

# Agenda of Special Meeting

## The Board of Trustees Splendora ISD

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A Special meeting of the Board of Trustees of Splendora ISD will be held March 27, 2024, beginning at 4:30 PM in the Administration Building Boardroom, 23419 FM 2090, Splendora, Texas 77372.

The subjects to be discussed or considered or upon which any formal action may be taken are as listed below. Items do not have to be taken in the order shown on this meeting notice.

Unless removed from the consent agenda, items identified within the consent agenda will be acted on at one time.

1. Roll Call
2. Invocation
3. U.S. & State of Texas Pledge of Allegiances
4. Good Things
5. Audience
6. PRESENTATION
  - A. ANCO Presentation
7. ACTION ITEM(S)
  - A. Discussion and Possible Action to Approve Blue Cross as our Medical Provider for the 2024-2025 School Year as presented 3
  - B. Discussion and Possible Action to Approve Payment of the Huckabee invoice at the cost of \$279,822.13 14
  - C. Discussion and Possible Action to Approve the Humanities Coordinator Hire as presented 16
  - D. Discussion and Possible Action to Approve the Student Fees Schedule for 2024-2025 as presented 17
8. Adjourn

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*If, during the course of the meeting, discussion of any item on the agenda should be held in a closed meeting, the Board will conduct a closed meeting in accordance with the Texas Open Meetings Act, Government Code, Chapter 551, Subchapters D and E. Before any closed meeting is convened, the presiding officer will publicly identify the section or sections of the Act authorizing the closed meeting. All final votes, actions, or decisions will be taken in open meeting.*

The notice for this meeting was posted in compliance with the Texas Open Meeting Act on \_\_\_\_\_, at \_\_\_\_\_

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For the Board of Trustees



**Splendoria ISD Board of Trustees  
Agenda Item Information Form**

**Board Meeting Date: 03/19/2024**

**Submitted Date: 03/27/2024**

**Agenda Business Items:**

- Consent Agenda Item
- New Action

**Information Only Items:**

- Presentation
- Recognition
- Information

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Name of Person Responsible:

Brian Kroeger

Department or Campus:

Human Resources

Topic:

Medical Plan for 2024-2025 School Year

Background Information:

Splendoria ISD recommends Blue Cross as our medical plan for the 24-25 school year.

Attachments: Spreadsheet

Superintendent's Resolution:

Recommend approval.

9/1/2023	Texas Schools Health Benefits Program/Aetna (Current Carrier)		
	TSHBP - HD Plan	TSHBP - Copay Plan	Aetna Signature
<b>CARRIER WEBSITE NETWORK</b>	<a href="https://www.healthsmart.com/">https://www.healthsmart.com/</a> <b>Healthsmart National</b>	<a href="https://www.healthsmart.com/">https://www.healthsmart.com/</a> <b>Healthsmart</b>	<a href="https://www.aetna.com/">https://www.aetna.com/</a> <b>Aetna</b>
<b>COINSURANCE LEVEL (In Network)</b>	<b>100%</b>	<b>0%</b>	<b>70%</b>
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>			
- Individual (In Network)	<b>\$3,500</b>	<b>None - Plan Pays 100% after deductible</b>	<b>\$4,000</b>
- Family (In Network)	\$10,500	None - Plan Pays 100% after deductible	\$8,000
<b>OUT-OF-POCKET MAXIMUM (Includes Calendar Year Ded.)</b>			
- Individual (In Network)	<b>\$3,500</b>	<b>\$4,000</b>	<b>\$10,000</b>
- Family (In Network)	\$10,500	\$11,000	\$20,000
<b>OFFICE VISIT COPAY</b>	<b>100% after deductible</b>	<b>\$45 PCP/\$70 Specialist</b>	<b>\$45 PCP/\$70 Specialist</b>
<b>URGENT CARE</b>	<b>100% after deductible</b>	<b>\$75 Copay/visit</b>	<b>\$75 Copay/visit</b>
<b>PREVENTIVE CARE SERVICES</b>	100% of allowable amount	100% of allowable amount	100% of allowable amount
<b>INPATIENT HOSPITALIZATION</b>	100% after deductible	\$650 Copayment	30% coinsurance after deductible
<b>EMERGENCY ROOM</b>	100% after deductible	\$500 Copayment	\$500 Copay + 30% after deductible
<b>OUTPATIENT SURGERY</b>	100% after deductible	\$650 Copayment	30% coinsurance after deductible
<b>MATERNITY</b>	100% after deductible	\$500 Copayment	30% coinsurance after deductible
<b>PRESCRIPTION DRUGS:</b>			
<b>CALENDAR YEAR DEDUCTIBLE</b>	Intergrated with Medical	No Drug Deductible	\$500 brand deductible
<b>RETAIL:</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
Generics (30-Day Supply/90-Day Supply)	Deductible then plan pays 100%; \$0 for certain generics	\$0 Copay CVS/HEB/Walmart/Costco/Sam's \$10 Copay all other pharmacies	\$15/\$45 Copay; \$0 for certain generics
Non-Preferred Brand	100% after deductible	\$70 Copay or 50% Copay whichever is greater (max \$200)	50% coinsurance after deductible
Preferred Brand	100% after deductible	\$35 Copay or 50% Copay whichever is greater (max \$100)	25% coinsurance after deductible
Specialty	100% after deductible	50% Copay (max \$500)	50% coinsurance after deductible
<b>EMPLOYEE COUNT</b>			
<b>EMPLOYEE ONLY</b>	<b>23</b>	<b>211</b>	<b>79</b>
<b>EMPLOYEE + SPOUSE</b>	<b>1</b>	<b>10</b>	<b>1</b>
<b>EMPLOYEE + CHILD(REN)</b>	<b>17</b>	<b>63</b>	<b>16</b>
<b>EMPLOYEE + FAMILY</b>	<b>3</b>	<b>6</b>	<b>5</b>
<b>MONTHLY RATES (Total)</b>	<b>Current</b>	<b>Current</b>	<b>Current</b>
<b>EMPLOYEE ONLY</b>	<b>\$435.00</b>	<b>\$485.00</b>	<b>\$615.00</b>
<b>EMPLOYEE + SPOUSE</b>	<b>\$1,191.00</b>	<b>\$1,355.00</b>	<b>\$1,609.00</b>
<b>EMPLOYEE + CHILD(REN)</b>	<b>\$815.00</b>	<b>\$922.00</b>	<b>\$1,044.00</b>
<b>EMPLOYEE + FAMILY</b>	<b>\$1,561.00</b>	<b>\$1,790.00</b>	<b>\$1,975.00</b>
<b>MONTHLY TOTAL</b>	<b>\$29,734.00</b>	<b>\$184,711.00</b>	<b>\$76,773.00</b>
<b>ANNUAL TOTAL</b>	<b>\$356,808.00</b>	<b>\$2,216,532.00</b>	<b>\$921,276.00</b>
<b>ANNUAL TOTAL, ALL PLANS</b>	<b>\$3,494,616.00</b>		
<b>MONTHLY RATES (Employee)</b>	<b>Current</b>	<b>Current</b>	<b>Current</b>
<b>EMPLOYEE ONLY</b>	<b>\$135.00</b>	<b>\$185.00</b>	<b>\$315.00</b>
<b>EMPLOYEE + SPOUSE</b>	<b>\$891.00</b>	<b>\$1,055.00</b>	<b>\$1,309.00</b>
<b>EMPLOYEE + CHILD(REN)</b>	<b>\$815.00</b>	<b>\$622.00</b>	<b>\$744.00</b>
<b>EMPLOYEE + FAMILY</b>	<b>\$1,261.00</b>	<b>\$1,490.00</b>	<b>\$1,675.00</b>

Notes:  
Employer contributes \$300  
TSHBP plans require use of a Care Coordinator for Hospital/Surgical Services  
In Network Benefits quoted above. Out of Network benefits are available

