

**BOARD OF TRUSTEES  
AGENDA**

<input type="checkbox"/>	<b>Workshop</b>	<input checked="" type="checkbox"/>	<b>Regular</b>	<input type="checkbox"/>	<b>Special</b>
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- (A) ☐ **Report Only** ☐ **Recognition**

**Presenter(s):**

**Briefly describe the subject of the report or recognition presentation.**

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- (B) ☒ **Action Item**

**Presenter(s):** ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS AND FINANCE  
LUIS VELEZ, PURCHASING DIRECTOR

**Briefly describe the action required.**

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AWARD PROPOSAL NO. 231906 FOR STOP-LOSS REINSURANCE ONLY FOR HEALTH BENEFIT PROGRAM AND THE BOARD DELEGATES THE SUPERINTENDENT OR DESIGNEE THE AUTHORITY TO MAKE RELATED BUDGETED PURCHASES OF GOODS OR SERVICES AS PER BOARD POLICY CH.

- (C) **Funding source: Identify the source of funds if any are required.**

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- (D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED MEMORANDUM

**To:** Mr. Ismael Mijares, Deputy Superintendent for Business and Finance

**From:** Mr. Luis A. Vélez, Purchasing Director



Luis A. Vélez  
2022.06.30 13:44:27  
-05'00'

**Date:** Thursday June 30, 2022

**Subject:** Recommendation on Request for Proposal Number 231906 for Stop-loss Reinsurance Only for Health Benefit Program

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Based on the submitted proposals, the Department of Purchasing recommends that Request for Proposal Number 231906 for Stop-loss Reinsurance Only for health benefit program be awarded in accordance with the specifications and requirements of the proposal to Stealth (Berkely) at a \$265,000 specific deductible.

If you have any questions or need more information regarding this matter, please contact me at the purchasing department.



**A Total Health Plan Solution**  
Self-Funded Employer Sponsored Health Plan Stop-Loss Proposal  
**Eagle Pass Independent School District**  
**\$250,000 Specific Deductible**

PPO Network: PHCS Practitioner Only  
PBM Vendor: PharmWatch/Keenan  
Effective Date: 9/1/2022

Employees: 1664 Dependent Units 749	Stealth (Berkley) Current	Stealth (Berkley) Renewal	Stealth (Swiss Re) Quote	Stealth (Swiss Re) Quote w/Laser	Stealth (Sun Life) Quote	Stealth (Crum & Forster) Quote
<b>Specific:</b>						
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible:	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
No New Laser Option/Rate Cap:	Included	Included	Included	N/A	Included	Included
Specific Contract:	12/18	12/18	12/18	12/18	12/18	12/18
Specific Contract Includes:	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Employee:	\$35.96	\$36.44	\$62.31	\$58.24	\$52.67	\$43.45
Dependent Unit:	\$89.34	\$87.54	\$96.19	\$89.92	\$104.69	\$70.35
Family:	\$125.30	\$123.98	\$158.50	\$148.16	\$157.36	\$113.80
Composite	\$76.17	\$75.84	\$105.61	\$98.71	\$99.79	\$75.12
<b>Annual Stop-Loss Premium:</b>	<b>\$1,521,037.20</b>	<b>\$1,514,443.44</b>	<b>\$2,108,761.80</b>	<b>\$1,971,137.28</b>	<b>\$1,992,668.28</b>	<b>\$1,499,915.40</b>
Aggregate Premium per Employee:	\$1.62	\$1.68	\$2.91	\$2.91	\$1.31	\$1.56
<b>Annual Aggregate Premium</b>	<b>\$32,348.16</b>	<b>\$33,546.24</b>	<b>\$58,106.88</b>	<b>\$58,106.88</b>	<b>\$26,158.08</b>	<b>\$31,150.08</b>
Imagine360 Employee Transitional Fee (3%)	N/A	\$1.18	\$2.02	\$1.89	\$1.67	\$1.39
Imagine360 Dependent Transitional Fee (3%)	N/A	\$2.71	\$2.97	\$2.78	\$3.24	\$2.18
<b>Annual Reinsurance Premium</b>	<b>N/A</b>	<b>\$47,919.72</b>	<b>\$67,029.72</b>	<b>\$62,726.16</b>	<b>\$62,467.68</b>	<b>\$47,349.36</b>
<b>Administration:</b>						
<b>Annual Administration/Vendor/Broker Fees:</b>	<b>\$631,012.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>
<b>Total Fixed Costs:</b>	<b>\$2,184,398.16</b>	<b>\$2,246,890.20</b>	<b>\$2,884,879.20</b>	<b>\$2,742,951.12</b>	<b>\$2,732,274.84</b>	<b>\$2,229,395.64</b>

