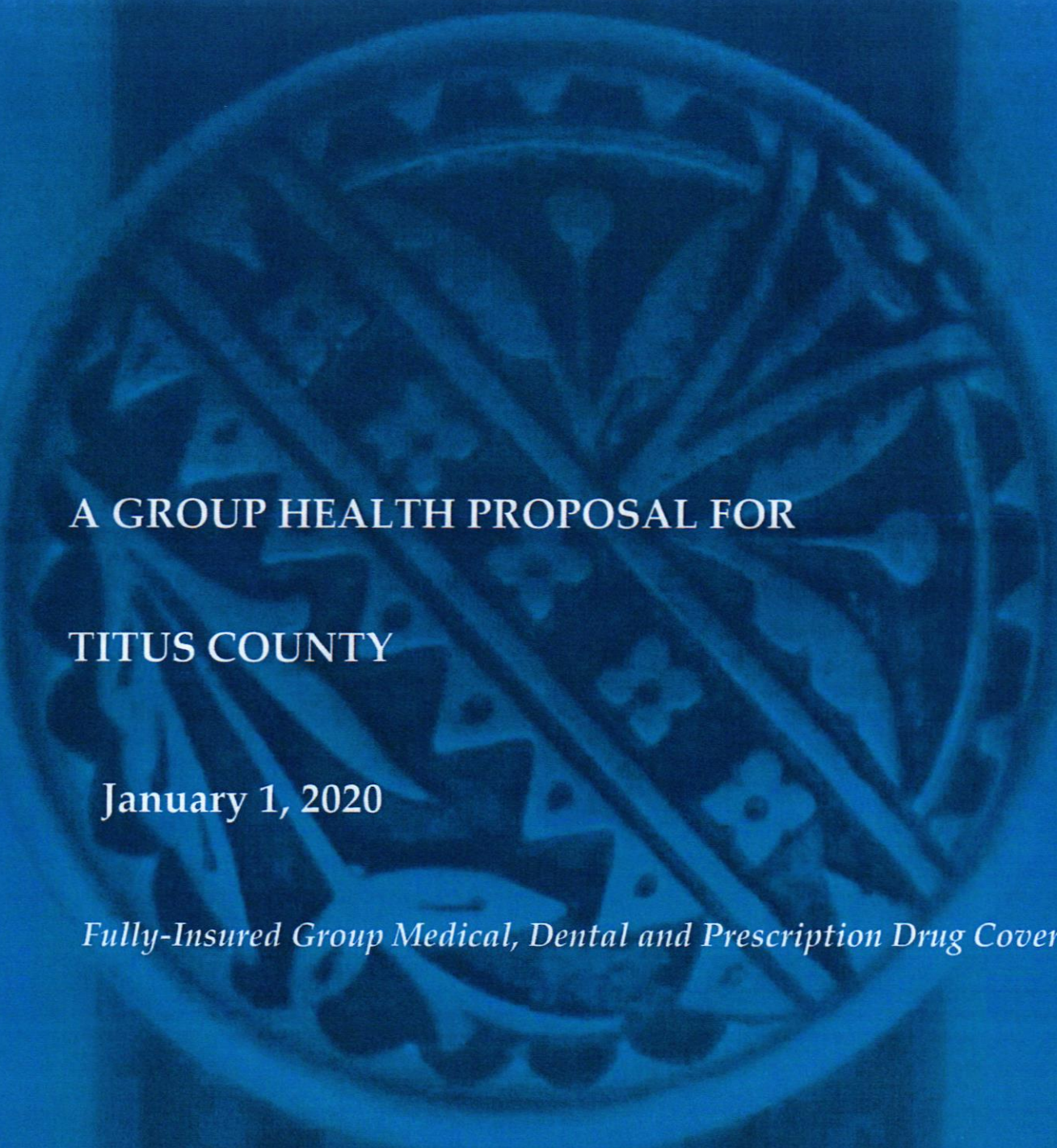


Titus County
Fully Insured Proposal 1/1/2020

Name of Plan	Current UMR		TAC Proposal		UHC Proposal		UHC Proposal	
	Self Funded		1200-NG		BCYT MOD		BCYT	
Available Network	UHC Choice Plus		BCBS BlueChoice		Choice Plus		Choice Plus	
Annual Deductible	In Network	Out of Network	In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network
Individual	\$1,250	\$3,000	\$1,000	\$3,000	\$1,250	\$3,000	\$1,000	\$5,000
Family	\$3,750	\$6,000	\$3,000	\$9,000	\$3,750	\$6,000	\$2,000	\$10,000
Out of Pocket Maximum (Includes deductible)								
Individual	\$6,550	\$12,000	\$4,000	\$9,000	\$6,500	\$12,000	\$4,000	\$10,000
Family	\$13,100	\$24,000	\$12,000	\$27,000	\$13,100	\$24,000	\$8,000	\$20,000
Co-insurance	70%	50%	80%	60%	70%	50%	70%	50%
Professional Services								
Physician Office Visit	\$30	Ded + coins	\$30	Ded + coins	\$30	Ded + coins	\$25	Ded + coins
Specialist Office Visit	\$30	Ded + coins	\$30	Ded + coins	\$30	Ded + coins	Designated Network: \$25 Network: \$50	Ded + coins
Preventive Care	Covered 100%	Ded + coins	Covered 100%	Ded + coins	Covered 100%	Ded + coins	Covered 100%	Ded + coins
Urgent Care	\$75	Ded + coins	\$30	Ded + coins	\$75	Ded + coins	\$75	Ded + coins
Diagnostic Procedures								
Outpatient Lab	Included in copay	Ded + coins	Included in copay	Ded + coins	Included in copay	Ded + coins	Ded + coins	Ded + coins
Outpatient X-ray	Included in copay	Ded + coins	Included in copay	Ded + coins	Included in copay	Ded + coins	Ded + coins	Ded + coins
Complex Imaging (CT, PET, MRI, etc)	Ded + coins	Ded + coins	Ded + coins	Ded + coins	Ded + coins	Ded + coins	Ded + coins	Ded + coins
Hospital Care								
Emergency Room True Emergency	\$200 copay		\$150 copay + deductible + coins		\$200 copay + deductible + coins		\$250 copay + deductible + coins	
Emergency Room Non True Emergency	Ded + Coins							
Pharmacy*								
	Retail Copay	Maintenance RX at Retail Pharmacy						
Generic	\$5	\$15	\$10		\$10		\$10	
Brand	\$25	\$50	\$30		\$25		\$25	
Non-Preferred Brand	\$50	\$100	\$50		\$50		\$50	
Specialty	\$150	\$300	\$50		\$50		\$50	
Monthly Premium								
Employee	Self Funded		\$925.00		\$852.02		\$915.88	
Employee + Spouse			\$1,100.00		\$1,047.29		\$1,125.79	
Employee + Child(ren)			\$1,137.00		\$1,013.21		\$1,089.15	
Family			\$1,225.00		\$1,128.35		\$1,212.92	
Employee Payroll Deductions								
Employee	\$0.00		\$0.00		\$0.00		\$0.00	
Employee + Spouse	\$175.00		\$87.50		\$97.64		\$104.96	
Employee + Child(ren)	\$212.50		\$106.00		\$80.60		\$86.64	
Family	\$300.00		\$150.00		\$138.17		\$148.52	
Payroll rates assume Titus County is paying 100% of the illustrated monthly employee only premium.								
Employer Monthly Total (141 enrolled)			\$130,425.00		\$120,134.82		\$129,139.08	
Employer Annual Total			\$1,565,100.00		\$1,441,617.84		\$1,549,668.96	

