

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.

- (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.

- (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

Date: Tuesday July 16, 2019

Subject: Recommendation on Request for Proposal Number 201006 for Stop-loss Reinsurance Only for Health Benefit Program

Based on the submitted proposals, and the recommendation from Mr. Tom Sawyer, financial consultant for the district, 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 HM Insurance Group.

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: 9/1/2019

Employees:	1787	Stealth (HM)	Stealth (HM)	Stealth (HM)
Dependent Units:	784	Current	Renewal	Renewal
Specific:				
Specific Lifetime Maximum Benefit:		Unlimited	Unlimited	Unlimited
Specific Deductible:		\$250,000	\$250,000	\$300,000
Specific Contract:		12/18	12/18	12/18
Specific Contract Includes:		Med/Rx	Med/Rx	Med/Rx
Employee:		\$18.84	\$33.49	\$26.04
Dependent Unit:		\$31.25	\$57.21	\$46.95
Family:		\$50.09	\$90.70	\$72.99
Composite		\$32.55	\$58.59	\$46.64
Annual Stop-Loss Premium:		\$698,004.96	\$1,256,391.24	\$1,000,107.36
Aggregate Premium per Employee:		\$0.98	\$1.10	\$1.13
Annual Aggregate Premium		\$21,015.12	\$23,588.40	\$24,231.72
Administration:				
Annual Administration/Vendor/Broker Fees:		\$675,212.40	\$675,212.40	\$675,212.40
Total Fixed Costs:		\$1,394,232.48	\$1,955,192.04	\$1,699,551.48

Aggregate Attachment Point:				
Aggregate Plan Year Maximum Benefit:		\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Contract:		12/18	12/18	12/18
Aggregate Contract Includes:		Med/Rx	Med/Rx	Med/Rx
Employee:		\$662.98	\$758.35	\$765.18
Dependent Unit:		\$928.18	\$1,061.70	\$1,071.25
Family:		\$1,591.16	\$1,820.05	\$1,836.43
Composite		\$1,070.19	\$1,224.14	\$1,235.16
Annual Aggregate Maximum:		\$22,949,260.56	\$26,250,531.00	\$26,486,839.92

Total Expected Costs:		\$19,753,640.93	\$22,955,616.84	\$22,889,023.42
Total Maximum Costs:		\$24,343,493.04	\$28,205,723.04	\$28,186,391.40

Total Expected	0%	16%	16%
Total Maximum	0%	16%	16%

SELECTION

Policyholder or Broker Signature: _____

Date: _____

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.
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	\$2.00 pepm
Outside vendor eligibility maintenance for COBRA purposes	\$1.00 pepm
Outside vendor elig. maint. for other than COBRA purposes (HSA Elig. /outside vendor)	\$2.00 pepm
Monthly Late Fee	\$250
Cost Containment Services	25% of savings
Plan changes made after Plan Benefits are entered into GPA System	\$125 p/hr; min \$250
Additional Benefit Plan Options added after initial set-up completed	\$500
Restatement of Summary Plan Description for Medical/Dental/Vision	\$1,000
Restatement of Summary Plan Description for Dental only	\$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	15% of savings
COBRA	\$1.50 pepm
HIPAA only	\$.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-preferred PBM Interface	\$2.00 pepm
PBM Set-up *	\$2,500

*Applies to PBMs with whom GPA does not have connectivity.

TELAMEDICINE

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



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

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