow full autonomy of plan designs. You can have any plan design you want. Some have CalPERS rated regions and set plan deigns you can enroll in any of these, you know, 15 plans. So part of the evaluation process is learning about what is available to, you know, public schools in California for you and how do they differ from each other before you make and decision as to whether it's a good fit.	
Reagan	As a part of the exploratory phase that we are in now is how they take out plans form their suite of offerings and how does that affect a group that currently has that plan. That all a part of the exploratory process that were are in. (Reagan points out the JPA considerations/questions on page 24 of the PowerPoint)	
Patricia	I would like for you to add a question to the list. We have a two tier system for post-retirement benefits. So people hired after 2004 don't get life-time healthcare. So can we add that as a question? Would there be a possibility to have some sort of bridge or some sort of buy in program for the retirees who were hired after 2004.	
Jennifer	You mean like a wrap-around product?	
Patricia	Yes. Can we get some consideration for that question for those employees?	

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	(Brief group discussing unable determine voices. Medicare coverage and wrap around discussed)	
Jennifer	For those hired after 2004 who do not have life-time benefits once they reach age 65 there a consumer of another product. Their relationship with the District is over. We do not offer, endorse or provide any option. That's the issue.	
Debbie	Yeah	
Rick	I think what she is say is maybe we should	
Jennifer	And we should but..	
Erin	But we don't need a JPA to do that.	
Debbie	Just to clarify for you, yes if I retiree at 62 that we still have a bridge to help Medicare that is that I can still stay on District benefits until 65. Then when I reach 65 I become Medicare eligible and have to go to Medicare and there is no further supplement to my healthcare. But between whatever age under 65 that I retire until 65 you are still covered by District.	
Jennifer	That's if you were hired before 2004. But know we have population that was hired after 2004 and if they leave here at age 66 they have nothing.	
Debbie	Right if they leave here at 66, but my understanding...	
Jennifer	If they were hired after 2004.	

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Debbie	But if I was hired after 2004 and I retire at 63 I still have healthcare.	
Rick	For a couple of years.	
Debbie	Yeah, that what I am saying. That's what I am explain to him is the bridge to Medicare.	
Jennifer	But aren't you also asking about..	
Jess	No I was just making a statement. I already knew what it was.	
Jennifer	Oh okay.	
Jess	I just wasn't sure of the wrap around.	
Debbie	That's more, if like you retiree whatever Medicare, right now cause you are a pre 04 whatever Medicare doesn't cover, if you are in CoreSource the District is actually paying for whatever Medicare does not cover.	
Jennifer	If it is an eligible expense under the plan.	
Debbie	Right, or if Kaiser takes it up. But if you are a post 04 retiree all you will have is Medicare and if Medicare says I am paying 200.00 out of your 350.00 dollar bill the other 150.00 on you personally.	
Jess	Maybe there can be some sort of savings account for people.. the whole idea is to explore.	

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Jennifer	Exactly. Rick has a question.	
Rick	<p>Just two thing when you do this exploring that I think you need to consider. Thing number one is that Kaiser, well first of all, whoever is selling, we are buying, whoever is selling from this JPA, if they are going to snag the Peralta account they are going to make a ton of money. The way the JPA's work is they have a sale team, and the sales team's job is to sell their product to places like Peralta who don't have it and when you get all those customers they get commissions on it. There is a lot of incentive for them to sell to us. I am not saying that bad or anything, that's just the way all the things work. So we have to make sure when we are exploring that we ask all the right questions. On Kaiser the one big advantage of our Kaiser plan historically has been that we have good experience. So just frequently I pick up the paper and is says Kaiser rates went up 20% and then we go to negotiations and our Kaiser rates are going up 4% and I am thinking whoa, what could that be. What that mean is that we have healthy people, that our people are not as sick as other people. What I would say is that on the Kaiser half of any JPA, I would like a 15 year track of their Kaiser rates compared to our Kaiser rates. How much theirs have gone up compared to our have gone up. There's a lot of incentive because I can remember doing the Kaiser negotiations and Kaiser is able to say that we will guarantee then, we will only do a 4% raise for a year or something or other. We will give them a teaser to get them in to the JPA and them once they get in there then if everybody's goes 20% we will raiser theirs 20% because they are stuck in it. So I would just like a track record for Kaiser on that count. On the self-insured plan the big, big difference between our self-insured plan and for example CalPERS. So CalPERS offers this great smorgasbord, the cafeteria, you can have the BlueCross, BlueShield, HealthNet, you can have all of those systems, have a</p>	

