

**RESOLUTION NO. 2012-78
CITY OF SHOREACRES**

A RESOLUTION AUTHORIZING THE MAYOR TO SIGN A TML INTERGOVERNMENTAL EMPLOYEE BENEFITS POOL RERATE NOTICE AND BENEFIT VERIFICATION FORM SETTING FORTH FULL-TIME CITY EMPLOYEE BENEFITS AUTHORIZED BY THE CITY COUNCIL EFFECTIVE APRIL 1, 2012; AND, FINDING COMPLIANCE WITH THE OPEN MEETINGS LAW.

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SHOREACRES:

Section 1. The City Council hereby approves and authorizes the Mayor to sign a TML Intergovernmental Employee Benefits Pool rerate notice and benefit verification form setting forth full-time city employee benefits authorized by the City Council effective April 1, 2012, a copy of which is attached hereto.

Section 2. The City Council officially finds, determines, recites, and declares that a sufficient written notice of the date, hour, place and subject of this meeting of the City Council was posted at a place convenient to the public at the City Hall of the City for the time required by law preceding this meeting, as required by the Open Meetings Law, Chapter 551, Texas Government Code; and that this meeting has been open to the public as required by law at all times during which this resolution and the subject matter thereof has been discussed, considered and formally acted upon. The City Council further ratifies, approves and confirms such written notice and the contents and posting thereof.

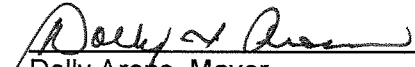
PASSED AND APPROVED, this 13th day of February, 2012.



ATTEST:

CITY OF SHOREACRES

By:


Dolly Arons, Mayor


David K. Staff, CFM
City Secretary



TML Intergovernmental Employee Benefits Pool Rerate Notice and Benefit Verification Form

Shoreacres

Original

Plan Year 2011-2012 (12 Months)

Rates are subject to change if there is any legislation passed during the plan year affecting benefits.
Supplemental benefits cannot be accessed without accessing the TML IEBP Medical Benefit Plan.

Medical

Select one of the following two options for Medical.

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	X-Ray & Lab in OV	Rates	Current	New	Employee Subsidy	195% of Employee
P75-0-30-Mac A	70/50	N/A	\$250	\$3000	N/A	No	Employee:	\$390.54	\$390.54	\$390.54	\$761.56
							Family:	\$751.22	\$751.22	\$751.22	\$1,464.88
Alternate Plan IV							Employee:	\$390.54	\$390.54	\$390.54	\$761.56

Consumer Centered Pool Plans/Restat Card Program Mac A

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	X-Ray & Lab in OV	Rates	New	Employee Subsidy	195% of Employee
P85-20-25-Mac A	80/50	\$200	\$450	\$2500	\$30	No	Employee:	\$418.14	\$418.14	\$815.38
							Family:	\$804.30	\$804.30	\$1,568.40
P75-0-30-Mac A	70/50	\$0	\$250	\$3000	N/A	No	Employee:	\$390.54	\$390.54	\$761.56
							Family:	\$751.22	\$751.22	\$1,464.88
P85-50-20-Mac A	80/50	\$500	\$750	\$2000	N/A	No	Employee:	\$348.14	\$348.14	\$678.88
							Family:	\$669.66	\$669.66	\$1,305.84
P85-50-30-Mac A	80/50	\$500	\$750	\$3000	N/A	No	Employee:	\$335.60	\$335.60	\$654.42
							Family:	\$645.54	\$645.54	\$1,258.80
P85-75-30-Mac A	80/50	\$750	\$1000	\$3000	N/A	No	Employee:	\$312.40	\$312.40	\$609.16
							Family:	\$600.90	\$600.90	\$1,171.76
P85-100-30-Mac A	80/50	\$1000	\$1250	\$3000	N/A	No	Employee:	\$298.98	\$298.98	\$583.00
							Family:	\$575.08	\$575.08	\$1,121.40
P85-150-40-Mac A	80/50	\$1500	\$1750	\$4000	N/A	No	Employee:	\$286.56	\$286.56	\$558.78
							Family:	\$551.20	\$551.20	\$1,074.82
P85-250-30-Mac A	80/50	\$2500	\$2750	\$3000	N/A	No	Employee:	\$270.12	\$270.12	\$526.74
							Family:	\$519.58	\$519.58	\$1,013.18

Dental III

	Current Rate	New Rate
Employee:	\$26.56	\$28.42
Family:	\$41.70	\$44.62

Vol Vision B

	Current Rate	New Rate
Employee:	\$12.50	\$12.50
Family:	\$25.00	\$25.00

Pre-65 Retiree Medical

Select one of the following options for Pre-65 Retiree Medical.

