



UISD Health Insurance Plan Design

2026-2027
Balancing Cost



Presentation Agenda

1. Section I Learning Health Insurance Cost
2. Section II Plan Design Changes 2026-2027
3. Section III Preventive Measures

Section I

Learning Health Insurance Cost

Understanding of health insurance and historic cost review for UISD.

Definitions *(before we begin)*

- **Premium(s):** Funds collected to cover insurance costs. The employee and the district pays a designated portion.
- **Claims:** The cost paid for health care of a member, such as doctors visits medicines, etc.
- **Member:** A person that is part of a health insurance plan, such as a subscriber, dependent, or spouse.
- **Subscriber:** The person that is employed with the district and pays for the health insurance plan.
- **Plan Year:** Starts in September of the current year and ends in August of the next year.

The District is self-insured and therefore assumes the responsibility for paying its own claims.

Health Insurance Cost Over The Years

School Year	District Contribution	Avg Monthly Employees Enrolled	Employees Lost During Plan Year	Medical Claims	RX Claims	Total Claims Paid*	Cost Per Employee Per Month
2018-2019	\$408.51	5,512		\$31,140,374	\$9,329,887	\$40,583,458	\$614
2019-2020	\$413.51	5,508	4	\$28,427,567	\$11,401,853	\$39,955,156	\$605
2020-2021	\$425.00	5,340	168	\$35,199,327	\$11,073,656	\$46,336,926	\$723
2021-2022	\$425.00	5,139	201	\$33,637,008	\$12,984,787	\$46,683,913	\$757
2022-2023	\$475.00	4,908	231	\$33,317,594	\$14,002,431	\$47,417,325	\$805
2023-2024	\$525.00	4,770	138	\$30,708,801	\$14,955,147	\$45,651,495	\$798
2024-2025	\$575.00	4,671	99	\$34,135,239	\$17,368,352	\$51,499,746	\$919
Projected Claims 2025-2026* <i>(BCBSTX DATA DEC 2025-2026 ANNUAL REVIEW)</i>							
2025-2026	\$575.00	4,570	101	\$34,545,998	\$17,612,637	\$52,158,635	\$951

We have lost more than **840** employees over the years, **we have not increased employee premiums since 2020 - 2021 plan year neither plan design changes.**

Group Liability Current VS Prior Yr.

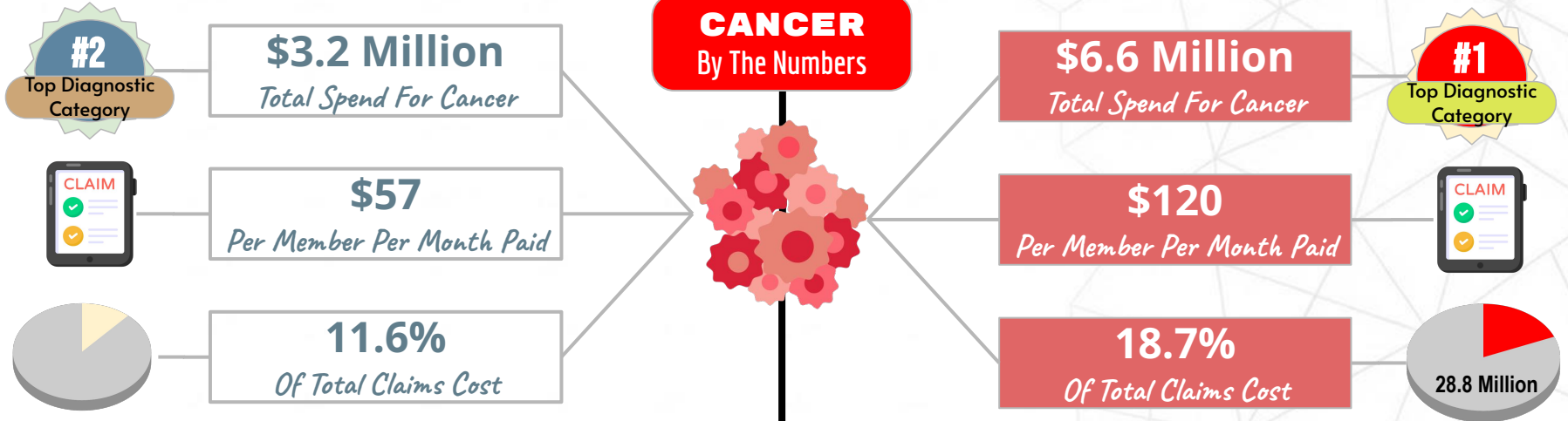
Metrics	Sep 2024 - Mar 2025	Sep 2025 - Mar 2026	Variance
Medical Paid Claims	\$18,199,102.27	\$25,136,234.72	38.10%
Pharmacy Paid Claims	\$9,748,440.97	\$10,345,212.29	6.10%
VBC Payments	\$20,966.58	\$30,273.14	44.40%
Total Paid Claims	\$27,968,509.82	\$35,511,720.15	27.00%
ASO Recoveries	-\$17,338.73	-\$26,095.85	-50.50%
Paid + ASO Recoveries	\$27,951,171.09	\$35,485,624.30	27.00%
ASO Fees and Credits	-\$1,399,414.81	-\$4,063,671.14	-190.40%
Group Liability	\$26,551,756.28	\$31,421,953.16	18.30%