**Splendorra ISD**  
2024 Group Health

Renewal 09/01/2024  PLAN NAME https://curative.com/	Curative PROPOSED PPO+		Curative PROPOSED PPO		Curative PROPOSED EPO	
	Compliant with baseline visit	Non-compliant with baseline visit	Compliant with baseline visit	Non-compliant with baseline visit	Compliant with baseline visit	Non-compliant with baseline visit
COINSURANCE LEVEL (IN/OUT)	100%	80%	100%	80/50%	100%	80%
PHARMACY	100%	75%	100%	75%	100%	75%
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
CALENDAR YEAR DEDUCTIBLE						
- Individual (IN/OUT)	\$0	\$5,000/\$5,000	\$0	\$5,000/\$10,000	\$0	\$5,000
- Family (IN/OUT)	\$0	\$10,000/\$10,000	\$0	\$10,000/\$20,000	\$0	\$10,000
OUT-OF-POCKET MAXIMUM (Includes Calendar Year Ded.)						
- Individual (IN/OUT)	\$0	\$7,500/\$7,500	\$0	\$7,500/\$15,000	\$0	\$7,500
- Family (IN/OUT)	\$0	\$15,000/\$15,000	\$0	\$15,000/\$30,000	\$0	\$15,000
OFFICE VISIT COPAY	\$0	After Deductible, \$25 PCP/\$50 Specialist	\$0	After Deductible, \$25 PCP/\$50 Specialist	\$0	After Deductible, \$25 PCP/\$50 Specialist
URGENT CARE	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
PREVENTIVE CARE	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount
INPATIENT HOSPITALIZATION	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
EMERGENCY ROOM SERVICES	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
OUTPATIENT SURGERY (facility fee)	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
OUTPATIENT SURGERY (physician/surgeon fees)	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
MATERNITY (prenatal and postnatal care)	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
MATERNITY (delivery and all inpatient services)	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
PRESCRIPTION DRUGS:						
CALENDAR YEAR DEDUCTIBLE	None	Integrated with Medical Copays & coinsurance apply after deductible	None	Integrated with Medical Copays & coinsurance apply after deductible	None	Integrated with Medical Copays & coinsurance apply after deductible
RETAIL:	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
Preferred Generic & Brand/Specialty/Non-Pref Drugs	\$0/\$50/\$250	\$50/\$100/25% coinsurance (specialty)	\$0/\$50/\$250	\$50/\$100/25% coinsurance (specialty)	\$0/\$50/\$250	\$50/\$100/25% coinsurance (specialty)
EMPLOYEE COUNT						
EMPLOYEE ONLY	0		39		272	
EMPLOYEE+SPOUSE	0		4		9	
EMPLOYEE+CHILD(REN)	0		29		91	
EMPLOYEE+FAMILY	0		5		10	
MONTHLY RATES (Total)	Proposed		Proposed		Proposed	
EMPLOYEE ONLY	\$632.89		\$545.28		\$472.57	
EMPLOYEE+SPOUSE	\$1,655.12		\$1,426.01		\$1,235.90	
EMPLOYEE+CHILD(REN)	\$1,074.42		\$925.70		\$802.28	
EMPLOYEE+FAMILY	\$1,916.04		\$1,650.81		\$1,430.72	
TOTAL MONTHLY:	\$0.00		\$62,069.31		\$226,976.82	
TOTAL ANNUAL:	\$0.00		\$744,831.72		\$2,723,721.84	
TOTAL OF ALL PLANS:			\$3,468,553.56			
MONTHLY RATES (Employee)	Proposed		Proposed		Proposed	
EMPLOYEE ONLY	\$332.89		\$245.28		\$172.57	
EMPLOYEE + SPOUSE	\$1,355.12		\$1,126.01		\$935.90	
EMPLOYEE + CHILD(REN)	\$1,074.42		\$625.70		\$502.28	
EMPLOYEE + FAMILY	\$1,616.04		\$1,350.81		\$1,130.72	

Notes: The rate quote provided is conditional and subject to final underwriting of the group through the census provided to us, participation and contribution levels, as well as other information in the employer and employee-specific application and enrollment forms. An employer in receipt of this conditional rate quote should not cancel any existing group health coverage before obtaining a final quote from us after final underwriting has been completed. The coverage described may include a summary or abbreviated version of the actual insurance contract. The Group Policy and certificates of coverage are the contractual documents that will control in the event of any conflict."

A Baseline Visit is an opportunity for members' to meet their designated Care Navigator and a clinician to jumpstart their health and wellness journey. They will be oriented to the plan, connected to wellness programs and be given the time to get any health questions answered. Austin-based members can complete the visit in-person at the Curative Commons in Downtown Austin or virtually. Otherwise, visits are done virtually from the comfort of home. Visit must occur within 120 days of start of coverage.

No Out-of-Network Benefits on EPO plan

First Health Network for PPO.

Mail order available only in Texas and Florida using CapitalRX

The quote was developed excluding claimants with ID 1,2,4,5 (based on the Splendorra ISD HCC report 9/1/22 - 5/31/23. Curative reserves the right to requote rates in these claimants are enrolled on 9/1/2024.

Quote assumes a 9/1/2024 renewal

Two year rate. \$50,000 transition credit

Pharmacy Options

Curative Pharmacy	National Pharmacy Options
	Albertsons Pharmacy Companies: <a href="#">Acme Pharmacy</a> , <a href="#">Albertsons Pharmacy</a> , <a href="#">Albertsons Market Pharmacy</a> , <a href="#">Amigos Pharmacy</a> , <a href="#">Carrs Pharmacy</a> , <a href="#">Haggen Pharmacy</a> , <a href="#">Jewel-Osco Pharmacy</a> , <a href="#">Market Street Pharmacy</a> , <a href="#">Pavilions Pharmacy</a> , <a href="#">Randalls Pharmacy</a> , <a href="#">Safeway Pharmacy</a> , <a href="#">Say-On Pharmacy</a> , <a href="#">Star Market Pharmacy</a> , <a href="#">Shaws Pharmacy</a> , <a href="#">Tom Thumb Pharmacy</a> , <a href="#">United Coalition Pharmacy</a> , <a href="#">United Pharmacy</a> , <a href="#">Vons Pharmacy</a>
Same or next-day delivery in Austin, Dallas, Houston and San Antonio	
Coming 2024: Same or next-day delivery in Tampa, Orlando and Miami	
Overnight delivery in select states, including: Indiana, Wisconsin, Florida	<a href="#">Publix Pharmacy</a> <a href="#">H-E-B Pharmacy</a>
	Out of standard service area: CapRx Wrap Network* includes major partners, such as Walgreens, CVS, RiteAid, and Walmart

**Splendor ISD**  
2024 Group Health

<i>Renewal 09/01/2024</i>	<b>Curative</b>	
<b>PLAN NAME</b> <a href="https://curative.com/">https://curative.com/</a>	<b>PROPOSED</b>	
	<b>PPO</b>	
	<b>Compliant with baseline visit</b>	<b>Non-compliant with baseline visit</b>
<b>COINSURANCE LEVEL (IN/OUT)</b>	<b>100%</b>	<b>80/50%</b>
<b>PHARMACY</b>		<b>75%</b>
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>		
- Individual (IN/OUT)	<b>\$0</b>	<b>\$5,000/\$10,000</b>
- Family (IN/OUT)	\$0	\$10,000/\$20,000
<b>OUT-OF-POCKET MAXIMUM</b> (Includes Calendar Year Ded.)		
- Individual (IN/OUT)	<b>\$0</b>	<b>\$7,500/\$15,000</b>
- Family (IN/OUT)	\$0	\$15,000/\$30,000
<b>OFFICE VISIT COPAY</b>	<b>\$0</b>	<b>After Deductible, \$25 PCP/\$50 Specialist</b>
<b>URGENT CARE</b>	<b>\$0</b>	<b>Deductible + Coinsurance</b>
<b>PREVENTIVE CARE</b>	100% of allowable amount	100% of allowable amount
<b>INPATIENT HOSPITALIZATION</b>	\$0	Deductible + Coinsurance
<b>EMERGENCY ROOM SERVICES</b>	\$0	Deductible + Coinsurance
<b>OUTPATIENT SURGERY (facility fee)</b>	\$0	Deductible + Coinsurance
<b>OUTPATIENT SURGERY (physician/surgeon fees)</b>	\$0	Deductible + Coinsurance
<b>MATERNITY (prenatal and postnatal care)</b>	\$0	Deductible + Coinsurance
<b>MATERNITY (delivery and all inpatient services)</b>	\$0	Deductible + Coinsurance
<b>PRESCRIPTION DRUGS:</b>		
<b>CALENDAR YEAR DEDUCTIBLE</b>	None	Integrated with Medical Copays & coinsurance apply after deductible
<b>RETAIL:</b>	<b>30-day supply</b>	<b>30-day supply</b>
Preferred Generic & Brand/Specialty/Non-Pref Drugs	\$0/\$50/\$250	\$50/\$100/25% coinsurance (specialty)
<b>EMPLOYEE COUNT</b>		
<b>EMPLOYEE ONLY</b>	<b>311</b>	
<b>EMPLOYEE+SPOUSE</b>	<b>13</b>	
<b>EMPLOYEE+CHILD(REN)</b>	<b>120</b>	
<b>EMPLOYEE+FAMILY</b>	<b>15</b>	
<b>MONTHLY RATES (Total)</b>	<b>Proposed</b>	
<b>EMPLOYEE ONLY</b>	<b>\$486.51</b>	
<b>EMPLOYEE+SPOUSE</b>	<b>\$1,272.31</b>	
<b>EMPLOYEE+CHILD(REN)</b>	<b>\$825.92</b>	
<b>EMPLOYEE+FAMILY</b>	<b>\$1,472.89</b>	
<b>TOTAL MONTHLY:</b>	<b>\$289,048.39</b>	
<b>TOTAL ANNUAL:</b>	<b>\$3,468,580.68</b>	
<b>TOTAL OF ALL PLANS:</b>		
<b>MONTHLY RATES (Employee)</b>	<b>Proposed</b>	
<b>EMPLOYEE ONLY</b>	<b>\$186.51</b>	
<b>EMPLOYEE + SPOUSE</b>	<b>\$972.31</b>	
<b>EMPLOYEE + CHILD(REN)</b>	<b>\$525.92</b>	
<b>EMPLOYEE + FAMILY</b>	<b>\$1,172.89</b>	