Titus County
Dental Proposal 1/1/2020

	Current UMR	TAC Proposal
Calendar Year Deductible	\$50 individual	\$50 individual
Calendar Year Maximum Benefit	\$1,200	1500
Preventive Treatment	100% (deductible waived)	100% (deductible waived)
Cleaning & Exam	1 every 6 months	1 every 6 months
Bitewings	1 series per 6 months	1 series per 6 months
Fluoride Treatment	under age 19 (2 per 12months)	under age 19 (2 per 12months)
Basic Treatment	80%	80%
Major Treatment	50%	50%
Waiting Period	None	
Orthodontia Benefit	\$1,000 lifetime max up to age 18	\$1,500 lifetime max up to age 26
Sealants	Not Covered	to age 14, permanent molars, 1 per lifetime
Monthly Premium		
Employee	Self Funded	\$22.38
Employee + Spouse		\$60.94
Employee + Child(ren)		\$44.72
Family		\$83.32
Employee Payroll Deductions		
Employee	\$0.00	\$0.00
Employee + Spouse	\$5.74	\$19.28
Employee + Child(ren)	\$5.74	\$11.17
Family	\$11.74	\$30.47

The background of the top half of the page is a large, circular, blue-tinted seal of Titus County, Texas. The seal features a central figure, possibly a Native American, surrounded by various symbols and text, though the details are less distinct due to the blue overlay.

A GROUP HEALTH PROPOSAL FOR
TITUS COUNTY

January 1, 2020

Fully-Insured Group Medical, Dental and Prescription Drug Coverage



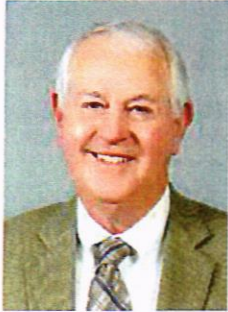
TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Santos Trejo, Employee Benefits Consultant
SantosT@county.org



The mission of the Texas Association of Counties is to unite counties to achieve better solutions.

Greetings,



I'm Hansford County Judge Benny Wilson, and I want share with you a bit about the TAC Health and Employee Benefits Pool (TAC HEBP). I chair the Pool Board, and I want you to know why it is that I think this pool is the pool for county government.

First, our Board is made up of all county elected officials. We understand county government, we understand the needs of county government—the peculiarities of county government. As Board members, we have a responsibility not only to our own county, but all the counties that are members of the Pool. It's a responsibility we take very seriously.

One of the big benefits of the Pool is the strength in numbers. Your county is not out there alone. You're joined with 48,000-plus other employees in the largest public-sector benefits pool of its kind. The Pool's size puts it in the position to negotiate great prices and be very proactive with benefits and services. Size also helps to take the peaks and valleys out of premiums, thus providing a better opportunity to budget from year to year.

I'm proud of our prescription program that reduces the costs to patients, and our Healthy County wellness program that helps employees become healthier. We've been very aggressive in trying to reach out and impact people prior to being ill. It's the right thing to do and it saves counties money, too.

The other area I'm proud of is our proactive stance in addressing the requirements and challenges of health care reform. All coverages available through the Pool meet or exceed the standards set forth in the new law, and pooled groups can get help with much of the paperwork load from the newly mandated IRS reporting requirements, meaning you have less to worry about when it comes to figuring out how health care reform affects your county. TAC staff can also provide guidance to help your county comply with the new law's many requirements.

In sum, TAC HEBP is here for your benefit. It's here for the health and welfare of your county employees. TAC HEBP is for counties, by counties, and I believe it's the right choice for counties. If you have any questions, you can contact TAC staff at (800) 456-5974.

Thank you,

Benny D. Wilson

BENNY D. WILSON

Hansford County Judge and TAC HEBP Board Chair



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Our Purpose | *Health & Benefits Services*

Through excellent customer service, we assist officials, employees and dependents of Texas counties and county entities by providing options for quality employee benefits at the best value, and by equipping our members with knowledge and tools to live healthier lives, to help them achieve budget stability, optimal health, and lower claims and out of pocket costs.



Why Counties Choose TAC HEBP

COUNTY-OWNED AND COUNTY-GOVERNED

- We're for counties and county entities, not for profit. We are member-driven and there are no stockholders to satisfy.
- Year-to-year risk is spread among Pool members, providing greater financial stability.
- County-focused customer service with understanding of the unique needs and challenges of county government.

STRENGTH IN NUMBERS KEEPS COSTS LOW

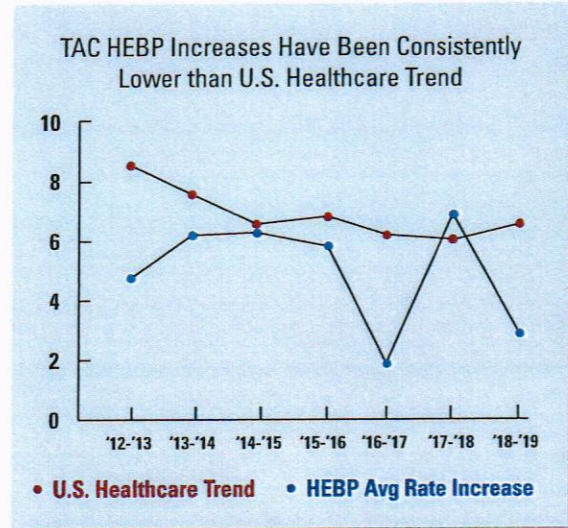
- With more than 46,000 members, TAC HEBP obtains volume purchasing discounts not available to individual counties.
- TAC HEBP renewal rates have been consistently below state and national healthcare trend.
- TAC HEBP plans offer statewide provider networks with favorable experience and pricing.

HEALTHY COUNTY WELLNESS PROGRAM CONTROLS LOSSES

- Condition management and wellness coaching programs.
- Multiple programs available to keep prescription costs in check.
- Tobacco cessation program helps members kick the habit.
- No-cost allergy shots let members breathe easy.
- Wellness activity programs with incentives get members moving.
- Monthly *Healthy Byte* e-newsletter.

TRUSTED VENDOR PARTNERSHIPS

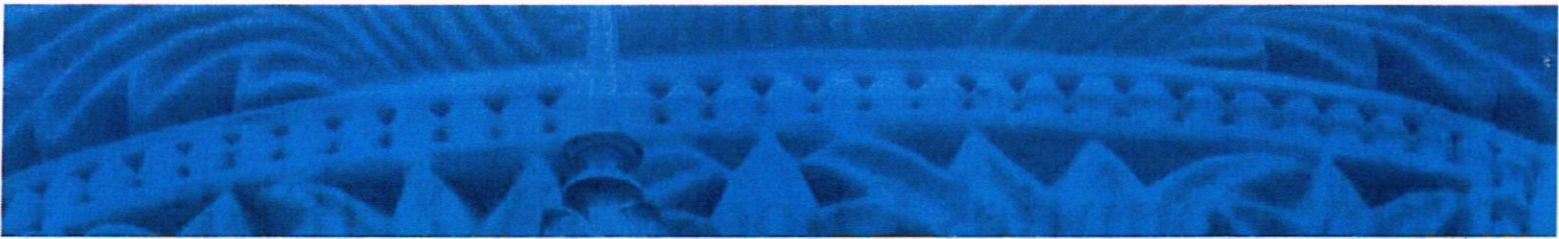
- Medical and dental network – Blue Cross Blue Shield of Texas (BCBSTX).
- Pharmacy network – Navitus Health Solutions.
- Eligibility and billing system – Willis Towers Watson.
- Life insurance – Voya.
- Voluntary Vision insurance – Dearborn National



TAC HEBP BASICS

- Operates as a self-insured pool.
- Pooled (fully-funded) and self-funded financial arrangements are available.
- Stable membership, with a retention rate of more than 99 percent since 1992, makes the choice for Texas county entities clear.
- Medical (including telemedicine), dental, life and vision coverages are available for both active employees and retirees.
- Custom-built Online Administrative System (OASys), makes managing eligibility and billing easy.
- Employee Self-Service portal allows members to make benefit elections during enrollment period and update personal information throughout the year.
- No state premium tax benefits your bottom line.
- Experienced with Local Government Code and contracts through interlocal agreement.

