



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of District Group Health Insurance Rates

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

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: June 19, 2019

RECOMMENDATION:

After careful review and analyzing different options, administration and the Employee Benefits Committee (EBC) are making the following recommendations to the District's Health Insurance Premium for the new plan year starting September 1, 2019-August 31, 2020.

- \$5.00 Monthly increase All Plans
 - Core and Core Plus
 - No Changes to Plan Coverages
 - Deletion of Members Rewards Program (as approved by EBC-Due to additional cost to the District and low Employee Participation)

RATIONALE:

The self-funded health plan is completing its fourth year of existence and requires establishment of employee premium rates for the coming school year.

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:

GROUP# 167073**BLUE CROSS BLUE SHIELD OF TEXAS****UNITED INDEPENDENT SCHOOL DISTRICT****2019-2020 Health Insurance Program Group Number: 167073****Effective 9/1/2019**

***STATE / CORE+ PLAN		Blue Cross Blue Shield Core Plan		Blue Cross Blue Shield ***State / Core Plus+ Plan	
Provider Network					
Doctor's Hospital		Yes		Yes	
Laredo Medical Center		Yes		Yes	
Benefits					
Deductible-Annual					
X-Ray/CT/MRI/Sonograms		\$0- Deductible		\$0- Deductible	
All Other Deductible-Annual					
In-Network		\$1,800 Indiv/\$3,600 Family		\$1,000 Indiv/\$2,000 Family	
Out-of-Network		\$4,000 Indiv/\$8,000 Family		\$3,000 Indiv/\$6,000 Family	
Physician Copay					
Specialist Copay		\$35 Then 100% \$60 Then 100%		\$35 Then 100% \$45 Then 100%	
After Hours Med Clinics		List of in-network Med Clinics can be found on RM website			
(Non-Emergency Rooms/Centers)		\$35 Then 100%		\$35 Then 100%	
Emergency Room (Hospitals & ER Centers)					
In-Network		\$500 & Then 80%		\$500 & Then 80%	
Out-of-Network		\$500 & Then 80%		\$500 & Then 80%	
Deductible-Hospital					
In-Network		\$0- Per Admission		\$0- Per Admission	
Out-of-Network		\$500 Per Admission		\$500 Per Admission	
Co-Insurance Percent					
In-Network		20% / 80%		20% / 80%	
Out-of-Network		40% / 60%		40% / 60%	
Out of Pocket Maximum					
In-Network		\$7,150 Indiv/\$14,300 Family		\$7,150 Indiv/\$14,300 Family	
Out-of-Network		\$16,000 Indiv/\$32,000 Family		\$16,000 Indiv/\$32,000 Family	
		Out of Pocket Maximums Include Calendar Year Deductible			
Prescription Drugs					
Retail-Supply Limit		30 Days		30 Days	
Generic		\$10 & Then 100%		\$10 & Then 100%	
Brand-Preferred		\$60 & Then 100%		\$50 & Then 100%	
Brand-Non Preferred		\$105 & Then 100%		\$80 & Then 100%	
		Plus cost difference between		Plus cost difference between	
Mail Order-Supply Limit		90 Days		90 Days	
Generic		\$20 & Then 100%		\$20 & Then 100%	
Brand-Preferred		\$120 & Then 100%		\$100 & Then 100%	
Brand-Non Preferred		\$210 & Then 100%		\$160 & Then 100%	
		Plus cost difference between		Plus cost difference between	
District Contribution		\$408.51		\$ 408.51	
		Emp Cont.	Policy Cost	Emp Cont.	Policy Cost
Includes +\$5 per month increase	Emp. Only	\$ 56.12	\$ 464.63	\$ 138.62	\$ 547.13
	Emp./Children	\$ 261.35	\$ 669.86	\$ 389.83	\$ 798.34
	Emp./Spouse	\$ 388.04	\$ 796.55	\$ 550.95	\$ 959.46
	Emp./Family	\$ 655.04	\$ 1,063.55	\$ 867.86	\$ 1,276.37
	Dual Family	\$ 246.53	\$ 1,063.55	\$ 459.35	\$ 1,276.37
Rev 6/6/2019					

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