Notes: The rate quote provided is conditional and subject to final underwriting of the group through the census provided to us, participation and contribution levels, as well as other information in the employer and employee-specific application and enrollment forms. An employer in receipt of this conditional rate quote should not cancel any existing group health coverage before obtaining a final quote from us after final underwriting has been completed. The coverage described may include a summary or abbreviated version of the actual insurance contract. The Group Policy and certificates of coverage are the contractual documents that will control in the event of any conflict.”

A Baseline Visit is an opportunity for members’ to meet their designated Care Navigator and a clinician to jumpstart their health and wellness journey. They will be oriented to the plan, connected to wellness programs and be given the time to get any health questions answered. Austin-based members can complete the visit in-person at the Curative Commons in Downtown Austin or virtually. Otherwise, visits are done virtually from the comfort of home. Visit must occur within 120 days of start of coverage.

First Health Network for PPO.

Mail order available only in Texas and Florida using CapitalRX

The quote was developed excluding claimants with ID 1,2,4,5 (based on the Splendora ISD HCC report 9/1/22 - 5/31/23. Curative reserves the right to requote rates in these claimants are enrolled on 9/1/2024.

Quote assumes a 9/1/2024 renewal  
 Two year rate. \$50,000 transition credit  
 Pharmacy Options

Curative Pharmacy	National Pharmacy Options
<p>Same or next-day delivery in Austin, Dallas, Houston and San Antonio</p> <p>Coming 2024: Same or next-day delivery in Tampa, Orlando and Miami</p> <p>Overnight delivery in select states, including: Indiana, Wisconsin, Florida</p>	<p>Albertsons Pharmacy Companies: <a href="#">Acme Pharmacy</a>, <a href="#">Albertsons Pharmacy</a>, <a href="#">Albertsons Market Pharmacy</a>, <a href="#">Amigos Pharmacy</a>, <a href="#">Carrs Pharmacy</a>, <a href="#">Haggen Pharmacy</a>, <a href="#">Jewel-Osco Pharmacy</a>, <a href="#">Market Street Pharmacy</a>, <a href="#">Pavilions Pharmacy</a>, <a href="#">Randalls Pharmacy</a>, <a href="#">Safeway Pharmacy</a>, <a href="#">Say-On Pharmacy</a>, <a href="#">Star Market Pharmacy</a>, <a href="#">Shaws Pharmacy</a>, <a href="#">Tom Thumb Pharmacy</a>, <a href="#">United Coalition Pharmacy</a>, <a href="#">United Pharmacy</a>, <a href="#">Vons Pharmacy</a></p> <p><a href="#">Publix Pharmacy</a></p> <p><a href="#">H-E-B Pharmacy</a></p> <p><i>Out of standard service area: CapRx Wrap Network* includes major partners, such as Walgreens, CVS, RiteAid, and Walmart</i></p>

**Splendor ISD**  
2024 Group Health

<i>Renewal 09/01/2024</i>	<b>Curative</b>	
<b>PLAN NAME</b> <a href="https://curative.com/">https://curative.com/</a>	<b>PROPOSED</b>	
	<b>EPO</b>	
	<b>Compliant with baseline visit</b>	<b>Non-compliant with baseline visit</b>
<b>COINSURANCE LEVEL (IN/OUT)</b>	<b>100%</b>	<b>80%</b>
<b>PHARMACY</b>		<b>75%</b>
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>		
- Individual (IN/OUT)	<b>\$0</b>	<b>\$5,000</b>
- Family (IN/OUT)	\$0	\$10,000
<b>OUT-OF-POCKET MAXIMUM</b> (Includes Calendar Year Ded.)		
- Individual (IN/OUT)	<b>\$0</b>	<b>\$7,500</b>
- Family (IN/OUT)	\$0	\$15,000
<b>OFFICE VISIT COPAY</b>	<b>\$0</b>	<b>After Deductible, \$25 PCP/\$50 Specialist</b>
<b>URGENT CARE</b>	<b>\$0</b>	<b>Deductible + Coinsurance</b>
<b>PREVENTIVE CARE</b>	100% of allowable amount	100% of allowable amount
<b>INPATIENT HOSPITALIZATION</b>	\$0	Deductible + Coinsurance
<b>EMERGENCY ROOM SERVICES</b>	\$0	Deductible + Coinsurance
<b>OUTPATIENT SURGERY (facility fee)</b>	\$0	Deductible + Coinsurance
<b>OUTPATIENT SURGERY (physician/surgeon fees)</b>	\$0	Deductible + Coinsurance
<b>MATERNITY (prenatal and postnatal care)</b>	\$0	Deductible + Coinsurance
<b>MATERNITY (delivery and all inpatient services)</b>	\$0	Deductible + Coinsurance
<b>PRESCRIPTION DRUGS:</b>		
<b>CALENDAR YEAR DEDUCTIBLE</b>	None	Integrated with Medical Copays & coinsurance apply after deductible
<b>RETAIL:</b> Preferred Generic & Brand/Specialty/Non-Pref Drugs	<b>30-day supply</b> \$0/\$50/\$250	<b>30-day supply</b> \$50/\$100/25% coinsurance (specialty)
<b>EMPLOYEE COUNT</b>		
<b>EMPLOYEE ONLY</b>	<b>311</b>	
<b>EMPLOYEE+SPOUSE</b>	<b>13</b>	
<b>EMPLOYEE+CHILD(REN)</b>	<b>120</b>	
<b>EMPLOYEE+FAMILY</b>	<b>15</b>	
<b>MONTHLY RATES (Total)</b>	<b>Proposed</b>	
<b>EMPLOYEE ONLY</b>	<b>\$470.46</b>	
<b>EMPLOYEE+SPOUSE</b>	<b>\$1,230.33</b>	
<b>EMPLOYEE+CHILD(REN)</b>	<b>\$798.66</b>	
<b>EMPLOYEE+FAMILY</b>	<b>\$1,424.28</b>	
<b>TOTAL MONTHLY:</b>	<b>\$279,510.75</b>	
<b>TOTAL ANNUAL:</b>	<b>\$3,354,129.00</b>	
<b>MONTHLY RATES (Employee)</b>	<b>Proposed</b>	
<b>EMPLOYEE ONLY</b>	<b>\$170.46</b>	
<b>EMPLOYEE + SPOUSE</b>	<b>\$930.33</b>	
<b>EMPLOYEE + CHILD(REN)</b>	<b>\$498.66</b>	
<b>EMPLOYEE + FAMILY</b>	<b>\$1,124.28</b>	

