No.	
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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

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General	Current	Blue Cross - Option I	Blue Cross - Option II
Insurance Company	Blue Cross Blue Shield of Te	xas 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	U per de despe de 100 de 100 de 100 de 100 de 100 de desent, ou de desent, ou de des de de de de de de 100	TO THE LOUIS COLUMN CORE OF THE CORE OF THE COLUMN	The first real field and profession after with the control of the
Doctor's Hospital	Yes	Yes	Yes
Laredo Medical Center	Yes	чем то может об от техно об от техно от	Yes
Benefits	Afficials for the reals and of the state one had now objected and make only the state of the sta	Current Benefits	High Deductible; No Copay
Deductible-Annual	er and struck, and see also and shift for the good part struck struck see and access and access and communities can are the sub-law and struck see and struc	er Micros etc. al de col mende sel de cel 1911 de cel	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	of and not describe any told did not work may list and the lost somewhat has not work liber into this convent told not been and not list special and which when the lost somewhat is not list special and which the lost special and the lost sp	to little come that little door, and so the little door, had districted the season and the little was post, and was the code one per not not the presence decision was accorded to the contract to the code pro-	TE NOT THE NOT THE NOT THE NOT THE THE THE THE THE THE THE THE THE TH
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	TO 3.6 SECRETOR ON THE ARMOND THE SECRET OF AM NO SECRETOR ON THE SECRETOR ON THE ARMOND THE SECRETOR ON THE AM NO THE SECRETOR ON THE AM	分别 的 的 那 的 · · · · · · · · · · · · · · · ·	·····································
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		4 W WALTER TO A THE CO. AND TH	A NATIONAL SELECTION OF THE WASHINGTON ON A MEMORY OF THE SELECTION OF THE
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	ed and earl set som mercus, early also electrome and with inflation at earl, set yet day, upon you pure and you, court fact day to did what deter but the standard	A start first daries and a definition due to the start and a section of the	THE THE BOOK OF COLUMN THE THE TO THE OWN HAS AND
In-Network	20% / 80%	20% / 80%	20% / 80%
Out-of-Network	40% / 60%	40% / 60%	40% / 60%
Out-of-Pocket Maximum	and the service by the service and the service of t	· · · · · · · · · · · · · · · · · · ·	A NO STAN OF SERVICE O
Deductible Included	No	No	Yes
In-Network	\$2,500 Indiv/\$7,500 Famil	y \$2,500 Indiv/\$7,500 Family	\$5,300 Indiv/\$7,300 Family
Out-of-Network	\$7,500 Indiv/\$22,500 Fami	ti anno come de la come come come como come come come come	\$5,300 Indiv/\$7,300 Family
Prescription Drugs	**************************************	######################################	C M WORM WITH WELL WOLLD COLOR
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
MEND DOLLY AT THE RELEGE WE ARE AN ARE SEEN THE RESPECTABLE AND ARE THE ADDRESS OF THE WORLD AND THE RELEGE AND THE RELEGE AND ARE AND ARE	Monthly Increase	en alle de la company de la co	Monthly Increase
Premium Number		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Rate (Decrease)
Emp. Only 4,031	\$ 326.17 -	\$ 342.48 \$ 16.31	\$ 275.32 \$ (50.85)
Emp./Children 918	\$ 525.42 -	\$ 551.69 \$ 26.27	\$ 443.50 \$ (81.92)
Emp./Spouse 133	\$ 648.42	\$ 680.84 \$ 32.42	\$ 547.32 \$ (101.10)
Emp./Family 213	\$ 907.64 -	\$ 953.02 \$ 45.38	\$ 766.12 \$ (141.52)
Total /Annual 5,295	\$24,920,328 -	\$26,166,399 \$ 1,246,071	\$21,035,100 \$ (3,885,228)
Percent Increase/Decrease	4 2 1972032 20 20 20 20 20 20 20 20 20 20 20 20 20	5.0%	(15.6)%
Comment:	Generic Incentive is Cost Differen	CO SERVA AN ANT AN ANT TO CAN ANT AND	(13.0)%
A TOWN PARTY OF A POST OF A STANDAR WARRANCE WAS A STANDARD AS A STANDARD OF A STANDARD AS A STANDAR	Between Generic Brand if Generic	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and all the birth Art. Manufacture you was you go the fire any our any North and the same and th
	is Available.	is Available.	THE RESIDENCE OF THE MEDICAL COLUMN VANISHES VALUE OF THE WASHINGTON AND THE WASHINGTON A
	Lis Available,	is Available.	

