

# Board Workshop

## Medical Plan Options

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**Presented By: Lance Pendley – Senior Vice President**

**January 12, 2023**



# Agenda

- Different Options Available for Medical
  - Reference Based Pricing (RBP) Overview
    - What is Referenced Based Pricing
    - Referenced Based Pricing Considerations
    - Referenced Based Pricing Considerations for Employees/Members
  - Self-Funded Overview
  - Fully Insured Overview
- Self- Insured vs. Fully Insured
- Fully Insured Medical Marketing Results
- Fully Insured Request for Proposal (RFP) Carrier Responses
- Medical & Pharmacy Disruption
- Timeline



# Different Options Available for Medical

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# Reference Based Pricing (RBP) Overview

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# What is Reference-Based Pricing (RBP)?

- Alternative health care pricing methodology based on Medicare rates
- Reference Based Pricing takes a known starting price (usually Medicare allowable but not exclusively), and then the plan marks that up to a level set by each plan sponsor
  - ✓ Example: 150%-200% of the Medicare allowable price
- Reference Based Pricing is the methodology that many PPO plans use to cover out-of-network health care costs
  - ✓ Pay a very low level out-of-network and put increased responsibility on the member
- Reference Based Pricing enables you to set maximum price limits on medical services
- Works in conjunction with self-insured health plans
  - ✓ Allows employers to have more control and cost transparency of covered care versus a fully-insured program



# Reference Based Pricing Considerations

- Reference Based Pricing eliminates all inpatient and outpatient provider networks risking disruption with highly utilized providers
  - ✓ Example: Texas Health Resources and Baylor Scott & White
- Requires working with an experienced third-party administrator to run smoothly
- The District would remain a self-funded employer with cost fluctuations and volatility
- Reference Based Pricing requires a lot of employee communication and education to prepare employees to make the best health care decisions.
- Additional burden on District staff with individual claim issues.



# Reference Based Pricing Considerations for the Employees/Members

- Reference Based Pricing, like out-of-network PPO claims, may result in unexpected bills to the members
  - Example: Balanced Billing
- Reference based pricing can potentially put members' financial standings at risk with impact to credit scores
- Providers can deny care/admission due to lack of provider contracts, or the Referenced Based Pricing methodology specifically
- Employees inability to understand the program due to their complexity



# Self-Funded Overview

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# Self-Funded Overview

- Claims volatility has caused District to run higher than budgeted expenses
- Unpredictable future cost for the District if expenses exceed premiums and District contributions
- Potential for carry forward deficit year over year
- Additional administration requirements for the employer
  - ✓ Fiduciary Responsibility
  - ✓ Federal Compliance Regulations
  - ✓ Assumption of Risk



# Fully Insured Overview

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# Fully Insured Overview

- Employees will receive same care if we are on a self-funded or fully insured medical plan
- District will no longer assume the risk if claims exceed premiums and District contributions
- District will pay guaranteed monthly premiums to Insurance Carrier
- Standard benefit plans and processes
- Carrier handles the ACA taxes
  - ✓ Example: PCORI fee



# Self-Insured vs. Fully Insured

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# Self-insured vs. Fully Insured

## Self-insured

The employer does not pay premiums; instead, it pays fixed costs (administrative fees and stop-loss premiums) and variable costs (employee health care claims).

The employer assumes the risk.

Employers have more control and freedom in their plan designs.

The Employee Retirement Income Security Act of 1974 (ERISA) pre-empts state regulations.

### PAYMENTS

### ASSUMPTION OF RISK

### PLAN DESIGN

### COMPLIANCE PAYMENTS

## Fully-insured

The employer pays monthly premiums to an insurance carrier.

The insurance company assumes the risk.

Employers are more limited by insurers' plan design options.

The plan must comply with state regulations.



# Fully Insured Medical Marketing Results

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# Aetna Best and Final – 12 Month Contract

Keller ISD  
Fully Insured Medical Marketing Analysis  
Firm Proposal  
Effective: 7/1/2023

