



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC** Discussion and Possible Action on Renewal of District Health Insurance Plan

**SUBMITTED BY:** Robert Chapa ~~OF:~~ Risk Management

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** June 16, 2010

**RECOMMENDATION:**

The Employee Benefits Committee (EBC) has concluded negotiations for renewal of the district group health insurance plan and recommends the district accept the terms as presented by Blue Cross Blue Shield of Texas Insurance Company and negotiated by the EBC.

The renewal is for the second year of a four year contract that was awarded by the Board last year.

**RATIONALE:**

The proposal accurately reflects the district's loss run record.

**BUDGETARY INFORMATION**

**BOARD POLICY REFERENCE AND COMPLIANCE:**

5/25/2010

**UNITED INDEPENDENT SCHOOL DISTRICT**

2010-2011 Health Insurance Program

Review Date: September 1, 2010

	Blue Cross Blue Shield High Plan	Blue Cross Blue Shield State Plan
<b>Provider Network</b>		
Doctor's Hospital	Yes	Yes
Laredo Medical Center	Yes	Yes
<b>Benefits</b>		
<b>Deductible-Annual</b>		
X-Ray/CT/MRI/Sonograms	\$-0- Deductible	\$-0- Deductible
<b>All Other Deductible-Annual</b>		
In-Network	\$400 Indiv/\$1,200 Family	None
Out-of-Network	\$800 Indiv/\$2,400 Family	\$500 Indiv/\$1,500 Family
<b>Physician Copay</b>	\$25 Then 100%	\$15 & Then 100%
<b>Emergency Room</b>		
In-Network	\$500 & Then 80%	\$50 & Then 90%
Out-of-Network	\$500 & Then 60%	\$50 & Then 70%
<b>After Hours Clinics</b>	\$40 Then 100%	\$15 & Then 100%
<b>Deductible-Hospital</b>		
In-Network	\$-0- Per Admission	None
Out-of-Network	\$500 Per Admission	None
<b>Co-Insurance Percent</b>		
In-Network	20% / 80%	10% / 90%
Out-of-Network	40% / 60%	30% / 70%
<b>Co-Insurance Maximum</b>		
In-Network	\$2,500 Indiv/\$7,500 Family	\$500 Indiv/\$1,500 Family
Out-of-Network	\$7,500 Indiv/\$22,500 Family	\$1,500 Indiv/\$4,500 Family
<b>Prescription Drugs</b>		
Retail-Supply Limit	30 Days	30 Days
Generic	\$5 & Then 100%	\$5 & Then 100%
Brand-Preferred	\$30 & Then 100%	\$30 & Then 100%
Brand-Non Preferred	\$50 & Then 100%	\$50 & Then 100%
	Plus cost difference between generic & brand if generic equivalent is available.	
Mail Order-Supply Limit	90 Days	90 Days
Generic	\$10 & Then 100%	\$10 & Then 100%
Brand-Preferred	\$60 & Then 100%	\$60 & Then 100%
Brand-Non Preferred	\$100 & Then 100%	\$100 & Then 100%
	Plus cost difference between generic & brand if generic equivalent is available.	
<b>District Contribution</b>	<b>\$ 310.05</b>	<b>\$ 310.05</b>
<b>Employee Contribution</b>	<b>Emp Cont. COBRA Cost</b>	<b>Emp Cont. COBRA Cost</b>
Emp. Only	\$ 46.12 \$ 356.17	\$ 567.08 \$ 877.13
Emp./Children	\$ 251.35 \$ 561.40	\$ 1,495.91 \$ 1,805.96
Emp./Spouse	\$ 378.04 \$ 688.09	\$ 1,901.76 \$ 2,211.81
Emp./Family	\$ 645.04 \$ 955.09	\$ 2,697.23 \$ 3,007.28

**UNITED ISD**  
 Blue Cross Renewal Year 2010-11  
 Current & Renewal Rates

**HIGH PLAN**

( District Contribution = \$310.05)

	Contracts	Current Total Premium	Renewal Total Premium	Amount Change	Percent Change
Employee Only	4,123	\$345.80	\$356.17	\$10.37	3.0%
Emp + Spouse	144	\$668.05	\$688.09	\$20.04	3.0%
Emp + Child (ren)	989	\$545.05	\$561.40	\$16.35	3.0%
Family	<u>228</u>	<u>\$927.27</u>	<u>\$955.09</u>	<u>\$27.82</u>	<u>3.0%</u>
Total	5,484	\$27,268,855	\$28,086,708	\$817,853	

  

	Contracts	Current Employee Contribution	Renewal Employee Contribution	Amount Change
Employee Only	4,123	\$35.75	\$46.12	\$10.37
Emp + Spouse	144	\$358.00	\$378.04	\$20.04
Emp + Child (ren)	989	\$235.00	\$251.35	\$16.35
Family	<u>228</u>	<u>\$617.22</u>	<u>\$645.04</u>	<u>\$27.82</u>
Total	5,484	\$6,865,085	\$7,682,937	\$817,853

**STATE PLAN**

( District Contribution = \$310.05)

	Contracts	Current Total Premium	Renewal Total Premium	Amount Change	Percent Change
Employee Only	0	\$851.58	\$877.13	\$25.55	3.0%
Emp + Spouse	0	\$2,147.39	\$2,211.81	\$64.42	3.0%
Emp + Child (ren)	0	\$1,753.36	\$1,805.96	\$52.60	3.0%
Family	<u>0</u>	<u>\$2,919.69</u>	<u>\$3,007.28</u>	<u>\$87.59</u>	<u>3.0%</u>
Total	0	\$0	\$0	\$0	

  

	Contracts	Current Employee Contribution	Renewal Employee Contribution	Amount Change
Employee Only	0	\$541.53	\$567.08	\$25.55
Emp + Spouse	0	\$1,837.34	\$1,901.76	\$64.42
Emp + Child (ren)	0	\$1,443.31	\$1,495.91	\$52.60
Family	<u>0</u>	<u>\$2,609.64</u>	<u>\$2,697.23</u>	<u>\$87.59</u>
Total	0	\$0	\$0	\$0