SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT



Agenda Item Summary

Meeting Date: September 24, 2020									
Purpose:	□ Presentation/Repo	ort 🗆 Rec	□ Recognition		ssion/ Possible Action				
Closed/Exec	cutive Session \Box W	ork Session	□ Discuss	sion 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.

Form Revised: November 2019

2020-2021 Recommended Premium Structure

			District Cont.	Prior Year	Employee Cont.	\$ Increase	% Increase	Total Monthly	Total Annually	District Annual	Employee Annual	Combined Annual
Buy-Up Plan	Employee	55	402	193	240	47	25%	642	7,702	265,188	158,400	423,588
	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
		68										
			District Cont.	Prior Year	Employee Cont.	\$ Increase	% Increase	Total Premium	Total Annually	District Annual	Employee Annual	Combined Annual
Mid Plan	Employee	318	402	37	65	28	76%	467	5,602	1,533,269	248,040	1,781,309
	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
2	Employee/Family	30	402	604	735	131	22%	1,137	13,642	144,648	264,600	409,248
		489										
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	1,973,016
	Employee/Spouse	22	402	284	284	0	0%	686	8,232	106,128	74,976	181,104
ase	Employee/Children	64	402	212	212	0	0%	614	7,368	308,736	162,816	471,552
8	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
		1,070								74%	26%	100%
	Premium Generation Needed to Fund at Max Claims							laims	8,478,703			

Premium Generation Needed to Fund at Expected Claims 7,539,598