

March 1, 2010

**2009-2010 HEALTH CARE COVERAGE PLAN
COMPARABILITY PROGRAM COMPARISON**

El Paso ISD

As required in the provisions of the Texas Education Code (TEC) Section 22.004, most recently amended by House Bill 2427 of the 80th Texas Legislature, El Paso ISD has prepared this report to confirm the comparability of the health care coverage offered to its employees with HealthSelect coverage offered by the State of Texas to its employees.

This report posted on the District's website is available for review at the Central Administrative Office of each campus.

TEC Section 22.004 (d) identifies six Requirements that must be satisfied in this report.

REQUIREMENT 1

The Board of Trustees of El Paso ISD on **December 17, 2007** adopted a resolution authorizing the District to self-insure the group health coverage for the District's employees. On an annual basis El Paso ISD's auditors confirm that the District is adequately able to cover the assumed liability of the self-funded benefit plan. Under the Texas Public Information Act a copy of the most recent auditor's report can be obtained by contacting the El Paso ISD.

REQUIREMENT 2

On **March 1, 2010** El Paso ISD offered the following group health coverage benefit options. This is a summary description of benefits only. Refer to the actual benefit booklet for complete benefits, limitations and exclusions descriptions. The benefit offerings are subject to change in the future.

REQUIREMENT 3

On **March 1, 2010**, the amounts paid by El Paso ISD and by the District employees for the group health coverage options are listed below. These amounts are subject to change in the future.

El Paso Independent School District's Monthly Contribution per Employee: **\$355.00**

| Monthly | Classic 500 | Standard 1000 Plan | CDHP 3000 |
|-----------------------|-------------|--------------------|-----------|
| Employee Only | \$153.32 | \$59.02 | \$0.00 |
| Employee & Spouse | \$585.74 | \$388.76 | \$256.98 |
| Employee & Child(ren) | \$399.26 | \$224.74 | \$151.46 |
| Employee & Family | \$901.22 | \$578.94 | \$444.50 |

REQUIREMENT 4

On March 1, 2010, the estimated number of employees covered under the El Paso ISD group health plan is **7,756**

REQUIREMENT 5

As a prudent and conscientious employer and provider of employer sponsored benefits, El Paso ISD was able to complete this report, as well as the required 2009-2010 Comparability Report Form on file with the Teacher Retirement System with minimal staff involvement and without difficulty.

REQUIREMENT 6

In order to determine comparability with the State of Texas HealthSelect plan, El Paso ISD used the following approach.

Recognizing that the costs of health care can vary by region with the state of Texas, El Paso ISD used the following frequencies of health claims utilization for a LOW, MEDIUM and HIGH Utilizer of health benefits and calculated the annual out of pocket expense for each of the benefit options available to El Paso ISD's employees as well as the Health Select plan (a copy of this plan summary can be obtained at <http://www.bcbstx.com/hs/pdf/benefitbooks/090109u65.pdf>).

| Type of Utilizer | LOW | MEDIUM | HIGH |
|--|----------|-------------|--------------|
| Total Eligible Non Hospital Charges Subject to Deductible (non-co-pay related) | \$200.00 | \$ 2,000.00 | \$ 20,000.00 |
| Primary Care Office Visits | 2 | 6 | 12 |
| Specialty Care Office Visits | 0 | 3 | 12 |
| Outpatient Procedures | 1 | 1 | 2 |
| Hospital Admissions | 0 | 1 | 2 |
| Inpatient Hospital Stay in Days | 0 | 2 | 10 |
| Total Inpatient Hospital Eligible Charges | \$ 0.00 | \$ 3,000.00 | \$ 40,000.00 |
| Emergency Room Visits | 1 | 1 | 1 |
| Generic Drug Scripts - 30 day supply | 2 | 10 | 12 |
| Preferred Drug Scripts - 30 day supply | 2 | 10 | 24 |
| Non Drug Scripts - 30 day supply | 0 | 4 | 12 |

The estimated annual out-of-pocket expense to each utilizer for each plan is summarized below:

| Low Utilizer | Annual Out of Pocket Expense |
|----------------------|------------------------------|
| Benefit Plan Option | |
| El Paso ISD Classic | \$ 290.00 |
| Health Select | \$ 350.00 |
| El Paso ISD Standard | \$ 540.00 |
| El Paso ISD CDHP | \$ 570.00 |

| Medium Utilizer | |
|----------------------|------------------------------|
| Benefit Plan Option | Annual Out of Pocket Expense |
| El Paso ISD Classic | \$ 1,160.00 |
| Health Select | \$ 2,020.00 |
| El Paso ISD Standard | \$ 2,875.00 |
| El Paso ISD CDHP | \$ 3,000.00 |

| High Utilizer | |
|----------------------|------------------------------|
| Benefit Plan Option | Annual Out of Pocket Expense |
| El Paso ISD Classic | \$ 2,340.00 |
| El Paso ISD CDHP | \$ 3,000.00 |
| Health Select | \$ 3,800.00 |
| El Paso ISD Standard | \$ 5,360.00 |

Each of the benefit plan options listed above utilizes a Preferred Provider Organization network of preferred health care providers that represent comparable access to quality health care providers for the plan members. Each plan offers comprehensive plan design with benefits provided for physician, hospital and prescription drug services. Each plan includes reasonable limitations and exclusions based upon standard industry provisions used within health care benefit plans.

