

	2017 Rates & Plans				2018 Rates & Plans		2018 Rates & Plans			
	New Base Plan		New Buy Up Plan		single option		New Base Plan		New Buy Up Plan	
	In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network
Annual Deductible	\$1,000 individual	\$3,000 Ind	\$850 individual	\$1,500 Individual	\$1,000 individual	\$2,000 Individual	\$1250 individual	\$3,000 Ind	\$850 individual	\$1,500 individual
	\$3,000 Family	\$6,000 Family	\$2,550 family	\$4,500 family	\$3,000 family	\$6,000 family	\$3,750 Family	\$6,000 Family	\$2,550 family	\$4,500 family
Annual Maximum Out of Pocket (Includes deductible & medical /dental copays)	\$6,550 Individual	\$12,000 Ind	\$4,000 Individual	\$6,000 Individual	\$4,000 individual	\$6,000 individual	\$6,550 individual	\$12,000 Ind	\$4,000 individual	\$6,000 individual
	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 family	\$8,000 Family	\$12,000 family	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 family
Coinsurance	80%	60%	80%	60%	80%	60%	70%	60%	80%	60%
Physician Fees										
Office Visit (routine X-ray & Lab billed with Dr visit)	\$25 Copay	50% after Deductible	\$25 Copay	60% after Deductible	\$25 Copay	60% after Deductible	\$45 Copay	60% after Deductible	\$25 Copay	60% after Deductible
Teladoc	\$0 Copay		\$40 Copay		\$40 Copay		\$0 Copay		\$40 Copay	
Urgent Care	\$75	Ded/Co-Ins	\$60	\$100 copay then 60%	\$75	\$100 copay then 60%	\$75	Ded/Co-Ins	\$60	\$100 copay then 60%
Emergency Care										
True Emergency determined	\$200 Copay		\$200 Copay		\$200 Copay		\$200 Copay		\$200 Copay	
Non True Emergency determined	80% After Deductible		80% After Deductible		80% After Deductible		80% After Deductible		80% After Deductible	
Prescription Drugs 30 day supply										
Generic	\$5		\$5		\$5		\$5		\$5	
Brand Name	\$25		\$25		\$25		\$25		\$25	
Non Preferred Brand	\$50		\$50		\$50		\$50		\$50	
Specialty	\$150		\$150		\$150		\$150		\$150	
Employee Semi Monthly Payroll Deduction										
Employee Only	\$0.00		\$0.00		\$0.00		\$0.00		\$25.00	
Employee + Children	\$150.00		\$250.00		\$200.00		\$150.00		\$250.00	
Employee + Spouse	\$175.00		\$275.00		\$275.00		<del>\$175.00</del> 187.5		\$275.00	
Employee + Family	\$200.00		\$325.00		\$325.00		\$200.00 262.50		\$325.00	
Monthly Premium										
Employee Only	\$0.00		\$0.00		\$0.00		\$0.00		\$25.00	
Employee + Children	\$325.00		\$541.67		\$433.33		\$325.00		\$541.67	
Employee + Spouse	\$379.17		\$595.83		\$595.83		\$379.17		\$595.83	
Employee + Family	\$433.33		\$704.17		\$704.17		\$433.33		\$704.17	

# Real Appeal

## Eligibility Criteria

<b>Program</b>	<p>Real Appeal</p> <ul style="list-style-type: none"> <li>▪ <math>\geq 30</math> BMI</li> <li>▪ <math>\geq 25</math> to <math>\leq 29.9</math> BMI with qualifying co-morbidity.             <ul style="list-style-type: none"> <li>- Diabetes</li> <li>- Dyslipidemia</li> <li>- High blood pressure</li> <li>- Pre-diabetes</li> <li>- Tobacco user</li> </ul> </li> <li>▪ 23 to 29.9 with no comorbidity<sup>1</sup></li> </ul>
<b>Dependent Inclusion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Allow Spouses/domestic partners <input type="checkbox"/> Yes <input type="checkbox"/> No Allow dependents (18+)

1. Individuals in this group may not need the Real Appeal program in its entirety and thus will be provided some of the tools available in the program and allowed to participate in a self-directed format.

## Fee Schedule\*

Claim	Claim Payment	Cumulative Payment
Member completes assessment and attends a welcome session	\$103	\$103
Member attends a session and is on track for weight loss	\$49 per session	\$152 - \$691

\* The Fee Schedule is reviewed and may be modified on at least an annual basis. You will be provided at least 60 days advance notice prior to any changes to the Fee Schedule taking effect.

## Implementation Confirmation

To ensure the best member enrollment experience possible, we will schedule your implementation based on your Effective Date above and will be reserving the appropriate operating capacity to support your employees with their enrollment. Please confirm that you have verified the information above and you're prepared for us to proceed with your implementation and engage your membership.

Brian P. Lee  
 (Sign) Primary Client Contact

10-26-17  
 Date

Brian P. Lee County Judge  
 (Print) Primary Client Contact Name and Title



# Real Appeal

## Client Notification Form

UMR

### Client Information

Client Legal Name:	Titus County		
Effective Date:	01/01/2018		
Medical Policy Number(s):	76-411401		
Medical Renewal Date:	01/01/2018		
Subscriber Count:	137	Membership Count:	207
Market Segment:	<input checked="" type="checkbox"/> Key Account <input type="checkbox"/> National Account		

Primary Client Contact Name:	Christie Davis / Sharon Reynolds
Primary Contact Role:	Auditor
Primary Contact Phone:	Christie – 903-572-8101 & Sharon – 903-572-8101
Primary Contact Email Address:	C – <a href="mailto:christiedavis@co.titus.tx.us">christiedavis@co.titus.tx.us</a> & S – <a href="mailto:sreynolds@co.titus.tx.us">sreynolds@co.titus.tx.us</a>

### UMR Account Team

UMR SAE Name:	Chris Caplinger
Contact Phone:	214-561-7810
Email Address:	<a href="mailto:Chris.caplinger@umr.com">Chris.caplinger@umr.com</a>
UMR CSC Name:	Margaret Greer
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