

**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.**

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- (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. 201006 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.**


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- (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  
2020.07.09 14:06:00  
-05'00'

**Date:** Thursday July 09, 2020

**Subject:** **Recommendation on Request for Proposal Number 201006 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 201006 for Stop-loss Reinsurance Only for health benefit program be awarded in accordance with the specifications and requirements of the proposal to Berkley Quote Option 1.

If you have any questions or need more information regarding this matter, please contact me at the purchasing department.



**Group & Pension Administrators, Inc.**  
Self-Funded Welfare Plan Stop-Loss Proposal Comparison  
**Eagle Pass Independent School District**

**PPO Network:** PHCS Practitioner Only  
**PBM Vendor:** Keenan Express Scripts  
**Effective Date:** 9/1/2020

Employees: 1790	Stealth (HM)	Stealth (HM)	Stealth (HM)	Crum & Forster	Stealth (Berkley)	Stealth (Berkley)	Stealth (Berkley)	Stealth (HCC)
Dependent Units: 792	Current	Renewal Option 1	Renewal Option 2	Quote	Quote Option 1	Quote Option 2	Quote Option 3	Quote
<b>Specific:</b>								
Specific Lifetime Maximum Benefit:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible:	\$250,000	\$250,000	\$300,000	\$250,000	\$250,000	\$300,000	\$275,000	\$250,000
Specific Contract:	12/18	12/18	12/18	12/18	12/18	12/18	12/18	12/18
Specific Contract Includes:	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx
Employee:	\$33.49	\$66.97	\$50.73	\$37.61	\$28.80	\$22.32	\$25.16	\$30.46
Dependent Unit:	\$57.21	\$114.39	\$91.44	\$67.58	\$75.00	\$61.78	\$67.57	\$71.49
Family:	\$90.70	\$181.36	\$142.17	\$105.19	\$103.80	\$84.10	\$92.73	\$101.95
Composite	\$58.80	\$117.58	\$91.19	\$67.51	\$61.98	\$49.66	\$55.06	\$62.09
<b>Annual Stop-Loss Premium:</b>	\$1,263,089.04	\$2,525,678.16	\$1,958,726.16	\$1,450,143.12	\$1,331,424.00	\$1,066,590.72	\$1,182,622.08	\$1,333,721.76
Aggregate Premium per Employee:	\$1.10	\$1.36	\$1.40	\$1.76	\$1.61	\$1.80	\$1.70	\$4.77
<b>Annual Aggregate Premium</b>	\$23,628.00	\$29,212.80	\$30,072.00	\$37,804.80	\$34,582.80	\$38,664.00	\$36,516.00	\$102,459.60
<b>Administration:</b>								
<b>Annual Administration/Vendor/Broker Fees:</b>	\$677,148.00	\$677,148.00	\$677,148.00	\$677,148.00	\$677,148.00	\$677,148.00	\$677,148.00	\$677,148.00
<b>Total Fixed Costs:</b>	\$1,963,865.04	\$3,232,038.96	\$2,665,946.16	\$2,165,095.92	\$2,043,154.80	\$1,782,402.72	\$1,896,286.08	\$2,113,329.36
<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
Aggregate Contract:	12/18	12/18	12/18	12/18	12/18	12/18	12/18	12/18
Aggregate Contract Includes:	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental	Med/Rx/Dental
Employee:	\$758.35	\$986.11	\$994.99	\$815.85	\$818.58	\$825.84	\$822.60	\$908.62
Dependent Unit:	\$1,061.70	\$1,380.56	\$1,392.98	\$1,180.37	\$1,192.38	\$1,202.96	\$1,198.25	\$977.07
Family:	\$1,820.05	\$2,366.67	\$2,387.97	\$1,996.22	\$2,010.96	\$2,028.80	\$2,020.85	\$1,885.69
Composite	\$1,228.11	\$1,596.95	\$1,611.33	\$1,338.11	\$1,346.16	\$1,358.10	\$1,352.78	\$1,340.93
<b>Annual Aggregate Maximum:</b>	\$26,379,754.80	\$34,302,485.04	\$34,611,267.12	\$28,742,694.48	\$28,915,477.92	\$29,171,975.04	\$29,057,616.00	\$28,803,230.88
<b>Total Expected Costs:</b>	\$23,067,668.88	\$30,674,026.99	\$30,354,959.86	\$25,159,251.50	\$25,175,537.14	\$25,119,982.75	\$25,142,378.88	\$25,155,914.06
<b>Total Maximum Costs:</b>	\$28,343,619.84	\$37,534,524.00	\$37,277,213.28	\$30,907,790.40	\$30,958,632.72	\$30,954,377.76	\$30,953,902.08	\$30,916,560.24
Total Expected	0%	33%	32%	9%	9%	9%	9%	9%
Total Maximum	0%	32%	32%	9%	9%	9%	9%	9%
<b>SELECTION</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policyholder or Broker Signature: \_\_\_\_\_

