2018
2019
2022
2023
2024
2025

United ISD
2026-2027

Special Called Meeting

July 29, 2026

HEALTH INSURANCE

Stop Loss Offers BCBSTX VS BCBSTX

Based on The Monty Group Response

"The District could be responsible for approximately **$10 million** in direct plan exposure during the upcoming year **before considering the stop loss premium and other administrative costs associated with maintaining the self-funded plan."**

Important Note:
Both proposals utilize BCBSTX through different market channels.

To easily distinguish between them, we have listed the **respective brokers instead.**

	1. Policy Terms	2. Stop Loss Refund to UISD	3. Fixed Premium	4. Grand Total Cost
The Monty Group Exclusions & Lasers	**Exclusions** 3.75 Million Lasers + Excluded Individuals	**$0** Exposure of 10 million or more.	**$1,630,918** Lower Upfront Premium	**$11.6 Million** Unhedged Risk
Laurel Ins Group Full Coverage	**Clean Spec** $525k Deductible, No Lasers	**$3,803,416** Using Current HCC	**$3,273,129** Higher Fixed Hedging	**$3.2 Million** Fully Protected

Total Expected Cost Presented In June

EXPECTED REVENUE AFTER INCREASES: 7.99 MILLION

Expected premium collected after rate change

$51,505,476

—

EXPECTED COST AFTER PLAN DESIGN CHANGES

Expected Projected cost after plan design changes

$49,658,635

↓

$1,846,841 Balance

Assuming enrollment & claims stays level and no attrition occurs.

Breakeven Rates & Enrollment Impact (2026-2027)

$128 USD Increase per Each Employee & Spouse Enrolled Across All Plans + District Contribution Increase $30. Total Revenue 9.66 Mil.

BENEFIT PACKAGE	HMO BRONZE PLAN	PPO SILVER PLAN	PPO GOLD PLAN
Employee Only	$120 / $720 Total	$209 / $809 Total	$299 / $899 Total
Employee & Child(ren)	$384 / $984 Total	$424 / $1,024 Total	$563 / $1,163 Total
Employee & Spouse	$704 / $1,304 Total	$744 / $1,344 Total	$922 / $1,522 Total
Employee & Family	$906 / $1,506 Total	$946 / $1,546 Total	$1,168 / $1,768 Total

District Contribution increases to $605 across all plans.

ANNUAL REVENUE COLLECTED

Total Projected

$52,967,995

ANNUAL CLAIMS COST

Total Projected

$52,927,264

Balance

$40,731

Based on 2024-2025 Enrollment Levels

PLAN DESIGN UPDATES 2026-2027

UISD	BRONZE *HMO Plan* (Texas Only)		SILVER *PPO Core Plan*		GOLD *PPO Core Plus*	
LIMITS | COSTS	OLD	NEW	OLD	NEW	OLD	NEW
Overall deductible limits	$2,000 Ind | $4,000 Fam	**$2,500 Ind | $5,000 Fam**	$2,000 Ind | $4,000 Fam	**$3,000 Ind | $6,000 Fam**	$1,500 Ind | $3,000 Fam	**$2,000 Ind | $4,000 Fam**
Virtual Visit Copay	$15	**$5**	$15	**$5**	$5	**$5**
Primary Care Visit Copay	$35	**$20**	$35	**$30**	$35	**$25**
Specialist Visit Copay	$60	**$60**	$60	**$80**	$45	**$60**
Urgent Care Clinics Copay	$35	**$20**	$35	**$30**	$35	**$25**
Retail RX (30 Days)						
Generic	$10	**$10**	$10	**$10**	$10	**$10**
Preferred	$60	**$65**	$60	**$85**	$50	**$60**
Non-Preferred	$105	**$110**	$105	**$130**	$80	**$90**
Specialty RX	$250	**$280**	$250	**$300**	$250	**$250**
Mail-order RX (90-Day)						
Generic	$20	**$20**	$20	**$20**	$20	**$20**
Preferred	$120	**$130**	$120	**$145**	$100	**$120**
Non-Preferred	$210	**$220**	$210	**$235**	$160	**$180**

Expected Savings 4.5% or 2.5 Million USD* BCBSTX Data