Our general liability increased by 18.30% **it was mainly due to medical costs rising among our high costs claimants.**


Prior Year Sep 2024- Mar 2025

Current Year Sep 2025- Mar 2026

CANCER By The Numbers



Other Health Insurance Cost Drivers



Preventive Care was our
Number 1
Expense



Musculoskeletal
claims increased
Doctor Visit
Spending




Nutritional and
Metabolic Diseases
increases our **RX**
Spending. Eg. Diabetes

Other Health Insurance Cost Drivers



112% Growth
increase for
digestive related
claims.



Viruses and
Bacteria related
increased by **1**
million



Preventive
Care was our
Number 2
Expense

Top 6 Claims Costs By Leading Condition

Leading Condition	Claimants		Claims		Paid PMPM		Medical and RX Paid	
	Prior	Current	Prior	Current	Prior	Current	Prior	Current
Cancer and related treatments	91	97	3,417	3,696	\$57	\$120	\$3,244,606	\$6,642,793
Preventive screenings, immunizations, contraceptive management, etc.	1,962	2,096	28,249	28,338	\$83	\$79	\$4,740,911	\$4,386,028
Conditions involving the bones, cartilage, joints, muscles, etc (Eg. rheumatoid).	343	335	8,844	9,481	\$53	\$60	\$3,043,920	\$3,351,520
Conditions related to the airway and breathing	964	1,001	11,780	11,872	\$37	\$44	\$2,109,532	\$2,441,410
Conditions involving the digestive organs (Eg. Acid Reflux)	193	218	3,943	5,239	\$20	\$42	\$1,142,136	\$2,345,496
Transmissible diseases caused by bacteria and viruses (Eg. Flu)	253	279	3,856	4,323	\$18	\$40	\$1,008,054	\$2,203,352
Total: All							\$15,289,159	\$21,370,599



