



Health Care Committee Update

JULY 7, 2025

PRESENTED BY:

**KARI DENDURENT, ASSISTANT
SUPERINTENDENT**

**STACEY VINSON, HEALTH PLAN
ADMINISTRATOR**

Introduction

Purpose of the presentation

Importance of healthcare oversight
in the District

Role of the Health Care Committee
in reviewing and advising on
healthcare-related matters

Committee Membership

Kenai Peninsula Education Association (KPEA)

Dylan Hooper

Eric Simonsen

Stephanie Cox

Joel Burns

Kenai Peninsula Educational Support Association (KPESA)

Susanna Litwiniak

Eva Pate

Valerie McHone

Kenai Peninsula Administrators Association (KPAA)

Vaughn Dosko

Employees Appointed by the Superintendent

Zen Kelly

Jordan Chilson

Kari Dendurent

Overview of a Self-Insured Health Plan for a School District

A **self-insured (or self-funded) health plan** is a model in which the school district assumes the financial responsibility for providing health care benefits to its employees, rather than purchasing a traditional insurance policy from a commercial carrier.

Under this model, the district pays for actual health care claims incurred by employees and their dependents, using district funds. A third-party administrator (TPA) is typically contracted to manage the day-to-day operations of the plan—such as processing claims, managing networks, and providing customer service—ensuring smooth administration without taking on the financial risk.

Key Features:

Financial Control: The district retains control over plan design and spending, allowing for greater flexibility and the ability to tailor benefits to employee needs.

Risk Management: To protect against unusually high claims, the district purchases **stop-loss insurance**, which limits financial exposure from catastrophic claims.

Cost Transparency: With access to claims data, the district can monitor utilization trends and make informed, data-driven decisions to manage costs effectively.

Long-Term Savings Potential: While self-insurance involves some financial risk, it often leads to long-term savings by eliminating insurance carrier profit margins and allowing more efficient use of funds.

This approach supports the district's efforts to maintain quality health coverage while being fiscally responsible with public funds.

The goal is to break even.

Monthly District Healthcare Contribution (12-month employees)



**SY 2024–2025: \$2,381.42 per
employee per month (Revenue)**



Any employee enrolled in KPBSD
Healthcare- 855 employees (May
2025)



**\$24,433,369.20 (12-month
approximation)**

Monthly Tiered Employee Contributions (12- month basis)

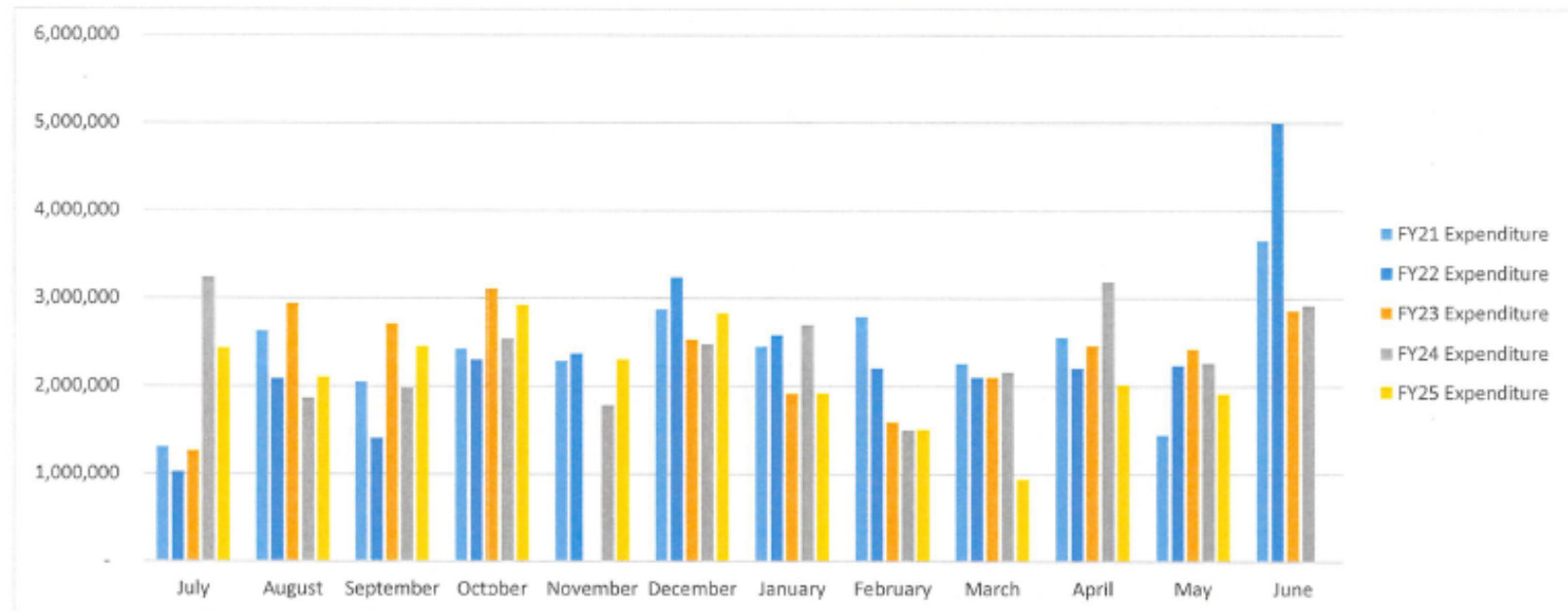
Note: Tier contributions are established by the HCPC Sub-Committee (KPEA, KPESA, KPAA).