El Paso ISD is satisfied that it offers one or more benefit plan options that are comparable to or better than the HealthSelect plan which is used as a benchmark for comparison purposes.

2010 EPISD Medical Plan Highlights Comparison

| COVERAGE | OPTIONS | | | |
|---|--|---------------------------|--|---------------------------|
| | Classic 500 In-Network | | Standard 1000 In-Network | |
| Annual Deductible: Individual / Family | \$500/\$1500 | | \$1000/\$3000 | |
| Physicians Office Visit co-pay: | \$20 | | \$35 | |
| Co-insurance rate (%) | 90/10 after ded | | 80/20 after ded | |
| Maximum Out-of-Pocket: Individual / Family | \$1500/\$4500 | | \$2500/\$7500 | |
| Emergency Room co-pay | \$100 | | \$100 | |
| Diagnostic Laboratory | 100% w/preferred provider | | 100% w/preferred provider | |
| Maximum Lifetime Benefit: | \$2,000,000 | | \$2,000,000 | |
| General Rule of Coverage: | 90% of Reasonable and Customary (R&C) cost after co-payment and annual deductible have been met. Then 100% of (R&C) cost after Annual Maximum Out-of-Pocket has been met | | 80% of Reasonable and Customary (R&C) cost after co-payment and annual deductible have been met. Then 100% of (R&C) cost after Annual Maximum Out-of-Pocket has been met | |
| | Out-of-Network | | Out-of-Network | |
| Annual Deductible: Individual / Family | \$1000/\$3000 | | \$2000/\$6000 | |
| Medical Plan covers: 50% of reasonable and customary (R&C) cost after deductible. Annual maximum Out-of-Pocket expenses are unlimited for charges from Out-of-Network providers. | | | | |
| 3-TIER FORMULARY | PRESCRIPTION BENEFITS | | | |
| | Classic 500 | | Standard 1000 | |
| Annual Rx Deductible | \$100 deductible | | \$100 deductible | |
| | Retail Co-pay | Aetna – Mail Order | Retail Co-pay | Aetna – Mail Order |
| Co-pay Tier/Type of Drug | (30 day supply) | (90 day supply) | (30 day supply) | (90 day supply) |
| 1. Generic | \$5 | \$10 | \$10 | \$20 |
| 2. Preferred Brand | \$30 | \$60 | \$40 | \$80 |
| 3. Non-Preferred | \$60 | \$120 | \$65 | \$130 |
| Generic: co-pay amounts not subject to \$100 individual annual deductible | | | | |
| Preferred & Non-Preferred: subject to prescription individual annual deductible of \$100. Co-pay amounts will apply after individual annual deductible has been met. | | | | |
| Aetna online resources to assist at www.aetna.com , under Related Shortcuts: "Access Your Pharmacy Benefits"- "Price-a-Drug" | | | | |
| No prescription benefits for out-of-network pharmacy. Aetna Discounts apply for In-Network Healthcare Providers & Pharmacies | | | | |
| Members may use any participating healthcare provider under the <i>Aetna Choice POS II Plan</i> | | | | |
| MONTHLY PREMIUMS | | | | |
| Contributions calculated for employees who work 30 hrs or more, and have 24 pay-periods | | | | |
| | Classic 500 | | Standard 1000 | |
| Employee Only | \$153.32 | | \$59.02 | |
| Employee & Spouse | \$585.74 | | \$388.76 | |
| Employee & Child(ren) | \$399.26 | | \$224.74 | |
| Employee & Family | \$901.22 | | \$578.94 | |
| CLASSIC 500 & STANDARD 1000 | | | | |
| <ul style="list-style-type: none"> - Deductibles for medical and Rx visits are separate individual deductibles and do not cross apply. - Co-pays may not be used to satisfy Deductibles, Out of Pocket Maximums or Co-insurance Limits - Out of Pocket Maximums exclude co-pays or any penalty for non-compliance with pre-certification procedures - Some Benefits may have annual or lifetime maximums - \$100 co-pay for emergency room charges - per visit (In-Network and Out-of-Network). All other related services will be processed according to Classic or Standard Option coinsurance levels. | | | | |
| HOSPITALS | | | | |
| El Paso: Providence Memorial, Sierra Medical, Del Sol, Las Palmas, Physicians Hospital, R.E. Thomason, SCCI Hospital | | | | |
| Las Cruces: Memorial Medical, Mountain View Regional Medical Center | | | | |
| For current hospital listings go to AETNA DocFind through the EPISD benefits website: www.episdbenefits.org | | | | |
| *** PLEASE NOTE *** | | | | |
| On-site Employee Resource Center located at Ed Center Boeing by Planetarium – Phone (915) 887-6790: | | | | |
| <ul style="list-style-type: none"> • MUST be an EPISD Employee (who works 20hrs or more a week), or a dependent covered under EPISD's Medical Plan • Both a Driver's License and the Aetna ID card MUST be presented at time of service • On-site Medical Clinic Staffed by a Nurse Practitioner – Basic Medical Care – No co-payment – Wellness Screenings (cholesterol, glucose, blood pressure, body mass index). | | | | |
| The information in this handout merely highlights the EPISD Health Care Trust Medical Plan Document. All Claims will be paid in accordance with the EPISD Medical Plan. | | | | |
| To access a complete copy of the EPISD Health Care Trust Medical Plan Document visit www.episdbenefits.org then click on Medical Plan. | | | | |

