No	



United Independent School District AGENDA ACTION ITEM

TOPIC Discussion and Possible Action on Award of District Health Insurance Plan
SUBMITTED BY: Robert Chapa OF: Risk Management
APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:
DATE ASSIGNED FOR BOARD CONSIDERATION: June 17, 2009
RECOMMENDATION:
The Employee Benefits Committee has concluded negotiations for the district group health insurance plan and recommends the district award the insurance plan (Option I) to the Robert Laurel Insurance Agency through the Blue Cross Blue Shield of Texas Insurance Company.
The award is for a (4) one year contracts renewable annually at the discretion of the district.
RATIONALE:
BCBS provided the best value for the price of the vendors interviewed. Employee satisfaction with BCBS service has been excellent and the EBC sees no compelling reason to change providers, financial or otherwise.
BUDGETARY INFORMATION
Approximately \$1.7M has been budgeted in 2009-2010 proposed budget.
BOARD POLICY REFERENCE AND COMPLIANCE

UNITED INDEPENDENT SCHOOL DISTRICT

Group Health Insurance Proposals
Blue Cross Blue Shield Benefit / Rate Options

Effective Date: September 1, 2009 Best & Final: May 23, 2009

General	Current	Blue Cross - Option I	Blue Cross - Option II	
Insurance Company	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	
Service Office	San Antonio, TX	San Antonio, TX	San Antonio, TX	
Representative	Donald Coronado	Donald Coronado	Donald Coronado	
Agent Name	Laurel Insurance Agency	Laurel Insurance Agency	Laurel Insurance Agency	
Service Office	Laredo, TX	Laredo, TX	Laredo, TX	
Provider Network	· 2010 00 000,000 00 200,000 00.20 10 70 00 00 10 10 10 10 10 10 10 10 10 10 10	· 查验· 4. 化二甲甲基 化二甲基 电二次 不可以 不可以 10 种种 种种的 14 种种的 体体 经收益 的 使用 经收益	计数据 张 说 我 你 说 我 你 说 你你 " ? 你你说 ? 你 你 你 … 你 … 你 … 你 … 你 … 你 … 你 你 … 你 你 … 你 … 你 … 你 … 你 … 你	
Doctor's Hospital	Yes	Yes	Yes	
Laredo Medical Center	Yes	Yes	жен и неменя и неменя и неменя и на при на том образований и на том обр	
Benefits	A THE SECTION OF THE	Current Benefits	High Deductible; No Copay	
Deductible-Annual	· 如何是我们就给我就给我们会被告诉我的人,我们就会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会	· 当年代 经 解析处理 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经	HSA Eligible Benefits	
X-Ray/CT/MRI/Sonograms	In-Network: \$0 Deductible	In-Network: \$0 Deductible	Same as All Other Deductible	
All Other Deductible-Annual	CO THE THE WIND COUNTS CONTROL AND THE PARK AND	· (C. M. 1997)	TO THE PART OF USE OF THE PROPERTY OF THE WAY OF PARTIES AND METERS OF THE PARTIES OF THE PARTIE	
In-Network	\$400 Indiv/\$1,200 Family	\$400 Indiv/\$1,200 Family	\$2,300 Indiv/\$2,300 Family	
Out-of-Network	\$800 Indiv/\$2,400 Family	\$800 Indiv/\$2,400 Family	\$2,300 Indiv/\$2,300 Family	
Physician Copay	\$25 Then 100%	\$25 Then 100%	Deductible & Then 80%	
