



# UNITED INDEPENDENT SCHOOL DISTRICT

## AGENDA ACTION ITEM

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

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

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

**DATE ASSIGNED FOR BOARD CONSIDERATION:** April 27, 2021

**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 the following recommendations for Board Approval. Employee Benefits Committee (EBC) unanimously voted to approve these changes.

Plan Year: September 1, 2021 to August 31, 2022

Insurance Plans:

New Name Category

**Core Plan (SILVER):** No Changes in Coverage nor Cost to Employee \$81.12 Per Employee/Per Month  
No Changes in Monthly Contributions from District

**Core Plan Plus (GOLD):** No Changes in Coverage nor Cost to Employee \$170.62 Per Employee/Per Month  
No Changes in Monthly Contributions from District

**HMO Plan (BRONZE):** New Introductory Plan  
Less Cost contribution from Employee \$61.12 Per Employee/Per Month  
Coverage: Requires Primary Care Provider; No Out-of-Network Coverage  
No Out of State Coverage  
Coverage Mirrors Core Plan (SILVER) –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 Health Plan is completing its sixth year of service, and a New Plan option is feasible to provide employees with an additional option to Health Insurance Coverage.

**BUDGETARY INFORMATION:**

It is projected that Board Contributions and employee contributions will be sufficient to cover all costs of the district health insurance plan.

**BOARD POLICY REFERENCE AND COMPLIANCE:**

Texas Education Code 22.08

Blue Cross Blue Shield Of Texas Group Number: 167073 Website: <a href="http://www.bcbstx.com/">http://www.bcbstx.com/</a>		UISD Health Schedule of Benefits: 2021-2022 Effective Dates: 9/1/2021 to: 8/31/2022 Risk Management: 956-473-6390 Website: <a href="https://www.uisd.net/risk-management">https://www.uisd.net/risk-management</a>					
DESCRIPTIONS		BRONZE HMO PLAN		SILVER PPO CORE PLAN		GOLD PPO CORE PLUS	
Network Type		In-Network ONLY (Service Only In Texas)		In-Network (You will pay the least)		Out-of-Network (You will pay the most)	
Plan Limits		In-Network (You will pay the least)		Out-of-Network (You will pay the most)		In-Network (You will pay the least)	
Overall deductibles limits		\$2,000 Individual \$4,000 Family		\$2,000 Individual \$4,000 Family		\$4,000 Individual \$8,000 Family	
Out-of-pocket limits		\$8,150 Individual \$16,300 Family		\$8,150 Individual \$16,300 Family		\$17,000 Individual \$34,000 Family	
Co-insurance Responsibility (Employee/Provider)		30% / 70%		30% / 70%		50% / 50%	
Co-insurance Responsibility (Employee/Provider)		30% / 70%		30% / 70%		50% / 50%	
<b>Visit to a Health Care Provider's Clinic or Office (HMO Plan requires a PCP referral to see an specialist)</b>							
MD Visits		Virtual visit		\$15 Copay		\$15 Copay	
MD Visits		Primary care visit		\$35 Copay		\$35 Copay	
MD Visits		Specialist visit		\$60 Copay		\$60 Copay	
MD Visits		Preventive Care/Screening/Immunization		\$0		\$0	
<b>If You Have A Test</b>							
Costs		Diagnostic test (x-ray, blood work)		No Charge		No Charge	
Costs		Imaging (CT/PET scans, MRIs)		30% Coinsurance		30% Coinsurance	
Costs		Home Health Care		No Charge; deductible does not apply		No Charge; deductible does not apply	
<b>Mental Health, behavioral health, or substance abuse services (Certain services must be preauthorized)</b>							
Mental Health		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	
Mental Health		Inpatient services		30% coinsurance; deductible does not apply		30% coinsurance; deductible does not apply	
<b>Emergency Services (for a list of urgent care clinics please visit the <a href="#">RM Website</a>)</b>							
Emergency		Emergency Room Care (Copay waived if admitted)		\$500 Copay/plus 30% Coinsurance		\$500 Copay/plus 30% Coinsurance	
Emergency		Emergency medical transportation		30% Coinsurance		30% Coinsurance	
Emergency		Urgent Care Clinics		\$35 - \$75 Copay Visit*		\$35 - \$75 Copay Visit*	
<b>Hospital Services</b>							
Hospital		Doctor's Hospital/Laredo Medical		Yes (In-network)		Yes (In-network)	
Hospital		Facility Fee (if you stay in the hospital)		30% Coinsurance		30% Coinsurance	
Hospital		Physician/Surgeon Fees		30% Coinsurance		30% Coinsurance	
<b>Recovery Services ( Preauthorizations and limited visits are in force, for more info visit the <a href="#">RM Website</a>)</b>							
Special Care Needs		Home Health Care		No Charge; Deductible does not apply		No Charge; Deductible does not apply	
Special Care Needs		Skilled nursing care		No Charge; Deductible does not apply		No Charge; Deductible does not apply	
Special Care Needs		Rehabilitation Services		\$35 copayPCP/ \$60 copaySPC; deductible does not apply		\$35 copayPCP/ \$60 copaySPC; deductible does not apply	
Special Care Needs		Habilitation Services		\$35 copayPCP/ \$60 copaySPC; deductible does not apply		\$35 copayPCP/ \$60 copaySPC; deductible does not apply	
Special Care Needs		Durable Medical Equipment		30% Coinsurance		30% Coinsurance	
<b>RX Costs (Generic/Preferred/Non-Preferred)</b>							
Costs		Retail (30-Day Supply)		\$10/\$60/\$105 Copay		\$10/\$60/\$105 plus 50% Coinsurance	
Costs		Mail-order (90-Day Supply)		\$20/\$120/\$210 Copay		\$20/\$100/\$160 Copay	
<b>Specialty Drugs</b>							
Specialty Drugs		Specialty Drugs		\$250 Copay		\$250 Copay	
Specialty Drugs		Specialty Drugs		Not Covered		Not Covered	
<b>New District Contribution for 2021-2022</b>							
Monthly Costs		Employee Plans		\$425.00		\$425.00	
Monthly Costs		Employee Only		\$61.12		\$170.62	
Monthly Costs		Employee & Children Only		\$276.36		\$434.83	
Monthly Costs		Employee & Spouse Only		\$468.04		\$665.95	
Monthly Costs		Employee & Family		\$670.04		\$911.86	
Monthly Costs		***Dual Family		\$245.04		\$486.86	

\*NEW HMO PLAN: Employees will need to select a PCP for them and their dependents. Categories available are: Family Medicine, OB/GYN, Pediatric & Geriatrics.

\*\*Night Urgent Clinics: Cost may vary from \$35.00 to \$60.00 depending on service hours.

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