



UNITED INDEPENDENT SCHOOL DISTRICT INFORMATIONAL ITEM

TOPIC Voluntary Group Benefits Insurance

SUBMITTED BY Ofelia Dominguez, Director OF: Risk Management

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: APRIL 27, 2021

Page 1 of 2

The Employee Benefits Committee (EBC) has concluded renewal negotiations for the **Voluntary District Group benefits**. **This premium is 100% employee paid**. The EBC has selected the following renewal awards as they provide the best value in terms of coverage, providers, guarantee rate and price.

1. Disability Insurance – Sun Life Financial

0% Increase
3 year Guarantee
September 1, 2021 to August 31, 2024
No increase in the past 4 years

2. Vision Insurance – Eyetopia

0% Increase
3 year Guarantee
September 1, 2021 to August 31, 2024
No increase in the past 8 years

3. Emergency Medical Evacuation – Air Evac

0% Increase
September 1, 2021 to August 31, 2022
No increase in the past 9 years

4. Fly – U- Home – Air Med Care/AMCN

- New Benefit
- Provides Non-Emergency Medical transportation
- Hospitalized – more than 150 miles from “home”
- 24 Hours / 7 Days Week
- Approved Monthly Deductions



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5. Pre-Paid Legal Services – MetLife Group

0% Increase
2 year Guarantee
September 1, 2021 to August 31, 2023
No increase in the past 8 years

6. IRC Cafeteria Plan – National Benefit Services

0% Increase
2 year Guarantee
September 1, 2021 to August 31, 2023
No increase in the past 4 years
Health & Dependent Flexible Spending

7. Dental – Delta Dental Insurance Company

4% Increase
2 year Guarantee
September 1, 2021 to August 31, 2023

EBC Meeting Results

The Risk Management Department held a meeting on 4/8/2021 with the Employee Benefits Committee, 19 participants were asked if they agree with the changes UISD is implementing for the following benefits:

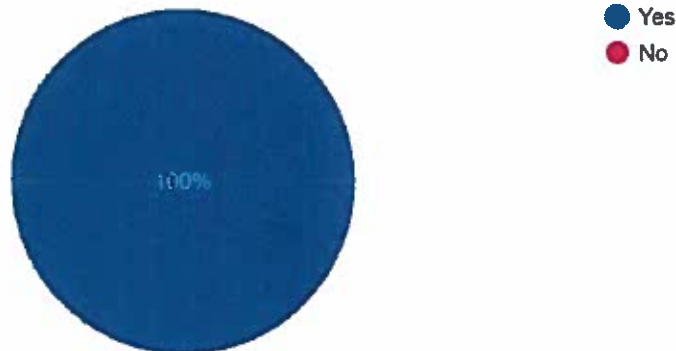
- Health
 - PPO
 - Gold Plan (Core Plus)
 - Silver (Core)
 - HMO
 - Bronze (New)
- Dental
- Vision
- Life Insurance
- Disability Insurance
- Legal Services
- FSA Accounts
 - Healthcare Accounts
 - Dependen
- Air Evac
- New Benefits "Fly-U-Home"

16 Responses were collected with a 100% approval rate in all of the changes proposed by the district.

Thanks

Do you agree to add the new and more affordable HMO plan to our current health insurance offering shown below?

16 responses



Do you agree with the new rates shown below for our dental plan?

16 responses



- Yes
- No

Do you agree to the renewal terms of our vision plan shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our life insurance plan shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our disability plan shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our legal plans shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our Flexible Spending Accounts shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our Air Evac Services shown below?

16 responses



- Yes
- No

Do you agree to the renewal terms of our Air Evac Services shown below?

16 responses



- Yes
- No

Do you agree to add Fly-U-Home Benefit for a monthly rate of 9.50 a month to our current benefits offerings?

16 responses



- Yes
- No



April 5, 2021

Ofelia Dominguez
Director of Risk Management
United Independent School District
201 Lindenwood Dr.
Laredo, Texas 78045

RE: UISD # 222916 Voluntary LTD Rate Guarantee

Ms. Dominguez,

Sun Life is pleased to extend the current rates and plan provisions on the Disability Insurance until September 1st, 2024. It has been our pleasure to have been United ISD's insurance carrier for the past 8 years and we look forward to continuing our relationship for many years to come. Please let us know if you have any questions.

Thanks,

Matt Hershberger
National Account Representative
Sun Life Financial
713-553-4623
Matt.Hershberger@sunlife.com



February 24, 2021

United Independent School District
Risk Management
Ms. Ofelia Dominguez
201 Lindenwood Drive
Laredo, TX 78045

Re: United ISD – Eyetopia Vision Renewal

Dear Ms. Dominguez,

The Eyetopia Vision plans are set to renew on September 1, 2021. Our most recent annualized utilization report on this group is remaining stable enough to keep their rates the same for the the next four eligibility periods. Beginning on September 1, 2021 through August 31, 2024 we will guarantee the following rates:

	Eyetopia 120/145	Eyetopia 150/250
Employee Only	\$7.50	\$18.00
Member + One	\$14.00	\$36.00
Family	\$22.00	\$50.00

In addition, if a rate increase is needed after August 31, 2024, it will be limited to a 3% increase.

We will be sending the 2021 Enrollment Materials to Robert Laurel and Associates later this year to include in their BenefitHub enrollment system. Should you have any questions please feel free to contact me at (830) 964-9444.