Emergency Room Copay	A SAME AND	THE STREET OF TH	м ч ч ч ч м ч ч ч ч ч ч ч ч ч ч ч ч ч ч	
In-Network	\$500 & Then 80%	\$500 & Then 80%	Deductible & Then 80%	
Out-of-Network	\$500 & Then 60%	\$500 & Then 60%	Deductible & Then 60%	
After Hours Clinics Copay	\$40 Then 100%	\$40 Then 100%	Deductible & Then 80%/60%	
Deductible-Hospital		A C C C C C C C C C C C C C C C C C C C	COLUMN TO THE STATE OF THE STAT	
In-Network	\$-0- Per Admission	\$-0- Per Admission	Deductible & Then 80%	
Out-of-Network	\$500 Per Admission	\$500 Per Admission	Deductible & Then 60%	
Co-Insurance Percent	And the state of t		**************************************	
In-Network	20% / 80%	20% / 80%	20% / 80%	
Out-of-Network	40% / 60%	40% / 60%	40% / 60%	
Out-of-Pocket Maximum	TO /O / OO /O	TO NOTO		
Deductible Included	No	No	Yes	
In-Network	\$2,500 Indiv/\$7,500 Family	\$2,500 Indiv/\$7,500 Family	\$5,300 Indiv/\$7,300 Family	
Out-of-Network	\$7,500 Indiv/\$22,500 Family	\$7,500 Indiv/\$22,500 Family	\$5,300 Indiv/\$7,300 Family	
Prescription Drugs	\$/,500 Indiv/\$22,500 Family	\$7,500 IIQIV/\$22,500 I'alili y	\$5,500 Indiv/\$/,500 Pallity	
	20 Dove	30 Days	30 Days	
Retail-Supply Limit Generic	30 Days \$5 & Then 100%	\$5 & Then 100%	Deductible & Then 80%	
Y 40-01 77 72 74 75 02 75 76 WYS M WESTANIA WINNESS TO WARM M MAN WINNESS WINNESS WAS MIN MIN MO Y 1	\$3 & Then 100% \$30 & Then 100%	\$3 & Then 100% \$30 & Then 100%	Deductible & Then 80%	
Brand-Preferred		\$50 & Then 100%	Deductible & Then 80%	
Brand-Non Preferred	\$50 & Then 100%	the state of the s	No Deductible & Then 80%	
Generic Incentive	Yes	Yes	TO CONTRACT OF THE SECOND SECO	
Mail Order-Supply Limit	90 Days	90 Days	90 Days	
Generic	\$10 & Then 100%	\$10 & Then 100%	Deductible & Then 80%	
Brand-Preferred	\$60 & Then 100%	\$60 & Then 100%	Deductible & Then 80%	
Brand-Non Preferred	\$100 & Then 100%	\$100 & Then 100%	Deductible & Then 80%	
Generic Incentive	Yes	Yes	No	
A COULD TO SECURIZE WAS SO WE A COULD TO BY SO SECURIZE WAS CONTROL OF THE SECURIZE OF SECURIZE SECURIZED TO SECURIZE SECURIZED TO SECURIZE SECURIZED TO SECURIZE SECURIZED TO	Monthly Increase	Monthly Increase	Monthly Increase	
Premium Number	MANAGEMENT TO THE COLUMN THE PROPERTY OF THE P	Rate (Decrease)	Rate (Decrease)	
Emp. Only 4,031	\$ 326.17 -	\$ 342.48 \$ 16.31	\$ 275.32 \$ (50.85)	
Emp./Children 918		\$ 551.69 \$ 26.27	\$ 443.50 \$ (81.92)	
Emp./Spouse 133	\$ 648.42 -	\$ 680.84 \$ 32.42	\$ 547.32 \$ (101.10)	
Emp./Family 213	AND THE PARTY OF T	\$ 953.02 \$ 45.38	<u>\$ 766.12</u> <u>\$ (141.52)</u>	
Total /Annual 5,295	\$24,920,328 -	\$26,166,399 \$ 1,246,071	\$21,035,100 \$ (3,885,228)	
Percent Increase/Decrease	A	5.0%	(15.6)%	
Comment:	Generic Incentive is Cost Difference	Generic Incentive is Cost Difference	A WINDOW WIND AND ME AND MAN A	
	Between Generic Brand if Generic	Between Generic Brand if Generic		
	is Available.	is Available.		

