

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

TEACHER RETIREMENT SYSTEM OF TEXAS

2007-2008 COMPARABILITY REPORT # 1

March 1, 2008

Northside Independent School District
Office of Benefits and Risk Management
5617 Grissom Road
San Antonio, TX 78238-2220

Telephone: 210-706-8620

NORTHSIDE ISD INSURANCE CERTIFICATES

The insurance certificates for the following medical plans offered to Northside ISD Employees are provided in four separate pdf files with this TRS Comparability Report #1.

- (1) Humana Health Maintenance Organization Group Number: P9534
- (2) Humana PPO 300 Group Number 662956
- (3) Humana PPO 500 Group Number 662956
- (4) Humana Coverage First 1000 Group Number 662956

Northside ISD Benefits Eff. January 1, 2008



Employee Share of Monthly Premium

Employee Only	\$10.00	\$32.28	\$61.84	\$251.02
Employee & Spouse	\$249.60	\$302.88	\$373.54	\$825.62
Employee & Children	\$152.56	\$192.24	\$244.86	\$581.58
Employee & Family	\$250.36	\$310.30	\$389.82	\$898.68

Network	Humana Preferred (HPN)		Humana Preferred (HPN)		Humana Preferred (HPN)		Humana HMO
	CoverageFirst 1000	CoverageFirst 1000	PPO 500	PPO 500	PPO 300	PPO 300	HMO 1
(This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details.)	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers
Up-front Benefit Allowance Annual member benefit (per calendar year) (1)	\$500	N/A	N/A	N/A	N/A	N/A	N/A
Preventative Care Annual routine physical exam and routine child care Routine mammogram Routine lab and X-ray	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100% after \$15 primary care physician or \$30 specialist copayment per visit
Vision Exam	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician Services Office visits and prenatal care (2)	100% after \$20 primary care physician or \$35 specialist copayment per visit (excludes diagnostic lab and X-ray, outpatient surgery)	70% after deductible	100% after \$25 primary care physician or \$40 specialist copayment per visit (excludes outpatient surgery)	70% after deductible	100% after \$20 primary care physician or \$35 specialist copayment per visit (excludes outpatient surgery)	70% after deductible	100% after \$15 primary care physician or \$30 specialist copayment per visit
Diagnostic test, lab and X-rays (performed in the physician's office)	80% after deductible	60% after deductible	100% after \$25 primary care physician or \$40 specialist copayment per visit	70% after deductible	100% after \$20 primary care physician or \$35 specialist copayment per visit	70% after deductible	100% after \$15 primary care physician or \$30 specialist copayment per visit
Allergy injections	100% after \$5 copayment per visit	70% after deductible	100% after \$5 copayment per visit	70% after deductible	100% after \$5 copayment per visit	70% after deductible	100% after \$5 copay per visit
Inpatient/outpatient services Emergency room visits Allergy serum	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	70% after deductible	Appropriate Copay Applies
Hospital Services Inpatient care (3)	100% after \$100 copayment per day for first five days per admission, and after deductible (3)	70% after deductible	100% after \$250 copayment per day for first five days per admission, and after deductible (3)	70% after deductible	100% after \$150 copayment per day for first five days per admission, and after deductible (3)	70% after deductible	100% after \$100 copayment per day for first five days per admission (3)
Outpatient surgery	100% after \$50 copayment per procedure, and after deductible	70% after deductible	100% after \$100 copayment per procedure, and after deductible	70% after deductible	100% after \$50 copayment per procedure, and after deductible	70% after deductible	100% after \$50 copayment per visit
Outpatient nonsurgical care (including diagnostic lab and X-ray)	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	60% after deductible	100%
Emergency room	100% after \$100 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible	100% after \$150 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible	100% after \$100 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible	100% after \$75 copayment per visit (copayment waived if admitted)
Other Medical Services Physical, speech and hearing therapy	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	60% after deductible	100% after \$30 copayment per visit
Prescription Drugs Rx4 Coverage	\$10/25/45/25% / Mail order 2x retail copay		\$10/25/45/25% / Mail order 2x retail copay		\$10/25/45/25% / Mail order 2x retail copay		\$10/25/45/25% / Mail order 2x retail copay
Annual Deductibles (per calendar year)							
Individual	\$1,000	\$2,000	\$500	\$1,000	\$300	\$600	N/A
Family	\$3,000	\$6,000	\$1,500	\$3,000	\$900	\$1,800	N/A
Out-Of-Pocket Amounts (per calendar year) (4)							
Individual	\$2,000	\$4,000	\$3,000	\$6,000	\$2,500	\$5,000	\$2,000
Family	\$6,000	\$12,000	\$9,000	\$18,000	\$7,500	\$15,000	\$6,000
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000		NA

NOTE: For Mental Health Services, see separate Benefit Summary.