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 Pharmacy Options

Curative Pharmacy	National Pharmacy Options
<p>Same or next-day delivery in Austin, Dallas, Houston and San Antonio</p> <p>Coming 2024: Same or next-day delivery in Tampa, Orlando and Miami</p> <p>Overnight delivery in select states, including: Indiana, Wisconsin, Florida</p>	<p>Albertsons Pharmacy Companies: <a href="#">Acme Pharmacy</a>, <a href="#">Albertsons Pharmacy</a>, <a href="#">Albertsons Market Pharmacy</a>, <a href="#">Amigos Pharmacy</a>, <a href="#">Carrs Pharmacy</a>, <a href="#">Haggen Pharmacy</a>, <a href="#">Jewel-Osco Pharmacy</a>, <a href="#">Market Street Pharmacy</a>, <a href="#">Pavilions Pharmacy</a>, <a href="#">Randalls Pharmacy</a>, <a href="#">Safeway Pharmacy</a>, <a href="#">Say-On Pharmacy</a>, <a href="#">Star Market Pharmacy</a>, <a href="#">Shaws Pharmacy</a>, <a href="#">Tom Thumb Pharmacy</a>, <a href="#">United Coalition Pharmacy</a>, <a href="#">United Pharmacy</a>, <a href="#">Vons Pharmacy</a></p> <p><a href="#">Publix Pharmacy</a></p> <p><a href="#">H-E-B Pharmacy</a></p> <p><i>Out of standard service area: CapRx Wrap Network* includes major partners, such as Walgreens, CVS, RiteAid, and Walmart</i></p>

**Splendora ISD**  
2024 Group Medical

Renewal 09/01/2024	BCBSTX - Proposed			BCBSTX - Proposed (\$500/80% Buy Up Plan)			BCBSTX - Proposed (\$500/90% Buy Up Plan)		
	PPO Buy Up Plan	PPO Base Plan	Blue Edge HSA/HCA	PPO Buy Up Plan	PPO Base Plan	Blue Edge HSA/HCA	PPO Buy Up Plan	PPO Base Plan	Blue Edge HSA/HCA
<b>CARRIER WEBSITE</b>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>NETWORK</b>	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO
<b>COINSURANCE LEVEL (IN/OUT)</b>	100%/80%	70%/50%	100%/80%	80%/60%	70%/50%	100%/80%	90%/60%	70%/50%	100%/80%
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>									
- Individual (IN/OUT)	\$0/\$2,500	\$4,000/\$8,000	\$3,500/\$5,000	\$500/\$4,000	\$4,000/\$8,000	\$3,500/\$5,000	\$500/\$4,000	\$4,000/\$8,000	\$3,500/\$5,000
- Family (IN/OUT)	\$0/\$5,000	\$8,000/\$16,000	\$10,500/\$15,000	\$1,500/\$12,000	\$8,000/\$16,000	\$10,500/\$15,000	\$1,500/\$12,000	\$8,000/\$16,000	\$10,500/\$15,000
<b>OUT-OF-POCKET MAXIMUM</b> (Includes Calendar Year Ded.)									
- Individual (IN/OUT)	\$4,000/\$5,000	\$10,000/\$20,000	\$3,500/\$10,000	\$4,000/\$5,000	\$10,000/\$20,000	\$3,500/\$10,000	\$4,000/\$5,000	\$10,000/\$20,000	\$3,500/\$10,000
- Family (IN/OUT)	\$11,000/\$15,000	\$20,000/\$40,000	\$10,500/\$20,000	\$11,000/\$15,000	\$20,000/\$40,000	\$10,500/\$20,000	\$11,000/\$15,000	\$20,000/\$40,000	\$10,500/\$20,000
<b>OFFICE VISIT COPAY</b>	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist	Deductible plus coinsurance	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist	Deductible plus coinsurance	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist	Deductible plus coinsurance
<b>URGENT CARE</b>	\$75	\$75	Deductible plus coinsurance	\$75	\$75	Deductible plus coinsurance	\$75	\$75	Deductible plus coinsurance
<b>PREVENTIVE CARE SERVICES</b>	100% of allowed amount	100% of allowed amount	Deductible plus coinsurance	100% of allowed amount	100% of allowed amount	Deductible plus coinsurance	100% of allowed amount	100% of allowed amount	Deductible plus coinsurance
<b>INPATIENT HOSPITALIZATION</b>	100% of allowed amount	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
<b>EMERGENCY ROOM (facility only)</b>	100% after \$500 copayment	Deductible plus coinsurance after \$500 copayment	100% of allowed amount after deductible	Deductible plus coinsurance after \$500 Copayment	Deductible plus coinsurance after \$500 copayment	100% of allowed amount after deductible	Deductible plus coinsurance after \$500 Copayment	Deductible plus coinsurance after \$500 copayment	100% of allowed amount after deductible
<b>OUTPATIENT SURGERY</b>	100% of allowed amount	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
<b>MATERNITY</b>	100% of allowed amount	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
<b>PRESCRIPTION DRUGS:</b>									
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$0	\$0	Combined with Medical	\$0	\$0	Combined with Medical	\$0	\$0	Combined with Medical
<b>RETAIL COPAYMENT:</b>									
Generic	\$0 copayment	\$15 copayment	Deductible plus coinsurance	\$0 copayment	\$15 copayment	Deductible plus coinsurance	\$0 copayment	\$15 copayment	Deductible plus coinsurance
Preferred Brand Name Drugs	\$35 copayment	\$30 copayment	Deductible plus coinsurance	\$35 copayment	\$30 copayment	Deductible plus coinsurance	\$35 copayment	\$30 copayment	Deductible plus coinsurance
Non-Preferred Brand Name Drugs	\$70 copayment	\$50 copayment	Deductible plus coinsurance	\$70 copayment	\$50 copayment	Deductible plus coinsurance	\$70 copayment	\$50 copayment	Deductible plus coinsurance
Specialty Drugs	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 after deductible	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 after deductible	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 copays	Covered at applicable Tier 1, 2, 3 after deductible
<b>EMPLOYEE COUNT</b>									
EMPLOYEE ONLY	211	23	79	211	23	79	211	23	79
EMPLOYEE + SPOUSE	10	1	1	10	1	1	10	1	1
EMPLOYEE + CHILD(REN)	63	17	16	63	17	16	63	17	16
EMPLOYEE + FAMILY	6	3	5	6	3	5	6	3	10
<b>MONTHLY RATES (Total)</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>
EMPLOYEE ONLY	\$574.85	\$389.61	\$431.31	\$515.35	\$389.61	\$431.31	\$526.33	\$389.61	\$431.31
EMPLOYEE + SPOUSE	\$1,109.46	\$751.96	\$832.44	\$994.63	\$751.96	\$832.44	\$1,015.82	\$751.96	\$832.44
EMPLOYEE + CHILD(REN)	\$1,069.22	\$724.68	\$802.24	\$958.55	\$724.68	\$802.24	\$978.98	\$724.68	\$802.24
EMPLOYEE + FAMILY	\$1,649.81	\$1,118.19	\$1,237.87	\$1,479.06	\$1,118.19	\$1,237.87	\$1,510.57	\$1,118.19	\$1,237.87
<b>MONTHLY TOTAL</b>	<b>\$209,647.67</b>	<b>\$25,387.12</b>	<b>\$53,931.12</b>	<b>\$187,948.16</b>	<b>\$25,387.12</b>	<b>\$53,931.12</b>	<b>\$191,952.99</b>	<b>\$25,387.12</b>	<b>\$53,931.12</b>
<b>ANNUAL TOTAL</b>	<b>\$2,515,772.04</b>	<b>\$304,645.44</b>	<b>\$647,173.44</b>	<b>\$2,255,377.92</b>	<b>\$304,645.44</b>	<b>\$647,173.44</b>	<b>\$2,303,435.88</b>	<b>\$304,645.44</b>	<b>\$647,173.44</b>
<b>ANNUAL TOTAL, ALL PLANS</b>	<b>\$3,467,590.92</b>			<b>\$3,207,196.80</b>			<b>\$3,255,254.76</b>		
<b>MONTHLY RATES (Employee)</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>
EMPLOYEE ONLY	\$274.85	\$89.61	\$131.31	\$215.35	\$89.61	\$131.31	\$226.33	\$89.61	\$131.31
EMPLOYEE + SPOUSE	\$809.46	\$451.96	\$532.44	\$694.63	\$451.96	\$532.44	\$715.82	\$451.96	\$532.44
EMPLOYEE + CHILD(REN)	\$769.22	\$424.68	\$502.24	\$658.55	\$424.68	\$502.24	\$678.98	\$424.68	\$502.24
EMPLOYEE + FAMILY	\$1,349.81	\$818.19	\$937.87	\$1,179.06	\$818.19	\$937.87	\$1,210.57	\$818.19	\$937.87

