Board of Trustees

Meeting Date: 08/26/2026

Executive Summary of Board Agenda Item

Subject/Title for Agenda Posting: Consideration, Discussion and Possible Action to Award Request for Proposal (RFP) 2026-046 Self Funded Medical, Pharmacy Benefit Management, Specific Stop Loss Insurance, Near Site Clinic, HSA and COBRA Administration or Individual Coverage Health Reimbursement Arrangement (ICHRA)

Justification Statement: The District has benefited from current Aetna contract award. Due to the insurance market increasing making it less affordable for CISD staff. Administration advertised for these services through an RFP complying with CHS (Local)) and to secure the best value for the district..

Purpose of Agenda Item: ☐ Information ☑ Discussion ☑ Action

Item Type: ☐ Curriculum & Instruction ☑ HumanResources ☐ Business Services

Staff Responsible: Veronica Campbell/ Julie Uranga

Signature of Requester(s)

Veronica Campbell/ Julie Uranga

Signature of Presenter(s)

CP — *Business Services Approval (Initials)*

08/17/2026 — *Date*

Agenda Summary:

On June 23, 2026 Administration presented responses received for solicitation RFP 2026-046 Self -Funded Medical, Pharmacy! Benefit Management, Specific Stop Loss Insurance, Near Site Clinic, HSA and COBRA Administration. At that time, Administration recomended that the Board of Trustees approve to enter into negotiations to secure a contract with the hightest ranked vendor. Additionally, if negotiations were not successful or determined that the response presented by the hightest ranked vendor was not the best value then Administration would propose an alternate solution and present the proposed! alternate solution to the Board of Trustees at an upcoming meeting after a District Survey and meeting with the Benefits! Committee were completed as directed by the Board of Trustees.

On July 31, 2026, Administration completed the Health Insurance Survey. On August 12, 2026 Administration coordinated the Benefits Committee Meeting.

As stated in Board Policy CH (Local) any single, budgeted purchase of goods or services that cost over $50,000 or more, regardless of whether the goods or services are competitively purchased, shall require Board approval before a transaction may take place.

RECOMMENDATION:

Administration recommends discussion and action on RFP 2026-046. If RFP 2026-046 is not award, consideration of ICHRA solution

PRIOR BOARD ACTION: AWARDED: AWARDED AMOUNT:

AMOUNT(S):

ACOUNT NO(S):

PROCUREMENT METHOD TYPE: (3 Quotes, Cooperative Contract Quotes, Sole Source, Formal Bid)

Formal Solicitiation (RFP 2026-046)

REQUESTING DEPARTMENT:

Human Resources

CONSEQUENCES OF NON-APPROVAL:

Only have one (1) year left on current HR Benefits Contract expires December 2027

IMPLEMENTATION TIMELINE:

ATTACHMENT(S): ✓

Original Evlaution Score Sheet & Gallagher Responses Presentation (Provided June 23, 2026)
Gallegher Presentation provided to Benefits Committee
Local Districts -Benefits Comparisions

Overall Evaluation Score Sheet

Procurement type RFP 2026-046 Self Funded Medical, Pharmacy Benefit Management, Specific Stop Loss Insurance, Near Site Clinic, HAS, COBRA

Campus/Dept: Human Resources

(In alphebetical order)		Vendor #1	Vendor #2	Vendor #3
Overall Evaluation Score Sheet		Aetna	Blue Cross Blue Shield	Cigna
Purchase Price				
TOTAL# of points	**30**	29.60	21.00	19.00
Reputation of the Proposer's Goods and Services				
TOTAL# of points	**10**	8.20	8.20	6.60
The Quality of the Proposer's Goods or Services to Include technical solution				
TOTAL# of points	**15**	13.40	11.60	9.80
The extent to which the goods or services meet the District's needs				
TOTAL# of points	**15**	14.00	10.80	9.80
Past Relationship with the District				
TOTAL# of points	**5**	4.00	4.00	0.60
The impact on the ability of the district to comply with laws and rules related to historically underutilized businesses				
TOTAL# of points	**0**			
The long-term cost to the district to acquire the vendor's goods or services				
TOTAL# of points	**25**	23.60	11.00	12.00
TOTAL SCORE	**100**	92.80	66.60	57.80