- (1) Applies to medical services received from participating providers only. Does not apply to member copayments, mental health services or pharmacy benefits. (2) Prenatal copayment applies to first visit only.
 (3) Inpatient copayment is charged each day for first five days of each admission for the plans where copayment applies. (4) PPO out-of-pocket amounts exclude copayments and deductibles.

Northside ISD Benefits Eff. January 1, 2008 ChoiceCare Network



Employee Share of Monthly Premium

Employee Only	\$60.88	\$87.40	\$122.58
Employee & Spouse	\$371.22	\$434.62	\$518.70
Employee & Children	\$243.14	\$290.36	\$352.96
Employee & Family	\$387.24	\$458.56	\$553.20

Network	Humana Preferred (CHC)		Humana Preferred (CHC)		Humana Preferred (CHC)	
	CoverageFirst 1000		PPO 500		PPO 300	
	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Up-front Benefit Allowance Annual member benefit (per calendar year) (1)	\$500	N/A	N/A	N/A	N/A	N/A
Preventive Care Annual routine physical exam and routine child care	100% after \$20 primary care physician or \$35 specialist copayment per visit	70% after deductible	100% after \$25 primary care physician or \$40 specialist copayment per visit	70% after deductible	100% after \$20 primary care physician or \$35 specialist copayment per visit	70% after deductible
Routine mammogram Routine lab and X-ray	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible
Vision Exam	N/A	N/A	N/A	N/A	N/A	N/A
Physician Services Office visits and prenatal care (2)	100% after \$20 primary care physician or \$35 specialist copayment per visit (excludes diagnostic lab and X-ray, outpatient surgery)	70% after deductible	100% after \$25 primary care physician or \$40 specialist copayment per visit (excludes outpatient surgery)	70% after deductible	100% after \$20 primary care physician or \$35 specialist copayment per visit (excludes outpatient surgery)	70% after deductible
Diagnostic test, lab and X-rays (performed in the physician's office)	80% after deductible	60% after deductible	100% after \$25 primary care physician or \$40 specialist copayment per visit	70% after deductible	100% after \$20 primary care physician or \$35 specialist copayment per visit	70% after deductible
Allergy injections	100% after \$5 copayment per visit	70% after deductible	100% after \$5 copayment per visit	70% after deductible	100% after \$5 copayment per visit	70% after deductible
Inpatient/outpatient services Emergency room visit Allergy serum	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	70% after deductible
Hospital Services Inpatient care (3)	100% after \$100 copayment per day for first five days per admission, and after deductible (3)	70% after deductible	100% after \$250 copayment per day for first five days per admission, and after deductible (3)	70% after deductible	100% after \$150 copayment per day for first five days per admission, and after deductible (3)	70% after deductible
Outpatient surgery	100% after \$50 copayment per procedure, and after deductible	70% after deductible	100% after \$100 copayment per procedure, and after deductible	70% after deductible	100% after \$50 copayment per procedure, and after deductible	70% after deductible
Outpatient nonsurgical care (including diagnostic lab and X-ray)	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Emergency room	100% after \$100 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible	100% after \$150 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible	100% after \$100 copayment per visit, and after deductible (copayment waived if admitted)	70% after deductible
Other Medical Services Physical, speech and hearing therapy	80% after deductible	60% after deductible	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Prescription Drugs Rx4 Coverage	\$10/25/45/25% / Mail order 2x retail copay		\$10/25/45/25% / Mail order 2x retail copay		\$10/25/45/25% / Mail order 2x retail copay	
Annual Deductibles (per calendar year)						
Individual	\$1,000	\$2,000	\$500	\$1,000	\$300	\$600
Family	\$3,000	\$6,000	\$1,500	\$3,000	\$900	\$1,800
Out-Of-Pocket Amounts (per calendar year) (4)						
Individual	\$2,000	\$4,000	\$3,000	\$6,000	\$2,500	\$5,000
Family	\$6,000	\$12,000	\$9,000	\$18,000	\$7,500	\$15,000
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000	

NOTE: For Mental Health Services, see separate Benefit Summary.

- (1) Applies to medical services received from participating providers only. Does not apply to member copayments, mental health services or pharmacy benefits. (2) Prenatal copayment applies to first visit only.
(3) Inpatient copayment is charged each day for first five days of each admission for the plans where copayment applies. (4) PPO out-of-pocket amounts exclude copayments and deductibles.

