

1. Wellness plan
  - a. Onsite biometric screening to be in March 2019
  - b. Premium differential will apply to employee rates effective Jan. 2020
    - i. Differential amount :
  - c. If employee doesn't attend the onsite screening they are required to have the physician form completed by:
2. Plan design changes:
  - a. Remove Buy Up plan, only offer one plan **YES - NO**
  - b. Change Out of Network Co-insurance to 50% **YES - NO**
  - c. Require Prior Authorization on outpatient surgeries, advanced imaging, air ambulance transport **YES - NO**
  - d. No coverage for Out of Network Outpatient facilities **YES - NO**
  - e. Offer MASA Medical Transport Solutions as a voluntary plan **YES - NO**
3. Change Dental to a 4 tier rate structure **YES - NO**
4. Medical premium rate changes:

BASE PLAN RATES			
EMPLOYEE PAYROLL	Current	Proposed	
Employee Only	\$0.00	\$0.00	
Employee + Children	\$150.00	\$175.00	
Employee + Spouse	\$187.50	\$212.50	
Employee + Family	\$262.50	\$300.00	

BASE PLAN RATES			
EMPLOYEE MONTHLY	Current	Proposed	
Employee Only	\$0.00	\$0.00	
Employee + Children	\$300.00	\$350.00	
Employee + Spouse	\$375.00	\$425.00	
Employee + Family	\$525.00	\$600.00	

5. Correct COBRA rates to have a separate set of rates for Medical and Dental. **YES - NO**
  - a. New Rates:

EMPLOYEE MONTHLY	Medical	Dental
Employee Only		
Employee + Children		
Employee + Spouse		
Employee + Family		

# Medical Coverage



**Benefits Begin  
January 1, 2018**

	2017				2018			
	Base Plan		Buy Up Plan		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
Annual Deductible	\$1,000 Individual	\$3,000 Individual	\$850 Individual	\$1,500 Individual	\$1,250 Individual	\$3,000 Individual	\$850 Individual	\$1,500 Individual
	\$3,000 Family	\$6,000 Family	\$2,550 Family	\$4,500 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 Individual	\$4,000 Individual	\$6,000 Individual	\$6,550 Individual	\$12,000 Individual	\$4,000 Individual	\$6,000 Individual
	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 Family	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 Family
Coinsurance	80%	60%	80%	60%	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	\$30 Copay	60% after Deductible	\$25 Copay	60% after Deductible
Teladoc	\$0 Copay		\$40 Copay		\$0 Copay		\$0 Copay	
Urgent Care	\$75	Ded/Co-Ins	\$60	\$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	
Non True Emergency determined	80% After Deductible		80% After Deductible		70% After Deductible		80% After Deductible	
Prescription Drugs 30 day supply								
					Retail copay	Maintenance RX at retail pharmacy*	Retail copay	Maintenance RX at retail pharmacy*
Generic	\$5		\$5		\$5	\$15	\$5	\$15
Brand Name	\$25		\$25		\$25	\$50	\$25	\$50
Non Preferred Brand	\$50		\$50		\$50	\$100	\$50	\$100
Specialty	\$150		\$150		\$150	\$300	\$150	\$300
Employee Payroll Deduction					Base Plan		Buy Up Plan	
Employee Only	\$0.00		\$0.00		\$0.00		\$50.00	
Employee + Children	\$150.00		\$250.00		\$150.00		\$250.00	
Employee + Spouse	\$175.00		\$275.00		\$187.50		\$300.00	
Employee + Family	\$200.00		\$325.00		\$262.50		\$400.00	

**\*You will be allowed 2 fills at a local pharmacy on any maintenance drug before the drug copay increases. To avoid this increase in cost enroll in the OptumRX Mail Service Pharmacy (more info on page.7)**

*This is only a brief summary of benefits. Please refer to certificate of coverage for your complete plan description.*



2018 Dental Rates	
Dependent Coverage	Per Employee Paycheck
Employee Only	\$0.00
Employee + 1 Dependent	\$5.74
Employee + 2 or more Dependents	\$11.74
Dental Benefits	
Calendar Year Deductible	\$50 individual
Calendar Year Maximum Benefit	\$1,200
Preventive Treatment	100% (deductible waived)
Cleaning & Exam	1 every 6months
Bitewings	1 series per 6months
Fluoride Treatment	under age 19 (2 per 12months)
Basic Treatment	80%
Major Treatment	50%
Waiting Period	None
Orthodontia Benefit	\$1,000 lifetime max up to age 18
Sealants	Not Covered

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# TITUS COUNTY COBRA RATES 2018

BASE PLAN

BUY UP PLAN

\$ 892.50

EMPLOYEE ONLY

\$ 994.50

\$ 1222.45

EMPLOYEE+ CHILD(REN)

\$ 1426.45

\$ 1286.70

EMPLOYEE + SPOUSE

\$ 1516.20

\$ 1451.95

EMPLOYEE + FAMILY

\$ 1732.45



# UMR Suggested COBRA Rate Calculation

## Titus County

Dental

Effective Date: 01/01/18

Plan name		SUGGESTED COBRA Rates including 2%
Dental	ee only	\$28.37
Dental	ee+s	\$56.74
Dental	ee+c	\$53.90
Dental	ee+f	\$96.45

Needed rates/revenue for the plan include: claims, administration fees for TPA services, network, care management and other services plus stop loss premiums. Other potential costs or liabilities can include amounts for Aggregating Specific arrangements and amounts above the case Individual stop loss limit (ie. "Lasered" claim amounts). The law allows for an additional 2% to be included for COBRA administration.

Projected Needed cost PEPM is compared to Current Composite PEPM revenue to develop a percentage needed adjustment to current COBRA rates.

Assumptions:	
Mature Claims	EXPECTED

Note: Rates do not include any adjustment for employer funded amounts for HRA or HSA plans.

### Statutory Basis for Calculating Cobra Rates

Section 4980(f)(4)(B) of the Internal Revenue Code define applicable premium, as it relates to COBRA for a self-funded plan, as an amount that is equal to a "reasonable estimate of the cost of providing coverage" under the plan to similarly situated active employees.

The section goes on to provide two acceptable methods for the calculation of COBRA premium rates for a self-funded plan:

- 1 The use of an actuarially sound model that accounts for factors such as changes in covered lives, excess claims and the cost of inflation.
- 2 The use of the prior year's COBRA rates adjusted (up or down) by the Implicit Price Deflator (IPD) for the Gross National Product (GNP) as of the end of the sixth month of the prior year.



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Cleaning & Exam	1 every 6months
Bitewings	1 series per 6months
Fluoride Treatment	under age 19 (2 per 12months)
Basic Treatment	80%
Major Treatment	50%
Waiting Period	None
Orthodontia Benefit	\$1,000 lifetime max up to age 18
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