Evaluation Completed by Committee on June 8, 2026

Canutillo ISD Benefit RFP

June 23rd, 2026

Gallagher

Insurance | Risk Management | Consulting

RFP Methodology

Questionnaire

- Overall review of carriers and services offered is completed
- Evaluation of carriers' ability to manage the District's plans and needs is conducted

Discount Analysis (Completed during BAFO)

- Discounts are evaluated based on our Uniform Discount Standard (UDS) database
- Savings or costs are then evaluated from a percent and dollar impact viewpoint

Fee Analysis

- Administration fees are analyzed

Medical and Pharmacy Projection

	1/1/2026 - 12/31/2026	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027	1/1/2027 - 12/31/2027	1/1/2027 - 12/31/2027
Financial Category	**Budget**	**Latest Estimate**	**Projection**	**Alternative 1**	**Alternative 2**
Scenario Description			**No Changes**	**BCBS[2]**	**Cigna[2]**
Medical Trend		**9.0%**	**9.0%**	**9.0%**	**9.0%**
RX Trend		**11.00%**	**11.00%**	**11.0%**	**11.0%**
Stop Loss Deductible	**$175,000**	**$175,000**	**$175,000**	**$175,000**	**$175,000**
Average Subscribers	477	477	477	477	477
PEPM Variable Costs					
Medical Cost (Net ISL)		$643.86	$701.81	$686.95	$711.30
Pharmacy Cost (Net ISL)		$432.56	$478.94	$487.13	$485.50
PEPM Variable Total		**$1,076.42**	**$1,181.95**	**$1,174.08**	**$1,196.79**
PEPM Fixed Costs					
Administrative Fee[a]		$36.50	$35.50	$63.44	$59.56
ISL Stop-Loss Fee[(1)]		$188.67	$242.81	$242.81	$242.81
Rx Rebates		-$90.07	-$102.48	-$80.20	-$121.51
Rx Admin Fee		$2.20	$1.33	$8.94	$11.12
PEPM Fixed Costs Total		**$137.30**	**$177.16**	**$235.00**	**$191.97**
PEPM Total Gross Cost	**$990.58**	**$1,213.72**	**$1,359.11**	**$1,409.08**	**$1,388.77**
Annual Total Gross Cost	**$5,670,000**	**$6,947,000**	**$7,780,000**	**$8,066,000**	**$7,949,000**
PEPM Employee Contributions	$267.58	$267.58	$267.58	$267.58	$267.58
Annual Employee Contributions	$1,532,000	$1,532,000	$1,532,000	$1,532,000	$1,532,000
PEPM Total Net Cost	**$723.00**	**$946.14**	**$1,091.53**	**$1,141.50**	**$1,121.19**
Annual Total Net Cost	**$4,138,000**	**$5,416,000**	**$6,248,000**	**$6,534,000**	**$6,418,000**
Annual					
Δ Change vs. 2026 Gross Budget		$1,277,000	$2,110,000	$2,396,000	$2,279,000
Δ Change vs. Latest Estimate			$833,000	$1,119,000	$1,002,000
PEPM					
Δ Change vs. 2026 Gross Budget		$223.14 | 22.5%	$368.53 | 37.2%	$418.50 | 42.2%	$398.19 | 40.2%
Δ Change vs. Latest Estimate			$145.39 | 12.0%	$195.36 | 16.1%	$175.05 | 14.4%

(1) Stop Loss Fees are Illustrative

(2) Early Termination Fee for PBM contract is $5.00 per Member

Recommendations

Medical	Pharmacy	Stop Loss	COBRA	HSA
Aetna	Aetna (CVS Caremark)	Aetna	Aetna (Inspira)	Aetna (Inspira)
No Employee Disruption	Integration with Medical	Integration with Medical	Integration with Medical	Integration with Medical
Cross border care (Mexico)	Increased Pharmacy rebates Updated termination language	Claims over the Stop Loss level are covered immediately, not reimbursed.		

