



EMPLOYEE BENEFITS COMMITTEE MEETING

May 2, 2024

AN EARLY COLLEGE DISTRICT
BROWNSVILLE
INDEPENDENT SCHOOL DISTRICT

EBC Teammates

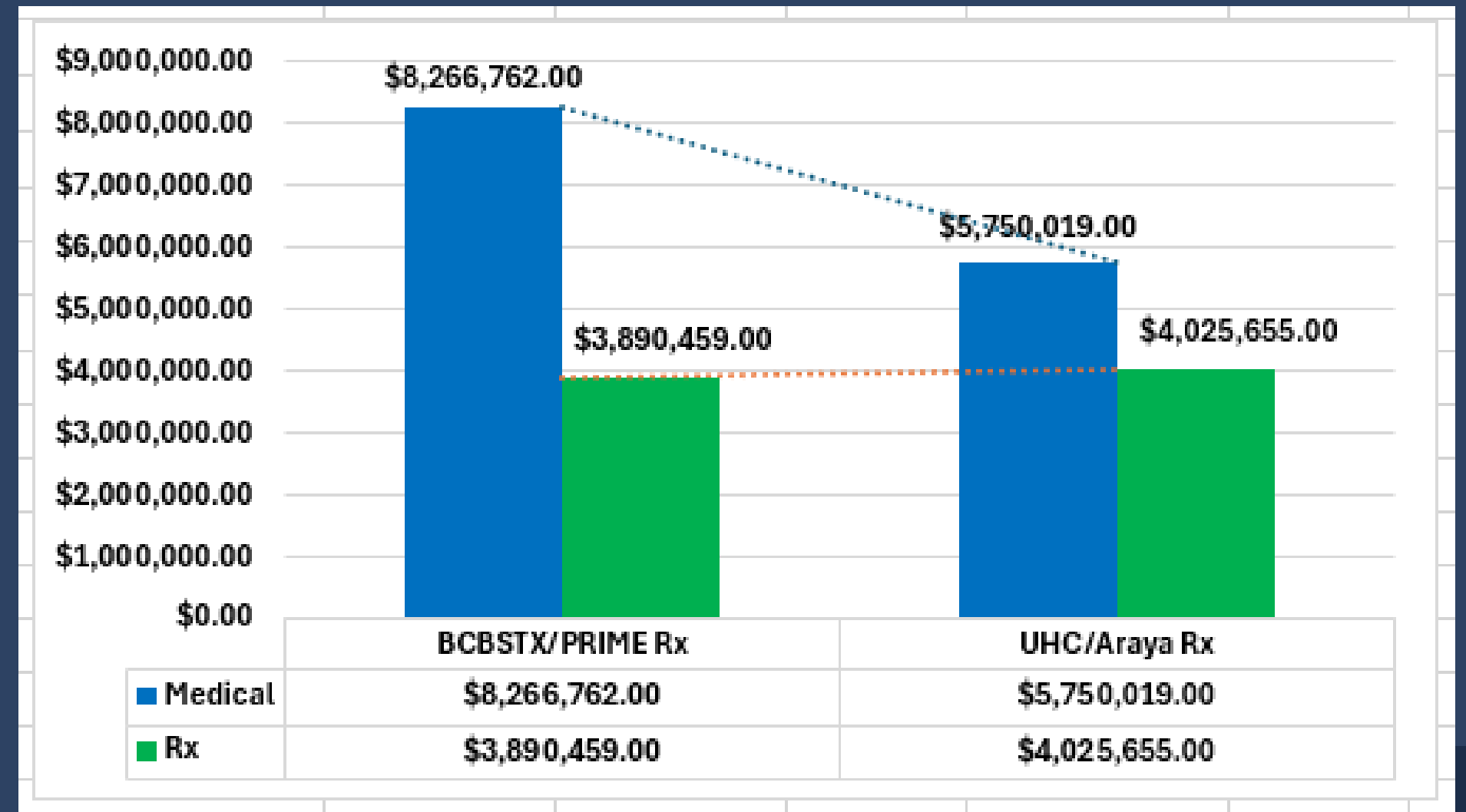




General Self-Funded Plan Financial Update

BCBS 2023 and UHC 2024
1st Quarter Comparison
January, February, March

	BCBSTX/PRIME Rx	UHC/Araya Rx	
Plan Year	1/1/23-3/31/23	1/1/24-3/31/24	Difference
Medical	\$8,266,762.00	\$5,750,019.00	-30.44%
Rx	<u>\$3,890,459.00</u>	<u>\$4,025,655.00</u>	<u>3.48%</u>
Combined Total	\$12,157,221.00	\$9,775,674.00	-19.59%