Our goal is to provide you and your employees with the highest quality benefits at the best long-term cost possible.



Cover Letter



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



September 9, 2019

Honorable Brian Lee
Titus County Judge
100 W 1st Street, Ste. 200
Mount Pleasant, Texas 75455

Dear Judge Lee:

We appreciate Titus County's consideration of the enclosed Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP or Pool) quote for fully-insured (Pooled) Employee Group Health, Dental and Prescription Drug coverage with an effective date of January 1, 2020.

Our quote includes a fully insured medical plan which improves on the County's current benefits, with a \$1,000 deductible and an Rx plan with no specialty copay - at a cost that would be 7% lower than your current plan funding. The dental benefits in our quote are very close to Titus County's current plan. In addition, with the peace of mind of a fully-insured plan, Titus County will be able to transfer the financial risk to the TAC HEBP – definitely a win for the county's budget and your employees.

In addition to the improvements to your current benefit plan, TAC HEBP offers value above and beyond traditional employee benefits:

- Titus County will benefit from partnering with TAC HEBP. With over 48,000 lives, the Pool is able to negotiate strong contracts and provide the best network discounts available to a group of your size.
- Long-term membership in the Pool yields counties savings no other health benefit plan offers: a share of surplus and credit for longevity. Over the past 4 years, the Pool has returned in excess of \$22.5 million in surplus to our fully-pooled members.
- Titus County will be able to offer generous benefits to your employees with moderate renewals year after year. It has been over ten years since TAC HEBP had to offer its members an average double-digit renewal increase.
- Titus County's health and dental plan will utilize the Blue Cross and Blue Shield of Texas (BCBSTX) BlueChoice PPO Provider Network - the largest and most cost-effective in Texas - with additional in-network providers across the country.
- Titus County's prescription drug plan will access the Navitus Health Solutions Network, TAC HEBP's PBM partner. Navitus serves as an alternative solution to the standard PBM and holds a *Lowest-Net-Cost Philosophy* and *Pass-Through Approach* while delivering outstanding care and significant cost-savings.



- Healthy County, a comprehensive wellness program developed specifically for our members, would be an excellent addition to Titus County's benefits package. Healthy County offers an online/mobile portal and physical activity challenges, including a subsidy for tracking devices. All Healthy County programs are offered at **no cost** to fully funded groups.
- Titus County staff and employees will receive outstanding service. An assigned TAC Employee Benefits Consultant, TAC Employee Benefits Specialist, and TAC Wellness Consultant will be at the ready to guide Titus County through the transition to new benefits and educate your employees on how best to use them.
- Since the inception of the Affordable Care Act (ACA), TAC HEBP has paid ACA fees on behalf of our members. We also provide the ACA Reporting and Tracking Service (ARTS) at **no cost** to our member groups. This service produces 1095C forms for county employees and files them with the IRS.

TAC HEBP is a non-profit entity owned by our 221 member counties and districts, who have chosen the Pool to provide benefits for their employees. We are governed by an eleven member board consisting of county officials, which gives us a unique, county-centric perspective. Membership in our Pool is a long-term investment for counties and districts seeking stable rates, excellent networks and exceptional customer service.

We appreciate the opportunity to develop a partnership with Titus County and are committed to providing the highest quality health care benefits at the best long term cost possible. Please contact me at 800-456-5974 or by email at SantosT@county.org for any additional information you need as you continue the selection process.

Sincerely,

A handwritten signature in black ink, appearing to read "Santos Trejo".

Santos Trejo

Employee Benefits Consultant

We adhere to the Local Government Code's fair bid practices and this quote may not be copied or shared with any other carrier or broker.



Titus County

Quote for Group Medical, Dental and Prescription Drug Coverage

ORGANIZATION

Texas Association of Counties Health and Employee Benefits Pool

1210 San Antonio Street | Austin, Texas 78701

CONTRACTING AUTHORITY

Quincy Quinlan, Director, Health and Benefits Services

QuincyQ@county.org | (512) 478-8753

CONTACT FOR CLARIFICATIONS

Santos Trejo, Employee Benefits Consultant

SantosT@county.org | (832) 647-5336





Titus County's Health and Benefits Services Account Team



SANTOS TREJO
EMPLOYEE BENEFITS CONSULTANT



SHAMERIA DAVIS
WELLNESS CONSULTANT



MARIA CASTILLO
EMPLOYEE BENEFITS SPECIALIST

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Titus County



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Introduction



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

EXECUTIVE SUMMARY

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP or Pool)



enables counties and county-related entities to combine, or pool, their purchasing power, increasing contract control and decreasing the costs of reliable and affordable benefits for employees.

YOU HAVE OWNERSHIP

Unlike an insurance company, the Pool exists only to serve its members and protect your interests.

TAC HEBP OFFERS ITS MEMBERS:

SOUND COUNTY LEADERSHIP — TAC HEBP is governed by an eleven member board consisting of county officials, which gives us a unique, county-centric perspective. These county leaders drive policy development, negotiations with providers and other program enhancements.

COUNTY-FOCUSED CUSTOMER SERVICE — County-owned and managed, we understand the unique needs and challenges of county government and tailor our approach and services to them.

NOT FOR PROFIT — TAC HEBP is responsible to our county members, not to shareholders. Our Board reviews financial performance annually, and determines what to do with any surplus revenues. Over the past 4 years, the Pool has returned in excess of \$22.5 million in surplus to our members. The distributions are allocated based on longevity with the Pool and loss experience.

WE CAN PROVIDE YOU WITH MEDICAL, PRESCRIPTION, MEDICARE SUPPLEMENT (FOR POST-65 RETIREES), DENTAL, VISION, LIFE, AND ACCIDENT COVERAGES FOR YOUR OFFICIALS, EMPLOYEES, RETIREES, AND THEIR DEPENDENTS.

MEMBERS CAN EXPECT:

BROAD NETWORKS WITH COMPETITIVE DISCOUNTS — The Pool is 48,000+ members strong, giving us negotiating and purchasing power not available to individual counties. Our current provider networks are Blue Cross and Blue Shield of Texas (BCBSTX) and Navitus Health Solutions (Pharmacy Benefit Manager), chosen for their favorable experience, competitive pricing, and “best in Texas” plus nationwide network provider availability. We share a common goal with our vendor partners in delivering excellent customer service, which we demonstrate through our high retention rates, positive service interactions with our members, and our ability to consistently keep annual increases below the national health care trend.

