



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: August 2, 2017

Purpose: Report Only Recognition Discussion/ Possible Action

From: Monica Lopez, Human Resource Director and Irma Paine, Benefits Coordinator

Item Title: Discussion and possible action to approve the District's Fully Insured Health Insurance Plan.

Description:

The District issued RFP 2017-05 to solicit proposals for the District's fully insured health insurance plan. The District retained the services of HUB International to assist in analyzing submitted proposals. The insurance committee met on June 22nd, June 29th, July 11th and July 20th to review all proposals submitted.

Recommendation:

The recommendation will be made available on the evening of the board meeting along with the supporting documentation. Contract will be effective November 1, 2017-October 31, 2018 with the option to renew for two additional years in one year increments with board approval.

District Goal:

Goal 5 We will prioritize district revenues to guide student future choices.

Funding Budget Code and Amount:

CFO Approval

Various funding sources

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

Superintendent:

Handwritten signatures of Chief Officer and Superintendent

Handwritten dates: 7/19/17 and 7-27/2017

SOUTH SAN ANTONIO I.S.D.
RFP 2017-05 FULLY INSURED HEALTH PLAN
DATE: JULY 26, 2017

| Evaluation Criteria | Purchase Price 25 pts. | Reputation of the vendor and of the vendor's goods and services 10 pts. | Quality of the vendor's goods or services 25 pts. | Extent to which the goods or services meet the District's needs 35 pts. | Other relevant factors 5 pts. | Total 100 pts. |
|------------------------|---------------------------|--|--|--|-------------------------------------|-------------------|
| AETNA | | | | | | |
| 1 | 20 | 10 | 25 | 35 | 5 | 95 |
| 2 | 20 | 10 | 25 | 35 | 5 | 95 |
| 3 | 22 | 10 | 24 | 33 | 5 | 94 |
| 4 | 15 | 10 | 25 | 35 | 5 | 90 |
| 5 | 15 | 10 | 15 | 25 | 5 | 70 |
| Average | 18.4 | 10 | 22.8 | 32.6 | 5 | 88.8 |
| Blue Cross Blue Shield | | | | | | |
| 1 | 25 | 10 | 25 | 35 | 5 | 100 |
| 2 | 25 | 10 | 25 | 35 | 5 | 100 |
| 3 | 25 | 10 | 25 | 34 | 5 | 99 |
| 4 | 25 | 10 | 25 | 35 | 5 | 100 |
| 5 | 20 | 10 | 20 | 30 | 5 | 85 |
| Average | 24 | 10 | 24 | 33.8 | 5 | 96.8 |

