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On February 28, the school board approved AETNA as the new health care provider for the 2018-2019 benefit plan year. Comal ISD continues to be fully insured under AETNA and the new plans are NOT part of the TRS Active Care system.

WHY ARE WE MAKING A CHANGE IN MEDICAL PROVIDERS?

Increases in the health insurance premiums due to our loss ratio have been a major concern across the district. A decision was made to go out for bid and seek new proposals.

WHAT WAS THE PROCESS IN REVIEWING AND SELECTING A NEW PROVIDER?

The Purchasing Department posted Requests for Proposals with a February 9, 2018 deadline for submission.

Two major carriers submitted proposals: United Health Care (current provider) and AETNA (new provider).

A committee comprised of district employees on different levels of the medical plans met to review and rate each provider's proposal.

Each committee member completed a ratings sheet to weigh the premium/benefit structure, availability of network providers, reputation of vendor's goods and services, past relationship of vendor with the district, and price.

Based on the ratings, the committee recommended AETNA as the new provider.

ARE THERE CHANGES TO THE HEALTH PLANS?

Plan designs will remain the same, but there will be an additional network added.

WHAT IS THE DIFFERENCE BETWEEN THE TWO NETWORKS?

Elect Choice – A broad network which closely mirrors other carriers, including UHC. A large choice of hospitals, clinics, physicians, pharmacies, and other providers.

Baptist ACO – A more narrow network in the Baptist Health System. Resolute Hospital in New Braunfels and Baptist Hospital, North Central Baptist, North East Baptist, Mission Baptist are in the network. A smaller group of primary care physicians, specialists and other facilities are in the network.

Plan Designs (no changes):

❖ EPO LOW PLAN (Elect Choice or Baptist ACO Network)

- ❖ Calendar Year deductible \$4500/\$9000
- ❖ Coinsurance responsibility 30%
- ❖ Out of Pocket Maximum \$6600/\$13200
- ❖ \$30 PCP Copay/\$60 Specialist Copay/Urgent Copay \$75
- ❖ ER Co-Pay \$250 Co-pay+20% of the cost not to exceed plan out of pocket maximum
- ❖ \$15/\$45/\$80 Pharmacy Copays

❖ EPO MID PLAN

- ❖ Calendar Year deductible \$3000/\$6000
- ❖ Coinsurance responsibility 30%
- ❖ Out of Pocket Maximum \$5000/\$10000
- ❖ \$30 PCP Copay/\$60 Specialist Copay/Urgent Co-Pay \$75
- ❖ ER Co-Pay \$250 Co-pay+20% of the cost not to exceed plan out of pocket maximum
- ❖ \$15/\$45/\$80 Pharmacy Copays

❖ PPO HIGH PLAN

- ❖ Calendar Year deductible \$1500/\$3000
- ❖ Coinsurance responsibility 20%
- ❖ Out of Pocket Maximum \$4000/\$8000
- ❖ \$30 PCP Copay/\$60 Specialist Copay/Urgent Co-Pay \$75
- ❖ ER Co-Pay \$250 Co-pay+20% of the cost not to exceed plan out of pocket maximum
- ❖ \$15/\$45/\$80 Pharmacy Copays

❖ EPO HD/H S A PLAN (Elect Choice or Baptist ACO Network)

- ❖ Calendar Year deductible \$5000/\$10000
- ❖ Co-insurance Responsibility 100%
- ❖ Out of Pocket Maximum \$6000/\$12000

❖ ADVANTAGE CARE PLAN (Elect Choice or Baptist ACO Network)

- ❖ Calendar Year deductible \$2000/\$4000
- ❖ Coinsurance responsibility 50%
- ❖ Out of Pocket Maximum \$6500/\$13000
- ❖ ER Co-Pay \$250 + 20% of the cost not to exceed plan out of pocket maximum
- ❖ \$0 PCP Copay/ \$100 Specialist Copay/\$50 Urgent Copay
- ❖ \$5/\$50/\$100/\$250 Pharmacy Copays (deductible applies for Tier 3-4)

EPO – Exclusive Provider Organization
PPO – Preferred Provider Organization
ACO – Accountable Care Organization

Current Premium rates for 2017-18:

