

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

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, PharmacyBenefit Management, Specific Stop Loss Insurance, Near Site Clinic, HSA and COBRA Administration. At that time, Administration recommended that the Board of Trustees approve to enter into negotiations to secure a possible contract with the highest ranked vendor. Additionally, the Board of Trustees directed Administration that if negotiations were not successful or determined that the response presented by the highest 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 and 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 award of RFP 2026-046 as presented.

PRIOR BOARD ACTION:

AWARDED:

AWARDED AMOUNT:

AMOUNT(S):

ACOUNT NO(S):

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

Formal Solicitation (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 Evalution Score Sheet & Gallagher Responses Presentation (Provided June 23, 2026)

Gallegher Presentation provided to Benefits Committee

Local Districts -Benefits Comparisons

CANUTILLO | A Premier District



Overall Evaluation Score Sheet

RFP 2026-046 Self Funded Medical, Pharmacy Benefit Management,

Procurement type Specific Stop Loss Insurance, Near Site Clinic, HAS, COBRA

Campus/Dept: Human Resources

(In alphabetical order)	Vendor #1	Vendor #2	Vendor #3
<i>Overall Evaluation Score Sheet</i>	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

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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

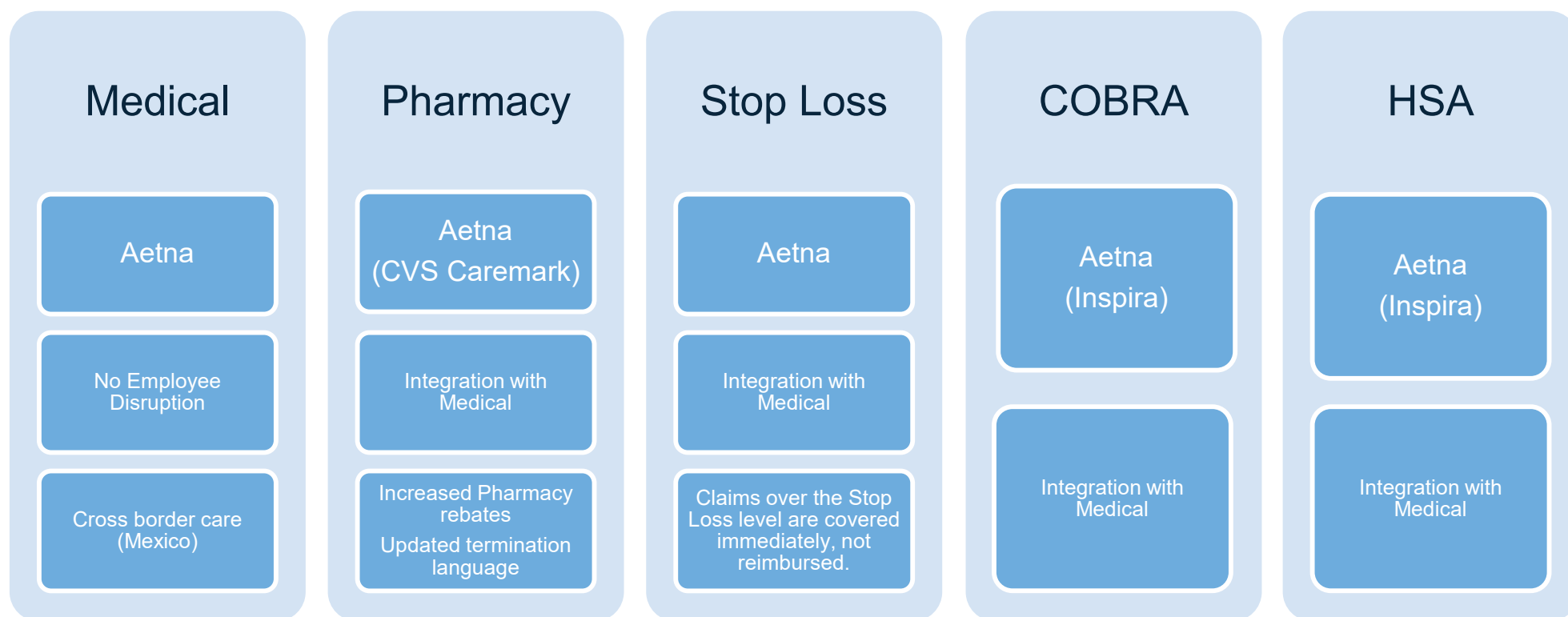
Medical and Pharmacy Projection

Financial Category Scenario Description	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