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

**Berkley Quote:** Claimant S860032-3336-3 is excluded from No New Laser Limitation & excludes all gene therapy.

**Tokio Marine HCC Quote:** Claimant S860032-3837-2 is excluded from Stop Loss coverage.

PLEASE REFER TO CARRIER QUOTES / ATTACHED CONTINGENCIES & ASSUMPTIONS PAGE FOR CARRIER CONTINGENCIES (INCLUDING LASERS, ETC.). 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 GPA IMMEDIATELY FOR COPY.





**Group & Pension Administrators, Inc.**  
Administration Fees  
**Eagle Pass Independent School District**

**Employees:** 1790  
**Dependent Units:** 792

**Effective Date:** 9/1/2020

\* Rates Guaranteed until 9/1/2024

<b>Administration:</b>		<b>Current</b>	<b>Renewal</b>
Claims Per Employee:*	(Med/RX)	\$13.10	\$13.10
Claims Per Dependent:*	(Med/RX)	\$10.00	\$10.00
Total Admin PEPM		\$13.10	\$13.10
Total Admin per Dependent Unit		\$10.00	\$10.00
<b>Annual Administration</b>		<b>\$376,428.00</b>	<b>\$376,428.00</b>

<b>Vendor Fees</b>		<b>Current</b>	<b>Renewal</b>
Renewal Maintenance Fee		\$500.00	\$500.00
Utilization Review-Healthwatch:		\$3.00	\$3.00
GPA Physician ONLY PPO Network:		\$4.00	\$4.00
Rx Program:	Keenan Express Scripts	\$6.00	\$6.00
Fiduciary Liability Transfer:	ELAP	\$1.00	\$1.00
GPA Online Enrollment		Included	Included
Total Vendor Fees PEPM		\$14.00	\$14.00
<b>Annual UR, PPO, Broker, etc:</b>		<b>\$300,720.00</b>	<b>\$300,720.00</b>

- Care Management (Disease Management, Case Management, Maternity Management) - \$135 per hour



