School Boards' Co-operative Inc.

Report on Orphaned Benefits

Wendy Achoy

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TABLE OF CONTENTS

INTRODUCTION AND BACKGROUND

The Council of Senior Business Officials (COSBO) approved an E&E project in 2013, to address the issues related to the residual employee groups within school boards that may not be addressed or not be willing to be addressed by the discussions on Provincial benefit plans for unionized employees. The term 'Orphaned Groups' was coined to refer to these residual employee groups which consist of non-union employees including principals and vice-principals.

The issues to be addressed include:

- the impact of the current provincial unionized employee benefit negotiations in relation to the provision of plans for the Orphaned Groups including issues related to plan governance and single sourced carrier.
- plan ownership issues including legal and successor rights to plan surpluses and deficits as well as transitioning the plans to multiple board ownership and governance.
- The feasibility of province wide procurement for all "orphaned plan" groups.
- The establishment of partnerships with existing organization in similar fields of endeavour, OSBIE, SBCI, OTIP
- Identification of transitional processes and timelines

To the extent possible, the deliverables of the project were to be co-ordinated with those of the provincial project on benefits to ensure cooperation and no duplication of effort. Wherever possible, data, information and recommendations were to be shared.

A project team was struck with representation from the four affiliations i.e. English Public, French Public, English Catholic and French Catholic and from other benefits related school board committees.

1. Peter Derochie – Simcoe Muskoka Catholic DSB – Project Lead
2. Dean Currie – E&E Coordinator
3. Ed Hodgins – Durham DSB
4. John Sabo – York Catholic DSB
5. Michel Paulin – CSDC Franco-Nord

6. Chris Arnew – Kawartha Pine Ridge DSB
7. Arlene Moroz – Hasting Prince Edward DSB – OASBO Rep.
8. COSHRO Rep.

In late April, 2015, COSBO contracted with SBCI to work on the following deliverables of the project.

SBCI CONTRACT DELIVERABLES

Prepare a business case assessment to be used by the E&E Project Team to engage Ontario School Boards in a discussion and decision making process in regard to province wide or at a minimum multiple school board procurement of employee benefits for the defined group. <u>*All data gathered at this stage is confidential and the property of COSBO and subject to COSBO approval before release to other parties.*</u>

> *COSBO will request, that the Morneau Shepell data be shared with COSBO for use in preparing the business case assessment. Upon receipt of such data the project team will satisfy themselves as to the adequacy, accuracy and accessibility of Morneau Shepell data. Upon completion of the project team data review SBCI will be provided the data.*

The business case shall include but not be limited to the following:

I. *Identify the financial and administrative benefit and risk of participating and non-participation in such a plan. This should include an analysis, addressing economies of scale relating to different levels of board participation in terms of number of lives. The financial data will not address experience rating as this data is not available in the original data collection and may have changed over the time period. The work should include at a minimum an analysis of administrative savings related to fees and commissions etc. as well as an estimated of savings that may be related to pooled costs for Life, LTD, and AD&D. An analysis of any risk related to non-participation should be identified.*

II. *Identify the issues related to plan ownership including the transitioning of current board owned plan to a province wide or multiple board partnership or consortium. These issues could include but are not limited to legal, transitional timing, privacy, plan design, procurement and governance.*

This report has been prepared by SBCI with respect to the deliverables described above.

DATA FOR ANALYSIS

SBCI was granted access to the Morneau Shepell data (the Data) that was created for the provincial technical working group on benefits (the TWGB). SBCI has signed Confidentiality Agreements with respect to the data.

The Data consists of 2 separate files that contain information on plan design, rates, expenses, claims experience, underwriting/financial arrangement and demographic information such as age and gender and coverage amounts/levels.

The Data was masked to address confidentiality issues. In the masking process, the information for 67 boards was distributed among 74 Board IDs in the Data, with both aggregation of smaller employee groups into one ID and disaggregation of very large employee groups into separate Board IDs. Some initial work was required by SBCI to re-construct the data for 67 distinct boards an anonymized basis.

To help validate the outcome of this process, boards were asked to submit their ‘Morneau Benefit Survey Form’ to SBCI. This is a short, very high level form which provided enough summary information to help SBCI identify each board’s data and, more importantly, all of the Non-Union components of each board. SBCI will maintain the anonymity of individual DSBs’ data.