	Budget	Latest Estimate	Projection	Alternative 1	Alternative 2
Medical Trend		9.0%	9.0%	BCBS ⁽²⁾	Cigna ⁽²⁾
RX Trend		11.00%	11.00%	9.0%	9.0%
Stop Loss Deductible	\$175,000	\$175,000	\$175,000	11.0%	11.0%
				\$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



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!

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Canutillo ISD Board Meeting

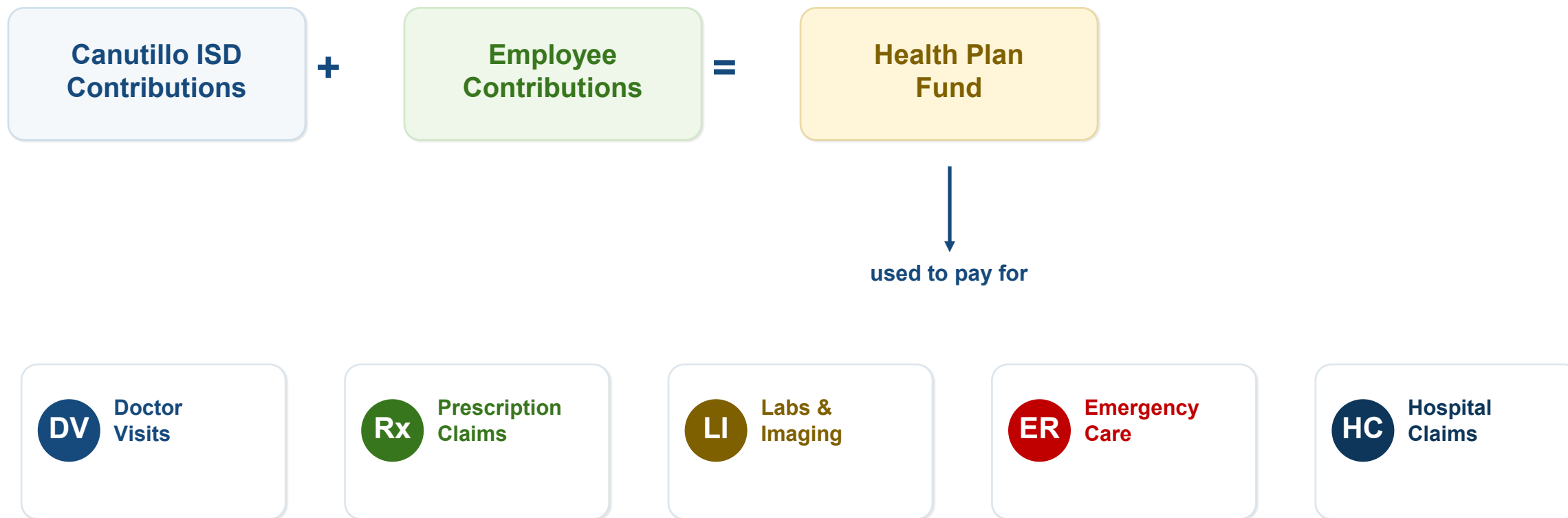
September 22, 2026

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

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

FEDlogic



Federal & State Benefit Navigation

*Cost Containment with Government
Healthcare Solutions*

Good for employees, good for you.



Expert advocacy that connects employees to government healthcare programs

FEDlogic connects employees with expert advocates to navigate federal and state healthcare programs, presenting alternative coverage options at reduced costs. Support is unlimited, impartial, confidential, and free for employees and their household members. By helping during critical life events, FEDlogic can lower employee healthcare costs and mitigate employer risk.

Premature Babies	ESRD	Cancer	Healthcare.gov	SSI
Medicaid	Disability	Dialysis	ALS	Survivor's Benefits
Veteran's Benefits	Tribal Benefits	COBRA	Medicare	Catastrophic Claims

The FEDlogic Difference

- Lifetime 1:1 ROI guarantee
- 7:1 ROI average
- Covering over 5 million individuals nationwide
- 10 years in service
- Experts with 25+ years average government tenure
- Household and part-time covered at no cost



EXPERTISE

TRUE EXPERT ADVOCACY

Experienced professionals with extensive federal agency backgrounds use decades of expertise to help families navigate and access available programs.