Aetna Opt 1 - w Dental

AETNA

| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 |
|--|-----------------------|--|--|--|
| INDICATE YOUR NETWORK CONFIGURATION HERE | PPO | PPO | PPO | PPO |
| | Total Monthly Premium | Total Monthly Premium | Total Monthly Premium | Total Monthly Premium |
| Enrollment Tier | | | | |
| Employee Only | \$354.11 | \$416.76 | \$582.37 | \$617.51 |
| Employee & Spouse | \$701.76 | \$748.72 | \$1,052.88 | \$1,111.05 |
| Employee & Children | \$623.35 | \$646.23 | \$936.26 | \$988.29 |
| Employee & Family | \$934.36 | \$998.28 | \$1,403.26 | \$1,480.61 |
| Benefits | | | | |
| Calendar Year Deductible | | | | |
| Individual | \$7,150 | \$6,000 | \$4,000 | \$3,000 |
| Family* | \$14,300 | \$12,000 | \$8,000 | \$6,000 |
| Annual Out of Pocket Maximum (Includes Deductible and all Member Cost Share) | | | | |
| Individual | \$7,150 | \$7,150 | \$6,000 | \$6,000 |
| Family* | \$14,300 | \$14,300 | \$12,000 | \$12,000 |
| Hospital Services (Notification Required for Inpatient Admissions, Outpatient Surgery and Dialysis) | | | | |
| Inpatient Hospital Expenses | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Emergency Room | 20% after deductible | \$250 Copay Per Visit (waived if admitted) | \$150 Copay Per Visit (waived if admitted) | \$200 Copay Per Visit (waived if admitted) |
| Outpatient Surgery | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Select Diagnostic Procedures (Bone Scan, Cardiac Stress Test, CT Scan, MRI, Pet Scan etc.) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| All Other Outpatient Diagnostic Lab & X-ray | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Physician Services | | | | |
| Primary Care Physician Office Visit | \$30 Copay | \$40 Copay | \$35 Copay | \$35 Copay |
| Specialty Care Physician Office Visit | \$70 Copay | \$60 Copay | \$45 Copay | \$45 Copay |
| Urgent Care | \$100 Copay | \$100 Copay | \$75 Copay | \$75 Copay |
| Preventative Care (routine physical, well-baby care, vision and hearing exams, etc.) | 100% | 100% | 100% | 100% |
| Diagnostic Laboratory & X-ray | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Inpatient Physician Services and Surgery | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Other Services | | | | |
| Ambulance | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Durable Medical Equipment | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Prescription Drug Benefits | | | | |
| Retail 30 Day Supply | | | | |
| Generic -Preferred Brand - Non-Preferred Brand | \$15 / \$35 / \$70 | \$20 / \$50 / \$80 | \$25 / \$45 / \$75 | \$25 / \$45 / \$75 |
| Mail 90 Day Supply | Retail times 2.5 | Retail times 2.5 | Retail times 2.5 | Retail times 2.5 |

*Accumulative, no family member can satisfy more than the individual deductible or individual out-of-pocket maximum.

BCBSTX HMO w Dental

BCBSTX

| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 |
|--|--|--|--|--|
| INDICATE YOUR NETWORK CONFIGURATION HERE | HMO | PPO | PPO | PPO |
| | Total Monthly Premium | Total Monthly Premium | Total Monthly Premium | Total Monthly Premium |
| Enrollment Tier | | | | |
| Employee Only | \$342.33 | \$392.86 | \$584.95 | \$548.57 |
| Employee & Spouse | \$625.97 | \$724.25 | \$1,281.52 | \$1,179.90 |
| Employee & Children | \$554.76 | \$627.63 | \$1,164.97 | \$1,070.85 |
| Employee & Family | \$837.19 | \$959.50 | \$1,632.27 | \$1,508.20 |
| Benefits | | | | |
| Calendar Year Deductible | | | | |
| Individual | \$5,000 | \$6,000 | \$4,000 | \$3,000 |
| Family* | \$10,000 | \$12,000 | \$8,000 | \$6,000 |
| Annual Out of Pocket Maximum (Includes Deductible and all Member Cost Share) | | | | |
| Individual | \$6,350 | \$7,150 | \$6,000 | \$6,000 |
| Family* | \$12,700 | \$14,300 | \$12,000 | \$12,000 |
| Hospital Services (Notification Required for Inpatient Admissions, Outpatient Surgery and Dialysis) | | | | |
| Inpatient Hospital Expenses | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Emergency Room | \$250 Copay Per Visit (waived if admitted) | \$250 Copay Per Visit (waived if admitted) | \$150 Copay Per Visit (waived if admitted) | \$200 Copay Per Visit (waived if admitted) |
| Outpatient Surgery | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Select Diagnostic Procedures (Bone Scan, Cardiac Stress Test, CT Scan, MRI, Pet Scan etc.) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| All Other Outpatient Diagnostic Lab & X-ray | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Physician Services | | | | |
| Primary Care Physician Office Visit | \$35 Copay | \$40 Copay | \$35 Copay | \$35 Copay |
| Specialty Care Physician Office Visit | \$70 Copay | \$60 Copay | \$45 Copay | \$45 Copay |
| Urgent Care | \$100 Copay | \$100 Copay | \$75 Copay | \$75 Copay |
| Preventative Care (routine physical, well-baby care, vision and hearing exams, etc.) | 100% | 100% | 100% | 100% |
| Diagnostic Laboratory & X- ray | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Inpatient Physician Services and Surgery | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Other Services | | | | |
| Ambulance | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Durable Medical Equipment | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Prescription Drug Benefits | | | | |
| Retail 30 Day Supply | | | | |
| Generic -Preferred Brand - Non-Preferred Brand | \$15/\$35/\$70 | \$20 / \$50 / \$80 | \$25 / \$45 / \$80 | \$25 / \$45 / \$80 |
| Mail 90 Day Supply | Retail times 2.5 | Retail times 2.5 | Retail times 2.5 | Retail times 2.5 |

