



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: September 24, 2020

Purpose: Presentation/Report Recognition Discussion/ Possible Action

Closed/Executive Session Work Session Discussion Only Consent

From: Jeff Baum, Deputy Superintendent for Business and Operations

Item Title: Approve 2020-2021 Health Insurance Administration

Description: The District utilizes as Self-Insured Health Plan that requires a third party provider to administer the claims process. For the 2019-2020 Health Plan year, the District designated Aetna to administer its claims. The District will be charged \$39.32 per month for every employee participating in the Base Plan, and \$40.81 per month for every employee that participates in either the Mid Plan or the Buy-Up Plan.

Historical Data: The District is in year 2 of a 3-year rate guarantee with no escalation of costs.

Recommendation: Approval of Aetna as the administrator of the District’s Self Insured Health Plan.

District Goal/Strategy:

Select a Goal or Strategy

Strategy 1 We will engage all school community members through transparency and effective communication to promote a positive perception and create a strong brand.

Funding Budget Code and Amount: 770 41 6299 00 727 0 99 \$516,962

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

CFO Funding Approval:

Superintendent:



South San Antonio ISD 2020/2021 Benefits Renewal



	Aetna / HEB Rx		
Plan Benefits	Option 1 – Aetna Whole Health ACO		
General	Baptist Providers (Tier 1)	All other Aetna network (Tier 2)	Out-of-Network
Preventive Care Services	100%	100%	N/A
Calendar Year Deductible			
Individual	\$5,000	\$5,000	N/A
Family (Embedded)	\$10,000	\$10,000	N/A
Hospital Admission- Inpatient	85% after deductible	65% after deductible	N/A
Coinsurance %	85%	65%	N/A
Out-of-Pocket Maximum:			N/A
Individual	\$6,350	\$6,350	N/A
Family	\$12,700	\$12,700	N/A
Policy Maximum	Unlimited	Unlimited	N/A
Physician Services:			
Primary Care Physician: Office Co-pays	\$35 copay	\$35 copay	N/A
Specialist / Urgent Care: Office Co-pays	\$70/\$100 copay	\$70/\$100 copay	N/A
Hospital Visits – Emergency Room Service	\$250 copay; ded. waived	\$250 copay; deductible waived	\$250 copay; deductible waived
Maternity Prenatal Care	100%; ded. waived	Covered 100%, deductible waived	N/A
Allergy Injections	\$35 PCP/\$70 Specialist	\$35 PCP \$70 Specialist	N/A
In-Patient Psych.	85% after deductible	65% after deductible	N/A
Out-Patient Psych.	\$70 copay	\$70 copay	N/A
Hospital Services:			
Room & Board Inpatient Services	85% after deductible	65% after deductible	N/A
Surgery	85% after deductible	65% after deductible	N/A
Hospital Services- Out Patient:			
Surgery	85% after deductible	65% after deductible	N/A
Emergency - Facility	\$250 copay; ded. waived	\$250 copay; ded. waived	\$250 copay; ded. waived
Emergency - Physician	80% after deductible	80% after deductible	N/A
Other Services:			
Home Health Care	85% after deductible	65% after deductible	N/A
Hospice Care	100% ; ded. waived	100%; ded. waived	N/A
Ambulance- Emergency Medical Transportation	85% after deductible	85% after deductible	N/A
Diagnostic X-ray & Lab, PET,MRI,	85% after deductible	65% after deductible	N/A
Pharmacy (ESI)	In-Network		N/A
Prescription Drug Coverage	\$15/\$35/\$70		N/A
Mail Order Pharmacy	\$37.50/\$87.50/\$175		N/A

Plan Benefits
General
Preventive Care Services
Calendar Year Deductible
Individual
Family (Embedded)
Hospital Admission- Inpatient
Coinsurance %
Out-of-Pocket Maximum:
Individual
Family
Policy Maximum
Physician Services:
Primary Care Physician: Office Co-pays
Specialist / Urgent Care: Office Co-pays
Hospital Visits – Emergency Room Service
Maternity Prenatal Care
Allergy Injections
In-Patient Psych.
Out-Patient Psych.
Hospital Services:
Room & Board Inpatient Services
Surgery
Hospital Services- Out Patient:
Surgery
Emergency - Facility
Emergency - Physician
Other Services:
Home Health Care
Hospice Care
Ambulance- Emergency Medical Transportation
Diagnostic X-ray & Lab, PET,MRI,
Pharmacy (ESI)
Prescription Drug Coverage
Mail Order Pharmacy