LONG-TERM STABILITY OF RATES — Volume purchasing gives us the ability to stabilize rates from year to year and pass the savings along to you.

A STREAMLINED PURCHASING PROCESS — The TAC HEBP Interlocal Agreement eliminates the hassles of the annual health care proposal process, and user-friendly and secure online administration makes employee eligibility determinations and billing easy.

VARIETY OF BENEFIT PLAN OPTIONS — Choose from 11 standard PPO medical plan designs, 10 HRA or HSA plan designs, and 6 prescription copay structures. We also offer our own Private Exchange, which allows counties to set a defined contribution amount that employees apply toward the medical coverage that best suits their health and financial needs.

VALUE-ADDED SERVICES — TAC HEBP offers a number of programs and services to members at no additional cost to fully-insured groups (programs are optional for self-insured groups and charged on a Per Employee per Month basis). These programs work to increase the quality of health care, help members live healthier lifestyles and help control costs.

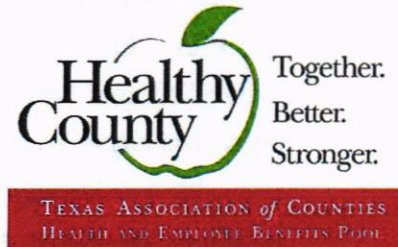
THE RIGHT CHOICE FOR TEXAS COUNTIES & DISTRICTS.



221 COUNTY ENTITIES STRONG.

VALUE ADDED PROGRAMS INCLUDE

“HEALTHY COUNTY”, a results-oriented wellness program, developed for our members. Using tools and programs chosen specifically to meet the needs of Titus County, your employees will be an empowered part of your county’s plan to keep health care costs down and preserve the high quality benefits you are able to offer for many years to come. Each county has an assigned Wellness Consultant who will assist in strategic planning, consulting and implementing best practice programs and services.



WELLBEING MANAGEMENT, a BCBSTX holistic condition management program, which includes lifestyle management programs for the above conditions as well as tobacco cessation, weight loss, chronic migraines, and lower back issues.

COMPLIANCE WITH AFFORDABLE CARE ACT (ACA) — There’s no need to worry if your county’s benefits comply with ACA regulations. All TAC HEBP health coverage plans meet the requirements of the Act.

AFFORDABLE CARE ACT (ACA) FEES — Since the inception of the ACA, the HEBP Board has voted to pay over \$3.5 million dollars in ACA fees imposed on our groups. We also provide a service which produces annual ACA 1095C forms for our groups and files them with the IRS, at no charge. TAC HEBP and our Board of Directors are proud that we have been able to provide this benefit to our members without impacting rates. Ongoing education and assistance is offered to our groups at no charge, in order to help them with ACA compliance.

HISTORY

In **1969**, the Texas Association of Counties was formed to create a unified voice to represent county interests in the legislative process and inform counties of issues that affected them.

Created by counties for counties.

Services expanded in **1974** when TAC created its Workers' Compensation Self-Insurance Pool. It not only provided an important service to Texas counties in a time of need, it saved them money through increased purchasing power brought about by pooling county resources. This success opened the door for other self-insurance coverage programs.

Since the early **1980'S**, TAC has partnered with insurance companies and other organizations to provide customized employee health benefits through TAC's Insurance Trust Fund. **In 2001, TAC HEBP was established as a self-funded pool, gaining market advantages through high-value combined purchasing power and increased contract control.**

TAC HEBP has undergone extensive searches for the most effective, cost-efficient providers available statewide. The Pool now takes some risks as a self-funded plan for the control and flexibility our members want. For more than a decade, TAC HEBP has consistently provided renewal rates below national inflation of medical costs (trend) and can proudly state that it is one of the largest public entity health risk pools in the nation.

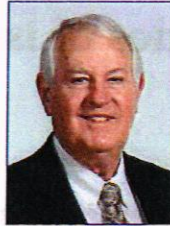
THE TAC HEBP PROGRAM HAS BEEN DEVELOPED EXCLUSIVELY FOR THE
COUNTIES OF THE STATE OF TEXAS. THERE IS NO OTHER LIKE IT.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL



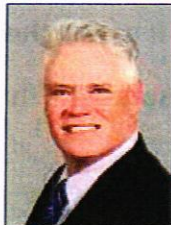
Hon. Donna Eccleston
*Comal County
Commissioner, Vice Chair*



Hon. Benny D. Wilson
Hansford County Judge, Chair



Hon. Mary Horton
*Jackson County
Treasurer, Secretary*



Hon. Charles Bradley
Schleicher County Judge



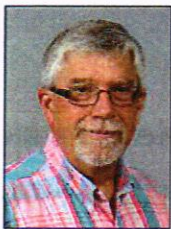
Mr. Rick Dollahan
Gaines County Auditor



Hon. Lane Akin
Wise County Sherriff



Hon. Margie H. Gonzalez
Jim Wells County Commissioner



Hon. Ronnie J. Gordon
Hartley County Judge



Hon. Jay Mayden
Childress County Judge



Hon. Terrie Neuville
Marion County Treasurer



Hon. Joshua Tackett
Navarro County Clerk

2019 Health and Employee Benefits Board

General Confidentiality and Procedures





General Confidentiality Disclaimer

Confidential and proprietary information submitted by the Texas Association of Counties Health and Employees Benefit Pool (TAC HEBP) to governmental bodies does not lose its confidential and proprietary status. TAC HEBP asserts any and all prohibitions against disclosure of this information: (i) to any person to whom it was submitted; and (ii) for any purpose other than the purpose for which it was submitted. Specifically, and without limitation:

- 1). TAC HEBP asserts that the information is a trade secret exempt from disclosure under Section 552.110(a) of the Texas Government Code; is commercial or financial information exempt from disclosure under Section 552.110(b) of the Texas Government Code; and is protected by the United States and Texas Constitutions and the common law. TAC HEBP also asserts all additional laws which protect specific types of information.
- 2). TAC HEBP requests that the governmental body maintain this information in a secure manner, such that the information is not physically stored in any file or area which is open to the general public, or which is generally open to any employee or visitor to the governmental body's premises. TAC HEBP requests that electronic or other intangible forms of this information, or other documents which include all or part of this information, be similarly maintained to protect the confidentiality of TAC HEBP's information.
- 3). TAC HEBP requests that the governmental body immediately notify TAC HEBP at the following location if any request for this information is received by the governmental body, in accordance with Section 552.305(d) of the Texas Public Information Act:

Director, Health and Benefits Services Department

Texas Association of Counties

1210 San Antonio Street

Austin, TX 78701



4). If any request for this information is received by the governmental body, TAC HEBP requests that the governmental body promptly and timely requests an Open Records Decision (ORD) under Section 552.301 of the Texas Government Code and provide the Attorney General's Open Records Division with any and all responsive information which is subject to a claim of confidentiality. TAC HEBP requests the governmental body to withhold any of the confidential and proprietary information from disclosure pending issuance of an ORD from the Attorney General's office. In addition to the ORD process, TAC HEBP may exert its rights under Section 552.325 of the Government Code and other judicial processes to protect its confidential and proprietary information. TAC HEBP requests the governmental body withhold any of TAC HEBP's confidential and proprietary information pending final resolution of any such litigation.

5). Under Section 552.352 of the Texas Government Code, distribution of information considered confidential under the Public Information Act is a misdemeanor offense and constitutes official misconduct.