| Benefits                                | Current<br>UHC - Self Funded  |  |                                  | Proposed<br>Aetna - EPO Broad - Fully Insured |                                  |                                  |
|---|---|--|----------------------------------|---|----------------------------------|----------------------------------|
|   | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only | HDHP<br>In-Network Only                       | Essential<br>In-Network Only     | Major Medical<br>In-Network Only |
| Coinurance                              | 80%   | 80%  | 80%                              | 80%   | 80%                              | 80%                              |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               | \$3,000 / \$9,000                             | \$2,500 / \$7,500                | \$5,000 / \$15,000               |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               | \$7,050 / \$14,100                            | \$8,550 / \$17,100               | \$8,550 / \$17,100               |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited                        | Unlimited                                     | Unlimited                        | Unlimited                        |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               | 20% after ded.                                | \$25 copay                       | \$25 copay                       |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$85 copay*   | \$45 / \$85 copay*               | 20% after ded.                                | \$45 copay                       | \$45 copay                       |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**                    | 20% after ded.                                | 20% after ded.                   | 20% after ded.                   |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  | 20% after ded.                                | 20% after ded.                   | 20% after ded.                   |
| Hospital                                |   |  |                                  |   |                                  |                                  |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           | 20% after ded.                                | \$150 copay then 20% coinsurance | 20% after ded.                   |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           | 20% after ded.                                | \$150 copay then 20% coinsurance | 20% after ded.                   |
| Prescription Drugs                      |   | \$150 ded.   | \$200 ded.                       |   | \$150 / \$300 ded.               | \$200 / \$400 ded.               |
| Retail - (30 day supply)                |   |  |                                  |   |                                  |                                  |
| Tier 1                                  | \$9 copay   | \$9 copay  | \$9 copay                        | \$9 copay                                     | \$9 copay                        | \$9 copay                        |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay                       | 20% after ded.                                | \$50 copay                       | \$50 copay                       |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay                       | 20% after ded.                                | \$75 copay                       | \$75 copay                       |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max               | 20% after ded.                                | 20% with \$150 max               | 20% with \$150 max               |
| Mail Order - (90 day supply)            |   |  |                                  |   |                                  |                                  |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay                       | \$25 copay                                    | \$25 copay                       | \$25 copay                       |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay                       | 20% after ded.                                | \$85 copay                       | \$85 copay                       |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay                      | 20% after ded.                                | \$135 copay                      | \$135 copay                      |
| 12 Month Rates                          | HDHP Essential Major  |  |                                  |   |                                  |                                  |
| Employee Only                           | 1281 18 500   |  |                                  | \$479.50                                      | \$1,167.24                       | \$703.30                         |
| Employee + Spouse                       | 29 1 35   |  |                                  | \$1,324.46                                    | \$2,345.54                       | \$1,548.51                       |
| Employee + Child                        | 258 10 241  |  |                                  | \$1,073.52                                    | \$2,024.84                       | \$1,297.75                       |
| Employee + Family                       | 45 2 56   |  |                                  | \$1,955.31                                    | \$3,309.85                       | \$2,200.11                       |
| Monthly Total                           | 1613 31 832   |  |                                  | \$1,017,605.95                                | \$50,763.96                      | \$841,811.78                     |
| Annual Total                            |   |  |                                  | \$12,211,271.40                               | \$609,167.52                     | \$10,101,741.12                  |
| Combined Annual Total                   |   | \$20,430,268.32  |                                  |   | \$22,922,180.04                  |                                  |
| Self-Funded Run-Out                     |   | N/A  |                                  |   | \$1,968,439.56                   |                                  |
| Combined Annual Total Including Run-Out |   | \$20,430,268.32  |                                  |   | \$24,890,619.60                  |                                  |
| \$ Change from Renewal                  |   | -  |                                  |   | \$4,460,351.28                   |                                  |
| % Change from Renewal                   |   | -  |                                  |   | 21.83%                           |                                  |

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply  
Rx copays are after deductible

A 2nd year Rate Cap of "not to exceed" +11.9% for the renewal period 7/1/24 to 6/30/25 is included.

\$20,000 implementation credit included  
\$50,000 communication/wellness credit included  
Rx copays are after deductible



# Aetna Employee Premiums – 12 Month Contract

| Tiers             | Keller          |            |               | Aetna           |            |               |
|-------------------|-----------------|------------|---------------|-----------------|------------|---------------|
|                   | High Deductible | Essential  | Major Medical | High Deductible | Essential  | Major Medical |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$204.50        | \$922.24   | \$428.30      |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$1,049.46      | \$2,070.54 | \$1,273.51    |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$798.52        | \$1,749.84 | \$1,022.75    |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,680.31      | \$3,034.85 | \$1,925.11    |





# Blue Cross Blue Shield (BCBS) Best and Final- 12 Month Contract

Keller ISD  
Fully Insured Medical Marketing Analysis  
Firm Proposal  
Effective: 7/1/2023