NORTHSIDE ISD 2008 MEDICAL PLAN RATES

Plan	Tier	Total Rate	District Pays	Employee Pays
CF 1000 HPN Network	Employee Only	\$275.32	\$265.32	\$10.00
	Employee/Spouse	\$647.58	\$397.98	\$249.60
	Employee/Child(ren)	\$484.20	\$331.64	\$152.56
	Employee/Family	\$727.94	\$477.58	\$250.36
PPO 500 HPN Network	Employee Only	\$297.60	\$265.32	\$32.28
	Employee/Spouse	\$700.86	\$397.98	\$302.88
	Employee/Child(ren)	\$523.88	\$331.64	\$192.24
	Employee/Family	\$787.88	\$477.58	\$310.30
PPO 300 HPN Network	Employee Only	\$327.16	\$265.32	\$61.84
	Employee/Spouse	\$771.52	\$397.98	\$373.54
	Employee/Child(ren)	\$576.50	\$331.64	\$244.86
	Employee/Family	\$876.40	\$477.58	\$389.82
HMO	Employee Only	\$516.34	\$265.32	\$251.02
	Employee/Spouse	\$1,223.60	\$397.98	\$825.62
	Employee/Child(ren)	\$913.22	\$331.64	\$581.58
	Employee/Family	\$1,376.26	\$477.58	\$898.68
CF 1000 ChoiceCare Network	Employee Only	\$326.20	\$265.32	\$60.88
	Employee/Spouse	\$769.20	\$397.98	\$371.22
	Employee/Child(ren)	\$574.78	\$331.64	\$243.14
	Employee/Family	\$864.82	\$477.58	\$387.24
PPO 500 ChoiceCare Network	Employee Only	\$352.72	\$265.32	\$87.40
	Employee/Spouse	\$832.60	\$397.98	\$434.62
	Employee/Child(ren)	\$622.00	\$331.64	\$290.36
	Employee/Family	\$936.14	\$477.58	\$458.56
PPO 300 ChoiceCare Network	Employee Only	\$387.90	\$265.32	\$122.58
	Employee/Spouse	\$916.68	\$397.98	\$518.70
	Employee/Child(ren)	\$684.60	\$331.64	\$352.96
	Employee/Family	\$1,030.78	\$477.58	\$553.20

NORTHSIDE ISD 2008 MEDICAL PLAN ENROLLMENT

Plan	Tier	Enrollment
CF 1000 HPN Network	Employee Only	2,681
	Employee/Spouse	160
	Employee/Child(ren)	578
	Employee/Family	396
	Total	3,815
PPO 500 HPN Network	Employee Only	1,430
	Employee/Spouse	149
	Employee/Child(ren)	564
	Employee/Family	330
	Total	2,473
PPO 300 HPN Network	Employee Only	1,868
	Employee/Spouse	155
	Employee/Child(ren)	472
	Employee/Family	395
	Total	2,890
HMO	Employee Only	272
	Employee/Spouse	12
	Employee/Child(ren)	63
	Employee/Family	20
	Total	367

Plan	Tier	Enrollment
CF 1000 ChoiceCare Network	Employee Only	40
	Employee/Spouse	4
	Employee/Child(ren)	12
	Employee/Family	13
	Total	69
PPO 500 ChoiceCare Network	Employee Only	69
	Employee/Spouse	5
	Employee/Child(ren)	17
	Employee/Family	9
	Total	100
PPO 300 ChoiceCare Network	Employee Only	78
	Employee/Spouse	4
	Employee/Child(ren)	24
	Employee/Family	8
	Total	114
Total Participation - ALL PLANS		9,828

NISD REPORT #1 METHODOLOGY AND CRITERIA

TEC Section 22.004 was amended by the 80th Texas Legislature. The amended provision of Section 22.004 changed the Teacher Retirement System (TRS) and district responsibilities with regard to determining whether the district offers health care coverage to employees that is comparable to HealthSelect, the coverage provided to state employees. The amended provisions of Section 22.004 also specify certain reporting requirements. Each district that does not participate in TRS-ActiveCare is required to make a comparability determination and report compliance to TRS by March 1, 2008.

Each district is required to develop a methodology and criteria, which must take into consideration certain factors as specified in Section 22.004(b), to make the comparability determination. In determining if the district's coverage is comparable to the basic health coverage (HealthSelect), the following factors outlined in Section 22.004(b) must be considered:

- (1) the deductible amount for service provided inside and outside of the network;
- (2) the coinsurance percentages for service provided inside and outside of the network
- (3) the maximum amount of coinsurance payments a covered person is required to pay;
- (4) the amount of co-payment for an office visit;
- (5) the schedule of benefits and the scope of coverage;
- (6) the lifetime maximum benefit amount; and
- (7) verification that the coverage is issued by a provider licensed to do business in this state by the Texas Department of Insurance or is provided by a risk pool authorized under Chapter 172, Local Government Code, or that the district is capable of covering the assumed liabilities in the case of coverage provided through district self-insurance.

