



UNITED INDEPENDENT SCHOOL DISTRICT INFORMATIONAL ITEM

TOPIC Employee Benefits Committee (EBC) Selection of Dental, Vision, and Supplemental/Voluntary Life

SUBMITTED BY Ofelia Dominguez OF: Risk Management

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: April 19, 2017

The Employee Benefits Committee (EBC) has concluded renewal negotiations for 3 of the Voluntary District Group benefits. These premiums are 100% employee paid: Dental, Vision and Supplemental Life. EBC has selected the following awards as they provide the best value in terms of coverage, providers, guarantee rate and price.

Dental: DELTA DENTAL 0% Increase for Plan Year September 1, 2017-August 31, 2018
Minimal Increase in the past 3 years
EX: Low Plan .81 cents Employee; \$1.13 Employee +1

	Low Plan	High Plan
Employee Only:	\$16.92	\$23.82
Employee +1 or more:	\$48.18	\$64.26

Vision: EYETOPIA 0% Increase for Plan Year September 1, 2017 – August 31, 2020*
*3 Year Guarantee;
This is the 5th year with NO changes in Cost

	Basic Plan	High Plan
Employee Only:	\$ 7.50	\$18.00
Employee +1:	\$14.00	\$36.00
Employee Family:	\$22.00	\$50.00

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Supplemental/Voluntary Life:

SUN LIFE 0% Increase for Plan Year September 1, 2017 - August 31, 2020*
* 3 Year Guarantee;
This is the 5th year with NO changes in Cost
Employee Age Reductions: Amounts reduced to 50% at age 70
Spouse Age Reductions: Amounts reduced to 50% at age 70



February 15, 2017

United ISD
201 Lindenwood Drive
Laredo, TX 78045

RE: Contract Renewal for United ISD
DPO Group# 15502

We appreciate your business and thank you for choosing Delta Dental Insurance Company. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to United ISD's dental service utilization and claims experience. Our analysis indicates that no change in your current rate is necessary.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your DPO plan:

<i>Effective Date</i>	<i>September 01, 2017</i>	
<i>Contract Term</i>	<i>September 01, 2017 - August 31, 2018</i>	
<i>% increase</i>	<i>0.00%</i>	
<i>Division #00001, 00101, 00111, 09001</i>	<i>Current Rates</i>	<i>Renewal Rates</i>
<i>Enrollee Only</i>	<i>\$23.82</i>	<i>\$23.82</i>
<i>Enrollee + 1 or more Dependents</i>	<i>\$64.26</i>	<i>\$64.26</i>

Delta Dental Insurance Company
Telephone: 800-521-2651

Delta Dental of California
Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region
Delta Dental of Delaware, Inc.
Delta Dental of the District of Columbia
Delta Dental of New York, Inc
Delta Dental of Pennsylvania (Maryland)
Delta Dental of West Virginia
Telephone: 800-932-0783

Division #00002, 00102, 00112, 09002	Current Rates	Renewal Rates
Enrollee Only	\$16.92	\$16.92
Enrollee + 1 or more Dependents	\$48.18	\$48.18

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental Contracts for the rates and contract term.

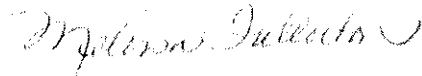
To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for September 01, 2017.
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you have any questions about your renewal, your Account Manager Ida Kelly will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental Insurance Company



Melissa Fullerton
Vice President, Western Region



January 31, 2017

TO: United Independent School District
FR: Eyetopia Vision Care
RE: Guaranteed Rate and Plan Design Extention for 3 more years.

100% Voluntary, paid by employee through payroll deduction:

	Eyetopia 120/145	Eyetopia 150/250
Employee Only	\$7.50	\$18.00
Member + One	\$14.00	\$36.00
Family	\$22.00	\$50.00

Eyetopia Vision Care encourages Employers to offer a dual-option in order to meet the needs of every employee. Eyetopia 120-145 is a basic plan and offers standard vision benefits at an affordably monthly rate. The Eyetopia 150/250 plan offers premium vision benefits and keeps the costs at the doctor's office to a minimum. Offering both options has increased overall employee participation and employee satisfaction.