<b>Aggregate:</b>						
Aggregate Plan Year Maximum Benefit:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Contract:	12/18	12/18	12/18	12/18	12/18	12/18
Aggregate Contract Includes:	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx
Employee:	\$856.75	\$894.10	\$909.19	\$909.19	\$837.32	\$835.97
Dependent Unit:	\$1,277.83	\$1,325.45	\$1,316.29	\$1,316.29	\$1,507.19	\$1,228.16
Family:	\$2,134.58	\$2,219.55	\$2,225.48	\$2,225.48	\$2,344.51	\$2,064.13
Composite	\$1,431.93	\$1,490.71	\$1,501.68	\$1,501.68	\$1,515.74	\$1,388.79
<b>Annual Aggregate Maximum:</b>	<b>\$28,592,720.04</b>	<b>\$29,766,533.40</b>	<b>\$29,985,520.44</b>	<b>\$29,985,520.44</b>	<b>\$30,266,229.48</b>	<b>\$27,731,351.04</b>

<b>Total Expected Costs:</b>	<b>\$25,058,574.19</b>	<b>\$26,060,116.92</b>	<b>\$26,873,295.55</b>	<b>\$26,731,367.47</b>	<b>\$26,945,258.42</b>	<b>\$24,414,476.47</b>
<b>Total Maximum Costs:</b>	<b>\$30,777,118.20</b>	<b>\$32,013,423.60</b>	<b>\$32,870,399.64</b>	<b>\$32,728,471.56</b>	<b>\$32,998,504.32</b>	<b>\$29,960,746.68</b>
Total Stop Loss	0%	0%	39%	31%	30%	-1%
Total Expected	0%	4%	7%	7%	8%	-3%
Total Maximum	0%	4%	7%	6%	7%	-3%

**SELECTION**

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Policyholder or Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please refer to carrier quotes and contingency tab for carrier contingencies (including lasers, etc.). Initial quotes are not firm and are subject to change until underwriting & acceptance by carrier is complete. If carrier quotes have not been provided with this spreadsheet, please contact i360 for copy.





**A Total Health Plan Solution**  
Self-Funded Employer Sponsored Health Plan Stop-Loss Proposal  
**Eagle Pass Independent School District**  
**\$265,000 Specific Deductible**

2

**PPO Network:** PHCS Practitioner Only  
**PBM Vendor:** PharmWatch/Keenan  
**Effective Date:** 9/1/2022

Employees: 1664 Dependent Units 749	Stealth (Berkley) Current	Stealth (Berkley) Renewal	Stealth (Swiss Re) Quote	Stealth (Swiss Re) Quote w/Laser	Stealth (Crum & Forster) Quote
<b>Specific:</b>					
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible:	\$250,000	\$265,000	\$265,000	\$265,000	\$265,000
No New Laser Option/Rate Cap:	Included	Included	Included	N/A	Included
Specific Contract:	12/18	12/18	12/18	12/18	12/18
Specific Contract Includes:	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Employee:	\$35.96	\$33.16	\$59.37	\$55.50	\$41.26
Dependent Unit:	\$89.34	\$80.93	\$92.71	\$86.66	\$66.24
Family:	\$125.30	\$114.09	\$152.08	\$142.16	\$107.50
Composite	\$76.17	\$69.59	\$101.10	\$94.51	\$71.08
<b>Annual Stop-Loss Premium:</b>	<b>\$1,521,037.20</b>	<b>\$1,389,537.72</b>	<b>\$2,018,777.64</b>	<b>\$1,887,124.08</b>	<b>\$1,419,244.80</b>
Aggregate Premium per Employee:	\$1.62	\$1.74	\$2.86	\$2.86	\$1.62
<b>Annual Aggregate Premium</b>	<b>\$32,348.16</b>	<b>\$34,744.32</b>	<b>\$57,108.48</b>	<b>\$57,108.48</b>	<b>\$32,348.16</b>
Imagine360 Employee Transitional Fee (3%)	N/A	\$1.08	\$1.92	\$1.80	\$1.33
Imagine360 Dependent Transitional Fee (3%)	N/A	\$2.50	\$2.87	\$2.68	\$2.05
<b>Annual Reinsurance Premium</b>	<b>N/A</b>	<b>\$44,035.44</b>	<b>\$64,134.12</b>	<b>\$60,030.24</b>	<b>\$44,982.84</b>
<b>Administration:</b>					
<b>Annual Administration/Vendor/Broker Fees:</b>	<b>\$631,012.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>	<b>\$650,980.80</b>
<b>Total Fixed Costs:</b>	<b>\$2,184,398.16</b>	<b>\$2,119,298.28</b>	<b>\$2,791,001.04</b>	<b>\$2,655,243.60</b>	<b>\$2,147,556.60</b>

