

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. 241106 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.**

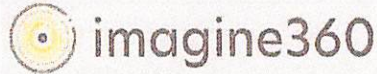
(D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED MEMORANDUM

To: Mr. Ismael Mijares, Deputy Superintendent for Business and Finance
From: Mr. Luis A. Vélez, Purchasing Director  Luis A. Vélez
Date: Thursday June 29, 2023 2023.06.29 16:37:09 -05'00'
Subject: **Recommendation on Request for Proposal Number 241106 for Stop-loss Reinsurance Only for Health Benefit Program**

Based on the submitted proposals, the Department of Purchasing recommends that Request for Proposal Number 241106 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.



\$ 265,000

6-15-23

①

A Total Health Plan Solution
 Self-Funded Employer Sponsored Health Plan Stop-Loss Proposal
 Eagle Pass Independent School District
 \$265,000 Specific Deductible

PPO Network: PHCS Practitioner/Ancillary Only
 PBM Vendor: PharmWatch/Keenan Express Scripts
 Effective Date: 9/1/2023

\$350,000
LASER

2
LASERS

6
LASERS

	1	2	3	4	5	6
	Stealth (Berkley) Current	Stealth (Berkley) Renewal	Stealth (Sun Life) Quote	Stealth (Swiss Re) Quote	Stealth (ISU) Quote	Stealth (Tokio Marine) Quote
Employees: 1737						
Dependent Units 748						
Specific:						
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible:	\$265,000	<u>\$265,000</u>	\$265,000	\$265,000	\$265,000	\$265,000
No New Laser/Rate Cap:	Included	<u>Included</u>	Included	Included	Included	Included
Specific Contract:	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
Employee:	\$33.16	\$45.68	\$43.61	\$54.44	\$41.71	\$32.50
Dependent Unit:	\$80.93	\$102.93	\$88.56	\$84.63	\$87.58	\$76.03
Family:	\$114.09	\$148.61	\$132.17	\$139.07	\$129.29	\$108.53
Composite	\$68.01	\$90.00	\$81.75	\$90.88	\$79.42	\$65.24
Annual Stop-Loss Premium:	\$1,417,614.72	\$1,876,053.60	\$1,703,921.40	\$1,894,386.24	\$1,655,521.32	\$1,359,875.28
Aggregate Premium per Employee:	\$1.74	\$1.91	\$1.28	\$3.48	\$2.15	\$4.51
Annual Aggregate Premium	\$36,268.56	\$39,812.04	\$26,680.32	\$72,537.12	\$44,814.60	\$94,006.44
Imagine360 Employee Transitional Fee (3%)	\$1.08	\$1.47	\$1.39	\$1.79	\$1.36	\$1.15
Imagine360 Dependent Transitional Fee (3%)	\$2.50	\$3.18	\$2.74	\$2.62	\$2.71	\$2.35
Annual Reinsurance Premium	\$44,951.52	\$59,184.36	\$53,567.40	\$60,827.88	\$52,672.80	\$45,064.20
Administration:						
Annual Administration/Vendor/Broker Fees:	\$675,476.40	\$753,641.40	\$753,641.40	\$753,641.40	\$753,641.40	\$753,641.40
Total Fixed Costs:	\$2,174,311.20	\$2,728,691.40	\$2,537,810.52	\$2,781,392.64	\$2,506,650.12	\$2,252,587.32
Aggregate:						
Aggregate Plan Year Maximum Benefit:	\$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
Aggregate Contract Includes:	Medical / Dental / Rx	Medical / Dental / Rx	Medical / Dental / Rx	Medical / Dental / Rx	Medical / Dental / Rx	Medical / Dental / Rx
Employee:	\$898.09	\$772.40	\$980.71	\$938.14	\$915.84	\$1,205.56
Dependent Unit:	\$1,331.34	\$1,437.20	\$1,765.26	\$1,354.40	\$1,329.64	\$1,221.29
Family:	\$2,229.43	\$2,409.60	\$2,745.97	\$2,292.54	\$2,245.49	\$2,426.85
Composite	\$1,471.40	\$1,591.30	\$1,740.88	\$1,521.38	\$1,488.42	\$1,731.48
Annual Aggregate Maximum:	\$30,669,895.80	\$33,169,012.80	\$36,286,893.00	\$31,711,684.56	\$31,024,617.60	\$36,090,991.68
Total Expected Costs:	\$26,710,227.84	\$29,263,901.64	\$31,567,324.92	\$28,150,740.29	\$27,326,344.20	\$31,125,380.66
Total Maximum Costs:	\$32,844,207.00	\$35,897,704.20	\$38,824,703.52	\$34,493,077.20	\$33,531,267.72	\$38,343,579.00
Total Stop Loss	0%	32%	19%	35%	17%	0%
Total Expected	0%	10%	5%	5%	2%	17%
Total Maximum	0%	9%	18%	5%	2%	17%

SELECTION

Policyholder or Broker Signature: _____ Date: _____

Please refer to carrier quotes and contingency tab 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.



\$ 300,000

②

A Total Health Plan Solution
Self-Funded Employer Sponsored Health Plan Stop-Loss Proposal
Eagle Pass Independent School District
\$300,000 Specific Deductible

PPO Network: PHCS Practitioner/Ancillary Only
PBM Vendor: PharmWatch/Keenan Express Scripts
Effective Date: 9/1/2023

1 7 8 9 10 11

Table with 7 columns for plan options (1-11) and rows for Employees (1737), Specifics (Benefit, Deductible, etc.), Employee costs (Unit, Family, Composite), Annual Stop-Loss Premium, Aggregate Premium, Reinsurance Premium, and Administration Fees.