The rates quoted above are guaranteed until August 31, 2020

Rate Guarantee Period 3 years

Additional year(s) Rate Guarantee Period can be negotiated

Kelly Haight
Director of Operations



2021

Brighter under the sun

Created for:
United Independent School District

Sun
Life Financial®

Renewal Rates Section

Renewal Effective Date: September 1, 2017

Group Sponsor Name:
Group Policy Number:

United Independent School District
222916



Voluntary Life

Employee Voluntary Life and Dependent Voluntary Life Current Rates

Employee Voluntary Life

Age band	Participating employees	Current monthly rate	Current monthly volume	Current monthly premium
Under age 20	0	\$0.031	\$0	\$0
20-24	31	\$0.031	\$4,490,331	\$139
25-29	182	\$0.031	\$30,099,244	\$933
30-34	378	\$0.039	\$76,041,315	\$2,966
35-39	558	\$0.047	\$114,600,325	\$5,386
40-44	660	\$0.071	\$135,111,730	\$9,593
45-49	709	\$0.110	\$133,535,768	\$14,689
50-54	664	\$0.173	\$111,170,630	\$19,233
55-59	466	\$0.290	\$65,856,265	\$19,098
60-64	269	\$0.455	\$28,640,000	\$13,031
65-69	106	\$0.800	\$9,770,000	\$7,816
70-74	27	\$1.427	\$1,755,000	\$2,504
75-79	7	\$1.427	\$85,000	\$121
80-84	1	\$1.427	\$30,000	\$43
85 and over	0	\$1.427	\$0	\$0

Rate basis: Per \$1,000 of volume

Spouse Voluntary Life

Age band	Participating employees	Current monthly rate	Current monthly volume	Current monthly premium
Under age 20	0	\$0.031	\$0	\$0
20-24	31	\$0.031	\$310,000	\$10
25-29	182	\$0.031	\$1,820,000	\$56
30-34	378	\$0.039	\$3,780,000	\$147
35-39	558	\$0.047	\$5,580,000	\$262
40-44	660	\$0.071	\$6,600,000	\$469
45-49	709	\$0.110	\$7,090,000	\$780
50-54	664	\$0.173	\$6,640,000	\$1,149
55-59	466	\$0.290	\$4,660,000	\$1,351
60-64	269	\$0.455	\$2,690,000	\$1,224
65-69	106	\$0.800	\$1,060,000	\$848
70-74	27	\$1.427	\$270,000	\$385
75-79	7	\$1.427	\$70,000	\$100
80-84	1	\$1.427	\$10,000	\$14
85 and over	0	\$1.427	\$0	\$0

Rate basis: Per \$1,000 of volume

Totals

Group Voluntary Life coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 93P-LH.

February 27, 2017

Proposal for United Independent School District

Quote # 1

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rev. 06090615 GGOT-1288

Coverage	Total participating employees	Monthly rate	Total current monthly volume	Total current monthly premium	Total current annual premium
Employee Voluntary Life	4058	N/A	\$711,185,608	\$95,553	\$1,146,630
Spouse Voluntary Life	1517	N/A	\$90,281,500	\$9,931	\$119,172
Child Voluntary Life	4058	\$0.192	\$17,080,000	\$3,279	\$39,348
Total current premium				\$108,763	\$1,305,150

Rate basis: Per \$1,000 of volume

Employee Voluntary Life and Dependent Voluntary Life Renewal Rates

Employee Voluntary Life

Age band	Participating employees	Monthly rate	Estimated monthly volume	Estimated monthly premium
Under age 20	0	\$0.031	\$0	\$0
20-24	31	\$0.031	\$4,490,331	\$139
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65-69	106	\$0.800	\$9,770,000	\$7,816
70-74	27	\$1.427	\$1,755,000	\$2,504
75-79	7	\$1.427	\$85,000	\$121
80-84	1	\$1.427	\$30,000	\$43
85 and over	0	\$1.427	\$0	\$0

Rate basis: Per \$1,000 of volume

Spouse Voluntary Life

Age band	Participating employees	Monthly rate	Estimated monthly volume	Estimated monthly premium
Under age 20	0	\$0.031	\$0	\$0
20-24	31	\$0.031	\$310,000	\$10
25-29	182	\$0.031	\$1,820,000	\$56
30-34	378	\$0.039	\$3,780,000	\$147
35-39	558	\$0.047	\$5,580,000	\$262
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60-64	269	\$0.455	\$2,690,000	\$1,224
65-69	106	\$0.800	\$1,060,000	\$848
70-74	27	\$1.427	\$270,000	\$385
75-79	7	\$1.427	\$70,000	\$100

Rate basis: Per \$1,000 of volume

Totals

Coverage	Total participating employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
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