- Retirees within Manual
 Retirees at 195% of Active Plan
 Pre Sixty-five Pool Benefits
 No Retiree Coverage Offered

Pre-65 Dental III 100% Participation

	Current Rate	New Rate
Retiree:	\$27.74	\$29.68
Spouse:	\$29.22	\$31.28
Child(ren):	\$32.14	\$34.40
Family:	\$57.42	\$61.44

Pre-65 Retiree Vision

No Pre-65 Retiree Vision Coverage

LTD

<u>Current Rate</u>	<u>New Rate</u>
\$0.280	\$0.280

Benefit: 60% Maximum Benefit: \$5000 Benefit Period: Graded duration Elimination Period: 90 days

STD

No STD Coverage

Basic Life: Plan 45 (\$50,000 Dept Head, \$20,000 All Other EE's)

	<u>Current Rate</u>	<u>New Rate</u>
Life:	\$0.190	\$0.190
AD&D:	\$0.035	\$0.035

Dependent Life: Plan 3 (\$10,000/\$2,000)

	<u>Current Rate</u>	<u>New Rate</u>
	\$2.76 per dependent unit	\$2.76 per dependent unit

Voluntary AD&D

No Voluntary AD&D Coverage

Additional Employee Life and AD&D

<u>Age of Employee</u>	<u>Current Rate per \$1000</u>	<u>New Rate Per \$1000</u>
Under 30	0.061	0.061
30 - 34	0.069	0.069
35 - 39	0.100	0.100
40 - 44	0.130	0.130
45 - 49	0.198	0.198
50 - 54	0.332	0.332
55 - 59	0.595	0.595
60 - 64	0.913	0.913
65 - 69	1.513	1.513
70 and over	2.431	2.431

Basic & Additional Retiree Life

<u>Age of Employee</u>	<u>Current Rate per \$1000</u>	<u>New Rate Per \$1000</u>
Under 45	0.228	0.228
45 - 49	0.329	0.329
50 - 54	0.519	0.519
55 - 59	0.873	0.873
60 - 64	1.240	1.240
65 - 69	1.961	1.961
70 - 74	3.226	3.226
75 - 79	5.376	5.376
80 - 84	8.223	8.223
85 - 89	12.587	12.587
90 - 94	18.342	18.342
95 and over	37.823	37.823

Continuation of Coverage (COC)

Yes

Flex, HRA, HSA & RRA

Flex Admin
No

HRA Admin
No

HSA Admin
No

RRA Admin
No

Select one of the following options for Flex:

- Debit Card Flex (\$3.70 per participant per month)
- Paper Flex (\$5 per participant per month)

Select one or all of the following options for HRA, HSA & RRA:

- HRA (\$3.70 per participant per month – debit card only)
- HSA (\$3.70 per participant per month – debit card only)
- RRA (\$3.70 per participant per month – debit card only)

If employer accesses Debit Card Flex and/or HRA, HSA or RRA, only one charge of \$3.70 per participant per month will be incurred.

Prescription Plan

Maximum Allowable Cost (MAC A)

If a brand name drug is dispensed and a generic alternate drug exists, the Covered Individual pays the difference between the brand name and generic price in addition to the appropriate copayment for the brand name. The cost difference between the brand name and generic price does not apply to any individual deductibles or out of pocket amounts. The MAC differential applies to all prescriptions purchased through this program when a generic alternate is available.

Maximum Allowable Cost (MAC C)

Covered Individual will pay the appropriate copayment amount of the prescription.

Medication Therapy Management Program

Prior Authorization

For prior authorization requests, please have your **doctor/prescription prescriber** call **RxResults at (888) 871-4002**. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request.

Step Therapy

For Clinical Authorization, prescribers should call **RxResults at (888) 871-4002**. Your prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request.

See schedule of benefits for Prior Authorization, Step Therapy, Concurrent Review and Cost Share Copay Information	Retail: Covered Individual OOP	Mail/Maintenance 84/90 day dispensement or Biotech/Specialty Rx 34 day dispensement: Covered Individual OOP
Over the Counter Equivalence: <u>Non-Sedating Antihistamines</u> (Claritin, Alavert) per prescription <u>Respiratory/Allergy/Asthma: Antihistamines</u> (Allegra and Allegra D) <u>Stomach and Ulcer</u> (Prilosec) per prescription <u>Allergy Medication</u> (Zyrtec) <u>Smoking Cessation</u> (Nicorette Gum) Quantity Limit - 3 boxes	\$0.00	N/A
Value Tiered 34 day generic dispensement	\$0.00	N/A
Value Tiered 84-90 day generic dispensement	\$9.00	N/A
Generic	\$10.00	\$25.00
Best Brand Price List	\$38.00	\$95.00
Non-Best Brand Price List	\$60.00	\$150.00
Cost Share	\$120.00	\$300.00
Specialty/Biotech Prescriptions	N/A	\$100.00 34 day dispensement

Signature Section

The entity named on this Rate and Benefit Verification Form desires large claim information, as specified in Article 21.49-15 of the Insurance Code in Section 2.(2), to be for individual claims that reach or exceed \$35,000 during the plan year. This information is considered confidential for purposes of Chapter 552 of the Local Government Code.

The rates are based on May census information. If the census changes by more than 10%, TML IEBP reserves the right to revise rates due to census change and underwriting impact.

<input type="checkbox"/> Employer Group Medical Plan	OR	<input type="checkbox"/> Consumer Centered Pool Plans
Enter Monthly Defined Contribution Amount: \$ _____		
_____	_____	_____
Tax ID Number	Authorized Signature	Date