Effective date is currently at 9/1/2024.  
Final rates may vary based on actual enrollment results.  
Deductible/OPX credit from prior carrier.  
1 year rate guarantee; 9.5% rate cap 2nd year  
\$100,000 Transition Credit

- COBRA Administration Rates**  
Health Care Service Corporation has a vendor relationship with HealthEquity to provide administrative support for clients that have elected HCSC COBRA administration services.
- Administrative Fee: \$10 per month per active COBRA participant
  - For groups of 5,000 or more employees enrolled with us for medical coverage, we will retain the 2% of all COBRA premiums collected from COBRA participants. For groups of 4,999 or fewer employees enrolled with us for medical coverage, we will not retain the 2% of all COBRA premiums collected from COBRA participant.
  - Initial Notification: Included.
  - Groups must manually sign up for this process.
  - Qualifying Event Letter/Package: \$10 per packet mailed.
  - First Payment Letter: Included.
  - COBRA Notification and Election: Included.
  - Election Tracking: Included.
  - Premium Billing and Remittance: Included.
  - For groups of 5,000 or more employees enrolled with us for medical coverage, we will retain the 2% of all COBRA premiums collected from COBRA participants. For groups of 4,999 or fewer employees enrolled with us for medical coverage, we will not retain the 2% of all COBRA premiums collected from COBRA participant.
  - Termination Tracking and Notification: Included.
  - Postage and Printing: Included.
  - Open Enrollment Materials: Included. Description of services for open enrollment:
  - Partial is \$8 per enrolled participant. HealthEquity will provide a sample open enrollment election form template for participants to provide to participants. HealthEquity will manage carrier and billing updates.
  - Standard is \$15 per packet sent. HealthEquity will produce and mail participant open enrollment notice and election form packages (up to seven sheets of paper, double-sided). HealthEquity will manage carrier and billing updates. Postage and additional printing fees may be passed to the client.
  - Custom is \$22 per packet sent. HealthEquity will produce and mail participant open enrollment notice and election form packages (up to 30 sheets of paper, double-sided). Special handling applies for division-based communication and/or custom inserts. HealthEquity will manage carrier and billing updates. Postage and additional printing fees may be passed to the client.
  - Translation Services: Not offered.
  - Monthly Fee: \$75 per month per group account. Flat fee, no minimums.
  - Setup Fee: No fee.
  - Annual Fee: No fee.
  - Renewal Fee: No fee.
  - Web Portal: Included.
  - Rate Guarantees: Refer to the Conditions and Caveats in our Financial Proposal.
  - Non-standard system programming associated with non-standard administration services: \$150 per hour.

**Splendora ISD**  
2024 Group Medical

Renewal 09/01/2024	Cigna - Proposed			Cigna - Proposed (\$500/80% Open Access Plus OAP)		
	Open Access Plus (OAP Plan)	Open Access Plus (OAPIN Plan)	HSA Open Access Plus (OAP HSA Plan)	Open Access Plus (OAP Plan)	Open Access Plus (OAPIN Plan)	HSA Open Access Plus (OAP HSA Plan)
<b>CARRIER WEBSITE NETWORK</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access In Network</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access In Network</b>	<a href="http://www.cigna.com">www.cigna.com</a> <b>Open Access</b>
<b>COINSURANCE LEVEL (IN/OUT)</b>	<b>100%/80%</b>	<b>Variable based on service (100% or 70%)</b>	<b>100%/80%</b>	<b>Variable based on service (100% or 80%)</b>	<b>Variable based on service (100% or 70%)</b>	<b>100%/80%</b>
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>						
- Individual (IN/OUT)	<b>\$0/\$0</b>	<b>\$4,000</b>	<b>\$3,500/\$7,000</b>	<b>\$500/\$1,000</b>	<b>\$4,000</b>	<b>\$3,500/\$7,000</b>
- Family (IN/OUT)	\$0/\$0	\$8,000	\$10,500/\$21,000	\$1,000/\$2,000	\$8,000	\$10,500/\$21,000
<b>OUT-OF-POCKET MAXIMUM (Includes Calendar Year Ded.)</b>						
- Individual (IN/OUT)	<b>\$4,000/\$8,000</b>	<b>\$9,450</b>	<b>\$3,500/\$7,000</b>	<b>\$4,000/\$8,000</b>	<b>\$9,450</b>	<b>\$3,500/\$7,000</b>
- Family (IN/OUT)	\$11,000/\$22,000	\$18,900	\$10,500/\$21,000	\$11,000/\$22,000	\$18,900	\$10,500/\$21,000
<b>OFFICE VISIT COPAY</b>	<b>\$45 PCP/\$70 Specialist</b>	<b>\$45 PCP/\$70 Specialist</b>	<b>Deductible plus coinsurance</b>	<b>\$45 PCP/\$70 Specialist</b>	<b>\$45 PCP/\$70 Specialist</b>	<b>Deductible plus coinsurance</b>
<b>URGENT CARE</b>	<b>\$75</b>	<b>\$75</b>	<b>Deductible plus coinsurance</b>	<b>\$75</b>	<b>\$75</b>	<b>Deductible plus coinsurance</b>
<b>PREVENTIVE CARE SERVICES</b>	100% of allowed amount	100% of allowed amount	Deductible plus coinsurance	100% of allowed amount	100% of allowed amount	Deductible plus coinsurance
<b>INPATIENT HOSPITALIZATION</b>	\$650 copayment	Deductible plus 30% coinsurance	Deductible plus coinsurance	Deductible plus 20% coinsurance after \$650 copayment	Deductible plus 30% coinsurance	Deductible plus coinsurance
<b>EMERGENCY ROOM (facility only)</b>	\$500 copayment	Deductible plus 30% coinsurance after \$500 copayment	Deductible plus coinsurance	\$500 copayment	Deductible plus 30% coinsurance after \$500 copayment	Deductible plus coinsurance
<b>OUTPATIENT SURGERY</b>	\$650 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus 20% coinsurance after \$650 copayment	Deductible plus coinsurance	Deductible plus coinsurance
<b>MATERNITY</b>	\$650 copayment	Deductible plus 30% coinsurance	Deductible plus coinsurance	Deductible plus 20% coinsurance after \$650 copayment	Deductible plus 30% coinsurance	Deductible plus coinsurance
<b>PRESCRIPTION DRUGS:</b>						
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$0	\$150	Combined with Medical	\$0	\$150	Combined with Medical
<b>RETAIL COPAYMENT:</b>						
Generic	\$10 copayment	\$15 copayment	Deductible plus coinsurance	\$10 copayment	\$15 copayment	Deductible plus coinsurance
Preferred Brand Name Drugs	\$35 copayment	\$30 copayment	Deductible plus coinsurance	\$35 copayment	\$30 copayment	Deductible plus coinsurance
Non-Preferred Brand Name Drugs	\$70 copayment	\$50 copayment	Deductible plus coinsurance	\$70 copayment	\$50 copayment	Deductible plus coinsurance
Specialty Drugs	50% coinsurance	50% coinsurance	Deductible plus coinsurance	50% coinsurance	50% coinsurance	Deductible plus coinsurance
<b>EMPLOYEE COUNT</b>						
<b>EMPLOYEE ONLY</b>	211	23	79	211	23	79
<b>EMPLOYEE + SPOUSE</b>	10	1	1	10	1	1
<b>EMPLOYEE + CHILD(REN)</b>	63	17	16	63	17	16
<b>EMPLOYEE + FAMILY</b>	6	3	5	6	3	5
<b>MONTHLY RATES (Total)</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>
<b>EMPLOYEE ONLY</b>	\$506.54	\$390.22	\$421.78	\$494.90	\$390.06	\$421.61
<b>EMPLOYEE + SPOUSE</b>	\$962.93	\$741.82	\$801.78	\$940.80	\$741.49	\$801.46
<b>EMPLOYEE + CHILD(REN)</b>	\$1,415.25	\$1,090.29	\$1,178.41	\$1,382.73	\$1,089.81	\$1,177.97
<b>EMPLOYEE + FAMILY</b>	\$1,869.61	\$1,440.33	\$1,556.72	\$1,826.65	\$1,439.70	\$1,556.15
<b>MONTHLY TOTAL</b>	<b>\$216,887.65</b>	<b>\$32,572.80</b>	<b>\$60,760.56</b>	<b>\$211,903.79</b>	<b>\$32,558.74</b>	<b>\$60,736.92</b>
<b>ANNUAL TOTAL</b>	<b>\$2,602,651.80</b>	<b>\$390,873.60</b>	<b>\$729,126.72</b>	<b>\$2,542,845.48</b>	<b>\$390,704.88</b>	<b>\$728,843.04</b>
<b>ANNUAL TOTAL, ALL PLANS</b>		<b>\$3,722,652.12</b>			<b>\$3,662,393.40</b>	
<b>MONTHLY RATES (Employee)</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>	<b>Proposed</b>
<b>EMPLOYEE ONLY</b>	\$206.54	\$90.22	\$121.78	\$194.90	\$90.06	\$121.61
<b>EMPLOYEE + SPOUSE</b>	\$662.93	\$441.82	\$501.78	\$640.80	\$441.49	\$501.46
<b>EMPLOYEE + CHILD(REN)</b>	\$1,115.25	\$790.29	\$878.41	\$1,082.73	\$789.81	\$877.97
<b>EMPLOYEE + FAMILY</b>	\$1,569.61	\$1,140.33	\$1,256.72	\$1,526.65	\$1,139.70	\$1,256.15