Table with 7 columns for plan options and rows for Aggregate: Aggregate Plan Year Maximum Benefit, Contract details, and Employee costs (Unit, Family, Composite).

Summary rows: Total Expected Costs, Total Maximum Costs, Total Stop Loss, Total Expected, Total Maximum.

Percentage comparison table: Total Stop Loss (0% vs 16% vs -4% vs 23% vs 3% vs -12%), Total Expected (0% vs 9% vs 18% vs 6% vs 2% vs 17%), Total Maximum (0% vs 9% vs 19% vs 5% vs 2% vs 17%).

SELECTION [checkboxes]
Policyholder or Broker Signature: _____ Date: _____

Please refer to carrier quotes and contingency tab 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.



MOOREHEAD INDEPENDENT SCHOOL DISTRICT

A Total Health Plan Solution

Self-Funded Employer Sponsored Health Plan Stop-Loss Proposal

Eagle Pass Independent School District
with Aggregating Specific

3

PPO Network: PHCS Practitioner/Ancillary Only
PBM Vendor: PharmWatch/Keenan Express Scripts
Effective Date: 9/1/2023

1 12 13 14 15 16 17

Employees: 1737	Stealth (Berkley) Current	Stealth (Berkley) Renewal Option 1	Stealth (Berkley) Renewal Option 2	Stealth (ISU) Quote Option 1	Stealth (ISU) Quote Option 2	Stealth (Sun Life) Quote Option 1	Stealth (Sun Life) Quote Option 2
Dependent Units 748							
Specific:							
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible:	\$265,000	\$265,000	\$300,000	\$265,000	\$300,000	\$265,000	\$300,000
Aggregating Specific:	N/A	\$200,000	<u>\$200,000</u>	<u>\$500,000</u>	<u>\$500,000</u>	<u>\$675,000</u>	<u>\$675,000</u>
No New Laser/Rate Cap:	Included	Included	Included	Included	Included	Included	Included
Specific Contract:	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
Employee:	\$33.16	\$39.69	\$33.68	\$41.71	\$36.35	\$41.31	\$32.67
Dependent Unit:	\$80.93	\$89.44	\$78.32	\$87.58	\$77.74	\$83.87	\$69.79
Family:	\$114.09	\$129.13	\$112.00	\$129.29	\$114.09	\$125.18	\$102.46
Composite	\$68.01	\$78.21	\$67.41	\$79.42	\$69.83	\$77.43	\$62.72
Annual Stop-Loss Premium:	\$1,417,614.72	\$1,630,111.80	\$1,405,026.24	\$1,655,521.32	\$1,455,473.64	\$1,613,882.76	\$1,307,408.52
Aggregate Premium per Employee:	\$1.74	\$1.91	\$2.06	\$2.14	\$2.31	\$1.28	\$1.28
Annual Aggregate Premium	\$36,268.56	\$39,812.04	\$42,938.64	\$44,606.16	\$48,149.64	\$26,680.32	\$26,680.32
Imagine360 Employee Transitional Fee (3%)	\$1.08	\$1.29	\$1.11	\$1.36	\$1.20	\$1.32	\$1.05
Imagine360 Dependent Transitional Fee (3%)	\$2.50	\$2.77	\$2.42	\$2.71	\$2.40	\$2.59	\$2.16
Annual Reinsurance Premium	\$44,951.52	\$51,752.28	\$44,858.76	\$52,672.80	\$46,555.20	\$50,761.92	\$41,274.36
Administration:							
Annual Administration/Vendor/Broker Fees:	\$675,476.40	\$753,641.40	\$753,641.40	\$753,641.40	\$753,641.40	\$753,641.40	\$753,641.40
Total Fixed Costs:	\$2,174,311.20	\$2,475,317.52	\$2,246,465.04	\$2,506,441.68	\$2,303,819.88	\$2,444,966.40	\$2,129,004.60

Aggregate:							
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
Aggregate Contract:	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 / Dental / Rx	Medical / Dental / Rx	Medical / Dental / Rx
Employee:	\$898.69	\$972.40	\$978.17	\$972.38	\$918.86	\$978.09	\$991.74
Dependent Unit:	\$1,331.34	\$1,437.20	\$1,445.71	\$1,324.63	\$1,334.01	\$1,760.57	\$1,785.12
Family:	\$2,229.43	\$2,409.60	\$2,423.88	\$2,237.01	\$2,252.87	\$2,736.66	\$2,776.86
Composite	\$1,471.40	\$1,591.30	\$1,600.73	\$1,482.80	\$1,493.32	\$1,736.24	\$1,760.46
Annual Aggregate Maximum:	\$30,669,895.80	\$33,169,012.80	\$33,365,668.44	\$30,907,527.60	\$31,126,791.60	\$36,190,184.28	\$36,695,065.68

Total Expected Costs:	\$26,710,227.84	\$29,010,527.76	\$28,938,999.79	\$27,232,463.76	\$27,205,253.16	\$31,397,113.82	\$31,485,057.14
Total Maximum Costs:	\$32,844,207.00	\$35,644,330.32	\$35,612,133.48	\$33,413,969.28	\$33,430,611.48	\$38,635,150.68	\$38,824,070.28

Total Stop Loss	0%	15%	0%	17%	3%	13%	-8%
Total Expected	0%	9%	8%	2%	2%	18%	18%
Total Maximum	0%	9%	8%	2%	2%	18%	18%

SELECTION

Policyholder or Broker Signature: _____ Date: _____

Please refer to carrier quotes and contingency tab 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.