Appendix

Respondents

Carrier	AM Best Rating	Line of Coverage	Status
Aetna	A/XV	Medical, Rx, Stop Loss, HSA, COBRA	BAFO
BPP Admin	NR	COBRA, HSA	Initial
BCBSTX	A+/XV	Medical, Rx, Stop Loss	BAFO
Cigna	A/XV	Medical, Rx, HSA	BAFO
Care ATC	NR	Near Site Clinic	Initial
Curative	A-	Medical, Rx	Uncompetitive
Gulf Coast Educators	NR	HSA	Initial
NBS	NR	COBRA, HSA	Initial
RxBenefits	NR	Rx	Initial
TEB	NR	COBRA, HSA	Initial
TASC	NR	COBRA, HSA	Initial
Wex	NR	COBRA, HSA	Initial

*While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

Thank You!

Disclaimer – GBS

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Gallagher

Insurance | Risk Management | Consulting

Canutillo ISD Board Meeting

August 25, 2026

Gallagher

A self-funded plan means we're all in it together

Contributions flow into the health plan fund and are used to pay claims.

Canutillo ISD Contributions + **Employee Contributions** = **Health Plan Fund**

used to pay for

- **DV** Doctor Visits
- **Rx** Prescription Claims
- **LI** Labs & Imaging
- **ER** Emergency Care
- **HC** Hospital Claims

The cost of the plan is directly connected to medical and prescription claims paid from the plan fund.

By working together and making informed healthcare decisions, employees can help maintain a strong and sustainable health plan.

This summary is for general information only. Official plan documents govern.

Current Plan Design

Schedule of Benefits	Aetna CDHP Tier 1	Aetna CDHP Tier 2	Aetna Basic Tier 1	Aetna Basic Tier 2
Deductible (Median)	$3,500 / $7,000	$7,000 / $14,000	$4,000 / $12,000	$10,000 / $20,000
Out-of-Pocket Maximum (Median)	$5,000 / $10,000	$10,000 / $20,000	$8,150 / $16,300	$10,000 / $20,000
Coinsurance	Plan pays 80%	Plan pays 60%	Plan pays 70%	Plan pays 50%
Office Visits PCP/Specialist	80% after Ded / 80% after Ded	60% after Ded / 60% after Ded	$35 / $70 copay	$50 / $100 copay
Urgent Care	80% after Ded	60% after Ded	$75 copay	$100 copay
Emergency Room	80% after Ded	60% after Ded	70% after $500	70% after $500
Telemedicine Copay	80% after Ded	60% after Ded	$35 copay	$50 copay
Pharmacy	coinsurance	coinsurance	copays	copays
(Generic, Preferred, Non-preferred, Specialty)	90% after Ded / 90% after Ded / 80% after Ded / 60% after Ded	90% after Ded / 90% after Ded / 80% after Ded / 60% after Ded	$0 / $10 / $50 / $150	$0 / $10 / $50 / $150

Plan Design Option

Cost Mitigation

Schedule of Benefits	Aetna CDHP Tier 1	Aetna CDHP Tier 2	Aetna Basic Tier 1	Aetna Basic Tier 2
Deductible (Median)	$4,500 / $9,000	$8,000 / $16,000	$4,000 / $12,000	$10,000 / $20,000
Out-of-Pocket Maximum (Median)	$6,000 / $12,000	$11,000 / $20,000	$8,150 / $16,300	$10,000 / $20,000
Coinsurance	Plan pays 60%	Plan pays 60%	Plan pays 70%	Plan pays 50%
Office Visits PCP/Specialist	60% after Ded / 60% after Ded	60% after Ded / 60% after Ded	$35 / $70 copay	$50 / $100 copay
Urgent Care	60% after Ded	60% after Ded	$75 copay	$100 copay
Emergency Room	60% after Ded	60% after Ded	70% after $500	70% after $500
Telemedicine Copay	60% after Ded	60% after Ded	$35 copay	$50 copay
Pharmacy	coinsurance	coinsurance	copays	copays
(Generic, Preferred, Non-preferred, Specialty)	90% after Ded / 90% after Ded / 80% after Ded / 60% after Ded	90% after Ded / 90% after Ded / 80% after Ded / 60% after Ded	$0 / $10 / $50 / $150	$0 / $10 / $50 / $150

