

TRS COMPARABILITY REPORT

Report #1

The report is based upon your district group health coverage in effect during the current plan year and must include:

A resolution of the Board of Trustees of the school district authorizing self-insurance plan for the school district employees and of the school district's view of its ability to cover assumed liability;

1. The Schedule of Benefits
2. The premium rate sheet, including the amount paid by the school district and the employee.
3. The number of employees covered by the health plan offered by the school district.
4. Information concerning the ease of completing Report #2.
5. A compliance statement which states whether or not the school district provides health care coverage for its employees is comparable to HealthSelect and TRS-ActiveCare and whether it has complied with the other requirements of Section 22.004 of the Education Code.

REQUIREMENT # 2 - SCHEDULE OF BENEFITS

A detailed schedule of benefits, coverage and exclusions can be found at the following link:

<http://www.aliefisd.net>

- Click on "Departments"
- Click on "Risk Management"
- Click on "2020-2021 Benefits Information"

**REQUIREMENTS #3 AND #4- CONTRIBUTION RATE SHEET
AND NUMBER OF EMPLOYEES COVERED:**

2020-2021 Medical Contribution per Month

Aetna Memorial Hermann Plan

Level	District	Employee
Employee Only	\$500	\$54
Employee & Spouse	\$500	\$407
Employee & Children	\$500	\$330
Employee & Family	\$500	\$683

The District currently has approximately 4,269 employees enrolled in the Plan.

Aetna Kelsey Seybold Plan

Level	District	Employee
Employee Only	\$500	\$54
Employee & Spouse	\$500	\$407
Employee & Children	\$500	\$330
Employee & Family	\$500	\$683

The District currently has approximately 525 employees enrolled in the Plan.

Aetna EPO Texas Medical
Neighborhood Plan

	District	Employee
Employee Only	\$500	\$101
Employee & Spouse	\$500	\$602
Employee & Children	\$500	\$534
Employee & Family	\$500	\$1,054

The District currently has approximately 1,066 employees enrolled in the Plan.

	TRS ActiveCare Primary	Alief ISD Memorial Hermann
PLAN FEATURES	2020-2021 Plan Year	2020-2021 Plan Year
Individual Medical Deductible	\$2,500 (2x)	\$750 (3x)
Coinsurance	30%	20%
Out of Pocket	\$8,150 (2x)	\$2,250 (2x)
Physician Copay Visit PCP/Specialist	\$30/\$70	\$30/\$40-\$60
Routine Lab/Imaging	100% / Deductible + Coinsurance	\$40 Copay
Emergency Room	30% Coinsurance after deductible	20% Coinsurance after Deductible
High Tech Radiology	30% Coinsurance after deductible	\$40 Copay
Hospital Inpatient	30% Coinsurance after deductible	\$300 per admission + Deductible + 20%
Outpatient Surgery	\$150 Copay + Deductible + 20%	20% Coinsurance after Deductible
Prescription Drug Deductible	Integrated with Medical	N/A
Retail Rx	\$15/\$45; \$0 for some generics	\$10/\$30/\$50
Specialty Drugs	30% Coinsurance after deductible	N/A

ALIEF INDEPENDENT SCHOOL DISTRICT

BOARD DOCUMENT

MEETING DATE: April 16, 2019

AGENDA ITEM: Consider Approval of RFP #1910: Self-Funded Health Plan

Sealed proposals for RFP #1910: Self-Funded Health Plan have been received and tabulated. The Alief ISD Risk Management Department, under consult from Insurance Consultant Robert Treacy, recommends that Alief ISD award RFP #1910: Self-Funded Health Plan to Aetna, Inc. for Health Plan Administration Services and to Express Scripts, Inc. for Prescription Benefit Management Services as the vendors offering the best value to the District and I concur with this recommendation.

Recommendation: It is recommended that the Board of Trustees of the Alief Independent School District award RFP #1910: Self-Funded Health Plan to Aetna for Health Plan Administration Services and to Express Scripts, Inc. for Prescription Benefit Management Services.

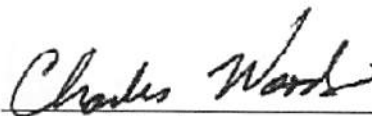
The estimated annual cost for Aetna's Health Plan Management Services is \$2,564,670.00. All costs for Prescription Benefit Management Services are included within the price of the prescriptions. The District will realize an estimated cost savings of \$1,578,000 annually by utilizing Express Script Inc. services.

This is a one (1) year contract with the option to renew annually for an additional four (4) years.

Expenditures are from budgeted funds.



H. D. Chambers
Superintendent



Charles Woods
Deputy Superintendent/
Business Services

ALIEF INDEPENDENT SCHOOL DISTRICT

RFP 1910 - SELF-FUNDED HEALTH PLAN

PREVIOUS YEAR'S BUDGET INFORMATION	
APPROXIMATE ANNUAL EXPENSE:	
SELF-FUNDED GROUP HEALTH:	\$2,699,431.00
DEPARTMENT:	Risk Management

AWARD SUMMARY	
MEDICAL ADMINISTRATION SERVICES - AETNA, INC.	
PRESCRIPTION BENEFITS MANAGER - EXPRESS SCRIPTS, INC.	
BUDGET YEARS FOR AWARD:	FY20-FY25
ANTICIPATED MONTHLY EXPENSE	
SELF-FUNDED GROUP HEALTH:	\$213,722.50
ANTICIPATED ANNUAL EXPENDITURE	
SELF-FUNDED GROUP HEALTH:	\$2,564,670.00

REQUIREMENT #5 – Information on Report #2

Alief Independent School District self-funded medical plan follows all guidelines set forth in Section 22.004 of the Education Code. The District's Health Care Consultant performed a comparability study of various factors between the Alief ISD Health Plan and the HealthSelect medical plan offered to state employees. Alief ISD health plan meets or exceeds benefits provided by the HealthSelect and TRS ActiveCare plans offered to state employees substantially in all areas. This report was short and required minimal time to complete.

REQUIREMENT #6 Compliance Statement

Alief Independent School District (AISD) offers health insurance coverage to eligible employees. AISD has a Self-insured plan from Aetna that exceeds the coverage provided by TRS ActiveCare. AISD covers approximately 5,860 employees and their dependents on 3 different healthcare options.

We are required to post this report every two years to confirm the coverage in place is comparable to Health Select. The AISD plan is comparable and is in compliance with Section 22.004 of the Education Code.

2020-21 Comparability Report

TRS District Number: 0316

District Name: Alief Independent School District

Does your district offer health coverage similar to HealthSelect/? TRS ActiveCare YES

Is your district in compliance with all Other requirements of Section 22.004 of the Education Code? YES

I certify based on my personal knowledge the above information is true and accurate.

Michelle Mirshak

Signature of school official

3/4/2021

Date

Michelle Mirshak

Name of official

District Benefits Manager

Title

281-498-8110 x29150

Phone number