Effective date is currently at 9/1/2024.  
Triple Option Level Funded 100,000 Individual Stop Loss Limit.  
1-year rate guarantee  
Does not administer COBRA

Member 1 - Plan Payment \$1,950,194.19 is off the plan and not enrolling in COBRA  
Updated HB2015 information (Tier 1 and Teir 2 report) at least 90 days prior to the effective date of 9/1/2024 – Given there is a large shift in membership and/or large claims we will restate as seen fit. This contingency was not removed or retracted from Cigna.

\$10,000 Transition fund to be used at the District's discretion.  
Cigna may revise or withdrawal the proposal if the group size differs from what was assumed at the time of the quote  
Cigna may revise or withdrawal the proposal if enrollment is less than 50% of the total population identified.

Total										
MONTHLY RATES	TSHBP - HD Plan	Curative EPO		TSHBP - Copay	Curative PPO		Aetna Signature	Curative PPO+		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$461.95	\$26.95	\$485.00	\$533.02	\$48.02	\$615.00	\$618.66	\$3.66	
EMPLOYEE + SPOUSE	\$1,191.00	\$1,208.11	\$17.11	\$1,355.00	\$1,393.95	\$38.95	\$1,609.00	\$1,617.91	\$8.91	
EMPLOYEE + CHILD(REN)	\$815.00	\$784.24	(\$30.76)	\$922.00	\$904.88	(\$17.12)	\$1,044.00	\$1,050.27	\$6.27	
EMPLOYEE + FAMILY	\$1,561.00	\$1,398.56	(\$162.44)	\$1,790.00	\$1,613.70	(\$176.30)	\$1,975.00	\$1,872.96	(\$102.04)	

  

MONTHLY RATES	TSHBP - HD Plan	Curative EPO		TSHBP - Copay	Curative PPO		Aetna Signature	Curative PPO+		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$472.57	\$37.57	\$485.00	\$545.28	\$60.28	\$615.00	\$632.89	\$17.89	
EMPLOYEE + SPOUSE	\$1,191.00	\$1,235.90	\$44.90	\$1,355.00	\$1,426.01	\$71.01	\$1,609.00	\$1,655.12	\$46.12	
EMPLOYEE + CHILD(REN)	\$815.00	\$802.28	(\$12.72)	\$922.00	\$925.70	\$3.70	\$1,044.00	\$1,074.42	\$30.42	
EMPLOYEE + FAMILY	\$1,561.00	\$1,430.72	(\$130.28)	\$1,790.00	\$1,650.81	(\$139.19)	\$1,975.00	\$1,916.04	(\$58.96)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$0/100%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$431.31	(\$3.69)	\$485.00	\$574.85	\$89.85	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$1,191.00	\$832.44	(\$358.56)	\$1,355.00	\$1,109.46	(\$245.54)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$815.00	\$802.24	(\$12.76)	\$922.00	\$1,069.22	\$147.22	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,561.00	\$1,237.87	(\$323.13)	\$1,790.00	\$1,649.81	(\$140.19)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$500/80%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$431.31	(\$3.69)	\$485.00	\$515.35	\$30.35	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$1,191.00	\$832.44	(\$358.56)	\$1,355.00	\$994.63	(\$360.37)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$815.00	\$802.24	(\$12.76)	\$922.00	\$958.55	\$36.55	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,561.00	\$1,237.87	(\$323.13)	\$1,790.00	\$1,479.06	(\$310.94)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$500/90%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$431.31	(\$3.69)	\$485.00	\$526.33	\$41.33	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$1,191.00	\$832.44	(\$358.56)	\$1,355.00	\$1,015.82	(\$339.18)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$815.00	\$802.24	(\$12.76)	\$922.00	\$978.98	\$56.98	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,561.00	\$1,237.87	(\$323.13)	\$1,790.00	\$1,510.57	(\$279.43)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	Cigna HSA Open Access Plan		TSHBP - Copay Plan	Cigna Open Access Plan \$500/80%		Aetna Signature	Cigna OAPIN Plan		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$421.78	(\$13.22)	\$485.00	\$506.54	\$21.54	\$615.00	\$390.22	(\$224.78)	
EMPLOYEE + SPOUSE	\$1,191.00	\$801.78	(\$389.22)	\$1,355.00	\$962.93	(\$392.07)	\$1,609.00	\$741.82	(\$867.18)	
EMPLOYEE + CHILD(REN)	\$815.00	\$1,178.41	\$363.41	\$922.00	\$1,415.25	\$493.25	\$1,044.00	\$1,090.29	\$46.29	
EMPLOYEE + FAMILY	\$1,561.00	\$1,556.72	(\$4.28)	\$1,790.00	\$1,869.61	\$79.61	\$1,975.00	\$1,440.33	(\$534.67)	

  

MONTHLY RATES	TSHBP - HD Plan	Cigna HSA Open Access Plan		TSHBP - Copay Plan	Cigna Open Access Plan \$500/90%		Aetna Signature	Cigna OAPIN Plan		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$435.00	\$421.61	(\$13.39)	\$485.00	\$494.90	\$9.90	\$615.00	\$390.06	(\$224.94)	
EMPLOYEE + SPOUSE	\$1,191.00	\$801.46	(\$389.54)	\$1,355.00	\$940.80	(\$414.20)	\$1,609.00	\$741.49	(\$867.51)	
EMPLOYEE + CHILD(REN)	\$815.00	\$1,177.97	\$362.97	\$922.00	\$1,382.73	\$460.73	\$1,044.00	\$1,089.81	\$45.81	
EMPLOYEE + FAMILY	\$1,561.00	\$1,556.15	(\$4.85)	\$1,790.00	\$1,826.65	\$36.65	\$1,975.00	\$1,439.70	(\$535.30)	

Employee										
MONTHLY RATES	TSHBP - HD Plan	Curative EPO		TSHBP - Copay	Curative PPO		Aetna Signature	Curative PPO+		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$161.95	\$26.95	\$485.00	\$533.02	\$48.02	\$615.00	\$618.66	\$3.66	
EMPLOYEE + SPOUSE	\$891.00	\$908.11	\$17.11	\$1,355.00	\$1,393.95	\$38.95	\$1,609.00	\$1,617.91	\$8.91	
EMPLOYEE + CHILD(REN)	\$515.00	\$484.24	(\$30.76)	\$922.00	\$904.88	(\$17.12)	\$1,044.00	\$1,050.27	\$6.27	
EMPLOYEE + FAMILY	\$1,261.00	\$1,098.56	(\$162.44)	\$1,790.00	\$1,613.70	(\$176.30)	\$1,975.00	\$1,872.96	(\$102.04)	