Employee Increase	Budget Impact
133%	Budget Neutral ($7k deficit)

Rates

	Current			Renewal Plan Year – Option 2		
Coverage Tier	**Employee**	**Employer**	**Gross Rates**	**Employee**	**Employer**	**EE + ER**
CDHP						
Employee Only	$110.85	$723.00	$833.85	$135.93	$723.00	$858.93
Employee + Spouse	$591.45	$723.00	$1,314.45	$1,378.08	$723.00	$2,101.08
Employee + Ch(ren)	$439.49	$723.00	$1,162.49	$1,024.01	$723.00	$1,747.01
Employee + Family	$862.37	$723.00	$1,585.37	$2,009.32	$723.00	$2,732.32
Basic Plan						
Employee Only	$228.64	$723.00	$951.64	$532.73	$723.00	$1,255.73
Employee + Spouse	$651.52	$723.00	$1,374.52	$1,518.04	$723.00	$2,241.04
Employee + Ch(ren)	$498.39	$723.00	$1,221.39	$1,161.25	$723.00	$1,884.25
Employee + Family	$921.27	$723.00	$1,644.27	$2,146.56	$723.00	$2,869.56

Thank you

General Disclaimers

Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

Renewal / Financial Disclaimer

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Anthony ISD

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027

TRS ACTIVECARE

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution
= **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Being Healthy is Easy

- $0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- **Member Rewards is even better. Now** you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to $599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

** Eligibility rules may apply.*

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: $30 copay for office visits or $0 with Teladoc
- TRS-ActiveCare Primary+ Plan: $15 copay for office visits or $0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or $42 with Teladoc
- TRS-ActiveCare 2 Plan: $20 copay for office visits or $12 with Teladoc

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account
Monthly Premiums			
Employee Only	$475	$560	$495
Employee and Spouse	$1,283	$1,458	$1,337
Employee and Children	$808	$952	$842
Employee and Family	$1,615	$1,848	$1,683
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network / Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,400/$6,800 / $6,800/$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible / You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600 / $20,500/$41,000
PCP Required	Yes	Yes	No
Doctor Visits			
Primary Care	$30 copay	$15 copay	You pay 30% after deductible / You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible / You pay 50% after deductible
Immediate Care			
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible / You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation
Prescription Drugs			
Drug Deductible	Integrated with medical	$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; $0 if SaveOnSP eligible	You pay 20% after deductible ($500 max); $0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61- to 90-day supply	$25 copay for 31-day supply; $75 for 61- to 90-day supply	You pay 25% after deductible

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
$1,013		
$2,402		
$1,507		
$2,841		

In-Network	Out-of-Network
$1,000/$3,000	$2,000/$6,000
You pay 20% after deductible	You pay 40% after deductible
$7,900/$15,800	$23,700/$47,400
No	

Tier 1: $20 copay Tier 2: $40 copay	You pay 40% after deductible
Tier 1: $55 copay Tier 2: $85 copay	You pay 40% after deductible

$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per medical consultation	
$12 per medical consultation	

$200 brand deductible
$20/$45 copay
You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
You pay 30% after deductible ($200 min/$900 max); $0 if SaveOnSP eligible
$25 copay for 31-day supply; $75 for 61- to 90-day supply