The Member Relationship Claims Cost 2024-2025 Plan Year



Dependent | Child

Annual Claims Paid: **\$9,411,317**
Enrolled: **2,907**



Spouse

Annual Claims Paid: **\$7,401,176**
Enrolled: **525**

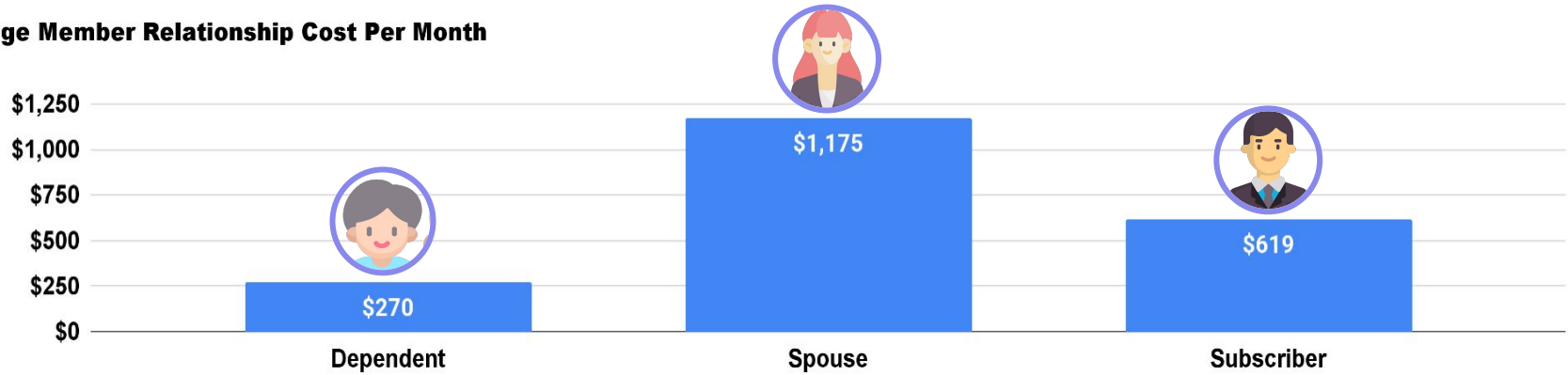


Subscriber | Employee

Annual Claims Paid: **\$34,691,098**
Enrolled: **4,670**

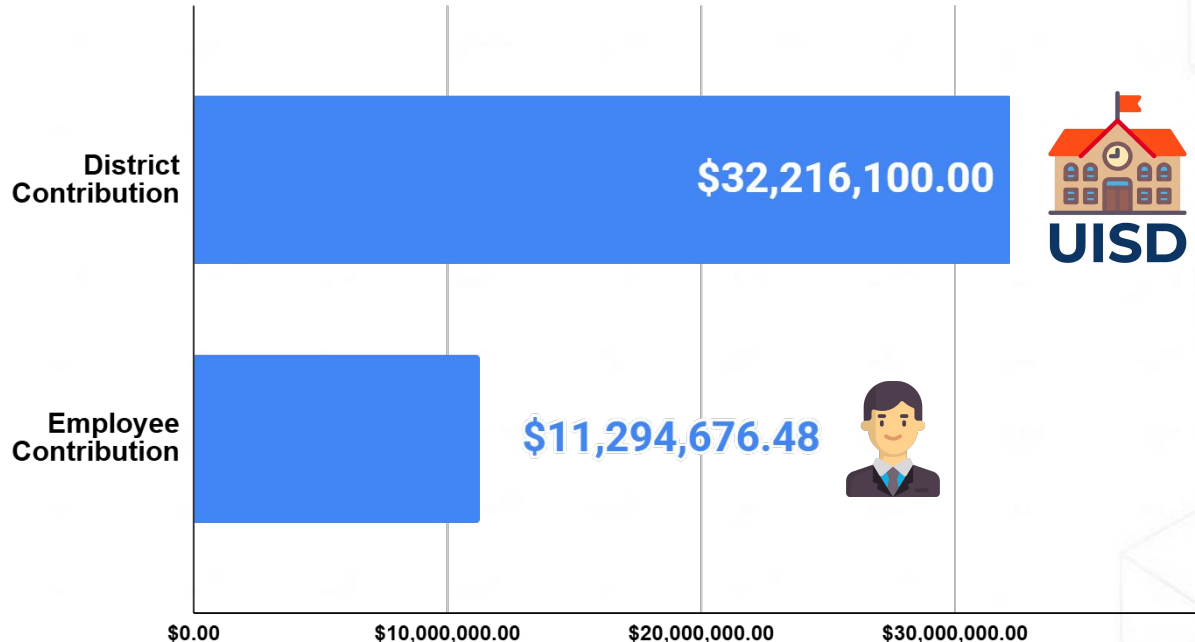
Total: \$51,503,591 Claims Paid | Total: 8,102 Members

Average Member Relationship Cost Per Month



Contribution Breakdown 2024-2025

District VS Employee Contribution



- **The district contributes 74% of the total premium.**
- The employee contributes 26% of the total premium.
- **Our plans are 70% | 30% Coinsurance plans for claims.**