Aetna / HEB Rx	
Aetna Option 2 POS	
In-Network	Out-of-Network
100%	
\$6,000	\$10,000
\$12,000	\$30,000
80% after deductible	50% after deductible
80%	50%
\$7,150	\$13,000
\$14,300	\$39,000
NA	NA
\$40 copay	50% after deductible
\$60/\$100 copay	50% after deductible
80% after deductible	50% after deductible
Covered 100%, deductible waived	50% after deductible
\$40 PCP	50% after deductible
\$60 Specialist	50% after deductible
80% after deductible	50% after deductible
\$40 copay	50% after deductible
80% after deductible	50% after deductible
80% after deductible	50% after deductible
80% after deductible	50% after deductible
80% after \$250 copay; ded. waived	80% after \$250 copay; ded. waived
80% after deductible	50% after deductible
80% after deductible	50% after deductible
100%, ded. waived	70% after deductible
80% after deductible	80% after deductible
80% after deductible	70% after deductible
In-Network	Out of network
\$20/\$50/\$80	No coverage
\$50/\$125/\$200	NA

Plan Benefits
General
Preventive Care Services
Calendar Year Deductible
Individual
Family (Embedded)
Hospital Admission- Inpatient
Coinsurance %
Out-of-Pocket Maximum:
Individual
Family
Policy Maximum
Physician Services:
Primary Care Physician: Office Co-pays
Specialist / Urgent Care: Office Co-pays
Hospital Visits – Emergency Room Service
Maternity Prenatal Care
Allergy Injections
In-Patient Psych.
Out-Patient Psych.
Hospital Services:
Room & Board Inpatient Services
Surgery
Hospital Services- Out Patient:
Surgery
Emergency - Facility
Emergency - Physician
Other Services:
Home Health Care
Hospice Care
Ambulance- Emergency Medical Transportation
Diagnostic X-ray & Lab, PET,MRI,
Pharmacy (ESI)
Prescription Drug Coverage
Mail Order Pharmacy

Aetna / HEB Rx	
Aetna Option 3 POS	
In-Network	Out-of-Network
100%	
\$3,000	\$5,000
\$6,000	\$10,000
80% after deductible	50% after deductible
80%	50%
\$6,000	\$10,000
\$12,000	\$20,000
NA	NA
\$35 copay	50% after deductible
\$45/\$75 copay	50% after deductible
80% after deductible	50% after deductible
Covered 100%, deductible waived	50% after deductible
\$35 PCP	50% after deductible
\$45 Specialist	50% after deductible
80% after deductible	50% after deductible
\$35 copay	50% after deductible
80% after deductible	50% after \$250/admission ded.
80% after deductible	50% after deductible
80% after deductible	50% after deductible
80% after \$200 copay; ded. waived	80% after \$200 copay; ded waived
80% after deductible	80% after deductible
80% after deductible	50% after deductible
100%, ded. waived	70% after deductible
80% after deductible	80% after deductible
80% after deductible	70% after deductible
In-Network	Out of network
\$25/\$45/\$80	No Coverage
\$62.50/\$112.50/\$200	NA

Health Plan Anticipated Expenses

	<u>2019-2020</u>	<u>2020-2021</u>	<u>Variance</u>
Plan Administration	516,962	516,962	-
Expected Claims	4,490,274	6,260,699	1,770,425
15% Corridor	673,541	939,105	265,564
Max Claims (Not Inclusive of S/L Prem.)	5,163,815	7,199,804	2,035,989
Stop Loss Premium	637,595	761,937	124,342
Maximum Risk Exposure	5,801,410	7,961,741	2,160,331
Total Premium Needed (Max Claims)	6,318,372	8,478,703	2,160,331
Total Premium Needed (Expected Claims)	5,644,831	7,539,598	1,894,767
Variance in Need Between Max and Expected		(939,105)	