Cost-Savings Strategy for Self-Funded Plan

Importation Pharmacy - ElectRx

- ▶ 8 members voluntarily participating in Importation Pharmacy (ElectRx) with a potential annual savings of \$103,285
- ▶ 114 members pending potential enrollment

**Total annual potential savings of
\$3.4 million
if all 122 eligible members participate**

- ▶ Without any changes to your current out-of-pocket benefits
 - ▶ Premiums
 - ▶ Co-pays
 - ▶ Deductible
 - ▶ Annual Maximum out-of-pocket



Importation Pharmacy Savings to Date



					PLAN COST			MEMBER COST		
Drug Name	Strength	Days Supply	Date	Import Price	Domestic Cost	Savings	Annual	Copay	Savings	Annual
KESIMPTA	20 mg/.4mL	30	28-Mar	\$ 5,096	\$ 6,877	\$ 1,782	\$ 21,379	\$1,719.36	\$1,719	\$4,000
Jardiance	25 mg	90	11-Apr	\$ 450	\$ 1,612	\$ 1,162	\$ 4,649	\$60.00	\$ 60	\$ 240
Ozempic 1 mg	1.34 mg/mL	84	15-Apr	\$ 1,243	\$ 2,737	\$ 1,494	\$ 6,402	\$60.00	\$ 60	\$ 257
Ozempic .5mg	.68 mg/mL	84	18-Apr	\$ 1,243	\$ 2,737	\$ 1,494	\$ 6,402	\$60.00	\$ 60	\$ 257
FARXIGA	10 mg	90	18-Apr	\$ 423	\$ 1,645	\$ 1,222	\$ 4,889	\$60.00	\$ 60	\$ 240
FARXIGA	10 mg	90	22-Apr	\$ 423	\$ 1,645	\$ 1,222	\$ 4,889	\$60.00	\$ 60	\$ 240
ENBREL	50 mg/1 ml	28	25-Apr	\$ 3,213	\$ 7,218	\$ 4,004	\$ 51,483	\$0.00	\$ -	\$4,000
Myrbetriq	50 mg	90	26-Apr	\$ 401	\$ 1,199	\$ 798	\$ 3,192	\$60.00	\$ 60	\$ 240
TOTAL				\$ 12,493	\$ 25,671	\$13,178	\$103,285			



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

2024 Rate Sheet

Deductible - January to December

	Plan A	Plan B	Plan C
	Co-pay	Co-pay	Co-pay
In-Network Primary Doctor per visit	\$35	\$30	\$20
In-Network Specialist per visit	\$40	\$35	\$30
Virtual Visit per session	\$15	\$10	\$5
Urgent Care per visit	\$45	\$40	\$35
Emergency Room per visit	\$250 Co-Pay then Ded. & 30%	\$225 Co-Pay then Ded. & 20%	\$200 Co-Pay then Ded. & 10%
Out-Of-Network Services per visit	Deductible & 40%	Deductible & 40%	Deductible & 30%
Deductible	Out-of-Pocket Expenses	Out-of-Pocket Expenses	Out-of-Pocket Expenses
In-Network	\$750 Individ./ \$1,250 Family	\$500 Individ./ \$1,000 Family	\$250 Individ./ \$ 500 Family
Out-Of-Network	\$1,250 Individ./ \$2,500 Family	\$1,000 Individ./ \$2,000 Family	\$750 Individ./ \$1,500 Family
Co-Insurance Percent			
In-Network	70% BISD / 30% Member	80% BISD / 20% Member	90% BISD / 10% Member
Out-Of-Network	60% BISD / 40% Member	60% BISD / 40% Member	70% BISD / 30% Member
Co-Ins Maximum			
In-Network	\$ 4,000 Individ. / \$ 8,000 Family	\$ 2,000 Individ. / \$ 4,000 Family	\$ 750 Individ. / \$ 1,000 Family
Out-Of-Network	\$ 8,000 Individ. / \$16,000 Family	\$ 6,000 Individ. / \$ 12,000 Family	\$ 1,500 Individ. / \$ 3,000 Family
Prescription Drugs			
Generic	.00¢ to \$10	.00¢ to \$10	.00¢ to \$5
Brand	.00¢ to \$30	.00¢ to \$30	.00¢ to \$25
Specialty	20%	20%	20%
90-Day Supply	Generic \$-0- / Brand \$60	Generic \$-0- / Brand \$60	Generic \$-0- / Brand \$50
Monthly Rate			
Employee Only	\$15.00	\$170.08	\$319.62
Employee & Spouse	\$404.41	\$697.45	\$1,008.11
Employee & Child(ren)	\$291.82	\$584.86	\$895.52
2 Employee & Child(ren)	\$247.98	\$520.15	\$804.94
Employee & Family	\$584.32	\$970.10	\$1,379.06