UNITED INDEPENDENT SCHOOL DISTRICT

Group Health Insurance Proposals Humana Benefit / Rate Options Effective Date: September 1, 2009

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DESE	α	Final:	IVLUY	23,	といいろ

Conord	Current	Humana - Option 1	Humana - Option II		
General	Blue Cross Blue Shield of Texas	Humana	Humana		
Insurance Company	San Antonio, TX	San Antonio, TX	San Antonio, TX		
Service Office	Donald Coronado	Thomas Silliman	Thomas Silliman		
Representative	NO CONTROL OF THE PARTY OF THE	Laurel Insurance Agency	Laurel Insurance Agency		
Agent Name	Laurel Insurance Agency	Laurer insurance Agency Laredo, TX	Laredo, TX		
Service Office	Laredo, TX	Lareuo, IA	Laicu, 1A.		
Provider Network	THE THIRD HE AND THE COLOR OF THE COLOR OF THE AND THE COLOR OF THE CO	, 425 m m m m m m m m m m m m m m m m m m m	······································		
Doctor's Hospital	Yes	Yes	Yes		
Laredo Medical Center	Yes	Yes	Yes		
Benefits	14 (1) 电阻波电阻 15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Current Benefits	Reduced Benefits		
Deductible-Annual	NO BILL AND	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	HSA Eligible Benefits		
X-Ray/CT/MRI/Sonograms	In-Network: \$0 Deductible	In-Network: \$0 Deductible	Same as All Other Deductible		
All Other Deductible-Annual	₩₩	**************************************	**************************************		
In-Network	\$400 Indiv/\$1,200 Family	\$400 Indiv/\$1,200 Family	\$2,000 Indiv. / \$4,000 Family		
Out-of-Network	\$800 Indiv/\$2,400 Family	\$800 Indiv/\$2,400 Family	\$4,000 Indiv. / \$8,000 Family		
Physician Copay	\$25 Then 100%	\$25 Then 100%	Deductible & Then 80%		
Emergency Room Copay		ther that the disciplent with this case was the transfer to the case of the ca	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
In-Network	\$500 & Then 80%	\$500 & Then 80%	Deductible & Then 80%		
Out-of-Network	\$500 & Then 60%	\$500 & Then 60%	Deductible & Then 80%		
After Hours Clinics Copay	In-Network \$40 Then 100%	In-Network \$40 Then 100%	Deductible & Then 80%		
Deductible-Hospital		THE STATE OF THE S	**************************************		
In-Network	\$-0- Per Admission	\$-0- Per Admission	Deductible & Then 80%		
Out-of-Network	\$500 Per Admission	\$500 Per Admission	Deductible & Then 50%		
Co-Insurance Percent		Light Clark And Address And State Clark Cl			
In-Network	20% / 80%	20% / 80%	20% / 80%		
Out-of-Network	40% / 60%	40% / 60%	50% / 50%		
Out-of-Pocket Maximum	大型 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	The sign was allowed to the vividity of before on the section of t	OF ANIMAL SENSON RESPONDED ON THE OF THE ORIGINAL AND AN ANIMAL SENSON OF THE ORIGINAL AND ANIMAL A		
Deductible Included	No	No	Yes		
In-Network	\$2,500 Indiv/\$7,500 Family	\$2,500 Indiv/\$7,500 Family	\$5,000 Indiv/\$5,000 Family		
Out-of-Network	\$7,500 Indiv/\$22,500 Family	\$7,500 Indiv/\$22,500 Family	\$10,000 Indiv/\$20,000 Family		
Prescription Drugs	a de las ses ses ses ses ses ses ses ses ses s	A STAN AND AND AND AND AND AND AND AND AND A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Retail-Supply Limit	30 Days	30 Days	30 Days		
Generic	\$5 & Then 100%	\$5 & Then 100%	Deductible & Then 80%		
Brand-Preferred	\$30 & Then 100%	\$30 & Then 100%	Deductible & Then 80%		
Brand-Non Preferred	\$50 & Then 100%	\$50 & Then 100%	Deductible & Then 80%		
Generic Incentive	Yes	Yes	No		
Mail Order-Supply Limit	90 Days	90 Days	90 Days		
Generic	\$10 & Then 100%	\$10 & Then 100%	Deductible & Then 80%		
Brand-Preferred	\$60 & Then 100%	\$60 & Then 100%	Deductible & Then 80%		
Brand-Non Preferred	\$100 & Then 100%	\$100 & Then 100%	Deductible & Then 80%		
Generic Incentive	Yes	Yes	No		
	Monthly Increase	Monthly Increase	Monthly Increase		
Premium <u>Numbe</u>	r <u>Rate (Decrease)</u>	Rate (Decrease)	Rate (Decrease)		
Emp. Only 4,031	The state of the s	\$ 339.93 \$ 13.76	\$ 229.08 \$ (97.09)		
Emp./Children 918	TO A THE PARTY OF	\$ 547.39 \$ 21.97	\$ 369.02 \$ (156.40)		
Emp./Spouse 133	\$ 648.42 -	\$ 675.78 \$ 27.36	\$ 445.40 \$ (203.02)		
Emp./Family 213	<u>\$ 907.64</u> -	<u>\$ 945.94</u> <u>\$ 38.30</u>	<u>\$ 637.46</u> \$ (270.18)		
Total /Annual 5,295	make the second of the second	\$25,969,510 \$ 1,049,182	\$17,486,388 \$(7,433,940)		
Percent Increase/Decrease	The contraction will be contracted to the contraction of the contracti	4.2%	(29.8)%		
Comment:	Generic Incentive is Cost Difference	Rates Include On-site Representative.	Rates Include On-site Representative.		
May regard the table to	Between Generic Brand if Generic	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	is Available.	A STATE OF THE STA			

