



Medical Plan Update

October 15, 2024

Health Plan History

1. Health Care costs have continued to increase

There needs to be plan adjustments for 2025 which will be done via benefits changes

2. The Health and Wellness Center opened March 2021

- All services performed at the center are no cost to employees/dependents on the health plan (except those on the HSA qualified plan they have a \$25 co-pay)
 - There is a Nurse Practitioner on duty 40hours/week Mon – Fri
 - There is an MD on duty for 20 hours/week
 - Utilization continues to increase very year

3. Telemedicine Provider (Recuro) at no cost to employees & dependents on plan

- Any family member of an employee covered on the health plan can access Recuro, even if they are not directly on the health plan. Telemedicine covers both acute care and behavioral health counseling at no costs

Health Plan History cont.

4. Large claims continue to drive increased costs

- 2021 – 26 claims over \$100k totaling \$7 million
 - 0.5 % of members totaled 26% of total costs
- 2022 – 20 claims over \$100k totaling \$5.5 million
 - 0.4% of members totaled 20% of total claims
- 2023 – 27 claims over \$100k totaling \$7.6 million
 - 0.5% of members totaling 25% of claims
- 2024 YTD- 15 claims totaling \$3.6 million
 - .05% of member totaling 29% of claims

ECISD Claims History

Fiscal Year	Paid Claims	# Claims over \$100K	\$ of Claims over \$100k	Avg Cost per Claim	Large Claims as a % of Total Claims	Avg. Total Employees	PEPM Costs	Claims Over \$100k PEPM
2020	\$22,058,211	10	\$3,125,053	\$312,505	14%	3049	\$603	\$85
2021	\$28,110,527	27	\$7,072,992	\$261,963	25%	3076	\$762	\$192
2022	\$27,491,914	20	\$5,443,182	\$272,159	20%	3,062	\$748	\$148
2023	\$29,983,402	26	\$7,482,504	\$287,789	25%	3,072	\$813	\$203
2024 YTD	\$17,576,347	16	\$3,900,005	\$243,750	22%	3,011	\$730	\$162
2024 Annualized	\$26,364,521	32	\$5,850,008	\$182,813	22%	3,072	\$715	\$159
4 Year average	\$26,911,013.50	12	\$2,606,871	\$219,857	10%	1,751	\$1,281	\$124

2025 Plan Changes

OPTION I

1. Raise In network deductible to \$2,250 for an Ind. and \$4,500 for Family. Out of Network deductible to \$4,500 Ind. and \$9,000 for Family.
2. Change Co-insurance from 20% to 25%

OPTION II

1. Change Option III no HSA to new Option II
2. Raise Deductible to \$3,000 for an Ind. and \$6,000 for Family. Out of Network deductible to \$6,000 Ind. and \$12,000 for Family.
3. Remove pharmacy combined deductible and add a \$500 brand only deductible.
4. Change Co-Insurance from 20% to 25%

OPTION III HSA

1. Raise In network deductible to \$3,250 for an Ind. \$6,500 for Family. Out of network deductible to \$6,500 Ind. and \$13,000 Family.
2. Change Co-Insurance from 20% to 25%

Pharmacy Plan Changes

1. Implement a Preferred Pharmacy Network includes all HEB, Amazon Mail Order, Evans Pharmacy, Dorado Pharmacy, Town & Country Pharmacy and Mark Cuban Cost Plus
2. Add International Mail Order at no cost to employees – Employee choice
3. Increase Brand/ Specialty Deductible from \$250-\$500 for Option I and New Option II

2025 Rates

Plan	CENSUS	RATE	EE COST	VARIANCE
OPTION I				
Employee	1,385	\$530.00	\$150.00	\$0.00
EE + Spouse	103	\$1,085.00	\$705.00	\$0.00
EE + Child	193	\$833.00	\$453.00	\$0.00
EE + Children	210	\$906.00	\$526.00	\$0.00
EE/Family	188	\$1,322.00	\$942.00	\$0.00
Total:		2,079		
OPTION II				
Employee	387	\$440.00	\$60.00	\$0.00
EE + Spouse	24	\$920.00	\$540.00	\$0.00
EE + Child	39	\$713.00	\$333.00	\$0.00
EE + Children	63	\$765.00	\$385.00	\$0.00
EE/Family	57	\$1,118.00	\$738.00	\$0.00
Total:		570		
OPTION III HSA				
Employee	265	\$380.00	\$0.00	\$0.00
EE + Spouse	6	\$875.00	\$495.00	(\$45.00)
EE + Child	18	\$680.00	\$300.00	(\$33.00)
EE + Children	23	\$725.00	\$345.00	(\$40.00)
EE/Family	20	\$1,080.00	\$700.00	(\$38.00)
Total:		332		
INDEMNITY Plan	984	\$380.00		

Open Enrollment

2025 Annual Benefits Enrollment

- October 21st – November 15th, 2024.
- Medical and all ancillary benefits
- Agent assist – face to face, self-enroll online or by Telephone
- No rate increases for ancillary benefits.

Requirements

- All ECISD employees that are benefits eligible
- Proof of dependents required when enrolling into the medical plan: marriage license or birth certificates acceptable.
- SSN required for most ancillary benefits.
- Signature required from all enrollees upon enrollment completion.





QUESTIONS ?