2019-2020 Premium Generation

Buy-Up Plan			District Cont.	Employee Cont.	Total Premium	District Annual	Employee Annual	Combined Annual
	Employee	55	\$402	\$193	\$594	\$265,188	\$127,169	\$392,357
	Employee/ Spouse	2	\$402	\$824	\$1,226	\$9,643	\$19,776	\$29,419
	Employee/ Children	9	\$402	\$715	\$1,117	\$43,394	\$77,216	\$120,610
	Employee/ Family	<u>2</u>	\$402	\$1,152	\$1,554	\$9,643	\$27,655	\$37,299
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Mid Plan			District Cont.	Employee Cont.	Total Premium	District Annual	Employee Annual	Combined Annual
	Employee	318	\$402	\$37	\$439	\$1,533,269	\$141,078	\$1,674,346
	Employee/ Spouse	16	\$402	\$368	\$770	\$77,146	\$70,725	\$147,871
	Employee/ Children	125	\$402	\$272	\$674	\$602,700	\$407,610	\$1,010,310
	Employee/ Family	<u>30</u>	\$402	\$604	\$1,005	\$144,648	\$217,300	\$361,948
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Base Plan			District Cont.	Employee Cont.	Total Premium	District Annual	Employee Annual	Combined Annual
	Employee	409	\$386	\$0	\$386	\$1,896,893	\$0	\$1,896,893
	Employee/ Spouse	22	\$386	\$284	\$670	\$102,033	\$74,881	\$176,914
	Employee/ Children	64	\$386	\$212	\$599	\$296,824	\$163,146	\$459,971
	Employee/ Family	<u>18</u>	\$386	\$495	\$881	\$83,482	\$106,890	\$190,372
	513							

1,070

\$5,064,864

\$1,433,445

\$6,498,309

78%

22%

100%



2020-2021 Premium Generation

Buy-Up Plan	Members	District Cont.	Prior Year	Employee Cont.	\$ Increase	% Increase	Total Monthly	Total Annually	District Annual	Employee Annual	Combined Annual
	Employee	55	402	\$193	\$240	\$47	25%	\$642	\$7,702	\$265,188	\$158,400
Employee/Spouse	2	402	\$824	\$1,124	\$300	36%	\$1,526	\$18,310	\$9,643	\$26,976	\$36,619
Employee/Children	9	402	\$715	\$985	\$270	38%	\$1,387	\$16,642	\$43,394	\$106,380	\$149,774
Employee/Family	2	402	\$1,152	\$1,562	\$410	36%	\$1,964	\$23,566	\$9,643	\$37,488	\$47,131
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Mid Plan		District Cont.	Prior Year	Employee Cont.	\$ Increase	% Increase	Total Premium	Total Annually	District Annual	Employee Annual	Combined Annual
	Employee	318	402	\$37	\$65	\$28	76%	\$467	\$5,602	\$1,533,269	\$248,040
Employee/Spouse	16	402	\$368	\$430	\$62	17%	\$832	\$9,982	\$77,146	\$82,560	\$159,706
Employee/Children	125	402	\$272	\$335	\$63	23%	\$737	\$8,842	\$602,700	\$502,500	\$1,105,200
Employee/Family	30	402	\$604	\$735	\$131	22%	\$1,137	\$13,642	\$144,648	\$264,600	\$409,248
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Base Plan		District Cont.	Prior Year	Employee Cont.	\$ Increase	% Increase	Total Premium	Total Annually	District Annual	Employee Annual	Combined Annual
	Employee	409	402	\$0	\$0	\$0		402	\$4,824	\$1,973,016	\$0
Employee/Spouse	22	402	\$284	\$284	\$0	0%	686	\$8,232	\$106,128	\$74,976	\$181,104
Employee/Children	64	402	\$212	\$212	\$0	0%	614	\$7,368	\$308,736	\$162,816	\$471,552
Employee/Family	18	402	\$495	\$495	\$0	0%	897	\$10,764	\$86,832	\$106,920	\$193,752
	513										

\$5,160,343 **\$1,771,656** **\$6,931,999**
74% **26%** **100%**

Premium Generation
Needed to Fund at Max
Claims

\$8,478,703 (\$1,546,704)

Premium Generation
Needed to Fund at
Expected Claims

\$7,539,598 (\$607,599)

Planned Makeup

-\$607,599

Additional Risk

-\$939,105

Max Use of Reserves

-\$1,546,704



Questions?