6). This assertion of confidentiality by TAC HEBP is made on behalf of TAC HEBP and its successors and assigns. It encompasses any currently legal protections of confidential and proprietary information, and any legal protections of such information which may be developed in the future.

This proposal, in whole or in part, may not be reproduced, copied, published or released to third parties without the prior written approval of TAC HEBP.

Financial Proposal





Proposed Group Medical Plan

Medical Plan 1200-NG

with

Prescription Drug Plan 5A-NG

(Non-Grandfathered Plan)

Broad BlueChoice PPO Network

(No Gatekeeper, In-Network and Out of Network Benefits)



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Group Health Proposal for:

Titus County

Effective Date:

January 1, 2020

MEDICAL PLAN 1200-NG AND PRESCRIPTION DRUG PLAN 5A-NG (NON-GRANDFATHERED)

Employee Only	\$925.00
Employee & Children	\$1,100.00
Employee & Spouse	\$1,137.00
Employee & Family	\$1,225.00

Benefit Highlights

Office Visit Co-Pay	\$30
Office Visit Co-Pay Specialist	\$30
Office Visit Preventive Care	100%
Individual Deductible In/Out Network	\$1,000/3,000
Co-Insurance % In/Out Network	80/60
Individual Co-Insurance Maximum In/Out Network	\$3,000/6,000
Emergency Room Co-pay	\$150
Prescription Card Co-pays	\$10/30/50

Proposal rates are based on the following:

- Rates effective from January 1, 2020 through December 31, 2020.
- Offer guaranteed until January 1, 2020.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for medical or dental regardless of age.
- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will not be considered without TAC HEBP approval and may involve system programming charges from our vendors.



Proposed Group Dental Plan

Plan II with Orthodontics

Broad BlueCare PPO Network



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL





TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Dental Plan Proposal For:
Effective Date

Titus County
January 1, 2020

DENTAL PLAN II WITH ORTHODONTICS

Employee Only	\$ 22.38
Employee Child(ren)	\$ 60.94
Employee Spouse	\$ 44.72
Employee Family	\$ 83.32

Benefits

Plan Year Maximum Benefit	\$1,500.00
Plan Year Deductible (waived for preventive care)	\$50.00
Preventive Care	100%
Basic Care	80%
Major Services	50%
Orthodontics Lifetime Maximum (up to age 26)	50% up to \$1,500

Proposal rates are based on the following:


- Rates effective from 01/01/2020 through 12/31/2020.
- Offer guaranteed until 01/01/2020
- Orthodontic coverage is optional per group, not per individual family.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for dental regardless of age.
- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will not be considered without TAC HEBP approval and may involve system programming charges from our vendors.

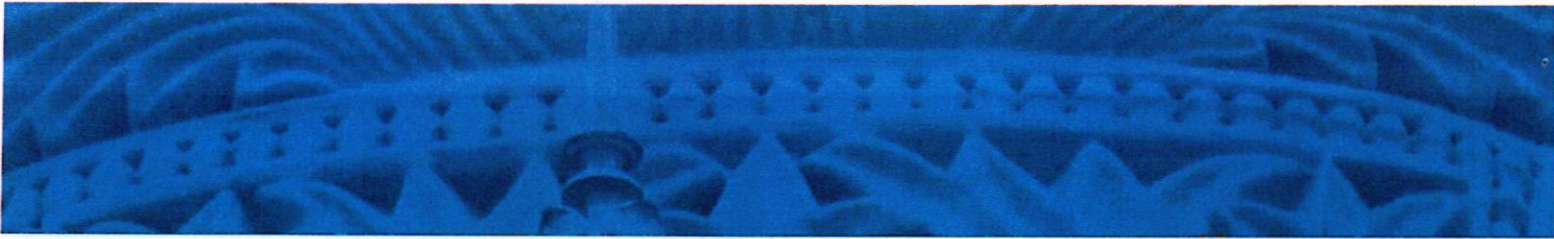


Benefit Details

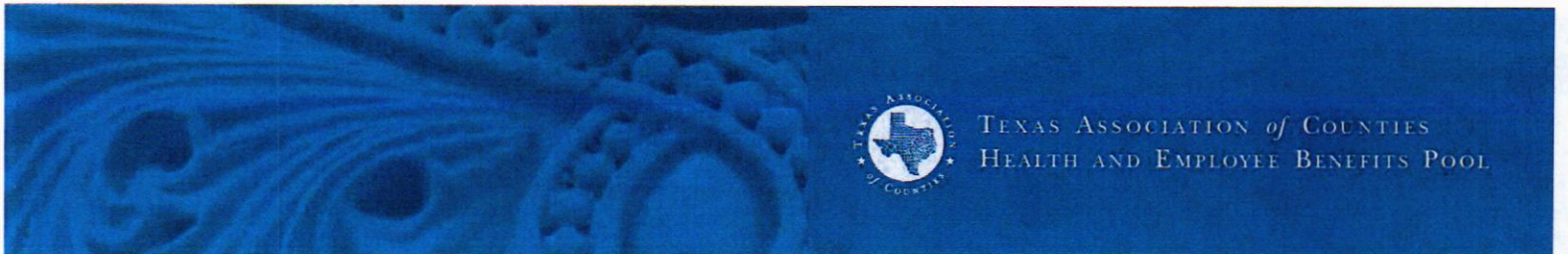


TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL





Benefit Highlights
2017-2018
Medical Plan 1200-NG





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS PLAN 1200-NG (Non-Grandfathered ACA)

BLUECHOICE NETWORK

This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
Deductibles		
Per-admission Deductible Deductible <i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i>	\$0 \$1,000 Individual / \$3,000 Family	\$0 \$3,000 Individual / \$9,000 Family
CoShare Stoploss Maximum		
Deductibles are not applied to CoShare Stoploss Maximum. Copayment Amounts will apply and will not be required after CoShare Stoploss Maximum has been satisfied. Your benefit booklet will provide more details.	\$3,000 Individual / \$9,000 Family <i>Network Deductible & CoShare Stoploss Maximum will only apply toward Network Deductible & CoShare Stoploss Maximum</i>	\$6,000 Individual / \$18,000 Family <i>Out-of-Network Deductible & CoShare Stoploss Maximum do not apply toward Network Deductible & CoShare Stoploss Maximum</i>
Copayment Amounts Required		
Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i>	\$30 Copayment Amount	N/A-Refer to Medical/Surgical Expense section for benefits
MDLive	\$10 Copayment Amount	Not Applicable
Urgent Care	\$30 Copayment Amount	70% of Allowable Amount
Outpatient Hospital Emergency Room/Treatment Room <i>Refer to Emergency Room/Treatment Room section for more information</i>	\$150 Copayment Amount	\$150 Copayment Amount
Maximum Lifetime Benefits		
Per Participant	Unlimited	
Inpatient Hospital Expenses		
Inpatient Hospital Expenses		
<i>All services must be preauthorized</i> <i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i>	80% of Allowable Amount	60% of Allowable Amount
Penalty for failure to preauthorize services	None	\$250





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical/Surgical Expenses	In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$30 Copayment	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services		Declined

Extended Care Expenses		
Extended Care Expenses All services must be preauthorized	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility		25 day maximum each Plan Year*
Home Health Care		60 visit maximum each Plan Year*
Hospice Care		Unlimited

Special Provisions Expenses		
Serious Mental Illness All services must be preauthorized		
Inpatient Services		
-Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$30 Copayment	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