EPO LOW	TOTAL PREMIUM	EMPLOYEE PAYS
EMPLOYEE ONLY	\$555.00	\$165.00
EMPLOYEE/SPOUSE	\$1241.00	\$851.00
EMPLOYEE/CHILDREN	\$840.00	\$450.00
FAMILY	\$1519.00	\$1129.00
EPO MID		
EMPLOYEE ONLY	\$611.00	\$221.00
EMPLOYEE/SPOUSE	\$1367.00	\$977.00
EMPLOYEE/CHILDREN	\$926.00	\$536.00
FAMILY	\$1673.00	\$1283.00
EPO HIGH		
EMPLOYEE	\$708.00	\$318.00
EMPLOYEE/SPOUSE	\$1584.00	\$1194.00
EMPLOYEE/CHILDREN	\$1073.00	\$683.00
FAMILY	\$1939.00	\$1549.00
HD/H S A		
EMPLOYEE ONLY	\$491.00	\$101.00
EMPLOYEE/SPOUSE	\$1097.00	\$707.00
EMPLOYEE/CHILDREN	\$744.00	\$354.00
FAMILY	\$1343.00	\$953.00
PRIMARY ADVANTAGE		
EMPLOYEE ONLY	\$534.00	\$144.00
EMPLOYEE/SPOUSE	\$1196.00	\$806.00
EMPLOYEE/CHILDREN	\$810.00	\$419.00
EMPLOYEE/FAMILY	\$1464.00	\$1074.00

WHAT ARE THE PROPOSED CHANGES IN MONTHLY PREMIUMS FOR 18-19?

EPO LOW	18-19 UHC PROPOSED RATE		18-19 ADOPTED AETNA RATE		
	TOTAL PREMIUM	EMPLOYEE PAYS	TOTAL PREMIUM	ELECT NETWORK	BAPTIST ACO NETWORK
EMPLOYEE ONLY	\$566.00	\$176.00	\$551.00	\$161.00	\$130.00
EMPLOYEE/SPOUSE	\$1266.00	\$876.00	\$1232.00	\$842.00	\$773.00
EMPLOYEE/CHILDREN	\$857.00	\$467.00	\$834.00	\$444.00	\$397.00
FAMILY	\$1549.00	\$1159.00	\$1508.00	\$1118.00	\$1034.00

EPO MID	18-19 UHC PROPOSED RATE		18-19 ADOPTED AETNA RATE		
	TOTAL PREMIUM	EMPLOYEE PAYS	TOTAL PREMIUM	ELECT NETWORK	BAPTIST ACO NETWORK
EMPLOYEE ONLY	\$623.00	\$233.00	\$607.00	\$217.00	N/A
EMPLOYEE/SPOUSE	\$1394.00	\$1004.00	\$1357.00	\$967.00	N/A
EMPLOYEE/CHILDREN	\$944.00	\$554.00	\$919.00	\$529.00	N/A
FAMILY	\$1706.00	\$1316.00	\$1661.00	\$1271.00	N/A

PPO HIGH	18-19 UHC PROPOSED RATE		18-19 ADOPTED AETNA RATE		
	TOTAL PREMIUM	EMPLOYEE PAYS	TOTAL PREMIUM	ELECT NETWORK	BAPTIST ACO NETWORK
EMPLOYEE ONLY	\$722.00	\$332.00	\$703.00	\$313.00	N/A
EMPLOYEE/SPOUSE	\$1615.00	\$1225.00	\$1573.00	\$1183.00	N/A
EMPLOYEE/CHILDREN	\$1094.00	\$704.00	\$1065.00	\$675.00	N/A
FAMILY	\$1977.00	\$1587.00	\$1925.00	\$1535.00	N/A

EPO HD / HSA	18-19 UHC PROPOSED RATE		18-19 ADOPTED AETNA RATE		
	TOTAL PREMIUM	EMPLOYEE PAYS	TOTAL PREMIUM	ELECT NETWORK	BAPTIST ACO NETWORK
EMPLOYEE ONLY	\$501.00	\$111.00	\$488.00	\$98.00	\$71.00
EMPLOYEE/SPOUSE	\$1119.00	\$729.00	\$1089.00	\$699.00	\$638.00
EMPLOYEE/CHILDREN	\$759.00	\$369.00	\$740.00	\$350.00	\$309.00
FAMILY	\$1370.00	\$980.00	\$1334.00	\$953.00	\$869.00