*Accumulative, no family member can satisfy more than the individual deductible or individual out-of-pocket maximum.

| Payroll Deduction Comparison using Current Strategy Employer Contributions | | | | |
|--|-------------------|-------------------|-------------------|-------------------|
| AETNA - CURRENT | | | | |
| | OPTION 1 - EPO | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | \$0.00 | \$17.55 | \$229.41 | \$193.01 |
| Employee & Spouse | \$271.60 | \$315.01 | \$696.99 | \$631.71 |
| Employee & Children | \$203.41 | \$223.17 | \$580.37 | \$522.59 |
| Employee & Family | \$473.86 | \$538.63 | \$1,047.95 | \$960.21 |
| AETNA - OPT 1 Match | | | | |
| | OPTION 1 - EPO | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | \$0.00 | \$60.87 | \$226.48 | \$261.62 |
| Employee & Spouse | \$345.87 | \$392.83 | \$696.99 | \$755.16 |
| Employee & Children | \$267.46 | \$290.34 | \$580.37 | \$632.40 |
| Employee & Family | \$578.47 | \$642.39 | \$1,047.37 | \$1,124.72 |
| BCBSTX -HMO MATCH | | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | \$0.00 | \$36.97 | \$229.06 | \$192.68 |
| Employee & Spouse | \$283.64 | \$368.36 | \$925.63 | \$824.01 |
| Employee & Children | \$212.43 | \$271.74 | \$809.08 | \$714.96 |
| Employee & Family | \$494.86 | \$603.61 | \$1,276.38 | \$1,152.31 |

| Payroll Deduction Differential Compared to Current in Dollars | | | | |
|---|-------------------|-------------------|-------------------|-------------------|
| AETNA - OPT 1 Match | | | | |
| | OPTION 1 - EPO | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | \$0.00 | \$43.32 | -\$2.93 | \$68.61 |
| Employee & Spouse | \$74.27 | \$77.82 | \$0.00 | \$123.45 |
| Employee & Children | \$64.05 | \$67.17 | \$0.00 | \$109.81 |
| Employee & Family | \$104.61 | \$103.76 | -\$0.58 | \$164.51 |
| BCBSTX -HMO MATCH | | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | \$0.00 | \$19.42 | -\$0.35 | -\$0.33 |
| Employee & Spouse | \$12.04 | \$53.35 | \$228.64 | \$192.30 |
| Employee & Children | \$9.02 | \$48.57 | \$228.71 | \$192.37 |
| Employee & Family | \$21.00 | \$64.98 | \$228.43 | \$192.10 |

| Payroll Deduction Differential Compared to Current in Percent | | | | |
|---|-------------------|-------------------|-------------------|-------------------|
| AETNA - OPT 1 Match | | | | |
| | OPTION 1 - EPO | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | #DIV/0! | 247% | -1% | 36% |
| Employee & Spouse | 27% | 25% | 0% | 20% |
| Employee & Children | 31% | 30% | 0% | 21% |
| Employee & Family | 22% | 19% | 0% | 17% |
| BCBSTX -HMO MATCH | | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 |
| Enrollment Tier | Monthly Deduction | Monthly Deduction | Monthly Deduction | Monthly Deduction |
| Employee Only | #DIV/0! | 32% | 0% | 0% |
| Employee & Spouse | 3% | 14% | 33% | 25% |
| Employee & Children | 3% | 17% | 39% | 30% |
| Employee & Family | 4% | 10% | 22% | 17% |