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Jennifer	<p>huge bureaucracy. They have executives, they have marketing, and they have advertising. You listen to the radio and you hear BlueCross come on the radio, you never hear CoreSource come on the radio. So we are not spending money on advertising. We are not spending money on executives' salaries. We are not spending money on travel and perks and stuff. So what I would like to see on the self-insured side is for whatever self-insured plans are there I would like to get some idea as to how much overhead those self-insured plans have. In other words how much does those self...the alternative to self-insured. In other words if CalPERS is offering use a BlueCross plan, then for BlueCross I would like to know how much they are spending on their executives, how much they spend on marketing, how much they are spending on advertising and how much they spend on things that are not related to insurance that we don't spend money on in our self-insured plan. CalPERS does not offer self-insured. CalPERS only offer packaged plans and every plan they offer is a plan where there is a President of the company, there is a CEO, they have conventions, they have sales staff, all that kind of stuff which we do not spend. So on all of the alternative you are checking up on with the things I would like somebody who is doing the research breakout what the overhead is that we do not spend with our self-insured that they do.</p> <p>We will add that to the other list of items. (Jennifer refers to page 24 of the PowerPoint)</p>	
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	<p style="text-align: center;"><u>Joint Powers Authority</u> (Considerations)</p> <ul style="list-style-type: none"> • Will the products offered by a JPA match our current offerings to our employees • What is the ease of entry into a JPA • Ease of transition • What is the ease of exit if the arrangement does not fit the culture? • Is there a minimal duration of commitment? • Would we sacrifice our Medicare D Subsidy? • Level of customer service to our employees/retirees • How comprehensive are the offerings beyond medical (Possible savings reductions in other areas: life, ltd, buy-in options) • Ability to provide options for non-California residents <p>Reagan Just a point of clarification. The JPA's are just like CalPERS. We are not only looking for a JPA for your Kaiser but also looking for a JPA as a replacement for your PPO plan so that everything is with a JPA. Whoever that JPA may be. So to clarify are you asking for the overhead of the JPA's or Anthem?</p> <p>Rick Yeah Anthem. Right, in other words I guess the JPA doesn't have a lot of overhead. The JPA is not offering a self-funded plan. The JPA is offering Anthem, BlueShield, HealthNet. They're offering different plan that have come to them and they are giving people like a cafeteria thing that sounds good off the top. You think that great you have more choices. But when you look at each choice</p>	
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	<p>you find that each choice generally spends about 10%-15% of all the money they get on their executive salaries and marketing stuff. So that means even if they give you a teaser rate and they say okay we will lower your cost this year, in the long run it is going to have to go up 10% or 15% to match these other things. So I would just like to know off the top what these smorgasbord plans are and how much each of those declare what they are spending for overhead compared to how much actually goes out to pay for medical care.</p>	
Jennifer	<p>You know, we will make sure that covered. Luther while you are here, Budget Director, any additional things?</p>	
Luther	<p>Budget rise as far as I am concerned. Are you going to save any money for the same type of service.</p>	
Jess	<p>What's the average monthly cost per person?</p>	
Rick	<p>600-700 dollars</p>	
Jennifer	<p>Depends on the coverage level.</p>	
Jess	<p>Not the coverage, because you can have singles or family.</p>	
Rick	<p>I think it is about 600 or 700 dollars per, like a one person Kaiser..</p>	
Jess	<p>I mean all together, the big pot of money.</p>	
Jennifer	<p>That is Luther.</p>	
Luther	<p>It is so hard to come up with a good average because there is variability all over the place and it goes like this because of claims</p>	

