

**RESOLUTION NO. 2016-158  
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, 2016; AND, FINDING COMPLIANCE WITH THE OPEN MEETINGS LAW.

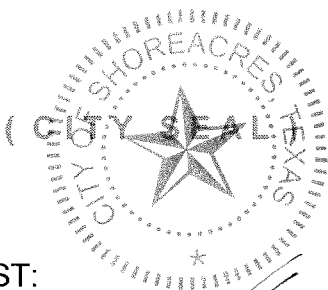
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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SHOREACRES:

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, 2016, 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 11th day of January, 2016.

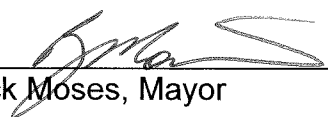


ATTEST:

\_\_\_\_\_  
David K. Stall, CFM  
City Secretary

CITY OF SHOREACRES

By: \_\_\_\_\_

  
Rick Moses, Mayor



# TML MultiState Intergovernmental Employee Benefits Pool Rerate Notice and Benefit Verification Form

## Shoreacres

Original

Plan Year 2015-2016 (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 MultiState IEBP Medical Benefit Plan

### Medical

#### Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	XRay & 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:	\$402.26	\$414.34	\$414.34	\$807.94
							Family:	\$773.76	\$796.98	\$796.98	\$1,554.10
Alternate Plan IV							Employee:	\$402.26	\$414.34	\$414.34	\$807.94

### Dental III

	Current Rate	New Rate
Employee:	\$32.26	\$34.52
Family:	\$50.62	\$54.16

### Vol Vision B

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

### Calendar Year Pre-65 Retiree Medical

Retirees at 195% of Active Plan

### Calendar Year Pre-65 Voluntary Dental IV

	Current Rate	New Rate
Retiree:	\$43.16	\$64.74
Spouse:	\$58.32	\$87.48
Child(ren):	\$49.66	\$74.50
Family:	\$86.36	\$129.54

### Calendar Year 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: To Age 65      Elimination Period: 90 days

STD

No STD Coverage

Basic Life and AD&D: 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

**Benefit Waiting Period**

Medical: None

Life: None

**Medical Network**

Choice Plus

**Flex, HRA, HSA & RRA**

Flex Admin

HRA Admin

HSA Admin

RRA Admin

No

No

No

No

**Select one of the following options for Flex:**

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

Debit Card Flex (\$3.70 per participant per month)

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

Paper Flex (\$5 per participant per month)

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.

**Medication Therapy Management Program**

**MAC A Plan:** 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.

**MAC C Plan:** If a brand name drug is dispensed and a generic alternate drug exists, the Covered Individual pays the appropriate brand copay.

**Covered Individual Out of Pocket (OOP)**

Prescribed (Doctor Ordered) Over the Counter Alternates and Prescription Networks	Retail: (up to 34 day supply max unless noted otherwise)	Mail/Maintenance: (up to 90 day dispensement)	SpecialtyRx/Biotech/Biosimilar: (up to 34 day dispensement)
<ul style="list-style-type: none"> <li>Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year</li> <li>Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription</li> </ul>	\$0.00	N/A	N/A
Network Retail: 34 day Non-Cost Share most Generic Dispensement	\$0.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day Non-Cost Share most Generic Dispensement	\$9.00 (35 up to 90 day supply)	\$25.00	
OptumRx Network Non-Cost Share Best Brand/Formulary List	\$38.00	\$95.00	
OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List	\$60.00	\$150.00	
OptumRx Network Cost Share	\$120.00	\$300.00	
OptumRx Specialty/Biotech Prescriptions	N/A	N/A	\$100.00 (up to 34 day supply)
OptumRx Biosimilar Generic Prescriptions	N/A	N/A	\$75.00 (up to 34 day supply)
Prescription Refill Control Standards	75%	70%	

**Women's Preventive Health Services Covered Individual Out of Pocket (OOP)**

Benefit	Retail Rx Medical Plan	Prescription Plan	Plan Ineligible
Oral Contraceptives Generic ( <i>no cost share</i> )		X	
IUD Device ( <i>no cost share</i> )	X	X	
Implant Device ( <i>no cost share</i> )	X	X	
Permanent Implantable Contraceptive Coil ( <i>subject to the appropriate deductible and benefit percentages</i> )	X		
Insertion and/or Removal of Devices ( <i>no cost share</i> )	X		
Sonogram to Detect Placement of Device ( <i>no cost share</i> )	X		
Injectable Contraceptives ( <i>no cost share</i> )	X	X	
Injectable Administration Fee ( <i>no cost share</i> )	X		
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges ( <i>no cost share</i> )		X	
Diaphragm Instruction and Fitting Fee ( <i>no cost share</i> )	X		
Emergency Birth Control			X
Over-The-Counter (OTC) Birth Control			X
Contraceptive Management/Urinalysis/Pregnancy Test ( <i>no cost share</i> )	X		
Female Condoms ( <i>no cost share</i> )		X	
Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene		X	

**Monthly Employer Subsidy or Defined Contribution Amounts**

Due to the employer customization regarding defined contribution amount for employees, part-time employees that meet the definition of an active employee (an Employee who works at least twenty (20) hours per week or is accessing vacation, sick or paid/unpaid Family Medical Leave Act of 1993 (FMLA) and is receiving the same benefits as all other employees) and/or dependents, TML MultiState Intergovernmental Employee Benefits Pool requests the below information to ensure accurate information is maintained in the enrollment, eligibility and billing adjudication system.

Employer Funded Defined Contribution

Dependent Additional Employer Subsidy or Defined Contribution

	<u>Employee</u>		<u>Spouse</u>		<u>Child</u>		<u>Family</u>	
	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>
<b>Active Employees</b>								
Employer Subsidy	\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %	
Employer Defined Contribution	\$ _____		\$ _____		\$ _____		\$ _____	
<b>Retirees</b>	\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %	

**Additional Employer Funding for HRA, FSA or HSA (Example criteria: 100% participation in Employer Fair; Receipt of Healthy Initiative Payment)**

HRA \$ \_\_\_\_\_ Criteria: \_\_\_\_\_

Employer Contribution to FSA \$ \_\_\_\_\_ Criteria: \_\_\_\_\_

Employer Contribution to HSA \$ \_\_\_\_\_ Criteria: \_\_\_\_\_

**NOTE: If you have funding requirements that cannot be specified in the above form, please contact your Billing & Eligibility Representative.**

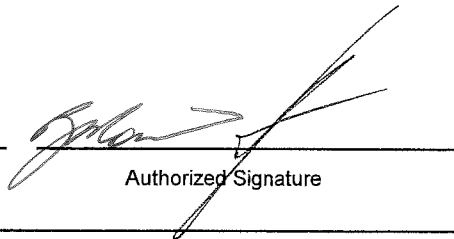
**Signature Section**

The entity named on this Rerate 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 MultiState IEBP reserves the right to revise rates due to census change and underwriting impact.

74 - 6003575

Tax ID Number



Authorized Signature

12, 22, 15

Date