We are dedicated to providing your employees with the best possible vision care and appreciate your business.

Sincerely,

Jessica Holman
Eyetopia, Inc.
1387 Sattler Rd. Sattler, TX 78132
Support@Eyetopia.org



March 5, 2021

Bo Martinez
Procurement Officer
United Independent School District
3501 E Saunders
Laredo, TX 78041

Dear Bo,

This letter is to inform you of MetLife Legal Plans' intention to exercise the renewal option of our agreement. The United Independent School District Legal Plan agreement will be renewed for the upcoming benefit plan year effective 9/1/2021. The rate for this time period will remain \$15.95 (Single) \$17.40 (Family) per month per participating employee.


All terms and conditions of our current contract agreement will remain the same. In the space provided below, please execute both letters, keeping one for your files and returning an electronic copy to me. Your signature will extend the rate and the current contract terms with MetLife Legal Plans for 2 years, effective 9/1/2021 through 8/31/2023.

MetLife Legal Plans, Inc. is proud to be your legal plan provider. We feel that the United Independent School District Legal Plan is a successful employee benefit and we look forward to continuing our relationship with you.

Please do not hesitate to contact me should you have any questions.

Sincerely,

For United Independent School District


Signature _____ Date 03-08-2021
DIRECTOR OF RISK MANAGEMENT

Jo'Nette Sample
Account Manager

For MetLife Legal Plans, Inc.



Roger Elder Date
General Counsel & Assistant Vice President

cc: Jennifer Burcham, Highlander Financial Services
Blake Scroggins, MetLife

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., *insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of

the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L1020008870[exp1221][All States][DC, GU, MP, PR, VI]

SCHEDULE 'B'

**United ISD
FSA PLAN
FEE SCHEDULE**

ADMINISTRATION SERVICES

Plan Document	\$300-Waived
Full Plan Administration	\$3.00/Participant/Month
Minimum Monthly Bill	\$50

- *Includes: Daily Claim Processing, Choice of Direct Deposit or Checks for Participant's Claim Payments, Internet Access Systems for Participants to Check Balance, Last Claims Paid, Annual Amount Remaining, etc.*

Annual Reports	\$200.00-Waived
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- *Includes: All Discrimination Tests, Re-Enrollment of Employees and Report Tax Savings to Company & Participants.*

Form 5500 Filing (if applicable)	\$300.00
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- *Includes: Up to 2 hours of work towards collection of necessary forms, Form 5500 preparation, and electronic filing with DOL via EFAST2 system. Work beyond 2 hours will be billed at the hourly rate specified below.*

MISCELLANEOUS SERVICES

Document Updates/Amendments	\$150
Mid-Year Plan Takeover	\$250 (if applicable)
Debit Card	Included
Audit Coordination fee (first 3 hours)	\$550
Audits (extra hourly work)	\$200/hour
Early termination fee (less than 30 day notice)	Greater of \$500 or amount of most recent invoice
Extra Hourly Work	\$150/hour

March 10, 2021

REVISED

United ISD
 201 Lindenwood Dr
 Laredo, TX 78045-2429

RE: Contract Renewal for United ISD
 DPO Group# 15502

We appreciate your business and thank you for choosing Delta Dental Insurance Company. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. We have made every attempt to provide the most competitive renewal possible.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your DPO dental plan:

<i>Effective Date</i>	<i>September 01, 2021</i>	
<i>Contract Term</i>	<i>September 01, 2021 - August 31, 2024</i>	
<i>Division #00002, 00102, 00112, 09002</i>	<i>Current Rates</i>	<i>Renewal Rates</i>
		<i>9/1/2021 - 8/31/2023</i>
<i>% change</i>		<i>4.00%</i>
<i>Enrollee Only</i>	<i>\$18.21</i>	<i>\$18.94</i>
<i>Enrollee + 1 or More Dependents</i>	<i>\$51.85</i>	<i>\$53.92</i>

Delta Dental Insurance Company
 Telephone: 800-521-2651

Delta Dental of California
 Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region
 Delta Dental of Delaware, Inc.
 Delta Dental of the District of Columbia
 Delta Dental of New York, Inc.
 Delta Dental of Pennsylvania (Maryland)
 Delta Dental of West Virginia
 Telephone: 800-932-0783

Division #00001, 00101, 00111, 09001	Current Rates	Renewal Rates
		9/1/2021 - 8/31/2023
% change		4.00%
Enrollee Only	\$25.64	\$26.67
Enrollee + 1 or More Dependents	\$69.16	\$71.93

Division #00002, 00102, 00112, 09002	NTE Rates*	
	9/1/2023 - 8/31/2024	
% change	5.00%	
Enrollee Only	\$19.89	
Enrollee + 1 or More Dependents	\$56.62	

Division #00001, 00101, 00111, 09001	NTE Rates*	
	9/1/2023 - 8/31/2024	
% change	5.00%	
Enrollee Only	\$28.00	
Enrollee + 1 or More Dependents	\$75.53	

* Rates indicated as NTE are not-to-exceed renewal rates for the corresponding date range.

As part of our continued commitment to you and your dental program, Delta Dental maintains a high level of service. Delta Dental continues to assure you of our dedication through ongoing review of our performance standards. Please refer to the attached guarantee exhibit for further details.

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for September 01, 2021
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you have any questions about your renewal, your Account Manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.