<b>Aggregate:</b>					
Aggregate Plan Year Maximum Benefit:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Contract:	12/18	12/18	12/18	12/18	12/18
Aggregate Contract Includes:	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx	Medical /Dental / Rx
Employee:	\$856.75	\$898.09	\$894.17	\$894.17	\$838.52
Dependent Unit:	\$1,277.83	\$1,331.34	\$1,294.50	\$1,294.50	\$1,231.93
Family:	\$2,134.58	\$2,229.43	\$2,188.67	\$2,188.67	\$2,070.45
Composite	\$1,431.93	\$1,497.35	\$1,476.85	\$1,476.85	\$1,393.04
<b>Annual Aggregate Maximum:</b>	<b>\$28,592,720.04</b>	<b>\$29,899,145.04</b>	<b>\$29,489,752.56</b>	<b>\$29,489,752.56</b>	<b>\$27,816,154.20</b>

<b>Total Expected Costs:</b>	<b>\$25,058,574.19</b>	<b>\$26,038,614.31</b>	<b>\$26,382,803.09</b>	<b>\$26,247,045.65</b>	<b>\$24,400,479.96</b>
<b>Total Maximum Costs:</b>	<b>\$30,777,118.20</b>	<b>\$32,018,443.32</b>	<b>\$32,280,753.60</b>	<b>\$32,144,996.16</b>	<b>\$29,963,710.80</b>
Total Stop Loss	0%	-8%	34%	25%	-7%
Total Expected	0%	4%	5%	5%	-3%
Total Maximum	0%	4%	5%	4%	-3%

**SELECTION**



**Policyholder or Broker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please refer to carrier quotes and contingency tab for carrier contingencies (including lasers, etc.). Initial quotes are not firm and are subject to change until underwriting & acceptance by carrier is complete. If carrier quotes have not been provided with this spreadsheet, please contact I360 for copy.





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**A Total Health Plan Solution**  
Administration Fees  
**Eagle Pass Independent School District**

Employees: 1664  
Dependent Units: 749

Effective Date: 9/1/2022

Administration:	(Includes UR)	Current	Renewal
Claims Per Employee: *	(Med/RX)	\$13.10	\$13.10
Claims Per Dependent: *	(Med/RX)	\$10.00	\$10.00
Total Admin PEP		\$13.10	\$13.10
Total Admin per Dependent Unit		\$10.00	\$10.00
<b>Annual Administration</b>		<b>\$351,460.80</b>	<b>\$351,460.80</b>

\* Rates Guaranteed until 9/1/2024

Additional Fees		Current	Renewal
Renewal Maintenance Fee		\$500.00	\$500.00
Medical Management		\$3.00	\$3.00
Physician ONLY Network:	PHCS Practitioner Only	\$4.00	\$5.00
Rx Program:	PharmWatch/Keenan	\$6.00	\$6.00
Fiduciary Liability Transfer:	ELAP	\$1.00	\$1.00
miBenefits Online Enrollment		Included	Included
ID Cards		Included	Included
Total Vendor Fees PEP		\$14.00	\$15.00
<b>Annual UR, PPO, Broker, etc:</b>		<b>\$279,552.00</b>	<b>\$299,520.00</b>

**Additional Fees:**

- Reference Based Pricing Fee - Refer to Contract (Covered as a claim and included in Max Liability).
- Run-out - 10% of Paid Claims.
- Imagine360 & Livongo Whole Person Program \$75 PPM (billed as claim) & \$45 per participant A1C Test Kit (billed as claims) if applicable/Std Medical Management Care Management Fees apply

**Carrier Contingencies**

- Stealth (Berkley) Current & Renewal excludes claimant S860032-3336-3 from No New Laser Option
- Stealth (Swiss Re) Quote with Laser includes a \$525,000 Specific on Claimant S860032-1712-1
- Stealth (Sun Life) Quote includes a \$500,000 Specific on Claimant S860032-1712-1 (Term 7/1/2022), \$500,000 Specific on Claimant S860032-3741-3, A \$750,000 Specific on Claimant S860032-4151-5 & reserves the right to increase or decrease the Specific Deductible applied to Claimant S860032-3368-2



**Included in Administration Fee:**

Full Service Member Experience Program (Includes Utilization Review and UCM Digital Health)

**CLINICAL CARE MANAGEMENT**

Large Case Management, Disease Management, Diabetes Management, Maternity Mgmt \*\$150 p/hr  
 Medical Management Livongo Whole Person Program \$75 PPM (billed as claim) & \$45 per participant A1C  
 Test Kit (billed as claim) if applicable / Standard Medical Management Care Management Fees apply.  
 Physician Review \*\$300 p/hr  
*\* Hourly fees are calculated by the minute; not the 1/4 hour as is the norm. Minimum 6 minutes.*