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	and that sort of thing. So trying to come up with a fine tune number that is a very reasonable accurate estimate is very difficult.	
Jennifer	But are we not like 15,000 if you add in the Life Insurance, the LTD, and all these other..	
Luther	Yeah and we are still trying to fine-tune that. Yeah it is at least 15,000.	
Jennifer	A year.	
Luther	Yes	
Reagan	To answer your question. For the District there is two medical plans. Kaiser which is fully insured and the rates are set regardless if the employee uses the benefits or not Peralta pays the exact amount that is billed to them. Then there is the self-funded piece which is the CoreSource/Anthem piece that you have that is more volatile depending on the claims comes in and out on a monthly bases that changes. But for Kaiser the rates are the rates. Those don't change for a year.	
Jess	To me it seem simple, getting closer to the end of the year there has been so much put in, divided by 12 months, divided by employees.	
Reagan	And we do that because your plan year is July 1- June 30. In your renewals we do show how much, specific to your self-funded plan, how much was budgeted and how much was utilized.	
Jennifer	This is the one meeting we do not have that analysis. Typically we do a budget that tells how much we planned and how much we	

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<p>Jess</p> <p>Jennifer</p> <p>Luther</p> <p>Jennifer</p> <p>Luther</p>	<p>spent year-to-date and where we are tracking, and we will have that in January. That will reflect 6 months through the year. So because you would like to have a nice tidy answer because we have a balance of fixed costs and variable costs.</p> <p>Right, but over time that variable cost is one number.</p> <p>Yeah</p> <p>15,000 you can start with that depending on claims, who carries what, and if it is family or single. All of those combinations makes it... lots of variables in coming up with a reasonable number.</p> <p>And number of employees.</p> <p>There are lots of variables with trying to come up with a reasonable number.</p>	
<p>Jennifer</p> <p>Reagan</p>	<p>So do you want to talk about health and wellness?</p> <p>I know we have three minutes. So I am going to try to be as quick as I can. So this is a copy of the wellness calendar. (Refers to page 26 of the PowerPoint)</p> <p>In the early part of this year (May) we did a survey of different schools an Alliant reached out to about 10 different schools to do a benefits survey. Once of the questions that we asked was specific to wellness. And we asked what they are doing with regards to wellness. Of the 10 respondents 6 responded that they currently don't do anything specific to wellness.</p>	

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<p>Reagan</p> <p>Jennifer</p> <p>Reagan</p>	<p>(Refers to page 27 of the PowerPoint)</p> <p style="text-align: center;"><u>What other schools are doing</u></p> <p>Peralta CCD conducted a survey amongst other schools 60% of the respondents currently do not offer a wellness program.</p> <p>The predominant reason why the other schools offer a wellness program is to reduce healthcare costs</p> <p>Below are the reasons given regarding why these schools do not offer a wellness program currently:</p> <ul style="list-style-type: none"> • No available budget • Inadequate management support • Insufficient ROI data to support • Weak internal ownership <p>It is very important to have a wellness program in place. Even just for, at the least, employee moral. To help people get healthier. That's why the Benefits Office has decided to improve your current wellness program because there is a wellness program with Peralta right now and there is a partnership with Sutter. In 2017 we will be expanding the wellness program. Specifically we will start with the HRA program.</p> <p>Health Risk Assessment</p> <p>That will be launched the early part of next year. Throughout the year we will be sending out communication pieces specific to the different wellness programs available through Kaiser and CoreSource.</p>	
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Jennifer	<p>Reagan, one more thing. I think we kinda got he message about health and wellness being our priority, but we didn't talk about and what you spent a lot of time preparing for us is the Affordable Care Act. Can you do a recap of the Affordable Care Act now that we have a new administration. The ACA is a standing part of our agenda as well.</p>	
Reagan	<p>Any questions on the wellness prgram?</p>	
Debbie	<p>I am just going to say that somewhere, and I think it all links together according to whats going to happen with the Afordable Care Act and the new Administration. I think you really might need to look at mental health wellness. I mean I am not kidding. I really mean that with all the stresses of whats been happening and to me the world is not right, and its not just something that will just carry on and I think a lot of people are going to be very stressed about numerous things. So I hope that when you look at wellness you look at peoples mental health. So I just think that really needs to be a serious part of a wellness program.</p>	
Reagan	<p>Actually just sidtrack a bit, the other night I was with some friends talking about indusrty as well and what we, what some people are doing is they are actually promoting the EAP</p>	
Jennifer	<p>And that is what I was going to say too.</p>	