SBCI received 55 forms from boards and was able to link IDs to boards. We tested this process with 3 pilot boards that validated the matching process. Although we had planned to have each board validate the matching of IDs to their data using summary information such as counts, cost sharing% and rates by benefit for their non-union divisions, the process was not completed.

The data was used without further board validation. It should be noted that we have found what appear to be some employee group coding anomalies in the Data that can have a significant impact on the non-union data counts which are relatively small. Some massaging of the data was performed for the analysis. Blank fields were interpreted as ‘unknown’ or ‘none’ and inconsistent or conflicting information was either excluded or resolved by reasonable selection.

The analysis for this report was completed using the ‘Non-Union’ (NU) data identified by board, for 61 of the 67 boards, as NU data was not found for 6 boards.

CAVEAT

The data was considered adequate for this phase of the project and for the purposes of this report. All data statistics included in the report should be considered estimates only and should not be used in situations where highly accurate, complete or current data is required eg information or data for requesting quotes from providers in later stages of the project.

THE CASE FOR NON-UNION CONSOLIDATION

Due to the significant reduction in group size to between 5% and 10% of its original group size, the typical orphaned group presents a very different risk profile to providers compared to that of the full board.

An expected immediate outcome for orphaned groups will be a plan review by providers to reassess the appropriateness of existing financial arrangements, plan provisions and costs, with generally negative results.

The following sections provide a summary of the profile of orphaned groups and the impact on benefit provisions.

PROFILE OF ORPHANED GROUPS

- Size Range: 16 to 1,600 (ie 4%-10.5% of full board size)
- Average size: 222
- Median size: 150
- Total Estimated NU Population: 15,000
- Male/Female Composition: 34%/66%
- Average Age: 47
- Average Basic Life Coverage: $260,000
- Health and Dental Coverage: 17 % Single/ 83% Family

Cost of Benefits (for # of boards shown):

Benefit	Premiums	Average per Board	Board Count
Health	$45,831,252	$898,652	51
Dental	$18,079,977	$354,509	51
Life	$7,129,131	$106,405	67
ADD	$573,770	$12,473	46
All Benefits	$71,614,204	N/A	

Impact on Financial Arrangements

As the size of the group decreases financial arrangements for all benefits will generally move to more insured arrangements to reflect the need to part of a larger risk pool. The actual size breakpoints vary by provider and by benefit.

For Health and Dental benefits, groups of less than 200 employees (approximately 67% of NU groups) are generally limited to fully insured plans for all benefits with rates based fully or partially on the experience of the group. Groups of 200 and 400 employees (approximately 14% of NU groups) would generally have access to experience rating with refund accounting and groups of over 400 employees (approximately 19% of NU groups) would generally have access to more self-insured arrangements such as Administrative Services Only (ASO) with individual and aggregate stop loss coverage required at attachment points of $10,000 to $15,000.

For Life and LTD benefits, orphaned groups plans would generally have access to insured arrangements with rates partially based on experience and without refund accounting except perhaps for the largest groups.

Impact on Plan Provisions

The smaller the group size, the more restricted benefit design selection becomes. Plan access for groups of up to 50 employees (approximately 12% of NU groups) is usually limited to a provider’s packaged plans that are designed to limit anti-selection and streamline processing.

The Life and LTD coverage levels that are available without providing medical evidence and the overall maximum amount of coverage reduce with size of group. Most boards are currently able to offer Life and LTD coverage to employees without triggering medical evidence requirements.

Health and dental plans for the smaller orphaned groups would also be packaged plans with certain combinations of benefits and standard maximum benefits amounts that may be lower than current benefit amounts provided under more self-insured arrangements that allow for more customization and higher levels of coverage.

Impact on Cost of Benefits

Pricing is expected to cover expected claims cost, expenses incurred to provide the benefit and the profit or return on capital to the provider.

Impact on Expected Claim Costs

Assuming no change in benefits, we would anticipate that the claims cost for orphaned groups would be consistent with the previous experience. However, as the size of the group decreases, the variability in claims cost increases, and on a standalone more insured basis, pricing would increase to reflect this through higher risk premiums, lower stop loss limits and increased stop loss charges. Note that current pricing may also reflect the experience of a different combined rating pool.

The shift in demographic profile ie age, gender mix and occupational risk classification may result in a different average benefit cost for Life and LTD benefits than previously priced for on an all board or combined non-teaching basis as is common among boards. The impact will tend to be negative due to age, and positive for occupational risk classification particularly for LTD benefits, as the orphaned groups are generally older and represent the lowest occupational risk classifications at boards.