All services must be preauthorized

Inpatient Services

-Hospital services (facility)

80% of Allowable Amount

60% of Allowable Amount

-Physician services

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Plan Year Maximum

30 inpatient days/30 inpatient Physician visits each Plan Year*

30 inpatient days/30 inpatient Physician visits each Plan Year*

Outpatient Services

-Services performed during Physician office visit/consultation (does not include psychological testing)

100% of Allowable Amount after \$30 Copayment Amount

70% of Allowable Amount after Plan Year Deductible

-Emergency Room/Treatment Room

80% of Allowable Amount after \$150 Copayment Amount

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Other Outpatient Services and psychological testing

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Plan Year Maximum

30 outpatient visits each Plan Year*

Chemical Dependency Maximum

(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)

Limited to three separate series of treatments for each covered individual per lifetime *

Emergency Room/Treatment Room

Accidental Injury & Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

80% of Allowable Amount after \$150 Copayment Amount
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

80% of Allowable Amount after Plan Year Deductible

Non-Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

80% of Allowable Amount after \$150 Copayment Amount
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

80% of Allowable Amount after Plan Year Deductible

60% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

80% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

<i>Special Provisions Expenses, cont.</i>	<i>In-Network Benefits</i>	<i>Out-of-network Benefits</i>
Preventive Care		
Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Physical Medicine Services		
Chiropractic Care-Office Services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Airrosti Rehab Centers	\$30 Copayment Amount	Not Applicable
Plan Year Maximum	35 visit maximum each Plan Year*	
<i>All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>		

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

MDLive is now part of your benefit plan design. Access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week to speak to immediately or schedule an appointment based on your availability. Please refer to your benefit booklet for other details.

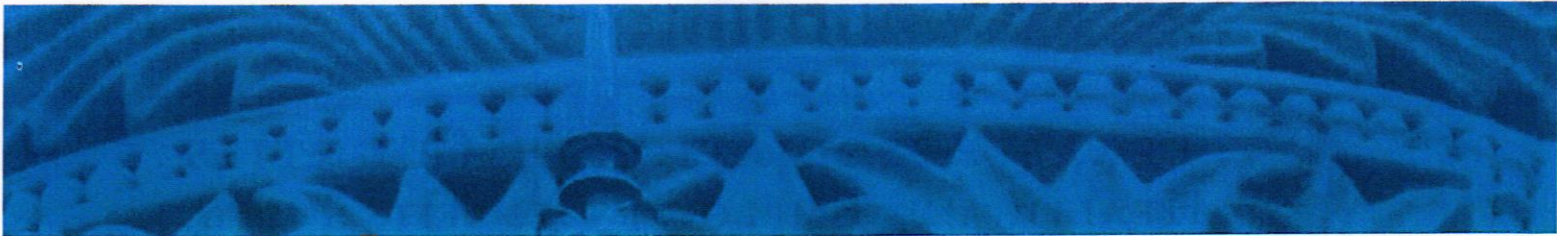
The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

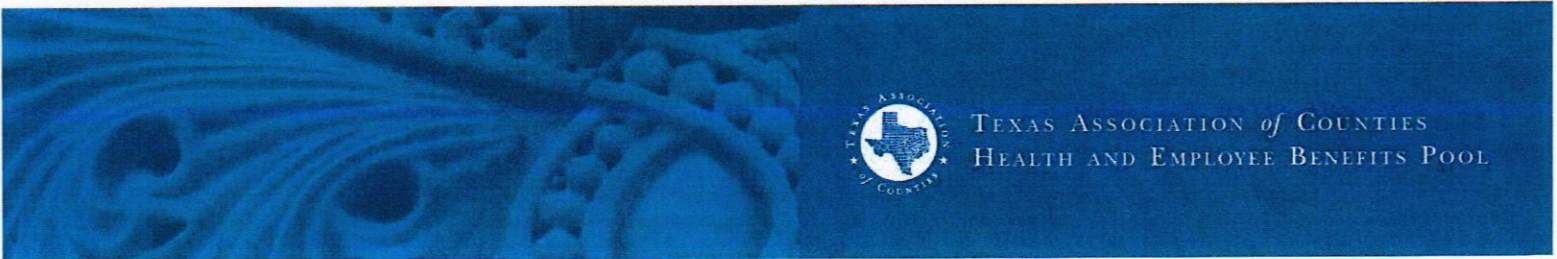
Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.



Benefit Highlights

Prescription Drug Plan 5A-NG





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 5A-NG NO DEDUCTIBLE

Prescription Drug Program

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	\$0 Individual / \$0 Family
Tier 3 Drug	\$50 Copayment Amount
Tier 2 Drug	\$30 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	\$100 Copayment Amount
Tier 2 Drug	\$60 Copayment Amount
Tier 1 Drug	\$20 Copayment Amount

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas

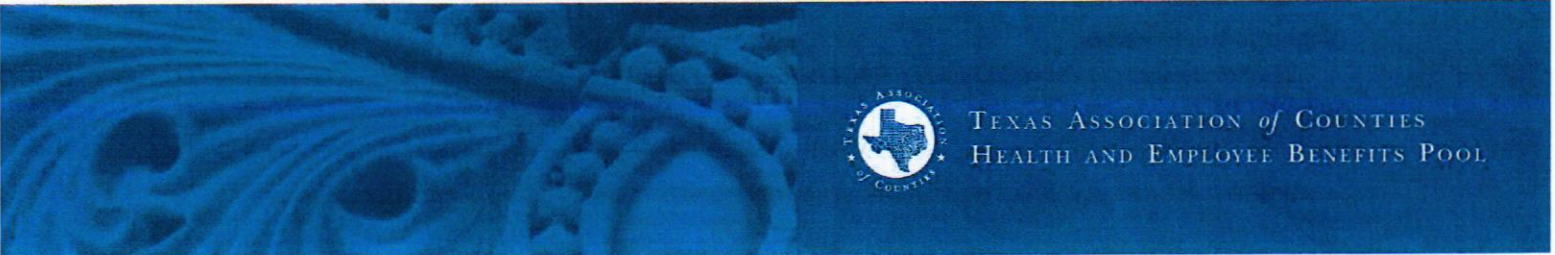


Benefit Highlights

Dental Plan II-O

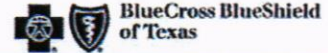


TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL



DENTAL PLAN II WITH ORTHODONTICS

Type of Service	Benefit**
General Provisions	
Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (twice per Plan Year)	100%
Prophylaxis (two cleanings per Plan Year)	
Fluoride Treatment (to age 19; twice per Plan Year)	
Dental X-rays -Full Mouth/Panoramic X-rays (once every 36 months)	
Bitewing X-ray Series (twice per Plan Year)	
Labs and Tests	
Sealants up to age 14, permanent molars, one time per lifetime	
Miscellaneous Services	
Space Maintainers	80%
Palliative Care	
Restorative Services	
Amalgams and Composites(once per surface on the indicated tooth per Plan Year)	80%
Simple Extractions	
Pin Retention	
General Services	
Anesthesia	80%
Stainless Steel Crowns	
Recementation of crowns, inlays/onlays	
Crown repair	
Reline/Rebase	
Recementation and repair of bridges/denture repair	
Diagnostic Casts (once per Plan Year)	
Endodontic Services	
Root canal therapy	80%
Direct pulp cap	
Apicoectomy/Apexification	
Retrograde filling	
Root amputation/hemisection	
Therapeutic pulpotomy	
Gross pulpal debridement	
Periodontal Services	
Periodontal scaling and root planning	80%
Full mouth debridement	
Gingivectomy/gingivoplasty	
Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	
Oral Surgery Services	
Surgical tooth extractions	80%
Alveoloplasty	
Vestibuloplasty	
Crowns, Inlays/Onlays Services	
Prefabricated post and cores	50%
Prosthetic Services	
Bridges and dentures	50%
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment (Available only to participants under age 26)	50%
Lifetime Maximum per Participant	\$1,500