|   |   |  |                        | Current            |                     | Proposed                         |                             |                    |                             |
|---|---|--|------------------------|--------------------|---------------------|----------------------------------|-----------------------------|--------------------|-----------------------------|
|   |   |  |                        | UHC - Self Funded  |                     | BCBS PPO - Fully Insured         |                             |                    |                             |
| Benefits                                |   |  |                        | HDHP               | Essential           |                                  |                             | Major Medical      |                             |
|   | HDHP  | Essential  | Major Medical          | HDHP               | Essential           | Major Medical                    |                             |                    |                             |
|   | In-Network Only   | In-Network Only  | In-Network Only        | In-Network         | Out-of-Network      | In-Network                       | Out-of-Network              | In-Network         | Out-of-Network              |
| Coinsurance                             | 80%   | 80%  | 80%                    | 80%                | 50%                 | 80%                              | 50%                         | 80%                | 50%                         |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000     | \$3,000 / \$9,000  | \$9,000 / \$27,000  | \$2,500 / \$7,500                | \$7,500 / \$22,500          | \$5,000 / \$15,000 | \$15,000 / \$45,000         |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100     | \$7,050 / \$14,100 | \$21,500 / \$42,300 | \$8,550 / \$17,100               | \$25,850 / \$51,300         | \$8,550 / \$17,100 | \$25,850 / \$51,300         |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited              | Unlimited          |                     | Unlimited                        |                             | Unlimited          |                             |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*     | 20% after ded.     | 50% after ded.      | \$25 copay                       | 50% after ded.              | \$25 copay         | 50% after ded.              |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$65 copay*   | \$45 / \$65 copay*     | 20% after ded.     | 50% after ded.      | \$45 copay                       | 50% after ded.              | \$45 copay         | 50% after ded.              |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**          | 20% after ded.     | 50% after ded.      | \$100 copay                      | 50% after ded.              | \$100 copay        | 50% after ded.              |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance        | 20% after ded.     |                     | 20% after ded.                   |                             | 20% after ded.     |                             |
| Hospital                                |   |  |                        |                    |                     |                                  |                             |                    |                             |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance* | 20% after ded.     | 50% after ded.      | \$150 copay then 20% coinsurance | 50% after ded.              | 20% after ded.     | 50% after ded.              |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance* | 20% after ded.     | 50% after ded.      | 20% after ded.                   | 50% after ded.              | 20% after ded.     | 50% after ded.              |
| Prescription Drugs                      |   | \$150 ded.   | \$200 ded.             |                    |                     | \$150 / \$300 ded.               |                             | \$200 / \$400 ded. |                             |
| Retail - (30 day supply)                |   |  |                        |                    |                     |                                  |                             |                    |                             |
| Tier 1                                  | \$9 copay   | \$9 copay  | \$9 copay              | \$9 copay          | \$9 copay then 50%  | \$9 copay                        | \$9 copay then 50%          | \$9 copay          | \$9 copay then 50%          |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay             | 20% after ded.     | 50% after ded.      | \$50 copay                       | \$50 copay then 50%         | \$50 copay         | \$50 copay then 50%         |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay             | 20% after ded.     | 50% after ded.      | \$75 copay                       | \$75 copay then 50%         | \$75 copay         | \$75 copay then 50%         |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max     | 20% after ded.     | 50% after ded.      | 20% with \$150 max               | 20% with \$150 max then 50% | 20% with \$150 max | 20% with \$150 max then 50% |
| Mail Order - (90 day supply)            |   |  |                        |                    |                     |                                  |                             |                    |                             |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay             | \$25 copay         | N/A                 | \$25 copay                       | N/A                         | \$25 copay         | N/A                         |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay             | 20% after ded.     | N/A                 | \$85 copay                       | N/A                         | \$85 copay         | N/A                         |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay            | 20% after ded.     | N/A                 | \$135 copay                      | N/A                         | \$135 copay        | N/A                         |
| 12 Month Rates                          | HDHP  | Essential  | Major                  |                    |                     |                                  |                             |                    |                             |
| Employee Only                           | 1281  | 18   | 500                    | \$400.15           |                     | \$999.10                         |                             | \$588.91           |                             |
| Employee + Spouse                       | 29  | 1  | 35                     | \$1,105.26         |                     | \$1,957.36                       |                             | \$1,292.24         |                             |
| Employee + Child                        | 258   | 10   | 241                    | \$895.86           |                     | \$1,889.73                       |                             | \$1,082.97         |                             |
| Employee + Family                       | 45  | 2  | 56                     | \$1,631.71         |                     | \$2,762.08                       |                             | \$1,836.00         |                             |
| Monthly Total                           | 1613  | 31   | 832                    | \$849,203.52       |                     | \$42,382.62                      |                             | \$702,465.17       |                             |
| Annual Total                            |   |  |                        | \$10,190,442.24    |                     | \$508,351.44                     |                             | \$8,429,942.04     |                             |
| Combined Annual Total                   | \$20,430,268.32   |  |                        |                    |                     | \$19,128,735.72                  |                             |                    |                             |
| Self-Funded Run-Out                     | N/A   |  |                        |                    |                     | \$1,968,439.56                   |                             |                    |                             |
| Combined Annual Total Including Run-Out | \$20,430,268.32   |  |                        |                    |                     | \$21,097,175.28                  |                             |                    |                             |
| \$ Change from Renewal                  | -   |  |                        |                    |                     | \$666,906.96                     |                             |                    |                             |
| % Change from Renewal                   | -   |  |                        |                    |                     | 3.26%                            |                             |                    |                             |

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network  
\*\*Deductible doesn't apply  
Rx copays are after deductible

\*Designated/Non-Designated Network  
\*\*Deductible doesn't apply

A 2nd year Rate Cap of "not to exceed" +9.5% for the renewal period 7/1/24 to 6/30/25 is included.  
\$300,000 transition credit included  
Rx copays are after deductible



# Blue Cross Blue Shield Employee Premiums- 12 Month Contract

| Tiers             | Keller          |            |               | BCBS            |            |               |
|-------------------|-----------------|------------|---------------|-----------------|------------|---------------|
|                   | High Deductible | Essential  | Major Medical | High Deductible | Essential  | Major Medical |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$125.15        | \$724.10   | \$311.91      |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$830.26        | \$1,682.36 | \$1,017.24    |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$620.86        | \$1,414.73 | \$807.97      |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,356.71      | \$2,487.08 | \$1,561.00    |



# Blue Cross Blue Shield (BCBS) Best and Final – 18 Month Contract

Keller ISD  
Fully Insured Medical Marketing Analysis  
Firm Proposal  
Effective: 7/1/2023