Current Plan Offerings At UISD Monthly Rates 2024-2025

CURRENT PLAN WITH SUBSCRIBER ENROLLMENT

Benefit Package	HMO BRONZE PLAN			PPO CORE SILVER PLAN			PPO CORE PLUS GOLD PLAN			
District Contribution	\$575			\$575			\$575			
Plans	Employee Cost	Policy Cost	Subscriber Enrollment	Employee Cost	Policy Cost	Subscriber Enrollment	Employee Cost	Policy Cost	Subscriber Enrollment	All
Employee	\$41	\$616	371	\$81	\$656	2,434	\$171	\$746	327	3,132
Employee & Child(ren)	\$256	\$831	33	\$296	\$871	823	\$435	\$1,010	157	1,013
Employee & Spouse	\$448	\$1,023	3	\$488	\$1,063	86	\$666	\$1,241	15	105
Employee & Family	\$650	\$1,225	3	\$690	\$1,265	376	\$912	\$1,487	41	420
Total: Average Subscribers			410			3,720			540	4,670

TOTAL PREMIUMS COLLECTED TO PAY CLAIMS USING CURRENT 2024-2025 RATES

\$43,510,776.48

Section II

Plan Recommended Design Changes &
Rates for the plan year 2026-2027

Plan updates across our health
insurance plans.

PLAN DESIGN UPDATES 2026-2027

UISD	BRONZE <i>HMO Plan (Texas Only)</i>		SILVER <i>PPO Core Plan</i>		GOLD <i>PPO Core Plus</i>	
	OLD	NEW	OLD	NEW	OLD	NEW
LIMITS COSTS						
Overall deductible limits	\$2,000 Ind \$4,000 Fam	\$2,500 Ind \$5,000 Fam	\$2,000 Ind \$4,000 Fam	\$3,000 Ind \$6,000 Fam	\$1,500 Ind \$3,000 Fam	\$2,000 Ind \$4,000 Fam
Virtual Visit Copay	\$15	\$5	\$15	\$5	\$5	\$5
Primary Care Visit Copay	\$35	\$20	\$35	\$30	\$35	\$25
Specialist Visit Copay	\$60	\$60	\$60	\$80	\$45	\$60
Urgent Care Clinics Copay	\$35	\$20	\$35	\$30	\$35	\$25
Retail RX (30 Days)						
Generic	\$10	\$10	\$10	\$10	\$10	\$10
Preferred	\$60	\$65	\$60	\$85	\$50	\$60
Non-Preferred	\$105	\$110	\$105	\$130	\$80	\$90
Specialty RX	\$250	\$280	\$250	\$300	\$250	\$250
Mail-order RX (90-Day)						
Generic	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$120	\$130	\$120	\$145	\$100	\$120
Non-Preferred	\$210	\$220	\$210	\$235	\$160	\$180

Expected Savings 4.5% or 2.5 Million USD* BCBSTX Data

Breakeven Rates & Enrollment Impact (2026-2027)

\$128 USD per Employee Spouse Member Across All Plans On The Employee Cost applied. 6.2 Million Revenue

BENEFIT PACKAGE	HMO BRONZE PLAN	PPO SILVER PLAN	PPO GOLD PLAN
Employee Only	\$169 / \$744 Total	\$209 / \$784 Total	\$299 / \$874 Total
Employee & Child(ren)	\$384 / \$959 Total	\$424 / \$999 Total	\$563 / \$1,138 Total
Employee & Spouse	\$704 / \$1,279 Total	\$744 / \$1,319 Total	\$922 / \$1,497 Total
Employee & Family	\$906 / \$1,481 Total	\$946 / \$1,521 Total	\$1,168 / \$1,743 Total

District Contribution stays at \$575 across all plans.

ANNUAL PREMIUM COLLECTED

Total Projected
\$51,505,476

ANNUAL CLAIMS COST

Total Projected
\$52,158,635

NET FINANCIAL POSITION

-\$653,158

Based on 2024-2025 Enrollment Levels

Total Expected Cost After Changes

INCREASE IN EMPLOYEE PREMIUMS: 7.99 MILLION

Expected premium collected after rate change

\$51,505,476

PLAN DESIGN CHANGES: 2.5 MILLION

Expected Projected cost after plan design changes

\$49,658,635



\$1,846,841 SURPLUS

Assuming enrollment stays level and no attrition occurs.