Impact on Expenses

It is expected that the fixed costs to set up and maintain a policy will represent a much larger % of the premiums for orphaned groups due to significant reduction in size.

As the financial arrangements move to more insured arrangements the capital requirement increases which results in increased costs to provide the benefits.

Expense ratios including profit, and return on capital if applicable, can range from 5% to 30% of premiums on health and dental benefits depending on the size of the group and the financial arrangement. The current expense ratios for boards fall in the range of 6% to 15% of premium. Expense ratios for Orphaned groups would fall in the range of 10% to 35% of premium.

Based on the target loss ratios included in the Data, we have estimated that expenses on Health and Dental benefits will increase by approximately 10% of premium or $8 mill.

In summary, there appears to be significant negative consequences to maintaining individual orphaned groups at boards as access to benefits decreases and costs and expenses increase relative to current terms. Relative to the provincial plans which would achieve even greater economies of scale, spread of risk and access to more customized products and services, the consequences appear even more negative.

CONSOLIDATION OPTIONS – ADVANTAGES & DISADVANTAGES, HIGH LEVEL IMPLEMENTATION

The Options available are:

1) Joining one of the Union Provincial Plans
2) NU Buying Group
3) A Provincial NU Plan

Option 1 – Joining a Provincial Union Group Plan

The 4 school board affiliated teacher unions represent approximately 65% of the total school board population. Union support staff and Custodial and Maintenance employees are oftentimes represented by the same Union, and account for approximately 27% of the population. The NU employee groups make up the remaining 8% of the population.

The obvious advantages to joining any of the Provincial Union Plans include access to considerable buying power and significantly lower expense ratios, given the potential size of the Union plans compared to individual orphaned plans.

It is also likely that all of the teacher Union groups will utilize OTIP as their common broker and third party administrator (TPA) to source providers and to perform the administrative functions of their consolidated plans. These functions include eligibility management and employee customer service, billings and the set up and management of contracts and the annual renewal process. By joining one of the teacher plans, the Board's own administrative processes for the NU groups would be consistent with those of the majority of its employees and should therefore be more cost effective for boards.

However, other non-economic factors such as the loss of direct control, independence or priority, may be of primary concern for the NU group, as under the Provincial union plans shared and possibly minority representation of the NU groups will likely occur under any governance model. Until full details of the provincial plans are available it is difficult to assess the degree to which these issues can be addressed satisfactorily.

Option 2 – Non-Union Buying Group

Under this option boards agree to procure services as a group in order to achieve, at a minimum, a volume discount equivalent to the savings in marketing costs and increased individual board member retention. Cost savings and greater access to products increase as the degree of aggregation increases.

The ultimate aggregation level is a Non-Union Plan that is sponsored by an entity for its members under an umbrella policy, with one renewal date and at most one provider per benefit. The sponsoring organization either performs directly or outsources the administrative functions of aggregation such as membership management including marketing, and the procurement functions including periodic contract renewal negotiations with providers.

Buying groups tend to use TPAs to perform policy or plan administration functions that would normally be performed by the benefit providers. These functions include employee eligibility management, billings and servicing employees with respect to questions or issues relating to benefit provision or claims adjudication. Some large TPAs also offer claims adjudication and payment services.

The benefits of using a TPA's service versus the provider's include the generally lower overall cost structure of a TPA, access to more customized, dedicated or faster service than the traditional insurance provider, and at similar or lower costs. Independent central employee eligibility management also translates into greater flexibility in changing providers or selecting the best provider for each benefit.

Given the size of the combined orphan groups, the buying group would be able to access largely self-insured financial arrangements for health and dental benefits for the combined group and experience rating with refund for Life and LTD benefits. However, one of the biggest challenges for buying groups is determining an equitable rating system that would help retain individual members with better experience in the buying group, particularly for health and dental benefits. The risk of using a totally pooled approach to member rating is the deterioration of the pool with a resulting rate spiral.

Buying groups work well when members of the buying group have very similar needs and risk profiles, as there is less likely to be conflict and cross subsidization. The benefits of buying groups therefore cater more to the needs of smaller orphaned groups facing reduced access to coverage and higher costs, than to the larger orphaned groups of more than 400 employees whose benefit programs will be less compromised. A total membership consisting of 5,000 employees or more of the smaller more homogeneous groups will still afford considerable benefits and may result in a more stable membership.

