



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** Approval of District Group Health Insurance Rates, District Contributions and Plan Changes

**SUBMITTED BY:** Ofelia Dominguez **OF:** Director of Risk Management

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

**DATE ASSIGNED FOR BOARD CONSIDERATION:** May 26, 2020

## RECOMMENDATION:

It is recommended that the United ISD Board approve the District Group Health Insurance Rates, District Contributions, and Plan Changes. The Employee Benefits Committee (EBC) and administration has concluded a review of the district self-insured health plan and is prepared to make employee and district premium rate recommendation for Board Approval. Employee Benefits Committee (EBC) unanimously voted to approve these changes.

Insurance Rates for the new plan year starting September 1, 2020 to August 31, 2021.

- \$25.00 Increase to Employee Only Core Plan (Per Employee/Per Month)
- \$35.00 Increase to Employee Only Core Plus Plan (Per Employee/Per Month)
- \$11.49 Increase District's Monthly Contribution Rate (Per Employee/Per Month)
  - Core and Core Plus Plans
- 09/01/2020 to 08/31/2021 Schedule of Benefits attached

## RATIONALE:

In school year 2015-2016 the UISD Board of Trustees approved the implementation of a self-insured health plan for employees. The 2019-2020 Plan Year District contribution to both Core and Core Plus Plan increased by \$53.20 Per Employee Per Month. Employee contribution to Core Plan increased \$5.00 Per Employee Per Month; Core Plus Plan increased \$10.00 per Employee Per Month.

The health plan is completing its fifth year service and requires establishment of employee and District premium rates for the coming plan year.

## BUDGETARY INFORMATION:

## BOARD POLICY REFERENCE AND COMPLIANCE:



## Blue Cross Blue Shield of Texas Group Number: 167073

Effective: 9/1/2020 to 8/31/2021

Website: <https://www.bcbstx.com>

	Blue Cross Blue Shield Core Plan	Blue Cross Blue Shield Core Plus+ Plan
<b>Provider Network</b> Doctor's Hospital Laredo Medical Center	Yes Yes	Yes Yes
<b>Benefits</b>		
<b>Deductible</b> Annual Ray/CT/MRI/Sonograms	\$-0- Deductible CO-INSURANCE APPLIES	\$-0- Deductible CO-INSURANCE APPLIES
<b>All Other Deductible-Annual</b> In-Network Out-of-Network	\$2,000 Indiv/\$4,000 Family \$4,000 Indiv/\$8,000 Family	\$1,500 Indiv/\$3,000 Family \$3,000 Indiv/\$6,000 Family
<b>Doctor's Visits</b> Physician Copay Specialist Copay *VIRTUAL VISITS - NON-EMERGENCY MEDICAL & BEHAVIORAL	\$35 \$60 \$15 Per Virtual Visit	\$35 \$45 \$15 Per Virtual Visit
<b>After Hours Med Clinics</b> (Non-Emergency Rooms/Centers)	List of in-network Med Clinics can be found on Risk Management website \$35 Then 100%	\$35 Then 100%
<b>Emergency Room (Hospitals &amp; ER Centers)</b> In-Network Out-of-Network	\$500 & Then 70% \$500 & Then 70%	\$500 & Then 70% \$500 & Then 70%
<b>Deductible-Hospital</b> In-Network Out-of-Network	\$-0- Per Admission \$500 Per Admission	\$-0- Per Admission \$500 Per Admission
<b>Co-Insurance Percent</b> In-Network Out-of-Network	30% / 70% 50% / 50%	30% / 70% 50% / 50%
<b>Out of Pocket Maximum</b> In-Network Out-of-Network	Out of Pocket Maximums Include Calendar Year Deductible \$8,150 Indiv/\$16,300 Family \$17,000 Indiv/\$34,000 Family	
<b>Prescription Drugs</b> Retail-Supply Limit Generic Brand-Preferred Brand-Non Preferred Specialty Preferred / Non-Preferred	Performance formulary implemented 30 Days \$10 \$60 \$105 \$250.00 Co-Pay Plus cost difference between generic & brand if generic equivalent is available.	
<b>Mail Order-Supply Limit</b> Generic Brand-Preferred Brand-Non Preferred Specialty Preferred / Non-Preferred	90 Days \$20 \$120 \$210 \$250.00 Co-Pay Plus cost difference between generic & brand if generic equivalent is available.	
<b>**New District Contribution for 2020-2021</b>	\$425.00	\$425.00
<b>Employee Plans</b>	Core Plan	Core Plus+ Plan
<b>Cost Distribution</b>	*Employee Contribution	*Employee Contribution
Employee Only	\$81.12	\$170.62
Employee & Children	\$296.35	\$434.83
Employee & Spouse	\$488.04	\$665.95
Employee & Family (Children & Spouse)	\$690.04	\$911.86
***Dual Family	\$265.04	\$486.86

\*Changes effective Plan Year 09/01/2020: NEW CONTRIBUTIONS EMPLOYEE + INCREASES ACROSS ALL PLANS

\*\*Changes effective Plan Year 09/01/2020 NEW UNITED ISD CONTRIBUTIONS

\*\*\*Dual Family Plan is only for legally married couples (with children) who both are employees for UISD. Must visit Risk Management to enroll in plan.

9/1/2020

NOTICE: Dependent(s) spouse Verification Audit at UISD continues. Please follow up for information sent via email, presentations and mailings for additional information.