

**BOARD OF TRUSTEES  
AGENDA**

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

Presenter(s):

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

(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. 251406 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.**

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

**SEE ATTACHED MEMORANDUM**



# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

**To:** Mr. Ismael Mijares, Deputy Superintendent for Business and Finance  
**From:** Mr. Luis A. Vélez, Purchasing Director  Luis A. Vélez  
**Date:** Thursday June 27, 2024 2024.06.24 14:20:26 -05'00'  
**Subject:** Recommendation on Request for Proposal Number 251406 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 251406 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 \$300,000 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**  
 With Amwins Gene Therapy Program

PPO Network: PHCS Practitioner/Ancillary Only  
 PBM Vendor: Keenan Express  
 Effective Date: 9/1/2004

	1	2	3	4	5	6	7	8	9	10	
<b>Employee Only:</b>	1004	Stealth (Berkley)	Stealth (Berkley)	Stealth (Berkshire)	Stealth (Trio Marine)	Stealth (Unum)	Stealth (Symetra)	Stealth (Awwins)	Stealth (Sun Life)	Stealth (Swiss Re)	AccuRisk
<b>Employee + Family:</b>	744	Current	Renewal	Quote	Quote	Quote	Quote	Quote	Quote	Quote	Quote
	1748										
<b>FIRM THRU DATE/ILLUSTRATIVE</b>		<b>Firm thru 6/10</b>	<b>Illustrative</b>	<b>Illustrative</b>	<b>Illustrative</b>	<b>Illustrative</b>	<b>Illustrative</b>	<b>Illustrative</b>	<b>Firm thru 6/10</b>	<b>Illustrative</b>	<b>Illustrative</b>
<b>Specific:</b>											
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
No New Laser/Rate Cop:	Yes / 65%	Yes / 65%	Yes / 55%	Yes / 65%	N/A	Yes / 50%	Yes / 55%	Yes / 50%	Yes / 50%	Yes / 65%	N/A
Specific Deductible:	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Specific Contract:	12/18	12/18	12/18	12/18	12/18	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	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Employee Only:	\$39.56	\$35.20	\$46.27	\$37.17	\$52.89	\$46.59	\$46.21	\$36.84	\$50.69	\$47.70	\$47.70
Employee + Family:	\$131.55	\$113.22	\$151.89	\$125.35	\$130.21	\$128.52	\$122.82	\$114.07	\$121.92	\$131.60	\$131.60
Composite:	\$78.71	\$68.41	\$91.22	\$74.70	\$85.80	\$81.46	\$78.82	\$69.71	\$81.01	\$83.41	\$83.41
<b>Annual Stop-Loss Premium:</b>	\$1,651,097.28	\$1,434,917.76	\$1,913,534.88	\$1,566,948.96	\$1,799,733.60	\$1,708,742.88	\$1,653,275.04	\$1,462,265.28	\$1,699,214.88	\$1,749,614.40	\$1,749,614.40
Aggregate Premium per Employee:	\$2.06	\$1.51	\$2.04	\$4.34	\$2.07	\$2.32	\$2.17	\$1.31	\$3.11	\$1.69	\$1.69
<b>Annual Aggregate Premium</b>	\$43,210.56	\$31,673.76	\$42,791.04	\$91,035.84	\$43,420.32	\$48,664.32	\$45,517.92	\$27,478.56	\$65,235.36	\$35,449.44	\$35,449.44
Reinsurance Interface Fee (Employee)	\$1.28	\$1.11	N/A	N/A	N/A	\$1.51	N/A	\$1.18	\$1.66	\$1.53	\$1.53
Reinsurance Interface Fee (Family)	\$4.13	\$3.50	N/A	N/A	N/A	\$4.04	N/A	\$3.57	\$3.86	\$4.12	\$4.12
<b>Annual Reinsurance Interface Fee</b>	\$52,294.08	\$44,621.28	N/A	N/A	N/A	\$54,261.60	N/A	\$46,089.60	\$54,461.76	\$55,216.80	\$55,216.80
<b>Administration:</b>											
<b>Annual Administration/Vendor/Broker Fees:</b>	\$704,779.68	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88	\$739,058.88
<b>Total Annual Fixed Costs:</b>	\$2,451,381.60	\$2,250,271.68	\$2,695,384.80	\$2,397,043.68	\$2,582,212.80	\$2,550,727.68	\$2,437,851.84	\$2,274,892.32	\$2,557,970.88	\$2,579,339.52	\$2,579,339.52
<b>Aggregate Attachment Point:</b>											
Aggregate Plan Year Maximum Benefit:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$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	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/Rx	Medical/Dental/Rx	Medical/Rx	Medical/Dental/Rx	Medical/Dental/Rx	Medical/Dental/Rx	Medical/Dental/Rx
Employee Only:	\$978.17	\$941.63	\$988.58	\$1,175.08	\$937.78	\$1,115.62	\$983.59	\$929.54	\$1,051.83	\$997.02	\$997.02
Employee + Family:	\$2,423.88	\$2,314.21	\$2,416.46	\$2,433.37	\$2,255.85	\$2,306.70	\$2,437.30	\$2,419.43	\$2,273.40	\$2,424.84	\$2,424.84
Composite:	\$1,593.51	\$1,525.84	\$1,596.33	\$1,710.65	\$1,498.79	\$1,622.58	\$1,602.33	\$1,563.68	\$1,571.77	\$1,604.74	\$1,604.74
<b>Annual Aggregate Maximum:</b>	\$33,425,392.80	\$32,006,025.12	\$33,484,566.72	\$35,882,491.20	\$31,438,602.24	\$34,035,207.36	\$33,610,506.72	\$32,799,768.96	\$32,969,363.04	\$33,661,068.48	\$33,661,068.48
<b>Total Expected Costs:</b>	\$29,191,695.84	\$27,855,091.78	\$29,483,038.18	\$31,103,036.64	\$27,733,094.59	\$29,778,893.57	\$29,326,257.22	\$28,514,707.49	\$28,933,461.31	\$29,508,194.30	\$29,508,194.30
<b>Total Maximum Costs:</b>	\$35,876,774.40	\$34,256,296.80	\$36,179,951.52	\$38,279,534.88	\$34,020,815.04	\$36,585,935.04	\$36,048,358.56	\$35,074,661.28	\$35,527,333.92	\$36,240,408.00	\$36,240,408.00

Total Stop Loss	0%	-13%	15%	-2%	9%	4%	0%	-12%	4%	5%
Total Expected	0%	-5%	1%	7%	-5%	2%	0%	-2%	-1%	1%
Total Maximum	0%	-5%	1%	7%	-5%	2%	0%	-2%	-1%	1%
<b>SELECTION</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Stealth Amwins Gene Therapy Program - \$1.99 PEP (Not included in totals)**

Please refer to carrier quotes 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.