  

MONTHLY RATES	TSHBP - HD Plan	Curative EPO		TSHBP - Copay	Curative PPO		Aetna Signature	Curative PPO+		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$172.57	\$37.57	\$485.00	\$545.28	\$60.28	\$615.00	\$632.89	\$17.89	
EMPLOYEE + SPOUSE	\$891.00	\$935.90	\$44.90	\$1,355.00	\$1,426.01	\$71.01	\$1,609.00	\$1,655.12	\$46.12	
EMPLOYEE + CHILD(REN)	\$515.00	\$502.28	(\$12.72)	\$922.00	\$925.70	\$3.70	\$1,044.00	\$1,074.42	\$30.42	
EMPLOYEE + FAMILY	\$1,261.00	\$1,130.72	(\$130.28)	\$1,790.00	\$1,650.81	(\$139.19)	\$1,975.00	\$1,916.04	(\$58.96)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$0/100%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$131.31	(\$3.69)	\$485.00	\$574.85	\$89.85	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$891.00	\$532.44	(\$358.56)	\$1,055.00	\$809.46	(\$245.54)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$515.00	\$502.24	(\$12.76)	\$922.00	\$1,069.22	\$147.22	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,261.00	\$937.87	(\$323.13)	\$1,490.00	\$1,349.81	(\$140.19)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$500/80%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$131.31	(\$3.69)	\$485.00	\$515.35	\$30.35	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$891.00	\$532.44	(\$358.56)	\$1,055.00	\$694.63	(\$360.37)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$515.00	\$502.24	(\$12.76)	\$922.00	\$958.55	\$36.55	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,261.00	\$937.87	(\$323.13)	\$1,490.00	\$1,179.06	(\$310.94)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	BCBSTX Blue Edge 'HSA \$3500		TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan \$500/90%		Aetna Signature	BCBSTX PPO Base Plan \$4000		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$131.31	(\$3.69)	\$485.00	\$526.33	\$41.33	\$615.00	\$389.61	(\$225.39)	
EMPLOYEE + SPOUSE	\$891.00	\$532.44	(\$358.56)	\$1,055.00	\$715.82	(\$339.18)	\$1,609.00	\$751.96	(\$857.04)	
EMPLOYEE + CHILD(REN)	\$515.00	\$502.24	(\$12.76)	\$922.00	\$978.98	\$56.98	\$1,044.00	\$724.68	(\$319.32)	
EMPLOYEE + FAMILY	\$1,261.00	\$937.87	(\$323.13)	\$1,490.00	\$1,210.57	(\$279.43)	\$1,975.00	\$1,118.19	(\$856.81)	

  

MONTHLY RATES	TSHBP - HD Plan	Cigna HSA Open Access Plan		TSHBP - Copay Plan	Cigna Open Access Plan \$500/80%		Aetna Signature	Cigna OAPIN Plan		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$121.78	(\$13.22)	\$485.00	\$506.54	\$21.54	\$615.00	\$390.22	(\$224.78)	
EMPLOYEE + SPOUSE	\$891.00	\$501.78	(\$389.22)	\$1,055.00	\$662.93	(\$392.07)	\$1,609.00	\$741.82	(\$867.18)	
EMPLOYEE + CHILD(REN)	\$515.00	\$878.41	\$363.41	\$922.00	\$1,415.25	\$493.25	\$1,044.00	\$1,090.29	\$46.29	
EMPLOYEE + FAMILY	\$1,261.00	\$1,256.72	(\$4.28)	\$1,490.00	\$1,669.61	\$179.61	\$1,975.00	\$1,140.33	(\$534.67)	

  

MONTHLY RATES	TSHBP - HD Plan	Cigna HSA Open Access Plan		TSHBP - Copay Plan	Cigna Open Access Plan \$500/90%		Aetna Signature	Cigna OAPIN Plan		
	Current	PROPOSED	Diff	Current	PROPOSED	Diff	Current	PROPOSED	Diff	
EMPLOYEE ONLY	\$135.00	\$121.61	(\$13.39)	\$485.00	\$494.90	\$9.90	\$615.00	\$390.06	(\$224.94)	
EMPLOYEE + SPOUSE	\$891.00	\$501.46	(\$389.54)	\$1,055.00	\$640.80	(\$414.20)	\$1,609.00	\$741.49	(\$867.51)	
EMPLOYEE + CHILD(REN)	\$515.00	\$877.97	\$362.97	\$922.00	\$1,382.73	\$460.73	\$1,044.00	\$1,089.81	\$45.81	
EMPLOYEE + FAMILY	\$1,261.00	\$1,256.15	(\$4.85)	\$1,490.00	\$1,526.65	\$36.65	\$1,975.00	\$1,139.70	(\$535.30)	

Texas Schools Health Benefits Program/Aetna Comparison to Blue Cross Blue Shield						
	TSHBP - HD Plan	BCBSTX Blue Edge HSA/HCA	TSHBP - Copay Plan	BCBSTX PPO Buy Up Plan	Aetna Signature	BCBSTX PPO Base Plan
CARRIER WEBSITE NETWORK	<a href="https://www.healthsmart.com/">https://www.healthsmart.com/</a> Healthsmart National	<a href="http://www.bcbstx.com">www.bcbstx.com</a> Blue Choice PPO	<a href="https://www.healthsmart.com/">https://www.healthsmart.com/</a> Healthsmart	<a href="https://www.bcbstx.com">www.bcbstx.com</a> Blue Choice PPO	<a href="https://www.aetna.com/">https://www.aetna.com/</a> Aetna	<a href="http://www.bcbstx.com">www.bcbstx.com</a> Blue Choice PPO
<b>COINSURANCE LEVEL (In Network)</b>	100%	100%/80%	0%	80%/60%	70%	70%/50%
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>CALENDAR YEAR DEDUCTIBLE</b>						
- Individual (In Network)	\$3,500	\$3,500/\$5,000	None - Plan Pays 100% after deductible	\$500/\$4,000	\$4,000	\$4,000/\$8,000
- Family (In Network)	\$10,500	\$10,500/\$15,000	None - Plan Pays 100% after deductible	\$1,500/\$12,000	\$8,000	\$8,000/\$16,000
<b>OUT-OF-POCKET MAXIMUM (Includes Calendar Year Ded.)</b>						
- Individual (In Network)	\$3,500	\$3,500/\$10,000	\$4,000	\$4,000/\$5,000	\$10,000	\$10,000/\$20,000
- Family (In Network)	\$10,500	\$10,500/\$20,000	\$11,000	\$11,000/\$15,000	\$20,000	\$20,000/\$40,000
<b>OFFICE VISIT COPAY</b>	100% after deductible	Deductible plus coinsurance	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist	\$45 PCP/\$70 Specialist
<b>URGENT CARE</b>	100% after deductible	Deductible plus coinsurance	\$75 Copay/visit	\$75	\$75 Copay/visit	\$75
<b>PREVENTIVE CARE SERVICES</b>	100% of allowable amount	Deductible plus coinsurance	100% of allowable amount	100% of allowed amount	100% of allowable amount	100% of allowed amount
<b>INPATIENT HOSPITALIZATION</b>	100% after deductible	Deductible plus coinsurance	\$650 Copayment	Deductible plus coinsurance	30% coinsurance after deductible	Deductible plus coinsurance
<b>EMERGENCY ROOM</b>	100% after deductible	100% of allowed amount after deductible	\$500 Copayment	Deductible plus coinsurance after \$500 Copayment	\$500 Copay + 30% after deductible	Deductible plus coinsurance after \$500 copayment
<b>OUTPATIENT SURGERY</b>	100% after deductible	Deductible plus coinsurance	\$650 Copayment	Deductible plus coinsurance	30% coinsurance after deductible	Deductible plus coinsurance
<b>MATERNITY</b>	100% after deductible	Deductible plus coinsurance	\$500 Copayment	Deductible plus coinsurance	30% coinsurance after deductible	Deductible plus coinsurance
<b>PRESCRIPTION DRUGS:</b>						
<b>CALENDAR YEAR DEDUCTIBLE RETAIL:</b>	Intergrated with Medical <u>30-day supply</u>	Combined with Medical	No Drug Deductible <u>30-day supply</u>	\$0	\$500 brand deductible <u>30-day supply</u>	\$0
Generics (30-Day Supply/90-Day Supply)	Deductible then plan pays 100%; \$0 for certain generics	Deductible plus coinsurance	\$0 Copay CVS/HEB/Walmart/Costco/Sam's \$10 Copay all other pharmacies	\$0 copayment	\$15/\$45 Copay; \$0 for certain generics	\$15 copayment
Non-Preferred Brand	100% after deductible	Deductible plus coinsurance	\$70 Copay or 50% Copay whichever is greater (max \$200)	\$70 copayment	50% coinsurance after deductible	\$50 copayment 13
Preferred Brand	100% after deductible	Deductible plus coinsurance	\$35 Copay or 50% Copay whichever is greater (max \$100)	\$35 copayment	25% coinsurance after deductible	\$30 copayment
Specialty	100% after deductible	Covered at applicable Tier 1, 2, 3	50% Copay (max \$500)	Covered at applicable Tier 1, 2, 3	50% coinsurance after deductible	Covered at applicable Tier 1, 2, 3
<b>EMPLOYEE COUNT</b>						
EMPLOYEE ONLY	23	23	211	211	79	79
EMPLOYEE + SPOUSE	1	1	10	10	1	1
EMPLOYEE + CHILD(REN)	17	17	63	63	16	16
EMPLOYEE + FAMILY	3	3	6	6	5	5
<b>MONTHLY RATES (Total)</b>	<b>Current</b>	<b>Proposed</b>	<b>Current</b>	<b>Proposed</b>	<b>Current</b>	<b>Proposed</b>
EMPLOYEE ONLY	\$435.00	\$431.31	\$485.00	\$515.35	\$615.00	\$389.61
EMPLOYEE + SPOUSE	\$1,191.00	\$832.44	\$1,355.00	\$994.63	\$1,609.00	\$751.96
EMPLOYEE + CHILD(REN)	\$815.00	\$802.24	\$922.00	\$958.55	\$1,044.00	\$724.68
EMPLOYEE + FAMILY	\$1,561.00	\$1,237.87	\$1,790.00	\$1,479.06	\$1,975.00	\$1,118.19
<b>MONTHLY RATES (Employee)</b>	<b>Current</b>	<b>Proposed</b>	<b>Current</b>	<b>Proposed</b>	<b>Current</b>	<b>Proposed</b>
EMPLOYEE ONLY	\$135.00	\$131.31	\$185.00	\$215.35	\$315.00	\$89.61
EMPLOYEE + SPOUSE	\$891.00	\$532.44	\$1,055.00	\$694.63	\$1,309.00	\$451.96
EMPLOYEE + CHILD(REN)	\$515.00	\$502.24	\$622.00	\$658.55	\$744.00	\$424.68
EMPLOYEE + FAMILY	\$1,261.00	\$937.87	\$1,490.00	\$1,179.06	\$1,675.00	\$818.19