The coverage must include major medical treatment but may exclude experimental procedures. In this subsection, "major medical treatment" means a medical, surgical, or diagnostic procedure for illness or injury. The coverage may include managed care or preventive care and must be comparable to the basic health coverage provided under Chapter 1551, Insurance Code. (HealthSelect at http://www.ers.state.tx.us/news/documents/health_expenses.pdf.)

The law requires that the district prepare two reports:

Report 1: This report is based on the current group health coverage in effect during the current plan year. The report must include:

- a. Appropriate documentation of:
 - (1) the school district's contract for group health coverage with a provider licensed to do business in Texas by the Texas Department of Insurance or a risk pool authorized under Chapter 172, Local Government Code;
 - OR
 - (2) a resolution of the board of trustees of the school district authorizing a self-insurance plan for school district employees and of the school district's review of its ability to cover the liability assumed;
- b. the schedule of benefits;

NISD REPORT #1 METHODOLOGY AND CRITERIA

- c. the premium rate sheet, including the amount paid by the school district and employee;
- d. the number of employees covered by the health coverage plan offered by the school district;
- e. information concerning the ease of completing Report #2; and
- f. a compliance statement which states whether or not the school district provides health care coverage to its employees that is comparable to HealthSelect and whether it has complied with other requirements of Section 22.004 of the Education Code.

Report 2: The 2007-2008 Comparability Report Form due to TRS by March 1, 2008. This form requires the district to respond to the following questions:

- a. Does your district offer employee health coverage that is comparable to HealthSelect?
- b. Is your district in compliance with all other requirements of Section 22.004 of the Education Code?

Report #1 Methodology and Criteria

In response to Report 1, item (e), information concerning the ease of completing Report #2, the following methodology and criteria was implemented to determine if the employee health coverage offered to district employees was comparable to the HealthSelect plan and if the district was in compliance with all other requirements of Section 22.004 of the Education Code.

1. The district reviewed the *TRS Certification Report and Comparability Study for Public School Employees' Health Coverage 2005-2006* (August 2006). In this report, districts were reported as "comparable" to the basic state plan if they offer at least one plan that compares favorably with the standard.
2. Based on Texas Administrative Code, Title 34, Part 3 Teacher Retirement System of Texas, Chapter 41 - Rule § 41.91 Certification of Insurance Coverage section [c], "comparable" means "similar, but not identical."
3. The district obtained a copy of the HealthSelect benefits at http://www.ers.state.tx.us/news/documents/health_expenses.pdf.
4. The current benefit levels under the HealthSelect plan were identified for each required factor outlined in Section 22.004.
5. A side by side comparison of the HealthSelect plan to each of the four district medical plans by required factors and benefit levels was completed.
6. Benefit levels by each plan were determined to be rated either richer, same or poorer than the HealthSelect benefit levels.
7. Based on the comparison of benefit levels offered by the plans, each plan was determined to be either comparable or not comparable to the HealthSelect Plan. The evaluation determined two plans were comparable to the HealthSelect Plan - the Humana HMO and the Humana PPO 300.
8. Humana's license to do business in the state of Texas was verified on the Texas Department of Insurance website.
9. Additional requirements of TEC Section 22.004 were reviewed by district staff.

HUMANA HEALTH PLAN OF TEXAS, INC.

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General Information:

Type of Entity:	CL
Status of TX License:	Active
NAIC Number:	95024
TDI Company Number:	93827
Company Type Code (<u>Old</u> / <u>New</u>):	28/41
FEIN:	610994632
Home City/State:	San Antonio, TX
Origin:	Domestic
Date Incorporated/Organized:	08/25/1981
Date Licensed in Texas:	03/15/1982
Date License Cancelled:	
Company Status:	Normal Operations Health Maintenance
Category:	Organizations
Class Code:	Specialty

HUMANA INSURANCE COMPANY

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General Information:

Type of Entity:	CL
Status of TX License:	Active
NAIC Number:	73288
TDI Company Number:	93526
Company Type Code (<u>Old</u> / <u>New</u>):	02/22
FEIN:	391263473
Home City/State:	Depere, WI
Origin:	Foreign
Date Incorporated/Organized:	12/12/1968
Date Licensed in Texas:	05/02/1980
Date License Cancelled:	
Company Status:	Normal Operations
Category:	Life
Class Code:	Life & Health

Contact Information:

Mailing Address:	P O Box 740036 500 West Main Street Louisville KY 40201 -7436
Office Number:	(502)580-2712
Toll Free Number:	(800)486-2620
Fax Number:	(502)580-2099

Types of Insurance Licensed to Write:

Accident
Health
Life