Clint ISD

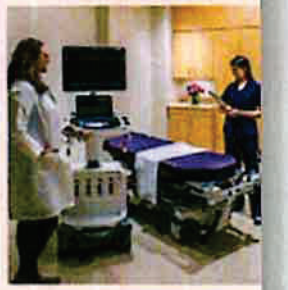
2026/2027 MEDICAL PLAN OPTIONS Effective Sept. 1, 2026	**TRS-ActiveCare Primary (BCBS of TX Network) HMO**	**TRS-ActiveCare Primary+ (BCBS of TX Network) HMO**	**TRS-ActiveCare HD (BCBS of TX Network) PPO**	
Plan Features	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not eligible for a Health Savings Account (HSA) • No out-of-network coverage	•Lower deductible than the HD and Primary plans •Copays for many services and drugs •Higher premium •Statewide network • PCP referrals required to see specialists •Not eligible for Health Savings Account (HSA) •No out-of-network coverage	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care	
Monthly Employee Premium Portion				
Employee only	$154	$239	$174	
Employee and Spouse	$962	$1,135	$1,016	
Employee and Child(ren)	$487	$631	$521	
Employee and Family	$1,294	$1,527	$1,362	
Plan Summary				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,400/$6,800	$6,800/$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Max Out of Pocket	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600	$20,500/$41,000
Network	Statewide Only Network	Statewide Only Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No	
PCP Referral to Specialist Required	Yes	Yes	No	
Doctor Visits				
Preventive Care	**$0 Copay**	**$0 Copay**	**$0 Copay**	
Primary Care	**$30 Copay**	**$15 copay**	You pay 30% after deductible	You pay 50% after
Specialist	**$70 Copay**	**$70 copay**	You pay 30% after deductible	You pay 50% after
Immediate Care Facilities				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
Hospital Services	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after
RediMD Virtual Health	$0 per consultation	$0 per consultation	$30 per consultation	
Teladoc Virtual Health	$12 per consultation	$12 per consultation	$42 per consultation	
Prescription Drug Benefits (Express Scripts)				
Rx Drug Deductible	Integrated with medical	$200 brand deductible	Integrated with medical	
Generics	30 day $15/90 day $45 copay; $0 Copay for certain generics	30 day $15/90 day $45 copay	You pay 20% after deductible; $0 coinsurance for certain generics	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	
Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty	$0 if SaveOnSP eligible; You pay 30% after deductible	$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 31-day supply; $75 for 61-90 day supply	You pay 25% after deductible	

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)
January 1, 2027 to December 31, 2027

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
EPISD CDHP				
Employee Only	$811.00	**$616.78**	$194.22	$97.11
Employee & Spouse	$1,728.78	**$616.78**	$1,112.00	$556.00
Employee & Child(ren)	$1,233.78	**$616.78**	$617.00	$308.50
Employee & Family	$2,074.78	**$616.78**	$1,458.00	$729.00
EPISD Traditional PPO				
Employee Only	$951.78	**$616.78**	$335.00	$167.50
Employee & Spouse	$1,847.78	**$616.78**	$1,231.00	$615.50
Employee & Child(ren)	$1,343.78	**$616.78**	$727.00	$363.50
Employee & Family	$2,239.78	**$616.78**	$1,623.00	$811.50

UMC East Clinic Partners With SISD!

$10
Employee Health Care Visits



University Medical Center of El Paso (UMC) and the Socorro Independent School District (SISD) are proud to launch a new joint initiative to make health care more accessible and affordable for SISD employees.

Now offering primary care visits for just $10!

What's included:

- Appointments with dedicated nurse practitioners
- Personalized, high-quality, patient-centered care
- Easy access and $10 copay

Important details:

- Appointments preferred; walk-ins also acceptable
- Call to schedule: (915) 521-7691
- Available: Mon.– Sat., 7:30 a.m. to 6 p.m.

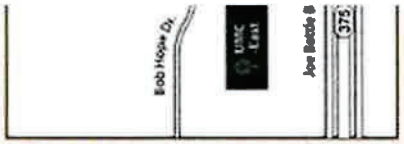
Prescriptions can be filled at any

UNIVERSITY MEDICAL CENTER OF EL PASO

SOCORRO INDEPENDENT SCHOOL DISTRICT

N
W E

We encourage SISD employees to take advantage of this valuable benefit as part of our continued commitment to your health and well-being.



Aetna Medical Premiums

Medical Monthly Premiums		
	CDP	Copayment Plan
Employee Only	$0.00	$282.02
Employee + Spouse	$404.92	$928.65
Employee + Children	$260.38	$726.53
Employee + Family	$838.52	$1,535,92

The district will contribute $555 per employee per month for all eligible employees who elect to enroll in the copayment plan.