****Each time you need dental care, you can choose to:**

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
<ul style="list-style-type: none">• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses• You are not required to file claim forms• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	<ul style="list-style-type: none">• Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses• You are required to file claim forms• You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

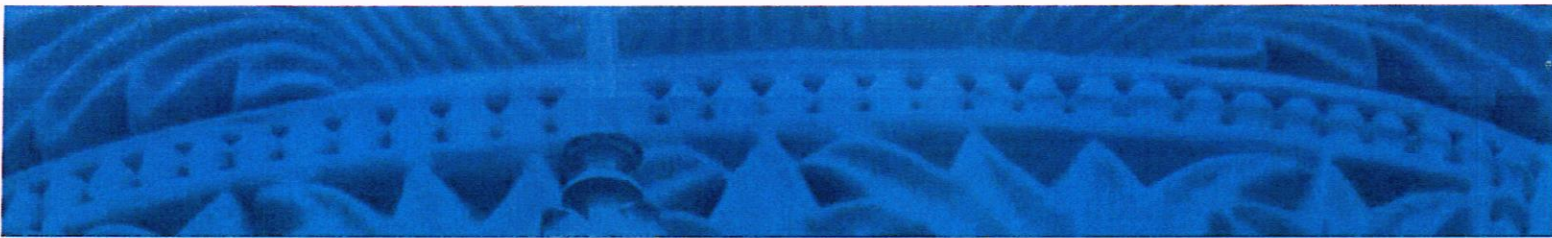
This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:

- Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
- Retirees may be eligible, depending on employer contract.
- Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.

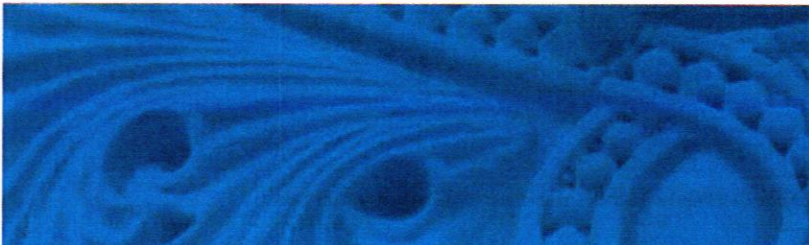
An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.



Healthy County Wellness Programs



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY

HEALTHY COUNTY, TAC HEBP'S COMPREHENSIVE AND RESULTS-ORIENTED WELLNESS PROGRAM, TAKES A SHARED-RESPONSIBILITY APPROACH TO REDUCING HEALTH RISKS AND DECREASING COSTS OF PREVENTABLE ILLNESS.

CREATED JUST FOR TEXAS COUNTY ENTITIES AND THEIR EMPLOYEES,

Healthy County offers a variety of ways for your employees to get – and stay – healthy.

TAC HEBP assists counties in **strategically planning** and **implementing best practice programs** and services that address all points of the health continuum by catching catastrophic cases before they happen, helping your ill employees reverse or manage their disease and by keeping healthy employees healthy.

Using tools and programs chosen specifically to meet the needs of your county, your employees will be an empowered part of your county's plan to keep health care costs down and preserve the high quality benefits you are able to offer for many years to come.



Together.
Better.
Stronger.

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

KEY SERVICES PROVIDED:

STRATEGIC PLANNING - Wellness Consultants will assess member county's health needs, budget and culture to determine the most effective course of action. They support counties by analyzing specific population needs, collection of employee feedback, soliciting senior management support and input, setting short-term goals and measuring outcomes.

ENGAGEMENT AND INCENTIVE DESIGN - Consultants help drive employee engagement in wellness and disease management programs by working with counties to design creative, high-value incentives that are cost neutral and by working to create a culture of wellness within the workplace.

PROGRAMS AND INTERVENTIONS - A wide variety of wellness, clinical and health management consulting and program resources are available through TAC HEBP in order to access and **meet the specific needs of your county.**

HEALTH EDUCATION AND COMMUNICATION - Consultants specialize in preventive and educational outreach initiatives to promote overall wellbeing through seminars, campaigns, newsletters and social media.

EVALUATION - TAC HEBP believes in making data-based decisions and creating results-oriented programs. Wellness consultants will work with your county and BCBSTX to track the success of programs by measuring levels of engagement, changes in health risk and claims data.



WORKSITE WELLNESS CONSULTING

TAC HEBP's Healthy County team can provide worksite wellness consulting as a critical first step in developing a successful wellness program designed to improve the health of your employees and mediate rising health care costs. We assist counties in strategically planning and implementing results oriented best practice programs and services based on gathered data. Using tools and programs tailored to meet your county's specific needs, we work closely with you to develop a custom wellness plan to keep health care costs down and preserve the high quality benefits you offer for many years to come.

YOUR WORKSITE WELLNESS CONSULTING SERVICES WOULD INCLUDE:

Assessment

Understanding the needs, interests and challenges of your employees allows your leadership and TAC to tailor a wellness approach that best meet the needs of your employee population. We may conduct focus groups, a needs and interest survey, environmental and culture assessments. A needs and interest survey is an effective tool to assess what health initiatives and information your employees are most interested in. We can administer the survey to your employees, provide data analysis of the results and offer recommendations for key health initiatives based on the feedback provided by your employees.

Strategic Planning

A strategic plan will take into account available data such as health assessment aggregate data, claims data, wellness consulting assessment, environmental assessment and employee needs and interests. Depending on county specifics, delivery may include a timeline, reporting and recommendations.

Program Planning and Support.

From initial concept development to developing a detailed program plan, TAC Wellness Consultants can help identify specific programs and interventions to inspire participation, target key health risks, and influence positive lifestyle change. If a program is already in place, we can analyze, support and enhance your current efforts with customized services.



Engagement and Incentive Design

High engagement is critical to bottom line impact. We drive employee engagement in wellness programs by working with your county to design a wellness incentive program to meet your organizational needs and budget, improve leadership support, and help create policies that encourage employee wellbeing.

We work with various models including incentives that:

- Are linked with the health benefits plan;
- Create significant value to the employee yet are cost neutral to county;
- Allow the health plan to remain HIPAA compliant;
- Are simple to track and administer.
- Reduce insurance premiums; and
- Avoid a tobacco surcharge.

Wellness incentive programs aim to reduce the overall cost of providing medical benefits by giving covered employees incentives to follow healthy lifestyle habits and participate in specific wellness activities.

Actual programs would be specifically tailored to your county, your employee population, and your plan. For grandfathered plans there are guidelines and regulations mandated by the Affordable Care Act. For more information contact your Wellness Consultant to discuss options available.

Evaluation

A wellness program evaluation can demonstrate the efficacy and success of the county's wellness programming efforts. During the planning phase and continuing throughout the life of the program, we will identify and gather appropriate data to:

- Improve existing programs;
- Plan future health initiatives; and
- Demonstrate the results of your county's investment in wellness.

