



JUDSON INDEPENDENT SCHOOL DISTRICT

Meeting Date: July 31, 2025

Submitted By: Nicole Taguinod
Title: Assistant Superintendent

Agenda Item: Consider and take action regarding approving the recommendation for Request for Proposal Employee Medical Insurance Coverage for the 2026 plan year.

CONSENT ITEM

RECOMMENDATION:

It is recommended that the Board of Trustees approves the recommendation for RFP Employee Medical Insurance Coverage as presented in the attachment and delegate the authority to the Superintendent or his designee to execute all contracts and related documents.

IMPACT/RATIONALE:

The medical options were reviewed and discussed with the District's Insurance Committee and there was mention that employees are happy with the current coverage. However, remaining self-funded for 2026 would significantly increase the employee's cost of premium and continue the district's responsibility for unpredictable costs for a self-funded plan.

Blue Cross Blue Shield (BCBS) presented **fully insured** plans which would offer employees three options at less of an increase to the employee and also presented an HMO plan that would reduce premium costs to the employee. Overall, the more affordable premium options are reason to change coverage to fully insured with BCBS for 2026. In addition, a fully insured plan predicatble costs for the district.

Approval by the Board of Trustees will authorize the administration to implement these recommendations for the health insurance benefit package for the 2026 plan year.

BOARD ACTION REQUESTED:

Approval/Disapproval



MEMORANDUM

June 18, 2025

To: Nicole Taguinod, Assistant Superintendent

From: Leesa Roberts, Director of Employee Services

RE: Request for Proposals (RFP 24-20) Employee Medical Insurance Coverage

This proposal was created on behalf of the Employee Benefits Department and administered by Brown & Brown. Bid information was posted on the District's website and in accordance with state law; a notice was published in *The Hart Beat News*. The District received the responses below. The submittals were reviewed to determine the capability of the vendor to provide the related services based on the needs of the district.

Vendor

Third Party Administrators/Health Insurance Carriers

Lucent Health	Self Funded
Kempton Group	Self Funded
Sisco	Self Funded
90 Degree Benefits	Self Funded
Summit	Self Funded
Blue Cross Blue Shield	Self Funded & Fully Insured
United Healthcare	Fully Insured
Curative	Fully Insured

It is recommended that the Board of Trustees approve the ranking for Fully Insured Medical Insurance as presented in the attached board documents.

All board members, employees and agents involved in the planning, recommending, selecting or contracting of a vendor are reminded of the conflict-of-interest reporting requirements as mandated in Chapter 176 of the Local Government Code. A copy of Form CIS has been included as an additional attachment. In the event that a conflict exists, the form should be completed and submitted to the Purchasing Department not later than the 7th day after the conflict is identified.

Once a recommendation to make the purchase was established, the prospective vendor was requested to complete a Texas Ethics Commission Form 1295. This requirement became effective on January 1, 2016 and is related to the passage of House Bill 1295 which is now incorporated into the Texas Government Code 2252.908. The form is attached and identifies all interested parties associated with the vendor as it relates to this procurement. Upon approval by the Board of Trustees and issuance of a district purchase order, the form will be posted on the Texas Ethics Commission's website as required by statute.

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of employment or other business relationship with vendor named in item 3

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Please refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
- 2. Office Held.** Enter the name of the office held by the local government officer filing this statement.
- 3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, with whom the officer has an employment or other business relationship as described by Section 176.003(a)(2)(A), Local Government Code.
- 4. Description of the nature and extent of employment or business relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship with the vendor in item 3 as described by Section 176.003(a)(2)(A), Local Government Code.
- 5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
- 6. Affidavit.** Signature of local government officer.