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Reagan	I have friends that work with different EAP vendors and the past couple of weeks, there has been a slight, a huge uptake on calls and for different reasons, but primarily as a result of the elections. So that is one thing we definatly will be promoting is your EAP program and as part of the series of “lunch and learns”and that part of it, reminding everybody that you have an EAP program and to utilize it. It’s there.	
Debbie	Are Part-Time Faculty eligible to use that service?	
Jennifer	No, that hasn’t been paid for, but there may be other resources through other benefits they may have.	
Debbie	That would be really nice to look into what happens to Part-time Faculty employees because they do not have access to that.	
Jennifer	Well they may have access but no through the District.	
Debbie	Right, but what the District and do to help.	
Jennifer	Rick isnt there a Part-time Faculty Union, I want to say CC something for Part-Time Faculty across the state?	
Rick	There’s several organization for Part-Time Faculty across the state.	
Jennifer	Okay, alright, so maybe they offer something as well. So can we do Affordable Care Act in 2 minutes? It started in 2010 the Affordable	

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Reagan	<p>Care Act and has been in effect for 6 years and is going to dwindle to a two minute conversation with Reagan.</p> <p>With the New President elect coming how does that affect the ACA moving forward? Before I go into that I wanted to show you where people are insured. 153 million or 47.3% of the population are enrolled on a private plan through their employer. 55.5 million with Medicare, 49 million with Medicaid, 23.6 on Medicaid and CHIP. The enrollment in Medicare, Medicaid and CHIP increased as a result of ACA. So a lot of people qualified under Medicaid and CHIP so they are now enrolled these programs. Only 9.1% of the US population is enrolled in some sort of a State or Federal plan and there is still about 9% that are uninsured. To date we have been reading a lot about, like I have been going to the President elects website just to see what's out there, what's been posted with regards to healthcare. Yesterday there was information on what the plans are for the Military. But specific to the ACA there has be far and few between still, and I have gone back as far as January this year to what papers are out there on the Presidents website. To simplify it, what we think will likely happen are three things. There's going to be a repeal. There is certain things of the ACA that will be retained and there will be some stuff added. What will be repealed will be the employer mandates and the Cadillac tax. What will be retained would be previous conditions and dependent eligibility to age 26 because they are good things. We believe that will be retained. What would be added would be premium tax deductions for individuals and income tax on excess premiums. So something similar to the Cadillac tax but it will be call something else. One of the things that we know is still going to happen is the employer reporting for coverage for individuals and the IRS is still prepared to do that and they did an extension for individual to be notified of the healthcare w-2 to be sent to them in February and</p>	
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	<p>for the eligibility reporting to be done by the employer in March. So that's still, the IRS is still prepare to do that unless it's repealed. So any employer mandates such as the individual reporting and the eligibility reporting still continues.</p>	
Jennifer	Was it related to this or was it on. Okay go ahead Debbie.	
Debbie	I am just curious, or maybe I just don't understand where in here but in looking at this stuff the cap on lifetime benefits which was part of the ACA.	
Jennifer	For those non-grandfathered plans. So there are two plans. The cap on life-time did not apply to non-grandfathered plans. So those grandfathered plans that were before the healthcare reform they are still subject to tax, that didn't change.	
Debbie	Right, but..	
Rick	Understand when you have a renewal on a new plan then it doesn't have a cap.	
Jennifer	No, if we were to change the pre 2004 plan design then everything else has to apply. So as long as it stay the way it is and there is no change in benefits plan design, no material change the cap is still there. Post 2004 retirees do not have a cap. Oh I am sorry post 2010 retirees do not have a cap.	