GUIDANCE

PEACE OF MIND

Support spans more than Medicare navigation, with guidance across over 1,000 state and federal programs. Consultations are unlimited, confidential, and free.



VALUE

TRUE SAVINGS

An independent actuarial analysis provides a conservative savings basis. Employers typically have 2.4x greater initial claims savings than estimated.

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

Max Out Basic/PPO Plan

Schedule of Benefits	Aetna CDHP Tier 1 (ACO)	Aetna CDHP Tier 2	Aetna Basic Tier 1 (ACO)	Aetna Basic Tier 2
Deductible (Median)	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,000 / \$14,000	\$12,000 / \$20,000
Out-of-Pocket Maximum (Median)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$12,000 / \$20,000
Coinsurance	Plan pays 80%	Plan pays 60%	Plan pays 60%	Plan pays 40%
Office Visits PCP/Specialist	80% after Ded / 80% after Ded	60% after Ded / 60% after Ded	\$50 / \$85 copay	\$70 / \$125 copay
Urgent Care	80% after Ded	60% after Ded	\$125 copay	\$125 copay
Emergency Room	80% after Ded	60% after Ded	60% after \$750	60% after \$750
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 / \$30 / \$75 / \$225	\$0 / \$30 / \$75 / \$225

Rates

Coverage Tier	Current				Renewal Plan Year		
	Enrollment	Total Rates	Employer	Employee	Total Rates	Employer	Employee

Basic Plan

Employee Only	111	\$951.64	\$723.00	\$228.64	\$922.29	\$723.00	\$199.29
Employee + Spouse	4	\$1,374.52	\$723.00	\$651.52	\$1,380.38	\$723.00	\$657.38
Employee + Ch(ren)	10	\$1,221.39	\$723.00	\$498.39	\$1,226.60	\$723.00	\$503.60
Employee + Family	4	\$1,644.27	\$723.00	\$921.27	\$1,651.29	\$723.00	\$928.29

CDHP

Employee Only	212	\$833.85	\$723.00	\$110.85	\$1,026.54	\$723.00	\$303.54
Employee + Spouse	19	\$1,314.45	\$723.00	\$591.45	\$1,618.21	\$723.00	\$895.21
Employee + Ch(ren)	93	\$1,162.49	\$723.00	\$439.49	\$1,431.13	\$723.00	\$708.13
Employee + Family	19	\$1,585.37	\$723.00	\$862.37	\$1,951.73	\$723.00	\$1,228.73

Thank you

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



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

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

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.
- Almost 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	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$475			\$560			\$495		
Employee and Spouse	\$1,283			\$1,456			\$1,337		
Employee and Children	\$808			\$952			\$842		
Employee and Family	\$1,615			\$1,846			\$1,683		

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	Individual/Family Deductible	Individual/Family Deductible	Individual/Family Deductible	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	No

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

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-Red/MD™	TRS Virtual Health-Teladoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	You pay 30% after deductible	You pay 20% after deductible	\$0 per medical consultation	\$12 per medical consultation
	\$30 per medical consultation	\$30 per medical consultation	\$30 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	\$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 (\$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	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 (\$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	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

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	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

2026/2027 MEDICAL PLAN OPTIONS Effective Sept. 1, 2026	TRS-ActiveCare Primary (BCBS of TX Network) <u>HMO</u>	TRS-ActiveCare Primary+ (BCBS of TX Network) <u>HMO</u>	TRS-ActiveCare HD (BCBS of TX Network) <u>PPO</u>	
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.

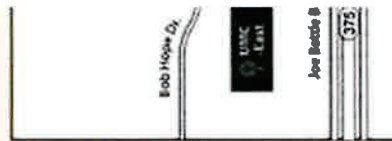
Prescriptions can be filled at any



**UNIVERSITY
MEDICAL CENTER
OF EL PASO**



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



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



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.

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	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage				
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinurance	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



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.

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/Independent Lab: You pay \$0	Office/Independent 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