Example of Existing School Board Buying Group (Based on discussions with Michel Paulin- SBO, CSC Franco-Nord)

Eleven of the French boards have procured benefits as a buying group since 1998. The boards have established a committee to oversee procurement which is managed by an intermediary (Cowan). In addition to managing the procurement process and the contract and annual rate renewal negotiations, Cowan performs the plan administration functions that the boards and the provider would normally perform such as plan member eligibility and enrolment management including customer service to employees, billings, accounting, taxation of benefits and benefit communications. The plans are remarketed every 3 to 5 years, at which time, individual boards can opt out of the arrangement with 30 days' notice.

The group has not established an umbrella policy to manage and fund the benefits. Each board has its own policy/contract with the selected providers. Although there was a trend towards standardizing the plans, standardization has not yet been achieved and has become more difficult since 2008, when local Unions were allowed to decide on benefit options.

For health and dental benefits each board is rated separately based on its own experience and/or demographics and negotiates renewals independently through Cowan with the provider. Boards have been reluctant to pool their experience on these benefits.

For basic life insurance, although each board has its own policy the boards have agreed to pool their experience for rating and financial management purposes. There is one financial underwriting agreement in which the 11 boards participate. The agreement is on a refund accounting or retention basis by which the financial results of the 11 boards are pooled and the boards collectively own the surpluses or deficits that emerge, in accordance with the terms of the agreement. A common renewal rate action is applied to the existing rates of the boards based on the demographics and experience of the 11 boards. This allows the boards to fund their Life insurance benefits based largely on their own collective experience instead of the provider's book of business and to share in surpluses and deficits.

One additional benefit of the boards' pooling of their life insurance benefit is that they are also able to self-insure the basic life premium waiver benefit by continuing to pay the basic life premium for employees who are disabled.

The advantages of this option can be summarized as follows:

1) Simple structure and governance

2) Access to financial arrangements available only to larger groups

3) Outsourcing of internal benefit administrative functions and access to more customized service through the use of a TPA, the cost of which is offset by reduced administrative charges from the provider

4) Potential for net savings in benefits costs eg 7% on the life benefit in 2014 for the example cited

5) More control or independence for individual boards or the plan sponsor in managing the plan

The main disadvantages are:

1) Membership in the buying group is voluntary and therefore is subject to erosion which tends to lead to rate spirals as better risks leaves the buying group.

2) To the extent that members of the group require individual service eg individually negotiated and managed contracts, savings are not optimized and can be offset to a large degree by additional administration and marketing charges.

Option 3 – A Provincial Non-Union Plan

Under this option, a standard non-union plan (the NU Plan) would be created for all non-union employees of all boards. The NU Plan would be a multi-employer plan managed and funded through an umbrella agreement or Trust.

The available funding vehicles for this option are:

1) Health and Welfare Trust (HWT)

2) Employee Life and Health Trust (ELHT)

These two options are very similar as they are both inter vivos trusts governed by Trust Law that can be used as tax effective funding vehicles to provide certain specified types of employee benefits including Life insurance, LTD, Critical Illness and Health and Dental benefits for employees. The plans are sponsored by the employers and/or Unions who determine what the benefit plan provisions are and who are then responsible for making the necessary contributions to the Trust as specified in the agreement.

Trustees are appointed to administer the terms of the Trust agreement and are required to act independently of the plan sponsors in the provision of the benefits to the beneficiaries of the Trust (ie the employees and dependents), and have the legal right to enforce contributions.

Employer contributions are deductible under specified conditions. Employer funding is generally limited to amounts required to provide benefits although some prefunding is permitted. The Trust is subject to tax on net investment income at the highest marginal tax rate and benefit payments are taxable to employees on the same basis as for traditionally funded plans. There are key differences in the two types of trusts in the following areas:

1) Governing authority
2) Beneficiary constraints
3) Governance structure
4) Deductibility of Employer Contributions
5) Ownership of Plan assets

Governing Authority

HWTs exist as vehicles for funding specific benefits for employees through CRA's administrative Interpretation Bulletin IT- 85R2 of the Income Tax Act.

ELHTs were created through specific legislation in 2010 and encoded in the Income Tax Act.

