



Pflugerville ISD

Insurance Committee Meeting

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1. State of the Plan
2. Frontier Direct Care
3. 2027 Plan Changes

Agenda

Current State of the Plan

- **Our plan is self-funded. What does that mean?**
 - BCBS & HCH: They process the claims and provide the network of doctors, but the money to pay those claims comes directly from the District's funds.
 - The majority of the plan costs come from actual claims (doctor visits, hospital stays, prescriptions). Because the District is paying for each service directly, the total cost of the plan isn't a fixed number—it fluctuates based on how much healthcare is used.
 - The choices participants make directly affect the budget. For example:
 - Choosing an Urgent Care over an Emergency Room for a non-life-threatening issue saves the plan (and the District) significant money.
 - Using generic drugs instead of brand-name ones reduces the spend.
- Healthcare costs, including our cost, have continued to rise each year
- Claims have continued to run higher than expected
- Adjustments have been made year over year to bring the plan back into budget

Frontier Direct Care

Coming Fall 2026!



Flagship & Support Model

Coverage, ramp speed, and growth corridor.

#1 (FLAGSHIP) · 172 / SH 45

~2,000–2,300

SERVICE POPULATION

- Largest concentrated demand node (~1,600 core)
- Highest school density → daily family movement
- Strong AM + PM commute exposure
- South 78660: higher density, more renters, higher utilization
- Implication: fastest panel fill, highest visit frequency

#2 (SUPPORT + GROWTH) · 183 / SH-45

~1,200–1,600

SERVICE POPULATION

- Higher-income demographic
- Captures the Austin growth corridor
- Balances system capacity at flagship
- Implication: retention, higher-value base, capacity relief

Directional analytics · To be refined once claims confirm where care is actually being sought.

Which access windows best fit Pflugerville ISD?

Across other ISDs, four windows tend to drive utilization. We're not proposing a schedule — we want to pressure-test which of these match which of these match what you just told us about who can leave and when.

EARLY AM

Before bell

In other ISDs, early-AM slots get limited use from teachers and operations staff. Does that pattern hold here?

MIDDAY

Planning / lunch

Where there are real planning periods, midday access works for most all schools and schedules. Does that remain true here?

AFTER SCHOOL

End-of-day → 6pm

After-school is often the dominant window for elementary and operations. Would you expect the same?

EVENING / SAT

Family-facing

Evening and Saturday windows pull in all employees with limited schedule flexibility. Does your population want this?

IMPLEMENTATION

Path to October 15 launch.

A phased plan that supports early utilization and then scale member awareness through open enrollment.

PHASE 1 Contract + launch alignment Target timing · Late May – mid-June
PHASE 2 Site + staffing readiness Target timing · June – July
PHASE 3 Carrier + data integration Target timing · June – August
PHASE 4 Communications + OE activation Target timing · August – September
PHASE 5 Soft launch + early utilization Target timing · Oct 15 – December

OPERATIONAL READINESS

October 15th is the date Frontier is ready to serve early users, answer questions, and support the district. Open enrollment becomes the primary activation window for broad member awareness.

Medical Plan Changes Considered

	Option 0	Option 1	Option 2
Description	BCBS & HCH Status Quo	Move BCBS Plans to Blue Essentials Network; keep HCH plans + Frontier Bolt On	Drop BCBS, full HCH replacement + Frontier Bolt On
Costs	\$25.44M +19.1% Increase to FIEs	\$24.59M +15.1% Increase to FIEs	\$21.15M -1.0% Decrease to FIEs
Pros / Cons	• Familiarity • Limited options to control cost other than plan design changes	• Maintaining familiar option with broad national network, but statewide access only • Slight improved ability to control cost under this model but not significant	• Expected to provide the highest level of opportunity for controlling cost • Aggressive approach to cost containment expected to produce more savings than other options • Wrap national network option available • Disruption & confusion expected, additional employee education required

Medical Network Disruption

Healthcare Highways

- Move to HCH Sync TX Network
 - Coverage in Texas
 - Wrap national network option available
 - Consider integrated solutions for cancer and pediatric care

Network Disruption	
HCH – Sync TX	
Participating Providers	59.4%
Non-Participating Providers	40.6%

Network Repricing Performance	
HCH – Sync TX	
Billed Amount	\$22,142,064
HCH In-Network Costs	\$6,437,484
Discount	70.9%

Next Meetings....



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