| Benefits                                | Current<br>UHC - Self Funded  |  |                                  | Proposed<br>BCBS PPO - Fully Insured - 18 Month Contract |                     |                                  |                             |                    |                             |
|---|---|--|----------------------------------|--|---------------------|----------------------------------|-----------------------------|--------------------|-----------------------------|
|   | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only | HDHP   |                     | Essential                        |                             | Major Medical      |                             |
|   | In-Network  | In-Network   | In-Network                       | In-Network   | Out-of-Network      | In-Network                       | Out-of-Network              | In-Network         | Out-of-Network              |
| Coinsurance                             | 80%   | 80%  | 80%                              | 80%  | 50%                 | 80%                              | 50%                         | 80%                | 50%                         |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               | \$3,000 / \$9,000  | \$9,000 / \$27,000  | \$2,500 / \$7,500                | \$7,500 / \$22,500          | \$5,000 / \$15,000 | \$15,000 / \$45,000         |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               | \$7,050 / \$14,100                                       | \$21,500 / \$42,300 | \$8,550 / \$17,100               | \$25,650 / \$51,300         | \$8,550 / \$17,100 | \$25,650 / \$51,300         |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited                        | Unlimited  | Unlimited           | Unlimited                        | Unlimited                   | Unlimited          | Unlimited                   |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               | 20% after ded.   | 50% after ded.      | \$25 copay                       | 50% after ded.              | \$25 copay         | 50% after ded.              |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$85 copay*   | \$45 / \$85 copay*               | 20% after ded.   | 50% after ded.      | \$45 copay                       | 50% after ded.              | \$45 copay         | 50% after ded.              |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**                    | 20% after ded.   | 50% after ded.      | \$100 copay                      | 50% after ded.              | \$100 copay        | 50% after ded.              |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  | 20% after ded.   | 20% after ded.      | 20% after ded.                   | 20% after ded.              | 20% after ded.     | 20% after ded.              |
| Hospital                                |   |  |                                  |  |                     |                                  |                             |                    |                             |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           | 20% after ded.   | 50% after ded.      | \$150 copay then 20% coinsurance | 50% after ded.              | 20% after ded.     | 50% after ded.              |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           | 20% after ded.   | 50% after ded.      | 20% after ded.                   | 50% after ded.              | 20% after ded.     | 50% after ded.              |
| Prescription Drugs                      |   |  |                                  |  |                     |                                  |                             |                    |                             |
| Retail - (30 day supply)                |   |  |                                  |  |                     | \$150 / \$300 ded.               |                             | \$200 / \$400 ded. |                             |
| Tier 1                                  | \$9 copay   | \$9 copay  | \$9 copay                        | \$9 copay  | \$9 copay then 50%  | \$9 copay                        | \$9 copay then 50%          | \$9 copay          | \$9 copay then 50%          |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay                       | 20% after ded.   | 50% after ded.      | \$50 copay                       | \$50 copay then 50%         | \$50 copay         | \$50 copay then 50%         |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay                       | 20% after ded.   | 50% after ded.      | \$75 copay                       | \$75 copay then 50%         | \$75 copay         | \$75 copay then 50%         |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max               | 20% after ded.   | 50% after ded.      | 20% with \$150 max               | 20% with \$150 max then 50% | 20% with \$150 max | 20% with \$150 max then 50% |
| Mail Order - (90 day supply)            |   |  |                                  |  |                     |                                  |                             |                    |                             |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay                       | \$25 copay   | N/A                 | \$25 copay                       | N/A                         | \$25 copay         | N/A                         |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay                       | 20% after ded.   | N/A                 | \$85 copay                       | N/A                         | \$85 copay         | N/A                         |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay                      | 20% after ded.   | N/A                 | \$135 copay                      | N/A                         | \$135 copay        | N/A                         |
| 12 Month Rates                          | HDHP  | Essential  | Major                            |  |                     |                                  |                             |                    |                             |
| Employee Only                           | 1281  | 18   | 500                              |  | \$412.70            |                                  | \$1,030.44                  |                    | \$805.32                    |
| Employee + Spouse                       | 29  | 1  | 35                               |  | \$1,139.94          |                                  | \$2,018.77                  |                    | \$1,332.78                  |
| Employee + Child                        | 258   | 10   | 241                              |  | \$923.96            |                                  | \$1,742.74                  |                    | \$1,116.95                  |
| Employee + Family                       | 45  | 2  | 56                               |  | \$1,882.91          |                                  | \$2,848.73                  |                    | \$1,893.60                  |
| Monthly Total                           | 1613  | 31   | 832                              |  | \$875,839.59        |                                  | \$43,691.55                 |                    | \$724,533.85                |
| Annual Total                            |   |  |                                  |  | \$10,510,075.08     |                                  | \$524,298.60                |                    | \$8,694,406.20              |
| Combined Annual Total                   |   |  |                                  |  |                     |                                  | \$19,728,779.88             |                    |                             |
| Self-Funded Run-Out                     |   |  |                                  |  |                     |                                  | \$1,968,439.56              |                    |                             |
| Combined Annual Total Including Run-Out |   |  |                                  |  |                     |                                  | \$21,697,219.44             |                    |                             |
| \$ Change from Renewal                  |   |  |                                  |  |                     |                                  | \$1,266,951.12              |                    |                             |
| % Change from Renewal                   |   |  |                                  |  |                     |                                  | 6.20%                       |                    |                             |

\*Designated/Non-Designated Network  
\*\*Deductible doesn't apply  
\*\*\*Deductible doesn't apply  
Rx copays are after deductible

\$300,000 transition credit included  
Rx copays are after deductible



# Blue Cross Blue Shield Employee Premiums – 18 Month Contract

| Tiers             | Keller          |            |               | BCBS            |            |               |
|-------------------|-----------------|------------|---------------|-----------------|------------|---------------|
|                   | High Deductible | Essential  | Major Medical | High Deductible | Essential  | Major Medical |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$137.70        | \$755.44   | \$330.32      |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$864.94        | \$1,743.77 | \$1,057.78    |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$648.96        | \$1,467.74 | \$841.95      |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,407.91      | \$2,573.73 | \$1,618.60    |



