



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Discussion and Possible Action on District Health Insurance Premium Pricing

SUBMITTED BY: Robert Chapin **OF:** Risk Management

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: June 17, 2014

RECOMMENDATION:

Staff has completed a review of the district group health insurance plan and the 2014-15 budget. Based on the review, Staff has developed a recommendation for Health Insurance premium pricing for the 2014-15 school year.

RATIONALE:

The proposal accurately reflects the district's loss run record and required elements of the Federal Affordable Health Care Act. Renewal is for the second year of a 4 year contract.

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:

UNITED INDEPENDENT SCHOOL DISTRICT							
2014-15 Health Insurance Program							
Effective 9/1/2014							
		Blue Cross Blue Shield Core Plan		Blue Cross Blue Shield Core Plan Plus+		Blue Cross Blue Shield State Plan	
Provider Network							
Doctor's Hospital		Yes		Yes		Yes	
Laredo Medical Center		Yes		Yes		Yes	
Benefits							
Deductible-Annual							
X-Ray/CT/MRI/Sonograms		\$0- Deductible		\$0- Deductible		\$0- Deductible	
All Other Deductible-Annual							
In-Network		\$1,800 Indiv/\$3,600 Family		\$500 Indiv/ \$1,000 Family		None	
Out-of-Network		\$4,000 Indiv/\$8,000 Family		\$1,000 Indiv/\$3,000 Family		\$500 Indiv/\$1,500 Family	
Physician Copay		\$35 Then 100%		\$25 Then 100%		\$15 Then 100%	
Specialist Copay		\$60 Then 100%		\$25 Then 100%		\$15 Then 100%	
Emergency Room							
In-Network		\$500 & Then 80%		\$500 & Then 80%		\$50 & Then 90%	
Out-of-Network		\$500 & Then 60%		\$500 & Then 60%		\$50 & Then 70%	
After Hours Clinics		\$60 Then 100%		\$40 Then 100%		\$15 & Then 100%	
Deductible-Hospital							
In-Network		\$0- Per Admission		\$0- Per Admission		None	
Out-of-Network		\$500 Per Admission		\$500 Per Admission		None	
Co-Insurance Percent							
In-Network		20% / 80%		20% / 80%		10% / 90%	
Out-of-Network		40% / 60%		40% / 60%		30% / 70%	
Co-Insurance Maximum							
In-Network		\$4,550 Indiv/\$9,100 Family		\$5,000 Indiv/ \$10,000 Family		\$500 Indiv/\$1,500 Family	
Out-of-Network		\$12,000 Indiv/\$24,000 Family		\$10,000 Indiv/\$30,000 Family		\$1,500 Indiv/\$4,500 Family	
Prescription Drugs							
Retail-Supply Limit		30 Days		30 Days		30 Days	
Generic		Lesser of Cost or \$15		\$5 & Then 100%		\$5 & Then 100%	
Brand-Preferred		\$60 & Then 100%		\$40 & Then 100%		\$30 & Then 100%	
Brand-Non Preferred		\$105 & Then 100%		\$60 & Then 100%		\$50 & Then 100%	
		Plus cost difference between generic & brand if generic equivalent is available.		Plus cost difference between generic & brand if generic equivalent is available.		Plus cost difference between generic & brand if generic equivalent is available.	
Mail Order-Supply Limit		90 Days		90 Days		90 Days	
Generic		Lesser of Cost or \$30		\$10 & Then 100%		\$10 & Then 100%	
Brand-Preferred		\$120 & Then 100%		\$80 & Then 100%		\$60 & Then 100%	
Brand-Non Preferred		\$210 & Then 100%		\$120 & Then 100%		\$100 & Then 100%	
		Plus cost difference between generic & brand if generic equivalent is available.		Plus cost difference between generic & brand if generic equivalent is available.		Plus cost difference between generic & brand if generic equivalent is available.	
		\$ 355.31		\$ 355.31		\$ 355.31	
		Emp Cont. *Policy Cost		Emp Cont. *Policy Cost		Emp Cont. *Policy Cost	
Emp. Only		\$ 46.12 \$ 401.43		\$ 123.62 \$ 478.93		\$ 869.84 \$ 1,225.15	
Emp./Children		\$ 251.35 \$ 606.66		\$ 374.83 \$ 730.14		\$ 1,565.45 \$ 1,920.76	
Emp./Spouse		\$ 378.04 \$ 733.35		\$ 535.95 \$ 891.26		\$ 1,994.86 \$ 2,350.17	
Emp./Family		\$ 645.04 \$ 1,000.35		\$ 852.86 \$ 1,208.17		\$ 2,899.84 \$ 3,255.15	
Dual Family		\$ 307.64 \$ 1,000.35		\$ 515.46 \$ 1,208.17		\$ 2,562.44 \$ 3,255.15	