Benchmarking: Monthly Health Cost Comparison

BCBSTX (PPO CHOICE)



Employer Contribution:
\$506 to \$799

Employee Only:
\$106.06

Emp. & Children:
\$355.62

Emp. & Spouse:
\$480.38

Emp. & Family:
\$843.68

LISD (PLATINUM PPO)



Employer Contribution:
\$602

Employee Only:
\$149.52

Emp. & Children:
\$655.49

Emp. & Spouse:
\$782.45

Emp. & Family:
\$1,430.98

AETNA (PLAN B POS)



Employer Contribution:
\$1,360

Employee Only:
\$71.32

Emp. & Children:
\$270.97

Emp. & Spouse:
\$557.00

Emp. & Family:
\$615.86

BCBSTX (HMO)

HealthCare.gov

Govt. Contribution:
Income Based*

Employee Only:
\$522.70

Emp. & Children:
\$375.70

Emp. & Spouse:
\$1,118.01

Emp. & Family:
\$1,186.61

BCBSTX (PPO SILVER)



Employer Contribution:
\$575

Employee Only:
\$81.12

Emp. & Children:
\$296.36

Emp. & Spouse:
\$488.04

Emp. & Family:
\$690.04

BCBSTX (NEW PPO SILVER)



Employer Contribution:
\$575

Employee Only:
\$209.12

Emp. & Children:
\$424.36

Emp. & Spouse:
\$744.04

Emp. & Family:
\$946.04

Even with the rate increase, 3 of the 4 different plans UISD offers will be lower than some Government Entities.

*Rates shown under [HealthCare.gov](https://www.healthcare.gov) are for a 47 years old, 46 years old working spouse, 2 children, and credits were applied under a 40k and 80k household income for single and married respectively.

Section III

Preventive Measures

Further changes to do down the line to stay affordable while offering value to our employees.

Strategic Healthcare Cost Management



Key Performance Indicator

18.30% Increase

Overall general liability growth driven by medical costs.

Cost Driver Insight

Top Expense 2025-2026

Cancer remains the primary expenditure category.

Plan Year 2026-2027: Focused on Claim Cost Mitigation and Member Wellness

Balancing insurance cost in the future

- Double down in our wellness program.
 - Incentivize employees to do wellness check ups, this a good spending to have for early detection of cancer, and other related high cost related illnesses (BeWell, Catapult, Wonder, Etc.)
- Keep tuning the plan the design to meet every type of employee's need.
 - Offer a plan for low activity users, where once all your out of pocket expenses are met, the plan will take care of them.
- Wellness Screening Program (tentative).
 - Require employees to do a free annual screening to participate in PPO plans. This will assist us to take care of our employees health, plus it can potentially decrease our health insurance costs.
 - **Currently out of the 7,992 members we have only 2,096 do a routinary check up.** There is a 74% population that has not done some sort of screening.



Thank You!

