



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Discussion and Possible Action on Renewal of District Health Insurance Plan

SUBMITTED BY: Robert Chapa OF: Risk Management

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: June 22, 2011

RECOMMENDATION:

The Employee Benefits Committee (EBC) has concluded negotiations for renewal of the district group health insurance plan and recommends the district accept the terms negotiated by the EBC and Blue Cross Blue Shield of Texas Insurance Company.

Cognizant of the financial hardship facing the district the EBC has negotiated a renewal proposal that places the full amount of the premium increase on the employees.

Administration recommends the Board accept the proposal of the EBC with the additional condition that the Board be allowed to consider subsidizing part of the increase should the final financial news from the State Legislature and the local budget permit it.

The renewal is for the third year of a four year contract that was awarded by the Board in June 2009.

RATIONALE:

The proposal accurately reflects the district's loss run record.

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:

UISD Health Ins Proposals
2011-12

		Current Plan		EBC Proposed Plan	
				\$-0- Dist Contribution	
Deductible-Annual					
	X-Ray/CT/MRI/Sonograms	\$-0- Deductible		\$-0- Deductible	
All Other Deductible-Annual					
	In-Network	\$400 Indiv/\$1,200 Family	X	\$500 Indiv/\$1,500 Family	
	Out-of-Network	\$800 Indiv/\$2,400 Family	X	\$1,000 Indiv/\$3,000 Family	
Physician Copay		\$25 Then 100%		\$25 Then 100%	
Emergency Room					
	In-Network	\$500 & Then 80%		\$500 & Then 80%	
	Out-of-Network	\$500 & Then 60%		\$500 & Then 60%	
After Hours Clinics		\$40 Then 100%		\$40 Then 100%	
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%	
Co-Insurance Maximum					
	In-Network	\$2,500 Indiv/\$7,500 Family	X	\$5,000 Indiv/\$15,000 Family	
	Out-of-Network	\$7,500 Indiv/\$22,500 Family	X	\$10,000 Indiv/\$30,000 Family	
Prescription Drugs					
	Retail-Supply Limit	30 Days		30 Days	
	Generic	\$5 & Then 100%		\$5 & Then 100%	
	Brand-Preferred	\$30 & Then 100%	X	\$40 & Then 100%	
	Brand-Non Preferred	\$50 & Then 100%	X	\$60 & Then 100%	
		Plus cost difference between generic & brand if generic equivalent is available.			
	Mail Order-Supply Limit	90 Days		90 Days	
	Generic	\$10 & Then 100%		\$10 & Then 100%	
	Brand-Preferred	\$60 & Then 100%	X	\$80 & Then 100%	
	Brand-Non Preferred	\$100 & Then 100%	X	\$120 & Then 100%	
		Plus cost difference between generic & brand if generic equivalent is available.			
District Contribution		\$ 310.05		\$ 310.05	
Employee Contribution		Emp Cont. COBRA Cost		Emp Cont. COBRA Cost	
	Emp. Only	\$ 46.12	\$ 356.17	\$ 61.07	\$ 371.12
	Emp./Children	\$ 251.35	\$ 561.40	\$ 266.30	\$ 576.35
	Emp./Spouse	\$ 378.04	\$ 688.09	\$ 392.99	\$ 703.04
	Emp./Family	\$ 645.04	\$ 955.09	\$ 659.99	\$ 970.04

