
2018-2019 Medical Plan Recommendations

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2018-2019 Recommendations

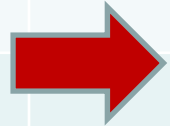
- Zero premium increases for **Basic, High Deductible** and **Core** Plans
- No changes recommended for the deductibles and out-of-pocket maximums
- An RFP for Pharmacy Benefit Plan Management Company is currently in process
- Continue to provide the PHA participation incentive, reducing the premium cost \$25 per month for an employee and \$50 per month for employee/spouse or employee/family

Voluntary Products

- Change to Ameritas as the provider for dental and vision plans
- No increase in the premiums for the dental plans and a third plan option will be provided
- Decrease the premiums for the vision plan
- The disability provider will change to American Fidelity with a 20% increase, approximately \$15/month
- Add an American Fidelity Critical Illness policy

2018-2019 Core Plan Proposed Premiums

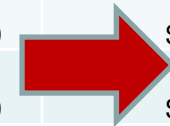
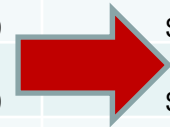
Core Plan with PHA	2017-2018 Premium	2017-2018 Monthly Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 831.00	\$ 481.00	\$ 831.00	\$ 481.00	\$0.00
Employee + Spouse	\$ 1,747.00	\$ 1,372.00	\$ 1,747.00	\$ 1,372.00	\$0.00
Employee + Child(ren)	\$ 1,455.00	\$ 1,105.00	\$ 1,455.00	\$ 1,105.00	\$0.00
Employee + Family	\$ 2,073.00	\$ 1,698.00	\$ 2,073.00	\$ 1,698.00	\$0.00
Core Plan without PHA	2017-2018 Premium	2017-2018 Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 831.00	\$ 506.00	\$ 831.00	\$ 506.00	\$0.00
Employee + Spouse	\$ 1,747.00	\$ 1,422.00	\$ 1,747.00	\$ 1,422.00	\$0.00
Employee + Child(ren)	\$ 1,455.00	\$ 1,130.00	\$ 1,455.00	\$ 1,130.00	\$0.00
Employee + Family	\$ 2,073.00	\$ 1,748.00	\$ 2,073.00	\$ 1,748.00	\$0.00



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2018-2019 Basic Plan Proposed Premiums

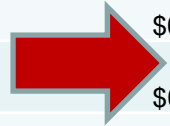
Basic Plan with PHA	2017-2018 Premium	2017-2018 Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 565.00	\$ 215.00	\$ 565.00	\$ 215.00	\$0.00
Employee + Spouse	\$ 1,107.00	\$ 732.00	\$ 1,107.00	\$ 732.00	\$0.00
Employee + Child(ren)	\$ 973.00	\$ 623.00	\$ 973.00	\$ 623.00	\$0.00
Employee + Family	\$ 1,394.00	\$ 1,019.00	\$ 1,394.00	\$ 1,019.00	\$0.00
Basic Plan without PHA	2017-2018 Premium	2017-2018 Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 565.00	\$ 240.00	\$ 565.00	\$ 240.00	\$0.00
Employee + Spouse	\$ 1,107.00	\$ 782.00	\$ 1,107.00	\$ 782.00	\$0.00
Employee + Child(ren)	\$ 973.00	\$ 648.00	\$ 973.00	\$ 648.00	\$0.00
Employee + Family	\$ 1,394.00	\$ 1,069.00	\$ 1,394.00	\$ 1,069.00	\$0.00



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2018-2019 High Deductible Plan Proposed Premiums

HDP with PHA	2017-2018 Premium	2017-2018 Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 450.00	\$ 100.00	\$ 450.00	\$ 100.00	\$0.00
Employee + Spouse	\$ 858.00	\$ 483.00	\$ 858.00	\$ 483.00	\$0.00
Employee + Child(ren)	\$ 774.00	\$ 424.00	\$ 774.00	\$ 424.00	\$0.00
Employee + Family	\$ 1,098.00	\$ 723.00	\$ 1,098.00	\$ 723.00	\$0.00
HDP without PHA	2017-2018 Premium	2017-2018 Premium with \$325 District Contribution	2018-2019 Proposed Monthly Premium	2018-2019 Proposed Monthly Premium with \$325 District Contribution	2017-2018 Monthly Increase
Employee	\$ 450.00	\$ 125.00	\$ 450.00	\$ 125.00	\$0.00
Employee + Spouse	\$ 858.00	\$ 533.00	\$ 858.00	\$ 533.00	\$0.00
Employee + Child(ren)	\$ 774.00	\$ 449.00	\$ 774.00	\$ 449.00	\$0.00
Employee + Family	\$ 1,098.00	\$ 773.00	\$ 1,098.00	\$ 773.00	\$0.00



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Surrounding District Contributions

School District	2017-2018 Contribution Amount
Northwest ISD	\$325.00
Eagle Mountain Saginaw ISD	\$225.00
HEB ISD	\$225.00
Plano ISD	\$259.00
Birdville ISD	\$260.00
Denton ISD	\$260.00
Carrollton-Farmers Branch ISD	\$262.00
Keller ISD	\$275.00
Grapevine-Colleyville ISD	\$285.00
Carroll ISD	\$290.00
Garland ISD	\$325.00
Irving ISD	\$341.00
Lewisville ISD - ActiveCare 1HD	
	ActiveCare 1 Ranges from \$300 to \$383 depending on coverage level
	ActiveCare 2 Ranges from \$300 to \$383 depending on coverage level
	ActiveCare 3 Ranges from \$300 to \$383 depending on coverage level