Risk Mgmt | Benefits Department



United Independent School District		NEW BRONZE *HMO PLAN		NEW SILVER PPO CORE PLAN		NEW GOLD PPO CORE PLUS					
Limits Costs		In-Network ONLY (Service Only In Texas)		In-Network (You will pay the least) Out-of-Network (You will pay the most)		In-Network (You will pay the least) Out-of-Network (You will pay the most)					
Plan Limits	Overall deductibles limits	\$2,500 Individual \$5,000 Family		\$3,000 Individual \$6,000 Family		\$5,000 Individual \$10,000 Family		\$2,000 Individual \$4,000 Family		\$4,000 Individual \$8,000 Family	
	Co-insurance Responsibility (Employee/Provider)	30% / 70%		30% / 70%		50% / 50%		30% / 70%		50% / 50%	
	Out-of-pocket limits	\$8,150 Individual \$16,300 Family		\$8,150 Individual \$16,300 Family		\$17,000 Individual \$34,000 Family		\$8,150 Individual \$16,300 Family		\$17,000 Individual \$34,000 Family	
Visit to a Health Care Provider's Clinic or Office (HMO & PPO Plans NOW OFFERS Virtual Visits & Weight Loss Program).											
Copoly Visits	Virtual visit (MD Live) Copay	\$5		\$5		N/A		\$5		N/A	
	Primary care visit Copay	\$20		\$30		50% / 50%		\$25		50% Coinsurance	
	Specialist visit Copay	\$60		\$80		50% / 50%		\$60		50% Coinsurance	
	Preventive Care/Screening/Immunization	\$0		\$0		50% / 50%		\$0		50% Coinsurance	
	Urgent Care Clinics	\$20		\$30		50% coinsurance		\$25		50% Coinsurance	
If You Have A Test											
Costs	Diagnostic test (x-ray, blood work)	No Charge		No Charge		50% / 50%		No Charge		50% Coinsurance	
	Imaging (CT/PET scans, MRIs)	30% Coinsurance		30% Coinsurance		50% / 50%		30% Coinsurance		50% Coinsurance	
	Home Health Care	No Charge; deductible does not		No Charge; deductible does not apply		50% / 50%		No Charge; deductible does not apply		50% Coinsurance	
Hospital Visits And Stays											
Deductibles	Outpatient services	\$35 copay/office visit; deductible does not apply 30% coinsurance for other services		\$35 copay/office visit; deductible does not apply 30% coinsurance for other services		50% / 50%		\$35 copay/office visit; deductible does not apply 30% coinsurance for other services		50% coinsurance	
	Inpatient services	30% coinsurance; deductible does not apply		30% coinsurance; deductible does not apply		50% / 50%		30% coinsurance; deductible does not apply		50% coinsurance (Other fees & penalties may apply)	
	Hospital Stay	30% Coinsurance		30% Coinsurance		50% Coinsurance		30% Coinsurance		50% Coinsurance	
	Physician/Surgeon Fees (if you stay in the hospital)	30% Coinsurance		30% Coinsurance		50% Coinsurance		30% Coinsurance		50% Coinsurance	
Emergency Transportation Costs											
Costs	Emergency Room Care (Copay waived if admitted)	\$500 Copay/plus 30% Coinsurance		\$500 Copay/plus 30% Coinsurance		50% coinsurance		\$500 Copay/plus 30% Coinsurance		\$500 Copay/plus 30% Coinsurance	
	Emergency medical transportation	30% Coinsurance		30% Coinsurance		50% coinsurance		30% Coinsurance		30% Coinsurance	
RETAIL RX Costs (Generic/Preferred/Non-Preferred/Specialty Drugs)											
Costs	Generic Preferred Non-Preferred	\$10 \$65 \$110		\$10 \$85 \$130		10 85 130 plus 50% Coinsurance		\$10 \$60 \$90		10 60 90 plus 50% Coinsurance	
	Specialty RX	\$280		\$300		Not Covered		\$250		Not Covered	
MAIL-IN RX Costs (Generic/Preferred/Non-Preferred)											
	Generic Preferred Non-Preferred	20 130 220		20 145 235		Not Covered		20 120 180		Not Covered	
District Contribution For All Plans \$575											
New Costs	Plan Type	Employee	Total Cost	Employee	Total Cost	Employee	Total Cost	Employee	Total Cost	Employee	Total Cost
	Employee Only	\$169.12	\$744.12	\$209.12	\$784.12	\$298.62	\$873.62				
	Employee & Children Only	\$384.36	\$959.36	\$424.36	\$999.36	\$562.83	\$1,137.83				
	Employee & Spouse Only	\$704.04	\$1,279.04	\$744.04	\$1,319.04	\$921.95	\$1,496.95				
	Employee & Family	\$906.04	\$1,481.04	\$946.04	\$1,521.04	\$1,167.86	\$1,742.86				
*HMO PLAN: Employees will need to select a PCP for them and their dependents. Categories available are: Family Medicine, OB/GYN, Pediatrics & Geriatrics. PCP can be changed once a month											
***Dual Family Plan is only for legally married couples (with children) who both are full time employees for UISD. Must contact Risk Management to enroll in plan.											