## Group & Pension Administrators, Inc.

Contingencies & Assumptions

Eagle Pass Independent School District

### GPA ASSUMPTIONS

- GPA may receive additional compensation from the carrier in the form of override commissions based upon GPA's potential volume with the carrier. The amount of such additional compensation, if any, will not be known until the end of GPA's contract date with the carrier.
- GPA's fee is based on the information provided at the time of quote and is subject to change upon disclosure of new and/or updated information. A monthly minimum fee will be based on the total number of employees admin fee and dependents admin fee (if applicable) on the effective date of the plan x .75.
- Due to changes in DOL Claims Regulations, GPA requires weekly check runs to be funded within 5 business days.
- If you are considering any vendor changes please check the termination clause for those contracts as some contingencies may apply.
- Projected Cost Plus Savings are illustrative only and are not a guarantee of claim cost savings.
- Quote is contingent upon receipt of Disclosure Statement. Rates will not be guaranteed until Disclosure Statement is completed. Signed and accepted by carrier.
- Quote is contingent upon receipt of total paid claims, diagnosis & prognosis of large claimants up to the effective date.
- GPA is not responsible for the length of time in which an aggregate claim is reimbursed.
- PLEASE REFER TO CARRIER'S QUOTE AND ASSUMPTIONS, as GPA spreadsheet is only an overview and may not disclose proposal plan specifics related to any types of benefits and/or rates included in the coverage and/or applicable limitations and exclusions. The quotes provided by the Carrier and GPA are based on the information submitted. Inaccurate or incomplete representations of the information submitted may necessitate revised quotes.
- Laser/Aggregating Specific are not included in the expected or maximum costs.
- All claims over the aggregate plan year maximum benefit are excluded from aggregate reimbursement.

### CARRIER CONTINGENCIES

- Crum: Charges for Factor replacement products and gene therapy or their equivalent will not be covered under the Stop Loss contract for Claimant S860032-3336-3.



**Group & Pension Administrators, Inc.**  
**GPA PRODUCTS AND VENDOR SERVICES**  
**Eagle Pass Independent School District**

**SET-UP FEES:**

**Included in Administration fee:**

Up to 3 plan choices. Additional plan choices are \$1,000 per plan choice.

**CARE MANAGEMENT**

GPA HealthWatch LCM/DM/MM	\$135 p/hr
Physician Review	\$300 p/hr

*Hourly fees are calculated by the minute; not the 1/4 hour as is the norm. Minimum 6 minutes.*

**WELLNESS PROGRAMS**

BeWell wellness - Quote upon request

**ADDITIONAL FEES**

Cost Plus ELAP Audit Fee	Refer to ELAP Contract (if applicable)
Stop-loss Interface Fee:	Non-preferred or Non-approved carriers
Outside vendor eligibility maintenance for COBRA purposes	\$2.00 pepm
Outside vendor elig. maint. for other than COBRA purposes (HSA Elig. /outside vendor)	\$1.00 pepm
Monthly Late Fee	\$2.00 pepm
Cost Containment Services	\$250
Plan changes made after Plan Benefits are entered into GPA System	25% of savings
Additional Benefit Plan Options added after initial set-up completed	\$125 p/hr; min \$250
Restatement of Summary Plan Description for Medical/Dental/Vision	\$500
Restatement of Summary Plan Description for Dental only	\$1,000
	\$500

**OPTIONAL SERVICES**

GPA Dental Administration	\$3.50 pepm
GPA Vision Administration	\$1.50 pepm
STD/LTD Administration	\$2.00 pepm
Life Administration	\$1.00 pepm
Interface EAP	\$2.00 pepm
VSP Vision	\$ .50 pepm
ELAP Physicians	6% of billed charges
Subrogation	30% of savings
Imagine Health	where available
COBRA	15% of savings
HIPAA only	\$1.50 pepm
	\$ .75pepm

**PBM SERVICES**

**Preferred PBM Vendors:**

ProAct	
CVS/Caremark	
Maxor	
MedTrak	
Envision	
Keenan Express Scripts	-\$25.00 RX Administration Credit available

**Flex / HRA**

Flex Medical Reimb.	w/Debit Card	\$6.00 per account
Dependent Care Reimb.	w/Debit Card	\$6.00 per account
Flex Medical Reimb.	without Debit Card	\$5.00 per account
Dependent Care Reimb.	without Debit Card	\$5.00 per account

**RX Carve-out**

Non PharmWatch PBM Interface	\$2.00 pepm
PBM Set-up - Applies to Non-PharmWatch PBMs	\$2,500

**TELAMEDICINE**

United Concierge Medicine (UCM)	\$4.50 pepm/no consult fee - Non HSA plans
	\$4.00 pepm + \$10.00 consult fee - HSA plans