Both structures can still be created to provide group sickness and accident, group term life and private health services plans to employees. Although CRA has indicated that there are no immediate plans to retract bulletin IT-85R2, they have indicated that it will be revised at a future date. The future of HWTs, being based on administrative discretion, may appear less certain than that of ELHTs which are based on legislation. However, HWTs still remain the predominant structure as not many ELHTs have been formed since its creation.

Beneficiary Constraints

In an ELHT, benefits cannot accrue more beneficially to key employees who are defined as high earners or significant shareholders and at least one class of employees must contain 25% of all employees and at least 75% of that class must not be a key employee. Orphaned groups would not be able to meet these constraints on their own.

These constraints do not exist for HWTs.

Governance Structure

The Board of Trustees is responsible for administering the Trust agreement. An ELHT can only have minority representation from the employer or employer agents. This condition does not exist for HWTs but under both structures Trustees are required to act independently in administering the Trust and are not allowed to make investments in the entities of plan sponsors.

Deduction of Employer Contributions

Employer contributions are generally deductible to the extent they can be justified as being required to fund the benefit payments required in the year plus reasonable operating expenses of the Trust.

Under an ELHT non-deductible contributions in a year can be carried forward to the future years in which the benefits related to the contribution are payable.

Under a HWT employer contributions are deductible to the extent that they are legally required to be made in the year and are reasonable in the circumstances. Excess contributions are not deductible and may disqualify the Trust.

Taxation of Trust Income

Contributions to the Trusts are not considered income to the Trusts. The investment income net of investment expenses and expenses related to the operation of the Trusts is taxable.

For ELHTs all benefit payments to beneficiaries and all expenses associated with providing the benefits such as insurance premiums, claims and administrative expenses are deductible, whereas for HWTs, the deduction only applies to taxable premiums and benefits paid to beneficiaries.

Ownership of Plan Assets

While there is no reversion of excess trust funds on wind-up to the employer, the HWT allows for the excess funds to be delivered to a charity while the ELHT only allows the funds to go to other beneficiaries, another ELHT or to the government.

Summary

In summary, the orphaned groups on their own would have to use an HWT as they will not be able to meet the constraints on beneficiary composition of an ELHT ie at least one class of beneficiaries must represent 25% of all employees and at least 75% of the class must not be key employees. An ELHT that included non-teaching union employee groups would meet the beneficiary constraints. However, the restriction in ELHTs that benefits cannot accrue more beneficially to key employees may also be an issue for the orphaned groups.

In order for both the HWT and the ELHT to be viable options for the Orphaned groups, the benefit and governance structure requirements will need to be considered.

IMPLEMENTATION CONSIDERATIONS FOR CONSOLIDATION OPTIONS

Once the orphaned groups have committed to consolidation and they have chosen a consolidation option, considerations for implementation would include:

Standard Plan Design

Under all options, implementation costs and future benefit administrative costs are optimized if a standard plan design is implemented. There is already a fairly high degree of commonality in plan design elements among the orphaned groups which should facilitate agreement on an initial standard plan design even though there are 72 entities involved.

Standardization also provides an opportunity to modernize the plans at the time eg removal of small ineffective deductibles, use of coinsurance to share costs, mandatory generic substitution, prior authorization on high cost drugs and the use of Health Care Spending Accounts on conversion to the standard plan to fill coverage gaps and provide greater flexibility on coverage.

Appendix A contains a summary of plan design prevalence among the orphaned groups by board.

Governance and Administration of Umbrella Agreement or Trust

Under all consolidation options a governance structure will be required to manage and administer the plans in accordance with the umbrella or trust agreements.

Use of existing school board related entities can be considered for some or all of the roles or functions that will be required including Plan Sponsor for a buying group, Trustees for ELHT/HWT, Procurement, Benefits Consulting, and Benefits Administration (TPA).

A brief description of school board or education sector organizations which are potential candidates for these roles or functions is included in Appendix B.

Procurement of Benefits

Current census, recent claim experience and plan design will be required for the procurement process.

Implementation Schedule, Process and Support for Individual Boards

A major decision will be whether the implementation process will be phased, over what time period and in what order. Through the transition to the new structure, boards will likely require additional support.

APPENDIX A – PLAN DESIGN AND PREVALENCE SUMMARY

The file- Plan Design and Prevalence Summaries –All Benefits, is included as part of this report, and provides plan design summaries and prevalence by board for the following benefits:

- EHC Benefits excluding Paramedical Benefits
- EHC –Paramedical Benefits
- Dental Benefits
- Basic Life and AD&D Benefits
- Optional Life and AD&D Benefits
- HCSA Benefits

Prevalence summaries for EHC benefits were produced by headcount but did not provide significantly different prevalence values from the 'by board values'.