EPO ADVANTAGE	18-19 UHC PROPOSED RATE		18-19 ADOPTED AETNA RATE		
	TOTAL PREMIUM	EMPLOYEE PAYS	TOTAL PREMIUM	ELECT NETWORK	BAPTIST ACO NETWORK
EMPLOYEE ONLY	\$545.00	\$155.00	\$530.00	\$140.00	\$111.00
EMPLOYEE/SPOUSE	\$1221.00	\$831.00	\$1188.00	\$798.00	\$731.00
EMPLOYEE/CHILDREN	\$827.00	\$437.00	\$804.00	\$414.00	\$369.00
FAMILY	\$1494.00	\$1104.00	\$1454.00	\$1064.00	\$983.00

**Comal ISD pays \$390.00 per month per employee on the health plan. Total premium minus \$390.00 equals premium paid by the employee.

ARE OFFICE CO-PAYS INCREASING FOR PRIMARY CARE AND/OR SPECIALIST VISITS ON THE EPO LOW, EPO MID, AND/OR HIGH PPO PLANS?

They will remain the same. Primary Physician: \$30 co-pay/\$0 co-pay for covered dependents under age 19. Specialist: \$60 co-pay. Dependent co-pay may need to be paid to some doctors, then reimbursed through the claims process.

Advantage Plan offers \$0 copay for Primary Care Physician, \$100 copay for Specialists

ARE OFFICE CO-PAYS INCREASING FOR URGENT CARE AND/OR ER VISITS ON THE EPO LOW, EPO MID, AND/OR HIGH PPO PLAN?

Urgent Care Visits will remain at \$75 per visit. Emergency Room remains the same: Patient will be responsible for a \$250 co-pay + 20% of the cost not to exceed the plan out of pocket maximum.

Advantage Plan offers Urgent Care Visits for \$50 copay.

ARE THE DEDUCTIBLES CHANGING ON THE CURRENT PLANS?

There is no increase to the deductibles. The deductibles still run on the calendar year: January 1 through December 31.

ARE PRESCRIPTION CO-PAYS INCREASING ON THE CURRENT PLANS?

The prescription co-pays will remain \$15/\$45/\$80 on the Low/Mid/High Plans.

Advantage plan offers a different plan for prescriptions. There is a 4 Tier drug plan as opposed to a 3 Tier plan. Tier 1 and 2 Drugs are \$5/\$50/\$100/\$250. With a deductible for Tier 3 and 4. Tier 4 drugs are Specialty drugs and not available with 90-day mail order.

IS PREVENTIVE CARE STILL COVERED AT 100%?

Yes. Wellness visits and preventive care is still covered at 100% on all plans.

HOW DO I SEARCH FOR A PROVIDER?

You can search online at www.docfind.com. Elect Choice EPO can be found under AETNA Open Access Plans. The Baptist ACO can be found under AETNA Whole Health Plans. Once an employee creates a log in with the AETNA Navigator tool, DocFind services will be tailored to the employee's plan selection. When searching for a Pharmacy, use the AETNA National Pharmacy Network. All plans have the same access to pharmacies in the AETNA system.

ARE THERE ANY CHANGES IN OUR OTHER BENEFITS?

There are no changes to the dental or vision plans. There are no changes to the Supplemental Insurance Plans (Lincoln Critical Illness, Allstate Cancer, Allstate Accident and The Standard Disability).

There is no change to the Texas Life Insurance Plan.

There will be a slight premium increase to the Lincoln Voluntary Term Life Insurance. Rates will be available during the Open Enrollment meetings.

WHAT CAN I DO TO SAVE MONEY AND MAKE SMART DECISIONS?

USE THE TOOLS AVAILABLE TO YOU ON THE AETNA NAVIGATOR WEBSITE

- ❖ Find plan details, like out-of-pocket costs and what's covered
- ❖ Chat with a virtual assistant to find a doctor, estimate costs, or ask questions about claims, ID cards and more.
- ❖ Get an ID card – print one out in seconds, or request a new one by mail.
- ❖ Enroll in RX Home Delivery mail order pharmacy
- ❖ Get help using medicine safely.
- ❖ Use AETNA Specialty Pharmacy medicine and support services if you take specialty medication for conditions like MS, RA or Cancer. Provides training on self-injections or coping with side effects or other issues.
- ❖ Find a nearby pharmacy or one while traveling.
- ❖ Use the cost estimator on the Price-A-Drug tool. Compare name-brands with generics.
- ❖ Try a TELE-DOC Visit. In many cases providers can diagnose and prescribe medications without you having to be physically present for an office visit.