**ADDITIONAL FEES**

RBP Facility Solution	12% of Billed Charges
Monthly accommodation - TPA Administration Fee	\$2.00 pepm
Outside vendor eligibility maintenance for COBRA purposes	\$1.00 pepm
Outside vendor elig. maint. for other than COBRA purposes (HSA Elig. /outside)	\$2.00 pepm
Monthly Late Fee	\$250
Cost Containment Services	25% of savings
Plan changes made after Plan Benefits are entered into Imagine 360 System	\$125 p/hr; min \$250
Additional Benefit Plan Options added after initial set-up completed	\$500
Restatement of Summary Plan Description for Medical/Dental/Vision	\$1,000
Restatement of Summary Plan Description for Dental only	\$500

**PBM SERVICES**

**Preferred PBM Vendors:**

SouthernScript -\$30.00 pepm RX Administration Credit available  
 Rx Benefits (CVS, ESI, Optum)  
 Magellan  
 ProAct  
 Serve You  
 Keenan Express Scripts  
 Cigna

**Indiana Only: TrueRX**

**RX Carve-out**

PBM Interface Fee (Preferred PBM)	\$2.00 pepm
PBM Interface Fee (Non-preferred PBM)	\$3.00 pepm

**WELLNESS PROGRAMS**

Wellness wellness - Quote upon request

**OPTIONAL SERVICES**

Dental Administration	\$3.50 pepm
Vision Administration	\$1.50 pepm
STD/LTD Administration	\$2.00 pepm
Life Administration	\$1.00 pepm
Interface EAP	\$2.00 pepm
Non PPO Physician Only Solution	6% of billed charges
Imagine Health Physician Contracted Partners	where available 3% - 6% of savings
Imagine Health Facility Contracted Partners	where available 6% - 15% of savings
COBRA	\$1.50 pepm
Subrogation	30% of savings

**Flex / HRA**

Flex Medical Reimb. w/Debit Card	\$6.00 per account
Dependent Care Reimb. w/Debit Card	\$6.00 per account
Flex Medical Reimb. without Debit Card	\$5.00 per account
Dependent Care Reimb. without Debit Card	\$5.00 per account
HRA Medical Reimb. w/Debit Card	\$6.00 per account
HRA Medical Reimb. without Debit Card	\$5.00 per account

**TELEMEDICINE**

**United Concierge Medicine Digital Health**  
 UCM Digital Health Contract Included in Administration fee - Per Contract

**ASSUMPTIONS**

- The company may receive additional compensation from the carrier in the form of override commissions based upon potential volume with the carrier. The amount of such additional compensation, if any, will not be known until the end of the contract date with the carrier.
- Fees are based on the information provided at the time of quote and is subject to change upon disclosure of new and/or updated information. A monthly minimum fee will be based on the total number of employees admin fee minimum fee will be based on the total number of employees admin fee and dependents admin fee (if applicable) on the effective date of the plan x .75.
- Due to changes in DOL Claims Regulations, Imagine 360 requires weekly check runs to be funded within 5 business days.
- If you are considering any vendor changes please check the termination clause for those contracts as some contingencies may apply.
- Quote is contingent upon receipt of Disclosure Statement. Rates will not be guaranteed until Disclosure Statement is signed and completed.
- Quote is contingent upon receipt of total paid claims, diagnosis & prognosis of large claimants up to the effective date.
- The company is not responsible for the length of time in which an aggregate claim is reimbursed.
- Please refer to carrier quote and assumptions as the spreadsheet is only an overview and may not disclose proposal plan specifics related to any types of benefits and/or rates included in the coverage and/or applicable limitations and exclusions. The quote provided by the Carrier and Imagine 360 are based on the information submitted. Inaccurate or incomplete representations of the information submitted may necessitate revised quotes.
- Large Aggregating Specific are not included in the expected or maximum costs.
- All claims over the aggregate plan year maximum benefit are excluded from aggregate reimbursement.



Stealth Partner Group  
5949 Sherry Lane, Suite 1170  
Dallas, TX 75225

Clifton Browning  
Phone: (214) 552-3520  
E-Mail: Clifton.Browning@amwins.com

### Stealth Marketing Summary

**Prepared for:**

**Eagle Pass ISD**

**Effective Date:**

**9/1/2022**

Carrier:	Rating	Marketed	Quoted	Declined	Comments
Berkley	A+	x	Quoted		
Berkshire Hathaway	A++	x		Declined	Uncompetitive Rates
Crum and Forster	A	x	Quoted		
HCC	A++	x		Declined	Ongoing Large Claims
HM	A	x		Declined	Poor Loss Ratio
Sun Life	A+	x	Quoted		
Swiss Re	A+	x	Quoted		
Symetra	A	x		Declined	Ongoing Large Claims
US Fire Insurance Co (Partners)	A	x		Declined	Uncompetitive Rates
Voya	A	x		Declined	Uncompetitive Rates