

**South San Antonio Independent School District  
Employee Benefits Department  
1450 Gillette Blvd.  
San Antonio, Texas 78224  
210-977-7000**



**Teacher Retirement System of Texas  
Comparability Report 1**

<b>Insurance Certificates</b>
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**Cigna Medical Plans**

The South San Antonio ISD a offers employees three self-funded OAP medical plans through Cigna Medical Insurance Company. Below are the titles of the group plans and number. To obtain a copy of the insurance certificate for any of the following plans please refer to TRS Comparability Report #1 under separate cover in pdf.

- A. Option 1 – Group # OAP1 Open Access Plus**
- B. Option 2 – Group # OAP2 Open Access Plus**
- C. Option 3 – Group # OAP3 Open Access Plus**

Additional information/links to SBCs & Highlights:

Cigna Medical Insurance District webpage: <https://www.southsanisd.net/Page/10399>

HEB Pharmacy webpage: <https://www.southsanisd.net/Page/8983>

**2021-2022 Cigna Medical Health Plan Rates**

	Option 1 Plan		Option 2 Plan		Option 3 Plan	
	Rate	Employee Pays	Rate	Employee Pays	Rate	Employee Pays
Employee Only	\$402	\$0	\$467	\$65	\$642	\$240
Employee & Spouse	\$686	\$284	\$832	\$430	\$1526	\$1124
Employee & Children	\$614	\$212	\$737	\$335	\$ 1387	\$985
Employee & Family	\$897	\$495	\$1137	\$735	\$1964	\$1562

**District contribution is \$402.00 per month.**

## 2021-2022 Cigna Medical Health Plan Enrollment

*South San Antonio ISD's Group Health Plan participation.*

Plan Type	Employee Only
Option 1	626
Option 2	364
Option 3	37
Grand Total 1,027	

**South San Antonio ISD  
REPORT #1  
METHODOLOGY & CRITERIA**

TEC Section 22.004 was amended by the 80<sup>th</sup> 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 April 1, 2014.

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, the following factors outlined in Section 22.004(b) must be considered:

- The deductible amount for service provided inside and outside of the network;
- The coinsurance percentages for service provided inside and outside of the network;
- The maximum amount of coinsurance payments a covered person is required to pay;
- The amount of co-payment for an office visit;
- The schedule of benefits and the scope of coverage;
- The lifetime maximum benefit amount; and
- Verification that the coverage is issued by a provider licensed to do business in the 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 manage care or preventive care and must be comparable to the basic health coverage provided under Chapter 1551, Insurance Code.

(HealthSelect at [http://www.trs.state.tx.us/active.jsp?submenu=trs\\_activecare&page\\_id=/TRS\\_activecare/plans](http://www.trs.state.tx.us/active.jsp?submenu=trs_activecare&page_id=/TRS_activecare/plans))

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:

1. Appropriate documentation of:

- a. 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

- b. 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;
2. the schedule of benefits;
  3. the premium rate sheet, including the amount paid by the school district and employee
  4. the number of employees covered by the health coverage plan offered by the school district;
  5. information concerning the ease of completing Report #2; and
  6. 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 Comparability Report Form is due to TRS by April 1, 2014. This form requires the district to respond to the following questions:

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

## **Report #1.** Methodology and Criteria

Report 1, number 5, 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. Base 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://healthselectoftexas.welcometouhc.com/assets/pdf/15023.O.ERS.BenefitsAaG.Actives.2014.pdf>

4. The current benefit levels under the HealthSelect plan were identified for each required factor outlined in Section 22.004.

5. A review of HealthSelect plans and SSAISD plans were compared.

6. Benefit levels by each plan were determined to be comparable to the HealthSelect benefit levels.

7. Completing report number two is relatively straight forward. However, the completion of report number 2 is predicated on the completion of report number 1 which requires meticulous examination of dissimilar plans and benefits which greatly complicates the process to get to report number 2.

8. Based on the comparison of benefit levels offered by the plans, each plan was determined to be comparable to the HealthSelect Plan. The evaluation determined the plans between HealthSelect and SSAISD to be comparable.

9. Cigna Insurance Company is licensed to do business in the state of Texas was verified on the Texas Department of Insurance website.

10. Additional requirements of TEC Section 22.004 were reviewed by district staff.