**Splendor ISD Board of Trustees  
Agenda Item Information Form**

**Board Meeting Date:** March 27, 2024

**Submitted Date:** March 20, 2024

**Agenda Business Items:**

- Consent Agenda Item  
(Board has acted on items such as this previously)  
New Action

X (Board has not seen information previously and allows for more time to discuss)

**Information Only Items:**

- Presentation
- Recognition
- Information

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**Name of Person Responsible:** Kevin Lynch

**Department or Campus:** Chief Financial Officer

**Topic:** Discussion and Possible Action to Approve Huckabee invoice at the cost of \$279,822.13.

**Background Information:** Services through January 31, 2024.

**Attachments:** Invoice #102038 dated February 28, 2024.

**Superintendent's Resolutions:** Recommended

INVOICE				Invoice Date:	February 28, 2024
Splendor ISD		PO Number:	Project #:	Services Through:	
23419 FM 2090		240224	01965-01-01	January 31, 2024	
Splendor, TX 77372		New Junior High School			

Description of Work	Estimated Cost of Work	Fee	Total Contract Value	% Completion	Total Billed To Date	Previous Billed To Date	Billing This Period	Remaining Contract Balance
Total Awarded Construction Cost	\$ 67,867,652.00	5.25%	\$ 3,385,785.48		\$	\$	\$	\$
Contingencies & Allowances	\$ 3,376,500.00				\$	\$	\$	\$
Invoice Adjusted Construction Cost	\$ 64,491,152.00	5.25%	\$ 3,385,785.48					
<b>Design/Bid Phases</b>								
1. Schematic Design		30%	\$ 1,015,735.64	100.0%	\$ 1,015,735.64	\$ 972,562.50	\$ 43,173.14	\$ -
2. Design Development		25%	\$ 846,446.37	100.0%	\$ 846,446.37	\$ 810,468.75	\$ 35,977.62	\$ -
3. Construction Documents		20%	\$ 677,157.10	100.0%	\$ 677,157.10	\$ 648,375.00	\$ 28,782.10	\$ -
4. Bidding or Negotiations		5%	\$ 169,289.27	100.0%	\$ 169,289.27	\$ -	\$ 169,289.27	\$ -
<b>Construction Administration</b>								
5.1 Construction Administration		18%	\$ 609,441.39		\$ -	\$ -	\$ -	\$ 609,441.39
5.2 Project Completion		2%	\$ 67,715.71		\$ -	\$ -	\$ -	\$ 67,715.71
			<b>Sub-Total for Basic Services</b>	80.0%	\$ 2,708,628.38	\$ 2,431,406.25	\$ 277,222.13	\$ 677,157.10
<b>Reimbursable Expenses (5% markup)</b>								
1. Document Reproduction		Estimated →	\$ 5,000.00		\$ 1,762.36	\$ 1,762.36	\$ -	\$ 3,237.64
2. ADA Review, Jurisdictional		Estimated →	\$ 40,000.00		\$ 18,444.71	\$ 18,444.71	\$ -	\$ 21,555.29
			<b>Sub-Total for Reimbursable Expenses</b>		\$ 20,207.07	\$ 20,207.07	\$ -	\$ 24,792.93
<b>Supplemental Services (no markup)</b>								
1. Landscape		Estimated →	\$ 22,000.00		\$ 17,000.00	\$ 14,400.00	\$ 2,600.00	\$ 5,000.00
2. Acoustical		Estimated →	\$ 24,250.00		\$ 16,975.00	\$ 16,975.00	\$ -	\$ 7,275.00
3. Traffic		Estimated →	\$ 11,310.00		\$ 11,310.00	\$ 11,310.00	\$ -	\$ -
4. Energy Review		Estimated →	\$ 8,100.00		\$ -	\$ -	\$ -	\$ 8,100.00
			<b>Sub-Total for Supplemental Services</b>		\$ 45,285.00	\$ 42,685.00	\$ 2,600.00	\$ 20,375.00
			<b>Total Invoice Amount Due</b>	79.3%	\$ 2,774,120.45	\$ 2,494,298.32	\$ 279,822.13	\$ 722,325.03

Total Amount Now Due **\$ 279,822.13**

Please Remit To:  
Huckabee  
801 Cherry Street, Suite 500  
Fort Worth, Texas 76102  
800.687.1229

Huckabee



**Splendoria ISD Board of Trustees  
Agenda Item Information Form**

**Board Meeting Date: 03/27/2024**

**Submitted Date: 03/20/2024**

**Agenda Business Items:**

- Consent Agenda Item
- New Action

**Information Only Items:**

- Presentation
- Recognition
- Information

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Name of Person Responsible:

Brian Kroeger

Department or Campus:

Human Resources

Topic:

Discussion and Possible Action to Approve the Humanities Coordinator Hire as presented

Background Information:

Attachments:

Superintendent's Resolution:

Recommend approval.



**Splendoria ISD Board of Trustees  
Agenda Item Information Form**

**Board Meeting Date: March 27, 2024**

**Submitted Date: March 20, 2024**

**Agenda Business Items:**

- Consent Agenda Item  
(Board has acted on items such as this previously)
- New Action**  
(Board has not seen information previously and allows for more time to discuss)

**Information Only Items:**

- Presentation
- Recognition  
Information

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Name of Person Responsible: Dianna Archer

Department or Campus: Student Services

Topic: Student Fees

Background Information:

The board has elected to vote on student fees for each school year. The information is gathered from all organizations where a fee is required to participate.

Attachments:

Will be sent separately

Superintendent's Resolutions: Reviewed and recommended