The district will contribute $644.41 for the EO option on the CDP plan and $655 for ES, EC and FA on the CDP plans.

	SISD HEALTH PLANS IN-NETWORK BENEFITS			
	CDP		COPAYMENT PLAN	
	Tier 1	Tier 2	Tier 1	Tier 2
	ACO	PPO	ACO	PPO
In-network Benefits	Hospitals of Providence Affiliates Only	All other Aetna Providers	Hospitals of Providence Affiliates Only	All other Aetna Providers
Individual Deductible (In-Network)	$4,500	$5,000	$2,000	$4,000
Family Deductible (In-Network)	$9,000	$10,000	$4,000	$6,000
Coinsurance (In-Network)	0%	20%	20%	40%
Individual Maximum Out of Pocket (In-Network)	$4,500	$6,000	$6,000	$9,000
Family Maximum Out of Pocket (In-Network)	$9,000	$12,000	$12,000	$18,000
Office Visit Copay - Primary/Specialist	0% after deductible	20% after deductible	$40/$65	$50/$75
Urgent Care	0% after deductible	20% after deductible	$75	$100
Emergency Use of Emergency Room	0% after deductible	20% after deductible	10% after deductible and $250 copay	10% after deductible and $250 copay
Hospitalization (In-Network)	0% after deductible	20% after deductible	10% after deductible and $200 inpatient per confinement copay	40% after deductible and $300 inpatient per confinement copay
Prescription (Generic/Pref/Non Pref/Spec)	$10/$35/$55 for preventive formulary drugs only, all other drugs are subject to deductible or coinsurance	$10/$35/$55 for preventive formulary drugs only, all other drugs are subject to deductible or coinsurance	$10/$75/$120	$10/$75/$120

TRS-ActiveCare has a network of doctors and hospitals that span all the way to the Rio Grande.

TRS-ActiveCare **Plan Highlights** 2024

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2024 TRS-ActiveCare Plan Highlights April 1, 2024 – Aug. 31, 2024

TRS ActiveCare

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your District and State Contributions
= **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- $0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

Rx Benefits!

- Express Scripts is your pharmacy benefits manager!
- Certain specialty drugs are $0 through SaveOnSP.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	$ 659	$	$773	$	$676	$
Employee and Spouse	$1,780	$	$2,012	$	$1,826	$
Employee and Children	$1,121	$	$1,315	$	$1,150	$
Employee and Family	$2,241	$	$2,553	$	$2,300	$

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,000/$6,000	$5,500/$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$7,500/$15,000	$6,900/$13,800	$7,500/$15,000	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RedMD℠	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	$0 if SaveOnSP eligible; You pay 30% after deductible	$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 31-day supply; $75 for 61-90 day supply	You pay 25% after deductible

At a Glance	Primary
Premiums	Lowest
Deductible	Mid-range
Copays	Yes
Network	Statewide network
PCP Required?	Yes
HSA-eligible?	No

At a Glance	Primary+
Premiums	Higher
Deductible	Low
Copays	Yes
Network	Statewide network
PCP Required?	Yes
HSA-eligible?	No

At a Glance	HD
Premiums	Lower
Deductible	High
Copays	No
Network	Nationwide network
PCP Required?	No
HSA-eligible?	Yes

Compare Prices for Common Medical Services

REMEMBER: Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
Diagnostic Labs*	Office/Indpendent Lab: You pay $0	Office/Indpendent Lab: You pay $0	You pay 30% after deductible	You pay 50% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible		
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible ($500 facility per day maximum)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 30% after deductible	You pay $500 copay + 50% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered
	Professional Services: You pay $5,000 copay + 30% after deductible	Professional Services: You pay $5,000 copay + 20% after deductible		
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility		
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay $70 copay	You pay $70 copay	You pay 30% after deductible	You pay 50% after deductible
Annual Hearing Exam (one per plan year)	$30 PCP copay $70 specialist copay	$30 PCP copay $70 specialist copay	You pay 30% after deductible	You pay 50% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.*

www.trs.texas.gov

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