# Cigna Best and Final – 12 Month Contract

Keller ISD  
Fully Insured Medical Marketing Analysis  
Firm Proposal  
Effective: 7/1/2023

| Benefits                                | Current<br>UHC - Self Funded  |  |                                  | Proposed<br>Cigna EPO - Fully Insured |                              |                                  |
|---|---|--|----------------------------------|---------------------------------------|------------------------------|----------------------------------|
|   | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only | HDHP<br>In-Network Only               | Essential<br>In-Network Only | Major Medical<br>In-Network Only |
| Coinsurance                             | 80%   | 80%  | 80%                              | 80%                                   | 80%                          | 80%                              |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               | \$3,000 / \$6,000                     | \$2,500 / \$7,500            | \$5,000 / \$15,000               |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               | \$7,050 / \$14,100                    | \$8,550 / \$17,100           | \$8,550 / \$17,100               |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited                        | Unlimited                             | Unlimited                    | Unlimited                        |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               | 20% after ded.                        | \$25 copay                   | \$25 copay                       |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$65 copay*   | \$45 / \$65 copay*               | 20% after ded.                        | \$45 copay                   | \$45 copay                       |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**                    | 20% after ded.                        | \$100 copay                  | \$100 copay                      |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  | 20% after ded.                        | 20% after ded.               | 20% after ded.                   |
| Hospital                                |   |  |                                  |                                       |                              |                                  |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           | 20% after ded.                        | 20% after ded.               | 20% after ded.                   |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           | 20% after ded.                        | 20% after ded.               | 20% after ded.                   |
| Prescription Drugs                      |   | \$150 ded.   | \$200 ded.                       |                                       | \$150 ded.                   | \$200 ded.                       |
| Retail - (30 day supply)                |   |  |                                  |                                       |                              |                                  |
| Tier 1                                  | \$0 copay   | \$0 copay  | \$0 copay                        | \$0 copay                             | \$0 copay                    | \$0 copay                        |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay                       | 20% after ded.                        | \$50 copay                   | \$50 copay                       |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay                       | 20% after ded.                        | \$75 copay                   | \$75 copay                       |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max               | 20% after ded.                        | 20% after ded.               | 20% after ded.                   |
| Mail Order - (90 day supply)            |   |  |                                  |                                       |                              |                                  |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay                       | \$25 copay                            | \$25 copay                   | \$25 copay                       |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay                       | 20% after ded.                        | \$85 copay                   | \$50 copay                       |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay                      | 20% after ded.                        | \$135 copay                  | \$75 copay                       |
| 12 Month Rates                          | HDHP Essential Major  |  |                                  |                                       |                              |                                  |
| Employee Only                           | 1281 18 500   |  |                                  | \$573.49                              | \$695.16                     | \$666.05                         |
| Employee + Spouse                       | 29 1 35   |  |                                  | \$1,253.31                            | \$1,526.40                   | \$1,462.35                       |
| Employee + Child                        | 258 10 241  |  |                                  | \$1,055.03                            | \$1,283.94                   | \$1,230.09                       |
| Employee + Family                       | 45 2 56   |  |                                  | \$1,780.18                            | \$2,170.61                   | \$2,079.49                       |
| Monthly Total                           | 1613 31 832   |  |                                  | \$1,123,292.52                        | \$31,219.90                  | \$797,110.38                     |
| Annual Total                            |   |  |                                  | \$13,479,510.24                       | \$374,638.80                 | \$9,565,324.56                   |
| Combined Annual Total                   |   | \$20,430,268.32  |                                  |                                       | \$23,419,473.60              |                                  |
| Self-Funded Run-Out                     |   | N/A  |                                  |                                       | \$1,968,439.56               |                                  |
| Combined Annual Total Including Run-Out |   | \$20,430,268.32  |                                  |                                       | \$25,387,913.16              |                                  |
| \$ Change from Renewal                  |   | -  |                                  |                                       | \$4,957,644.84               |                                  |
| % Change from Renewal                   |   | -  |                                  |                                       | 24.27%                       |                                  |

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply  
Rx copays are after deductible

\$100,000 wellness credit included  
\$25,000 miscellaneous credit included  
\$25,000 implementation credit included  
Rx copays are after deductible



# Cigna Employee Premiums – 12 Month Contract

| Tiers             | Keller          |            |               | Cigna           |            |               |
|-------------------|-----------------|------------|---------------|-----------------|------------|---------------|
|                   | High Deductible | Essential  | Major Medical | High Deductible | Essential  | Major Medical |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$298.49        | \$420.16   | \$391.05      |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$978.31        | \$1,251.40 | \$1,187.35    |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$780.03        | \$1,008.94 | \$955.09      |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,505.18      | \$1,895.61 | \$1,804.49    |



# UnitedHealthcare (UHC) Best and Final- 12 Month Contract

Keller ISD  
Fully Insured Medical Marketing Analysis  
Firm Proposal  
Effective: 7/1/2023