Employee contribution for FY 24-25
\$4,311,699.87 (May 2025- does not include June but it will only include 12-month employees)

Tier	Monthly Employee Contribution
Employee Only	\$212.86
Employee + Spouse	\$468.29
Employee + Children	\$404.43
Employee + Family	\$681.14

Five-Year Historical Overview of Healthcare Costs

	FY21 Expenditure	FY22 Expenditure	FY23 Expenditure	FY24 Expenditure	FY25 Expenditure
July	1,306,603	1,018,558	1,256,299	3,240,131	2,431,518
August	2,625,651	2,081,739	2,939,883	1,864,937	2,095,106
September	2,041,404	1,404,247	2,707,954	1,977,438	2,449,243
October	2,425,973	2,301,663	3,107,735	2,544,128	2,921,298
November	2,289,011	2,372,063	(9,699)	1,781,470	2,300,289
December	2,874,346	3,234,738	2,531,386	2,484,820	2,828,447
January	2,451,754	2,582,045	1,914,701	2,704,664	1,915,913
February	2,791,881	2,200,536	1,588,448	1,500,291	1,499,144
March	2,253,302	2,099,115	2,099,751	2,163,684	934,537
April	2,558,661	2,202,593	2,461,196	3,188,293	2,009,409
May	1,442,340	2,233,424	2,423,223	2,261,382	1,909,409
June	3,657,299	4,999,382	2,857,487	2,921,088	-
Total	28,718,223	28,730,102	25,878,365	28,632,325	23,294,312



Total Healthcare Plan Cost Overview

Expenditure- Claims (use of health care, ex. doctor visit), administration costs (REHN, Aetna, MMA)

School Year 2023–2024

- Total healthcare expenditures for the year: **\$28,632,325.38**

School Year 2024–2025 (YTD)

- Year-to-date expenditures through May 2025: **\$23,294,312.00**

Healthcare Reserve = **\$750,000**

- When the Reserve falls below \$750,000 the employees will be charged a reserve payback the following fiscal year to replenish the account.

Committee Recommendations: History and Outcomes

Summary of Recommendations (by year)

Highlights of committee proposals to improve cost-effectiveness or benefit structures

Denials or Non-Actions on Recommendations

Noted instances where recommendations were not adopted, with brief rationale

Actions Implemented

Positive changes or outcomes resulting from committee input

Closing Remarks

Healthcare Survey

Monthly Healthcare Tidbits



Questions & Discussion