UNITED INDEPENDENT SCHOOL DISTRICT

Group Health Insurance Proposals Humana Benefit / Rate Options Effective Date: September 1, 2009 Best & Final: May 23, 2009

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General	Current	Humana - Option 1	Humana - Option II	
Insurance Company	Blue Cross Blue Shield of Texas	Humana	Humana	
Service Office	San Antonio, TX	San Antonio, TX	San Antonio, TX	
Representative	Donald Coronado	Thomas Silliman	Thomas Silliman	
Agent Name	Laurel Insurance Agency	Laurel Insurance Agency	Laurel Insurance Agency	
Service Office	Laredo, TX	Laredo, TX	Laredo, TX	
Provider Network		CONTRACTOR OF THE PROPERTY OF	all the desirable to all the following black and black and black to all the transfer and all the contract to all the contract	
Doctor's Hospital	Yes	Yes	Yes	
Laredo Medical Center	Yes	Yes	Yes	
Benefits	A CO 200 will will be device that with and with the first that the best	Current Benefits	Reduced Benefits	
Deductible-Annual	· 25 · 4 · 12 · 15 · 10 · 15 · 15 · 15 · 15 · 15 · 15	- ************************************	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	al per vior and a between the control per and another and the section of the section of the section of the section and the sec	and the cold part was not that the cold part the cold part and cold cold part and cold	National way and war not not the transfer out that was that all the hands and the hands have the hand the set the transfer out the transfer ou	
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	. жоши бокловия окой о кой о кой о кой о о о о о о о о	1	A AAN A MARKATAN A AAN A AAN AAN AAN AAN AAN AAN AAN	
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	TILL INCLUDING THE PROPERTY OF	Dodden of High Oo //	
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	\$300 I of Adillisators	0000101Adillission	Deductione & Then 50 %	
In-Network	20% / 80%	20% / 80%	20% / 80%	
Out-of-Network	40% / 60%	40% / 60%	50% / 50%	
Out-of-Pocket Maximum	407010070	40 70 7 00 70	30% / 30%	
Deductible Included	No	No	V	
In-Network	\$2,500 Indiv/\$7,500 Family	\$2,500 Indiv/\$7,500 Family	Yes	
Out-of-Network		A TOMAN WAR TO SELECT A SECOND CONTRACT OF MANY CONTRACT OF SELECT	\$5,000 Indiv/\$5,000 Family	
4 4 11 4 11 11 11 11 11 11 11 11 11 11 1	\$7,500 Indiv/\$22,500 Family	\$7,500 Indiv/\$22,500 Family	\$10,000 Indiv/\$20,000 Family	
Prescription Drugs	20.10	20.5		
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>Number</u>	and the state of t	Rate (Decrease)	Rate (Decrease)	
Emp. Only 4,031	\$ 326.17 -	\$ 339.93 \$ 13.76	\$ 229.08 \$ (97.09)	
Emp./Children 918	\$ 525.42	\$ 547.39 \$ 21.97	\$ 369.02 \$ (156.40)	
Emp./Spouse 133	\$ 648.42 -	\$ 675.78 \$ 27.36	\$ 445.40 \$ (203.02)	
Emp./Family <u>213</u>	<u>\$ 907.64</u> -	<u>\$ 945.94</u> <u>\$ 38.30</u>	<u>\$ 637.46</u> <u>\$ (270.18)</u>	
Total /Annual 5,295	\$24,920,328 -	\$25,969,510 \$ 1,049,182	\$17,486,388 \$ (7,433,940)	
Percent Increase/Decrease		4.2%	(29.8)%	
Comment:	Generic Incentive is Cost Difference	Rates Include On-site Representative.	Rates Include On-site Representative.	
THE COLUMN TO THE COLUMN THE COLU	Between Generic Brand if Generic	A STATE OF THE PROPERTY OF THE		
	is Available.	and the state of t	The state of the contract of t	
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UNITED INDEPENDENT SCHOOL DISTRICT

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

Provider Network
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

District	Contribution
Employe	ee Contribution

Generic

Brand-Preferred
Brand-Non Preferred

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

Blue Cross Blue Shield	Blue Cross Blue Shield
High Plan	State Plan
Yes	Van
	Yes
Yes	Yes
·	
\$-0- Deductible	\$-0- Deductible
0.400 (0.4.000	
\$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
φουν el Aumasion	None
20% / 80%	10% / 90%
40% / 60%	30% / 70%
·	
\$2,500 Indiv/\$7,500 Family	\$500 Indiv/\$1,500 Family
\$7,500 Indiv/\$22,500 Family	\$1,500 Indiv/\$4,500 Family
00 D-11	00.75
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.

\$	310.05			\$	310.05		
<u>En</u>	p Cont.	<u>co</u>	BRA Cost	E	mp Cont.	<u>CC</u>	BRA Cost
\$	35.75	\$	345.80	\$	541.53	\$	851.58
\$	235.00	\$	545.05	\$	1,443.31	\$	1,753.36
\$	358.00	\$	668.05	\$	1,837.34	\$	2,147.39
\$	617.22	\$	927.27	\$	2,609.64	\$	2,919.69