| Benefits                                | Current<br>UHC - Self Funded  |  |                                  | Proposed<br>UHC - Fully Insured                                       |  |                                  |
|---|---|--|----------------------------------|---|--|----------------------------------|
|   | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only |
| Coinsurance                             | 80%   | 80%  | 80%                              | 80%   | 80%  | 80%                              |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited                        | Unlimited   | Unlimited  | Unlimited                        |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$65 copay*   | \$45 / \$65 copay*               | 20% / 50% coinsurance*  | \$45 / \$65 copay*   | \$45 / \$65 copay*               |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**                    | 20% coinsurance   | \$100 copay**  | \$100 copay**                    |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  |
| Hospital                                |   |  |                                  |   |  |                                  |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           |
| Prescription Drugs                      |   | \$150 ded.   | \$200 ded.                       |   | \$150 ded.   | \$200 ded.                       |
| Retail - (30 day supply)                |   |  |                                  |   |  |                                  |
| Tier 1                                  | \$9 copay   | \$9 copay  | \$9 copay                        | \$10 copay  | \$10 copay   | \$10 copay                       |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay                       | \$35 copay  | \$35 copay   | \$35 copay                       |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay                       | \$70 copay  | \$70 copay   | \$70 copay                       |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max               | \$10/\$150/\$500 copay  | \$10/\$150/\$500 copay   | \$10/\$150/\$500 copay           |
| Mail Order - (90 day supply)            |   |  |                                  |   |  |                                  |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay                       | \$25 copay  | \$25 copay   | \$25 copay                       |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay                       | \$87.50 copay   | \$87.50 copay  | \$87.50 copay                    |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay                      | \$175 copay   | \$175 copay  | \$175 copay                      |
| 12 Month Rates                          | HDHP Essential Major  |  |                                  |   |  |                                  |
| Employee Only                           | 1281 18 500   |  |                                  | \$527.07  | \$619.01   | \$593.11                         |
| Employee + Spouse                       | 29 1 35   |  |                                  | \$1,275.51  | \$1,498.00   | \$1,435.33                       |
| Employee + Child                        | 258 10 241  |  |                                  | \$954.00  | \$1,120.41   | \$1,073.53                       |
| Employee + Family                       | 45 2 56   |  |                                  | \$1,755.14  | \$2,061.30   | \$1,975.06                       |
| Monthly Total                           | 1613 31 832   |  |                                  | \$1,037,279.76  | \$27,966.88  | \$716,115.64                     |
| Annual Total                            |   |  |                                  | \$12,447,357.12   | \$335,602.56   | \$8,593,387.68                   |
| Combined Annual Total                   |   | \$20,430,268.32  |                                  |   | \$21,376,347.36  |                                  |
| Self-Funded Run-Out                     |   | N/A  |                                  |   | \$1,968,439.56   |                                  |
| Combined Annual Total Including Run-Out |   | \$20,430,268.32  |                                  |   | \$23,344,786.92  |                                  |
| \$ Change from Renewal                  |   | -  |                                  |   | \$2,914,518.60   |                                  |
| % Change from Renewal                   |   | -  |                                  |   | 14.27%   |                                  |

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply  
Rx copays are after deductible

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply  
Rx copays are after deductible

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply



# UnitedHealthcare (UHC) Employee Premiums – 12 Month Contract

| Tiers             | Keller          |            |               | UHC             |            |               |
|-------------------|-----------------|------------|---------------|-----------------|------------|---------------|
|                   | High Deductible | Essential  | Major Medical | High Deductible | Essential  | Major Medical |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$252.07        | \$344.01   | \$318.11      |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$1,000.51      | \$1,223.00 | \$1,160.33    |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$679.00        | \$845.41   | \$798.53      |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,480.14      | \$1,786.30 | \$1,700.06    |







**Keller ISD**  
**Fully Insured Medical Marketing Analysis**  
**Effective: 7/1/2023**

| Benefits                                | Current<br>UHC - Self Funded  |  |                                  | 2023<br>TRS                 |   | ActiveCare Primary+<br>In-Network Only | ActiveCare Primary<br>In-Network Only |
|---|---|--|----------------------------------|-----------------------------|---|--|---------------------------------------|
|   | HDHP<br>In-Network Only   | Essential<br>In-Network Only   | Major Medical<br>In-Network Only | ActiveCare HD<br>In-Network | ActiveCare HD<br>Out-of-Network               |  |                                       |
| Coinsurance                             | 80%   | 80%  | 80%                              | 70%                         | 50%   | 80%                                    | 70%                                   |
| Deductible                              | \$3,000 / \$9,000   | \$2,500 / \$7,500  | \$5,000 / \$15,000               | \$3,000 / \$6,000           | \$6,500 / \$11,000                            | \$1,200 / \$3,600                      | \$2,500 / \$5,000                     |
| Out-of-Pocket Maximum                   | \$7,050 / \$14,100  | \$8,550 / \$17,100   | \$8,550 / \$17,100               | \$7,050 / \$14,100          | \$20,250 / \$40,500                           | \$6,900 / \$13,800                     | \$8,150 / \$16,300                    |
| Lifetime Maximum                        | Unlimited   | Unlimited  | Unlimited                        | Unlimited                   | Unlimited                                     | Unlimited                              | Unlimited                             |
| Physician Office Copay                  | 20% / 50% coinsurance*  | \$25 / \$45 copay*   | \$25 / \$45 copay*               | 30% after ded.              | 50% after ded.                                | \$30 copay                             | \$30 copay                            |
| Specialist Office Copay                 | 20% / 50% coinsurance*  | \$45 / \$65 copay*   | \$45 / \$65 copay*               | 30% after ded.              | 50% after ded.                                | \$70 copay                             | \$70 copay                            |
| Urgent Care                             | 20% coinsurance   | \$100 copay**  | \$100 copay**                    | 30% after ded.              | 50% after ded.                                | \$50 copay                             | \$50 copay                            |
| Emergency Room Copay                    | 20% coinsurance   | 20% coinsurance  | 20% coinsurance                  | 30% after ded.              |   | 20% after ded.                         | 30% after ded.                        |
| Hospital                                |   |  |                                  |                             |   |  |                                       |
| Inpatient                               | Facility: 20% / 40% coinsurance*<br>Physician: 20% / 50% coinsurance* | Facility: \$150 copay then 20% / 50% coinsurance**<br>Physician: \$150 copay then 20% / 50% coinsurance* | 20% / 50% coinsurance*           | 30% after ded.              | 50% after ded. (\$500 Facility copay per day) | 20% after ded.                         | 30% after ded.                        |
| Outpatient                              | 20% / 50% coinsurance*  | \$150 copay then 20% / 50% coinsurance*  | 20% / 50% coinsurance*           | 30% after ded.              | 50% after ded.                                | 20% after ded.                         | 30% after ded.                        |
| Prescription Drugs                      |   | \$150 ded.   | \$200 ded.                       |                             |   | \$200 Brand Ded.                       |                                       |
| Retail - (30 day supply)                |   |  |                                  |                             |   |  |                                       |
| Tier 1                                  | \$9 copay   | \$9 copay  | \$9 copay                        | 20% after ded.              |   | \$15 copay                             | \$15 copay                            |
| Tier 2                                  | 20% after ded.  | \$50 copay   | \$50 copay                       | 25% after ded.              |   | 25% after ded.                         | 30% after ded.                        |
| Tier 3                                  | 20% after ded.  | \$75 copay   | \$75 copay                       | 50% after ded.              |   | 50% after ded.                         | 50% after ded.                        |
| Tier 4                                  | 20% after ded.  | 20% with \$150 max   | 20% with \$150 max               | 20% after ded.              |   | 30% after ded.                         | 30% after ded.                        |
| Mail Order - (90 day supply)            |   |  |                                  |                             |   |  |                                       |
| Tier 1                                  | \$25 copay  | \$25 copay   | \$25 copay                       | N/A                         |   | N/A                                    | N/A                                   |
| Tier 2                                  | 20% after ded.  | \$85 copay   | \$85 copay                       | N/A                         |   | N/A                                    | N/A                                   |
| Tier 3                                  | 20% after ded.  | \$135 copay  | \$135 copay                      | N/A                         |   | N/A                                    | N/A                                   |
| 12 Month Rates                          | HDHP  | Essential  | Major                            |                             |   |  |                                       |
| Employee Only                           | 1281  | 18   | 500                              |                             | \$429.00                                      | \$525.00                               | \$417.00                              |
| Employee + Spouse                       | 29  | 1  | 35                               |                             | \$1,207.00                                    | \$1,284.00                             | \$1,176.00                            |
| Employee + Child                        | 258   | 10   | 241                              |                             | \$772.00                                      | \$845.00                               | \$751.00                              |
| Employee + Family                       | 45  | 2  | 56                               |                             | \$1,445.00                                    | \$1,614.00                             | \$1,405.00                            |
| Monthly Total                           | 1613  | 31   | 832                              |                             |   |  |                                       |
| Annual Total                            |   |  |                                  |                             |   |  |                                       |
| Combined Annual Total                   |   |  |                                  |                             |   |  |                                       |
| Self-Funded Run-Out                     |   |  |                                  |                             |   |  |                                       |
| Combined Annual Total Including Run-Out |   |  |                                  |                             |   |  |                                       |