2010 EPISD Medical Plan Highlights Comparison

| COVERAGE | OPTIONS | |
|---|--|--|
| | CDHP 3000 | |
| | In-Network | Out-of-Network |
| Annual Deductible: Individual / Family | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Physicians Office Visit co-pay: | 100% after ded | 100% after ded |
| Co-insurance rate (%) | 100% after ded | 100% after ded |
| Maximum Out-of-Pocket: Individual / Family | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Emergency Room co-pay | 100% after deductible | |
| Diagnostic Laboratory | 100% after deductible | |
| Maximum Lifetime Benefit: | \$2,000,000 | \$2,000,000 |
| General Rule of Coverage: | 100% of Reasonable and Customary (R&C) cost after Annual Deductible and Annual Maximum Out-of-Pocket have been met | |
| 3-TIER FORMULARY | PRESCRIPTION BENEFITS | |
| | CDHP 3000 | |
| Rx Benefit | 100% after Annual Deductible Met ** | |
| | Retail Co-pay (30 day supply) | Aetna – Mail Order (90 day supply) |
| Co-pay Tier/Type of Drug | | |
| 1. Generic | \$10 | \$20 |
| 2. Preferred Brand | \$40 | \$80 |
| 3. Non-Preferred | \$65 | \$130 |
| | <i>** Eligible Preventive Care Drugs are not subject to annual deductible; co-pay amount(s) apply</i> | |
| <p>Aetna online resources to assist at www.aetna.com , under related shortcuts - prescription benefits "Price a Drug" tool No prescription benefits for out-of-network pharmacy. Aetna Discounts apply for In-Network Healthcare Providers & Pharmacies Members may use any participating healthcare provider under the Aetna Choice POS II Plan</p> | | |
| MONTHLY PREMIUMS | | |
| Contributions calculated for employees who work 30 hrs or more, and have 24 pay-periods | | |
| | Standard 1000 | |
| Employee Only | \$0.00 | |
| Employee & Spouse | \$256.98 | |
| Employee & Child(ren) | \$151.46 | |
| Employee & Family | \$444.50 | |
| | CDHP 3000 | |
| <ul style="list-style-type: none"> - Co-pays and out-of-pocket amounts apply toward the annual deductible amount - Preventive Care Services are exempt from annual deductible and available after \$35 co-pay then covered at 100% - Laboratory services are subject to annual deductible - Eligible Preventive Care Drugs are subject to co-pay (before meeting the annual deductible) until the maximum out-of-pocket amount is satisfied, and then no additional co-pays are applied for the remainder of the plan year - 100% coverage for emergency room charges – after annual deductible has been met | | |
| HOSPITALS | | |
| <p>El Paso: Providence Memorial, Sierra Medical, Del Sol, Las Palmas, Physicians Hospital, R.E. Thomason, SCCI Hospital Las Cruces: Memorial Medical, Mountain View Regional Medical Center For current hospital listings go to AETNA DocFind through the EPISD benefits website: www.episdbenefits.org</p> | | |
| *** PLEASE NOTE *** | | |
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TEACHER RETIREMENT SYSTEM OF TEXAS
1000 Red River Street, Austin, Texas 78701-2698
Telephone (512) 542-6400 or (800) 223-8778
www.trs.state.tx.us

2009-2010 Comparability Report Form

Please complete and mail no later than March 1, 2010 to:

Teacher Retirement System of Texas
Attention: 2009-2010 Comparability Report
1000 Red River Street
Austin, TX 78701-2698

TRS District Number: 0592

District Name: El Paso Independent School District

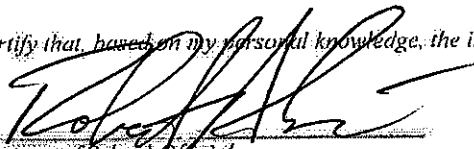
Does your district offer employee health coverage that
is comparable to HealthSelect?

Yes X No

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

Yes X No

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


Signature of School Official

3/2/2010
Date

Robert Almanzan
Name of School Official (Print or Type)

Associate Superintendent, HR
Title (Print or Type)

(915) 881-2602
Phone number

Note: This form is the only documentation that should be submitted by your district to TRS. Do not provide any additional documentation such as the district's contract for group health coverage, schedule of benefits, premium rate sheet, etc.

For questions concerning the 2009-2010 Comparability Report Form, please contact Sunitha Downing at (512) 542-6439 or Glenn Benavides at (512) 542-6551.