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Reagan	To answer your question let me see what happens to the unlimited cap. I believe I can say, yeah.	
Jennifer	So no change	
Reagan	Yeah that wouldn't change.	
Debbie	From you review it looks like there wouldn't be a change.	
Reagan	Yeah..umm	
Rick	We could have another update on this in January when we know more.	
Jennifer	Yeah	
Rick	It's really up in the air, everything I hear about it.	
Reagan	In our meeting in January, hopefully we will have better direction (everyone begins talking and are standing up)	
Jennifer	Okay until January 31, 2017. That's our next meeting, it's on the slide.	
Adjournment:	10:37 am	

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Next meeting:	Previously scheduled for January 31, 2017. Rescheduled for February 16, 2017	

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Save-the-Dates

Upcoming Open Enrollments & Other Reminders

Event	Window	Audience	Take-a-ways
<ul style="list-style-type: none"> Part-time and Hourly Faculty open enrollment 	<ul style="list-style-type: none"> Mailing early January Enroll by for Spring 2017 coverage 	<ul style="list-style-type: none"> 700+ Part-time Hourly Faculty 	<ul style="list-style-type: none"> ✓ Share the information
<ul style="list-style-type: none"> Medicare open enrollment 	<ul style="list-style-type: none"> January 1 – March 31 Annual Campaign on February 1 	<ul style="list-style-type: none"> Anyone reaching age 65 in 2017 (approx. 50) Anyone who is age-eligible, retired, spouse of retiree AND not currently enrolled (approx. 50) Campaign is open to all 	<ul style="list-style-type: none"> ✓ Suggest a volunteer who will make outgoing calls ✓ January 23 ✓ March 13
<p><i>New guests participating in the 2017 Campaign on February 1 include CALSTRS; CALPERS and Retired Public Employees Association of California</i></p> <p><i>Delta Dental will answer questions about the dental options available through its connection with AARP</i></p>			
<ul style="list-style-type: none"> Kaiser Reimbursement 	<ul style="list-style-type: none"> December 31 June 30 	<ul style="list-style-type: none"> 700+ Any Kaiser member 	<ul style="list-style-type: none"> ✓ Remind your constituents to submit receipts for reimbursement
<ul style="list-style-type: none"> Medicare Reimbursement 	<ul style="list-style-type: none"> Annually, quarterly, monthly, subject contingent on the timing if information received 	<ul style="list-style-type: none"> 400 (approx.) retirees & eligible currently on Medicare 	<ul style="list-style-type: none"> ✓ Remind your constituents to submit annual verification usually sent out by CMS during this time of the year
<ul style="list-style-type: none"> Flexible Benefits Open Enrollment 	<ul style="list-style-type: none"> November 1 – December 16 	<ul style="list-style-type: none"> Active employees who want to participate in the pre-tax spending account for medical and dependent day care expenses for 2017 	<ul style="list-style-type: none"> ✓ Election deadline extended to December 16 to allow time for processing in accordance with business partners and IRS deadlines ✓ New features: <ul style="list-style-type: none"> ✓ debit card convenience ✓ contribution limit increase

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Minutes taken: Ronnie Roberts-McCain
PCCD Benefits Office
Staff Assistant