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*Designated/Non-Designated Network

\*\*Deductible doesn't apply

\*\*Deductible doesn't apply

Rx copays are after deductible



# TRS Employee Premiums

| Tiers             | Keller          |            |               | TRS           |                      |                    |
|-------------------|-----------------|------------|---------------|---------------|----------------------|--------------------|
|                   | High Deductible | Essential  | Major Medical | ActiveCare HD | ActiveCare Primary + | ActiveCare Primary |
| Employee Only     | \$117.30        | \$704.51   | \$300.40      | \$154.00      | \$250.00             | \$142.00           |
| Employee + Spouse | \$808.59        | \$1,643.98 | \$991.90      | \$932.00      | \$1,009.00           | \$901.00           |
| Employee + Child  | \$603.29        | \$1,381.60 | \$786.74      | \$497.00      | \$570.00             | \$476.00           |
| Employee + Family | \$1,324.72      | \$2,432.92 | \$1,525.00    | \$1,170.00    | \$1,339.00           | \$1,130.00         |

\* Employees cannot enroll in TRS's ActiveCare 2 Plan because it is frozen, so we did not include that plan in the diagram.



# Fully Insured Carrier Responses

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# Additional Carrier Offerings

- **Aetna**
  - A 2nd year Rate Cap of "not to exceed" +11.9% for the renewal period 7/1/24 to 6/30/25 is included.
  - \$20,000 implementation credit.
  - \$50,000 communication/wellness credit.
  - Onsite customer service advocate included.
  - Aetna does have the Texas Health EPO option that could provide additional savings of approximately 14%.
- **BCBS**
  - A 2nd year Rate Cap of "not to exceed" +9.5% for the renewal period 7/1/24 to 6/30/25 is included.
  - BCBS provided an 18-month contract option for the renewal period 7/1/23 – 12/31/24.
  - \$300,000 transition credit.
  - Onsite customer service advocate included.
  - Offered Blue Essential HMO plan options.
- **Cigna**
  - \$100,000 wellness credit.
  - \$25,000 miscellaneous credit.
  - \$25,000 implementation credit.
  - Onsite customer service advocate included.
- **United Healthcare**
  - Onsite customer service advocate included.
  - Offered Navigate, as well as Charter HMO network plan options.
  - The Charter network option could provide additional savings of approximately 7-8%. The Navigate network option could provide additional savings of approximately 4%.



