

Killeen ISD

July Board Presentation



Renewal Impact Analysis

On average, hourly employees would see an additional impact of 1.75 per hour.

This would be equivalent to \$33 with a \$430 employer contribution change.

Hourly Rates:		Average hours	
Custodian Bus Monitor Crossing Guard	1372.5	\$11.94	
School Nutrition	1372.5	\$13.48	
Aide I Media Attendant	1372.5	\$13.48	
Aide II	1372.5	\$14.52	
Aide III	1372.5	\$15.56	
Receptionist/Switchboard Operator	1372.5	\$15.56	
Clerk	1372.5	\$17.62	
Custodian	1372.5	\$24.45	
Electrician Skilled Worker Secretary	1372.5	\$21.26	
III	1372.5	\$23.52	
Secretary IV:	1372.5	\$30.45	
Paralegal:	1372.5	\$29.19	
Lead Custodian:	1372.5	\$30.21	
Developer:	1372.5	\$33.26	

* This analysis was completed based off 7.5 hours per day and 183 average days worked per hourly contract guidelines.

Individual results may vary based off actual working hours and days.

Current vs. Renewal Plans



KISD

	TRS-ActiveCare					
In-Network benefits	ActiveCare HD		ActiveCare Primary		ActiveCare Primary+	
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600	\$2,500/\$5,000		\$1,200/\$2,400	
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800	
Co-Insurance	30%		30%		20%	
Preventive Visit Copay	100% Covered, No Charge		100% Covered, No Charge		100% Covered, No Charge	
Physician Office Visits	30% Coinsurance after Deductible		\$30 Copay/Visit		\$15 Copay/Visit	
Specialist Visits	30% Coinsurance after Deductible		\$70 Copay/Visit		\$70 Copay/Visit	
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible	
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit	
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible	
Outpatient Services	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible	\$15/30%/50%/30% after Deductible (Deductible Does Not Apply to Tier 1)		\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)	
PCP Required	No		Yes		Yes	
Out of Network Benefits	Yes		No		No	
Network	Nationwide		Statewide		Statewide	
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00
		13.51%		14.13%		14.34%
** Please note this is intended to be used for illustrative purposes only. The rates and benefit information shown above are based off of data we have been provided with to this point. Rates are subject to change based off of final enrollment and any changes in employer data. Please refer to your benefit summaries for the most accurate and up to date representation of plan benefits.						

\$410 Employer Contribution Analysis

	TRS-ActiveCare					
In-Network benefits	ActiveCare HD		ActiveCare Primary		ActiveCare Primary+	
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600	\$2,500/\$5,000		\$1,200/\$2,400	
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800	
Co-Insurance	30%		30%		20%	
Preventive Visit Copay	100% Covered, No Charge		100% Covered, No Charge		100% Covered, No Charge	
Physician Office Visits	30% Coinsurance after Deductible		\$30 Copay/Visit		\$15 Copay/Visit	
Specialist Visits	30% Coinsurance after Deductible		\$70 Copay/Visit		\$70 Copay/Visit	
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible	
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit	
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible	
Outpatient Services	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible	\$15/30%/50%/30% after Deductible (Deductible Does Not Apply to Tier 1)		\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)	
PCP Required	No		Yes		Yes	
Out of Network Benefits	Yes		No		No	
Network	Nationwide		Statewide		Statewide	
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00
Employee Cost	Current EE COST	Renewal EE COST @\$410	Current EE COST	Renewal EE COST @\$410	Current EE COST	Renewal EE COST @\$410
Employee	\$59.00	\$111.00	\$46.00	\$99.00	\$123.00	\$188.00
Employee + Spouse	\$840.00	\$997.00	\$805.00	\$965.00	\$960.00	\$1,145.00
Employee + Child/ren	\$381.00	\$476.00	\$359.00	\$456.00	\$490.00	\$607.00
Employee + Family	\$1,161.00	\$1,362.00	\$1,117.00	\$1,321.00	\$1,326.00	\$1,564.00
\$410						
Employer Cost with Enrollment	3700					
\$18,204,000.00						

\$425 Employer Contribution Analysis

	TRS-ActiveCare					
In-Network benefits	ActiveCare HD		ActiveCare Primary		ActiveCare Primary+	
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600	\$2,500/\$5,000		\$1,200/\$2,400	
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800	
Co-Insurance	30%		30%		20%	
Preventive Visit Copay	100% Covered, No Charge		100% Covered, No Charge		100% Covered, No Charge	
Physician Office Visits	30% Coinsurance after Deductible		\$30 Copay/Visit		\$15 Copay/Visit	
Specialist Visits	30% Coinsurance after Deductible		\$70 Copay/Visit		\$70 Copay/Visit	
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Office/Independent: No Charge Outpatient: 30% Coinsurance after Deductible		Office/Independent: No Charge Outpatient: 20% Coinsurance after Deductible	
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit	
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible	
Outpatient Services	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible	\$15/30%/50%/30% after Deductible (Deductible Does Not Apply to Tier 1)		\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)	
PCP Required	No		Yes		Yes	
Out of Network Benefits	Yes		No		No	
Network	Nationwide		Statewide		Statewide	
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00
Employee Cost	Current EE COST	Renewal EE COST @\$425	Current EE COST	Renewal EE COST @\$425	Current EE COST	Renewal EE COST @\$425
Employee	\$59.00	\$96.00	\$46.00	\$84.00	\$123.00	\$173.00
Employee + Spouse	\$840.00	\$982.00	\$805.00	\$950.00	\$960.00	\$1,130.00
Employee + Child/ren	\$381.00	\$461.00	\$359.00	\$441.00	\$490.00	\$592.00
Employee + Family	\$1,161.00	\$1,347.00	\$1,117.00	\$1,306.00	\$1,326.00	\$1,549.00
\$425						
Employer Cost with Enrollment	3700					
\$18,870,000.00						

\$430 Employer Contribution Analysis

	TRS-ActiveCare					
In-Network benefits	ActiveCare HD		ActiveCare Primary		ActiveCare Primary+	
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600	\$2,500/\$5,000		\$1,200/\$2,400	
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800	
Co-Insurance	30%		30%		20%	
Preventive Visit Copay	100% Covered, No Charge		100% Covered, No Charge		100% Covered, No Charge	
Physician Office Visits	30% Coinsurance after Deductible		\$30 Copay/Visit		\$15 Copay/Visit	
Specialist Visits	30% Coinsurance after Deductible		\$70 Copay/Visit		\$70 Copay/Visit	
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Office/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible	
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit	
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible	
Outpatient Services	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible	
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible	\$15/30%/50%/30% after Deductible (Deductible Does Not Apply to Tier 1)		\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)	
PCP Required	No		Yes		Yes	
Out of Network Benefits	Yes		No		No	
Network	Nationwide		Statewide		Statewide	
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00
Employee Cost	Current EE COST	Renewal EE COST @\$430	Current EE COST	Renewal EE COST @\$430	Current EE COST	Renewal EE COST @\$430
Employee	\$59.00	\$91.00	\$46.00	\$79.00	\$123.00	\$168.00
Employee + Spouse	\$840.00	\$977.00	\$805.00	\$945.00	\$960.00	\$1,125.00
Employee + Child/ren	\$381.00	\$456.00	\$359.00	\$436.00	\$490.00	\$587.00
Employee + Family	\$1,161.00	\$1,342.00	\$1,117.00	\$1,301.00	\$1,326.00	\$1,544.00
\$430						
Employer Cost with Enrollment	3700					
\$19,092,000.00						