UNITED INDEPENDENT SCHOOL DISTRICT

2008-2009 Health Insurance Program Review Date: September 1, 2009

Prov	/ider	Network	
FIU	/ IUCI	TACTANOLK	

Doctor's Hospital Laredo Medical Center

Benefits

Deductible-Annual

X-Ray/CT/MRI/Sonograms

All Other Deductible-Annual

In-Network
Out-of-Network

Physician Copay

Emergency Room

In-Network Out-of-Network

After Hours Clinics

Deductible-Hospital

In-Network

Out-of-Network

Co-Insurance Percent

In-Network

Out-of-Network

Co-Insurance Maximum

In-Network

Out-of-Network

Prescription Drugs

Retail-Supply Limit

Generic

Brand-Preferred

Brand-Non Preferred

Mail Order-Supply Limit

Generic

Brand-Preferred

Brand-Non Preferred

District Contribution Employee Contribution

Emp./Children Emp./Spouse Emp./Family

Blue Cross Blue Shield	Blue Cross Blue Shield
High Plan	State Plan
V	Yes
Yes	
Yes	Yes
\$-0- Deductible	\$-0- Deductible
g-o- Deddelible	ψ C B c d d c d d c d c d c d c d c d c d c
\$400 Indiv/\$1,200 Family	None
\$800 Indiv/\$2,400 Family	\$500 Indiv/\$1,500 Family
\$25 Then 100%	\$15 & Then 100%
,	
\$500 & Then 80%	\$50 & Then 90%
\$500 & Then 60%	\$50 & Then 70%
\$40 Then 100%	\$15 & Then 100%
\$-0- Per Admission	None
\$500 Per Admission	None
20% / 80%	10% / 90%
40% / 60%	30% / 70%
40 /6 / 00 /6	00/6/7/0/6
\$2,500 Indiv/\$7,500 Family	\$500 Indiv/\$1,500 Family
\$7,500 Indiv/\$22,500 Family	\$1,500 Indiv/\$4,500 Family
	00 5
30 Days	30 Days
\$5 & Then 100%	\$5 & Then 100%
\$30 & Then 100%	\$30 & Then 100%
\$50 & Then 100%	\$50 & Then 100%
Plus cost difference between gener	ic & brand if generic equivalent is available.
90 Days	90 Days
\$10 & Then 100%	\$10 & Then 100%
\$60 & Then 100%	\$60 & Then 100%
\$100 & Then 100%	\$100 & Then 100%

Plus cost difference between generic & brand if generic equivalent is available.

\$ 3° Emp Co	10.05 ont.	COB	RA Cost	\$ 310.05 Emp Cont.		OB	RA Cost
\$	35.75	\$	345.80	\$ 541.53	3 \$;	851.58
\$ 2	35.00	\$	545.05	\$ 1,443.31	1 \$;	1,753.36
\$ 3	58.00	\$	668.05	\$ 1,837.34	4 \$	3	2,147.39
\$ 6	17.22	\$	927.27	\$ 2,609.64	4 \$	3	2,919.69