# Medical & Pharmacy Disruption

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# Medical Disruption

## Keller ISD

### Medical Disruption Analysis

|                                     | Aetna         | BCBS          | Cigna         | UHC           |
|-------------------------------------|---------------|---------------|---------------|---------------|
| Providers In-Network:               | 4887          | 4880          | 4882          | 4955          |
| Providers Out-Of-Network:           | 157           | 164           | 162           | 89            |
| Percentage of Providers In-Network: | <b>96.89%</b> | <b>96.75%</b> | <b>96.79%</b> | <b>98.24%</b> |
| Services In-Network:                | 93662         | 94943         | 94020         | 95348         |
| Services Out-of-Netowork:           | 2533          | 1252          | 2175          | 847           |
| Percentage of Services In-Network:  | <b>97.37%</b> | <b>98.70%</b> | <b>97.74%</b> | <b>99.12%</b> |
| Visits In-Network:                  | 22464         | 24019         | 23868         | 23590         |
| Visits Out-of-Netowork:             | 1802          | 247           | 398           | 676           |
| Percentage of Visits In-Network:    | <b>92.57%</b> | <b>98.98%</b> | <b>98.36%</b> | <b>97.21%</b> |
| Claimants In-Network:               | 23902         | 24233         | 24060         | 24265         |
| Claimamts Out-of-Network:           | 948           | 617           | 790           | 585           |
| Percentage of Claimants In-Network: | <b>96.19%</b> | <b>97.52%</b> | <b>96.82%</b> | <b>97.65%</b> |
| Paid In-Network:                    | \$12,910,479  | \$12,934,041  | \$12,744,599  | \$13,001,382  |
| Paid Out-of-Network:                | \$150,483     | \$126,921     | \$316,363     | \$59,580      |
| Percentage of Paid In-Netowork:     | <b>98.85%</b> | <b>99.03%</b> | <b>97.58%</b> | <b>99.54%</b> |

#### Disruption Totals:

|                  |              |
|------------------|--------------|
| Total Providers: | 5,044        |
| Total Services:  | 96,195       |
| Total Visits     | 24,266       |
| Total Claimants  | 24,850       |
| Total Eligible:  | \$13,060,962 |



# Pharmacy Disruption

## Keller ISD

### *Pharmacy Disruption*

|                        | Aetna  | BCBS   | Cigna  | UHC    |
|------------------------|--------|--------|--------|--------|
| Tier 1                 | 0      | 23,963 | 24,962 | 25,369 |
| Tier 2                 | 0      | 2,727  | 2,603  | 1,334  |
| Tier 3                 | 0      | 525    | 452    | 921    |
| Tier 4                 | 0      | 0      | 455    | 0      |
| No Tier Given          | 27,236 | 0      | 0      | 0      |
| Invalid/Obsolete       | 0      | 0      | 4      | 0      |
| Excluded               | 1,696  | 1,717  | 456    | 1,308  |
| Formulary Disruption % | 94.14% | 94.07% | 98.41% | 95.48% |



# Timeline

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# Timeline

| Month/Year     | Responsible   | Task   | Date/Comments  |
|----------------|---------------|--|--|
| December 2022  | Rich/McGriff  | Provide Fully Insured Carriers with data through November 2022               | December 15, 2022  |
|                | Rich          | Provide notification, if moving, to TRS                                      | December 31, 2022  |
|                | Carriers      | Fully Insured Carriers provide firm rates to Keller                          | December 31, 2022  |
| January 2023   | Rich/McGriff  | Board Workshop for Medical Options   | January 12, 2023   |
|                | Rich/McGriff  | Board Vote to approve to move to a Fully Insured Plan                        | Board Meeting January 23, 2023   |
|                | Rich/McGriff  | Notify Fully Insured Medical Carrier   | January 24, 2023   |
| February 2023  | Rich/McGriff  | Communication to employees about change for medical                          | February 1, 2023   |
|                | Rich          | Create new deduction codes for all medical plans                             | Give to FBS  |
|                | Rich/Tech/FBS | Create automated file with Fully Insured Carrier                             | Include FBS, Fully Insured Carrier, and Technology (Tech); Marathon Health                           |
|                | Rich/McGriff  | Update all carriers about change of medical plan                             | UHC, ProActRx, APC, ETC, FBS, COBRA, SHARx; Payroll; Marathon Health and Optum HSA                   |
|                | Rich/McGriff  | Get with FBS to build out new medical plan design for OE                     | Open Enrollment (OE)   |
| March 2023     | Tech          | Create automated file for Fully Insured Medical Carrier                      | Technology (Tech) help create new file with Fully Insured Carrier                                    |
|                | Rich          | Prepare for Open Enrollment  | Posters, flyers, DWW, translators etc.   |
|                | Rich/McGriff  | Notify UHC we are moving to Fully Insured Plan, in writing, if applicable    | Must notify 90 days in advance: by March 31, 2023<br>Six-month runoff; probably \$25-35 per employee |
|                | Rich/McGriff  | TRS rates shared with Districts  | Usually shared in the month of March/April   |
|                | Rich          | Train Benefit Communication Team for Medical OE                              | March 22-24, 2023  |
| April 2023     | Rich          | Send out Open Enrollment Material for Medical only                           | Open Enrollment April 10-21, 2023  |
|                | Rich/McGriff  | Give written notice to Marathon Health (if not going to renew)               | Must give Marathon Health three month notice if not going to renew; last day would be Sept. 30, 2023 |
| May 2023       | Rich          | Open Enrollment Audit Closes   | Ending: May 10, 2023   |
| June 2023      | Rich/FBS      | File load with new deductions; In e-Finance (train)                          | Check new deductions to make sure they are accurate  |
| July 2023      | Rich          | File load with new deductions; In e-Finance (Live)                           | June 26-July 1, 2023   |
|                | Rich          | Begin Benefits with Fully Insured Carrier                                    | July 1, 2023   |
| August 2023    | Rich          | New Hire enrollment in Benefits (monthly)                                    | August 1-31; Benefits begin September 1, 2023  |
|                | Rich          | New Hire enrollment in Benefits (bi-weekly or 20 pay)                        | August 1-31; Benefits begin October 1, 2023  |
| September 2023 | Rich          | Annual Open Enrollment - Prepare   |  |
| October 2023   | Rich          | Annual Open Enrollment (all products; including medical) for January 1, 2024 | October 16 - 30; Ending Nov. 8, 2023   |

\*If we are unable to secure rates for 18 months, then we would need to secure new rates by May 2023 for a June Board preview and a July Board approval.