APPENDIX B – SCHOOL BOARD OWNED OR RELATED SERVICE PROVIDERS

Procurement Services Providers

The summaries are based on familiarity with the organizations and on their published websites.

CSBSA – Catholic School Boards Services Association

The CSBSA is a not for profit consortium of GTA Catholic School Boards that seeks out business opportunities including group purchasing opportunities for all Ontario school boards in order to reduce costs or create efficiencies. The CSBSA includes Benefits related projects as an area of focus.

OESC – Ontario Education Services Corporation

The OESC is a not for profit organization established by the 4 Ontario School Trustee Associations and the Council of Ontario Directors of Education to provide quality services to school boards at a reasonable cost. Many of the services are HR related and deal with training of school board staff to be compliant with workplace regulations.

OECM – Ontario Education Collaborative Marketplace

The OECM is a not for profit Broader Public Service group procurement organization established to serve Ontario's publicly funded education institutions.

Insurance or Benefits Related Services Providers

There are a few school board related not-for-profit entities that already provide benefits or insurance services to school boards and have varying levels of expertise and/or infrastructure to be able to provide administrative services for benefit consolidation. The summary for each organization is based on independent research and a discussion with the organization's CEO who also had the opportunity to review the text included for the organization.

OSBIE – Ontario School Boards' Insurance Exchange

OSBIE is a not-for profit, school board owned, reciprocal insurance exchange that provides insurance programs for 71 of the 72 Ontario district school boards. OSBIE is currently licensed to provide property and casualty insurance programs to its members in Ontario. OSBIE would need to acquire additional licensing to be able to provide group benefit programs on the same basis. The case for doing so would rest largely on the prevalence and size of the opportunity at hand and a non-union only plan would not likely justify the additional requirements.

To manage its current insurance programs, OSBIE has existing IT and other infrastructure together with administrative, financial and investment management capabilities which may be adapted to provide and manage group life and health programs, either directly or through partnerships with other providers, under other options such as a Trust or group buying arrangement.

OTIP – Ontario Teachers' Insurance Plan

OTIP is a non-profit brokerage and Third Party Administration (TPA) organization owned jointly by the four teacher and education worker affiliates: L'Association des enseignantes et enseignants franco-ontariens (AEFO), the Elementary Teachers' Federation of Ontario (ETFO), the Ontario English Catholic Teachers' Association (OECTA) and the Ontario Secondary School Teachers' Federation (OSSTF/FEESO). OTIP is governed by a Board of Trustees consisting of two representatives from each of the four affiliates.

As an independent brokerage, OTIP is responsible for sourcing products and services for its members and clients. As the TPA of the OTIP multi-employer Health and Welfare Trust (HWT), it is responsible for the plan administration functions such as contract and renewal negotiations with providers and members, eligibility management, billings, underwriting and employee customer service with respect to the benefits provided through the HWT. The benefits included in the HWT are long term disability (LTD), health and dental benefits and life insurance. A significant percentage of Ontario teachers are covered under OTIP's LTD plan.

Given OTIP's existing functions, and the similar functions OTIP would assume in the administration of any future Provincial Plan(s) established for the teaching groups, OTIP would be expected to have the capabilities and infrastructure to support the implementation of any of the options for a consolidated non-union plan.

SBCI – School Boards' Co-operative Inc.

SBCI is a not-for-profit, school board owned co-operative that provides various employee benefits related services to Ontario district school boards. The original service was with respect to the management of WSIB claims for 55 boards that self-insure their WSIB benefits, including advice and guidance on complex claims, representing boards on appeals, providing alternative risk management options e.g. the Assistance Program.

Over the course of its 20+ year history, SBCI has responded to the emerging needs of school boards and has broadened its services to include attendance support, case management of complex short and long term disability claims, health and safety services and PSAB actuarial consulting services with respect to future benefits.

While SBCI has no existing infrastructure to support some of the traditional policy administration or customer support services required under some of the options, SBCI is capable of providing benefit consulting services immediately, and as in the past, if its membership supports the development or procurement of infrastructure in order to provide new and necessary services to the collective, SBCI is ready to fulfill its mandate to provide the most cost effective service to its members.