EBC Member Cost-Saving Ideas and Motions for Approval

- Motion:
Make Importation Pharmacy ElectRx mandatory effective
November 1, 2024

•Vote

33 For

5 Against

* One additional vote was submitted after the results were presented. 33 For and 6 Against

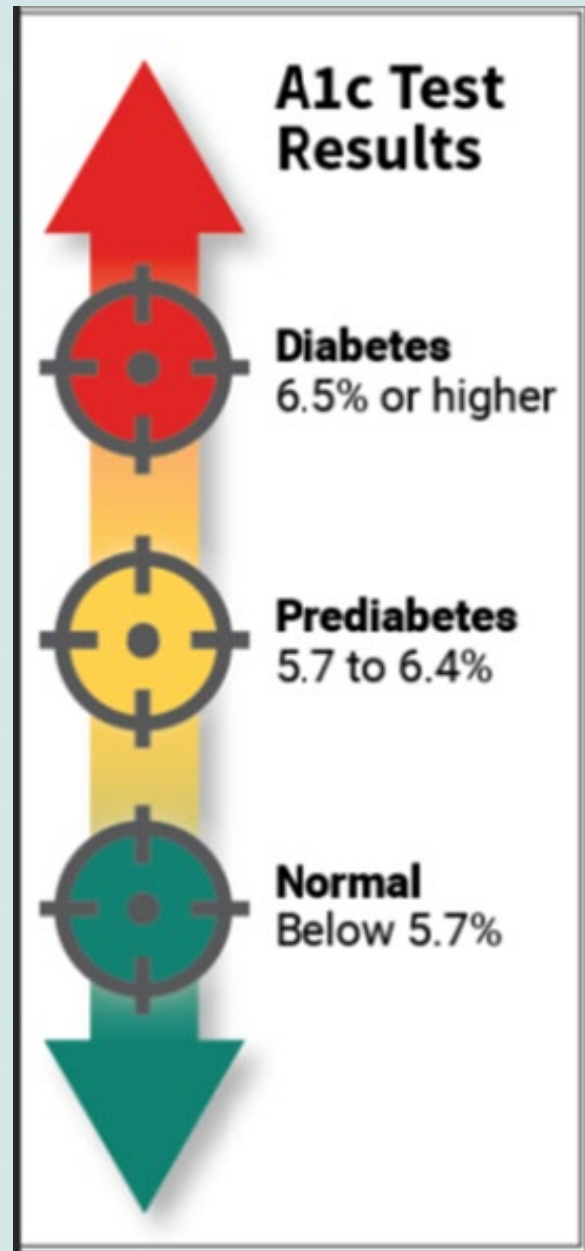
Unverified Diagnosis Claims

Addressing Prescription Medication Utilization

- **All existing prescriptions prior 1/1/24 were grandfathered for 90 days for transition purposes. Closed April 1,2024**
 - Diabetes diagnosis not verified
 - 60% of new issued prescriptions presented after 1/1/24 were for weight loss/pre-diabetes and thus denied.
- BISD Plan **does have coverage** for Diabetes drugs like Ozempic and Mounjaro.
FDA has approved these solely for Diabetic treatment.
- Currently BISD's Pharmacy Plan is at 32% utilization on these drugs while similar size ISD's are currently at 25%
- **Recommendation:**
 - Review all existing prescriptions for diagnosis to align with a Type 2 diabetic diagnosis
 - Terminate unverified diagnostic prescriptions
 - Reducing to 25% will save \$1.6M annually
- ***Our Prescription Plan has exclusions and limitations:*** Any drugs provided for reduction of obesity or weight, even if the Participant has other health conditions which might be helped by a reduction of obesity or weight.



⌘ Nationally Accepted ⌘ Guidelines



- Determining Coverage
 - GLP1s (Ozempic) are FDA approved for patients with Diabetes as defined below
- **Diabetes** **A1C greater than 6.5**
- Prediabetes A1C from 5.7 – 6.4
- Normal A1C Less then 5.7



Wellness Allowance

\$100,000

- UHC Wellness allowance consideration:
 - Miracle Medical Supplies (122 participants)
 - U Matter-Health Screenings (2,339 participants)
 - Wellness Department
 - Employee Aquatic Center
- Motion: 25% for all listed
 - Motion: PASSED





THANK YOU!

Have a safe

SUMMER