Strategic Wellness Plan & Report

Following the consulting process, Healthy County may deliver a Strategic Wellness Report, which may provide programming, leadership, environmental, policy and incentive recommendations with its detailed findings. The Wellness Plan and Report can be delivered to the court, or in a special workshop, and can be used as a guide for the court, your HR department and your onsite wellness coordinator.

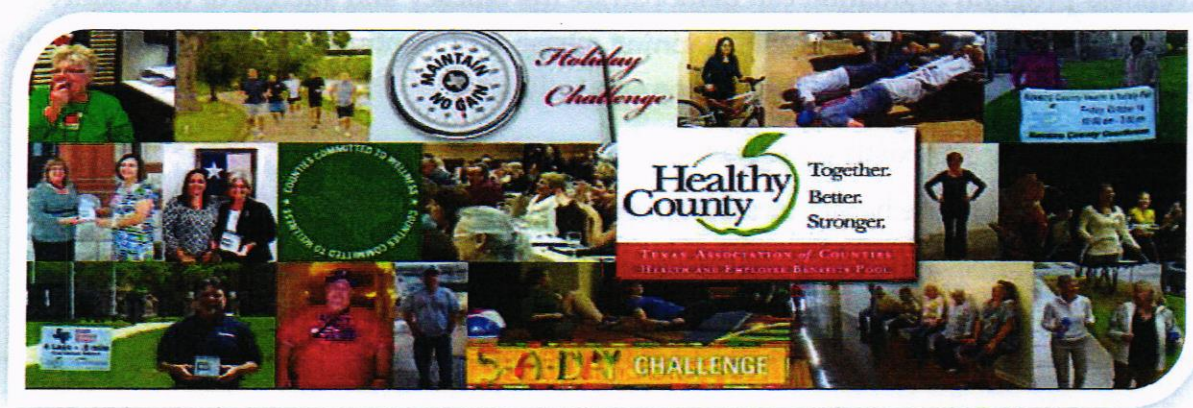
WORKSITE SCREENINGS AND PHYSICALS

Catapult Health

Catapult provides preventive checkups at your worksites in order to focus on the most common and costly chronic diseases. These 30-minute checkups include diagnostic blood work, a fully tailored Personal Health Report and a private session with a licensed Nurse Practitioner.



PROGRAMS AND INTERVENTIONS



Airrosti

Airrosti is outcome-based care that can quickly eliminate back, neck, and other chronic pain or acute injuries. This Blue Cross Blue Shield of Texas In-Network contracting provider provides rapid recovery for common conditions and injuries, and resolution opportunities to help avoid surgeries, imaging, pharmaceuticals, or other unnecessary care. Airrosti's goal is to make a dramatic impact on the first visit and resolve most conditions in an average of 3 visits (based on past patient outcomes). The copay for an Airrosti visit is the same cost as a primary care physician's office visit copay.

Colonoscopy Benefit

In-network benefits for colorectal cancer tests are covered at 100 percent of allowable amount with deductible waived if applicable. This benefit includes all places of treatment and diagnoses.

MD Live

Have a virtual visit with a doctor or therapist who can provide a diagnosis and prescribe medications (when appropriate) via video-conference, mobile app or telephone 24/7. Services include general health, pediatric care and behavioral health. The cost of a MDLIVE visit is \$10.

WW



WW, formerly known as Weight Watchers, is a weight loss program that emphasizes behavior modification, healthy eating and increased physical activity, which are needed to successfully manage weight. Members and dependents enrolled in TAC HEBP health coverage are offered a once per calendar year 80% reimbursement for a 12, 17, or 26 week WW At Work series when a minimum number of meetings are met.

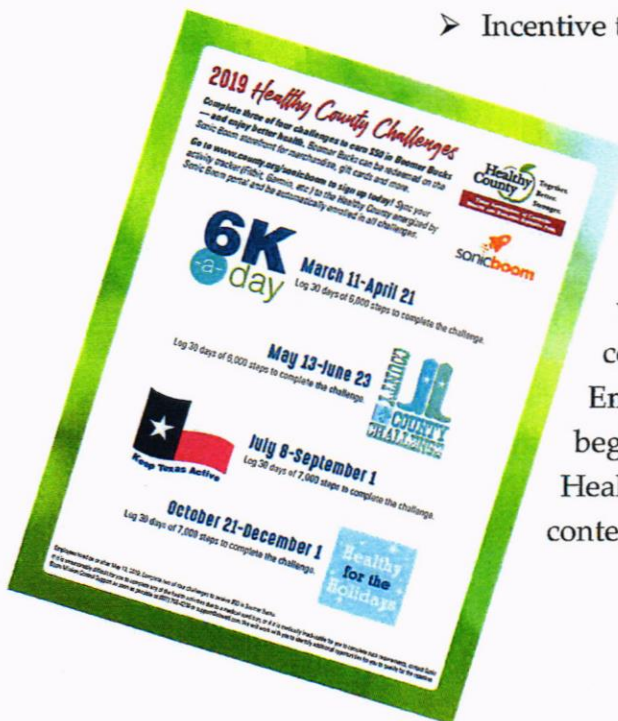
Healthy County Portal energized by Sonic Boom



All TAC HEBP member employees have access to Healthy County's new, integrated health and physical activity portal. TAC offers the Healthy County portal because we are committed to the health and well-being of our members. Staying healthy and having fun are important for your life - and for your job. Our portal provides 24/7 access to a variety of tools and resources designed to help improve the overall health and wellness of county employees. Through the Healthy County portal, employees will be able to create an account, order a new wearable fitness device using a \$30 device subsidy (available once every three years) and begin participating.

As a participant in Healthy County, you will have access to many resources and tools through this portal, including:

- Wearable fitness and physical activity tracking;
- Device Storefront;
- Wellness Challenges;
- Online health coaching and education;
- Nutrition and other lifestyle trackers and tools; and
- Incentive tracking redemption (participating counties only).



CONTESTS

Healthy County offers a fun and interactive menu of wellness related fitness, weight loss and other challenges or contests throughout the year. Menu may vary each year. Employees can sign up for each challenge on the portal and begin tracking their progress. Eligible employees can earn Healthy County Rewards for completing a minimum number of contests throughout the year.

WELLBEING MANAGEMENT

Wellbeing Management is an integrated healthcare ecosystem by Blue Cross Blue Shield of Texas (BCBSTX) that uses a multifaceted approach to reach members when, where, and how they prefer. Members have the opportunity to engage with Health Advisors who will use a holistic approach to assist in managing chronic conditions for the member and their family. Members also have the opportunity to participate with BCBSTX Wellness Partners, such as Naturally Slim and Well onTarget. Members can complete available online programs and/or engage with a coach on many health and wellness topics.



Health Advisors

Health Advisors, available through Wellbeing Management, conduct identification, targeted outreach, and engagement interventions for moderate and high severity members diagnosed with diabetes, coronary artery disease (CAD), cardiovascular cluster (angina, peripheral arterial disease atherosclerosis), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), asthma, and low back pain.



Health Advisors also have experience and processes in place to manage chronic conditions, such as hypertension, cancer, migraine headaches, gastro esophageal reflux disease (GERD), arthritis and other complex impact conditions. Impact conditions are low in prevalence; however, they are potentially high in cost.

Members will be holistically managed by one Health Advisor for all health needs, conditions, and questions via flexible and convenient communication channels.

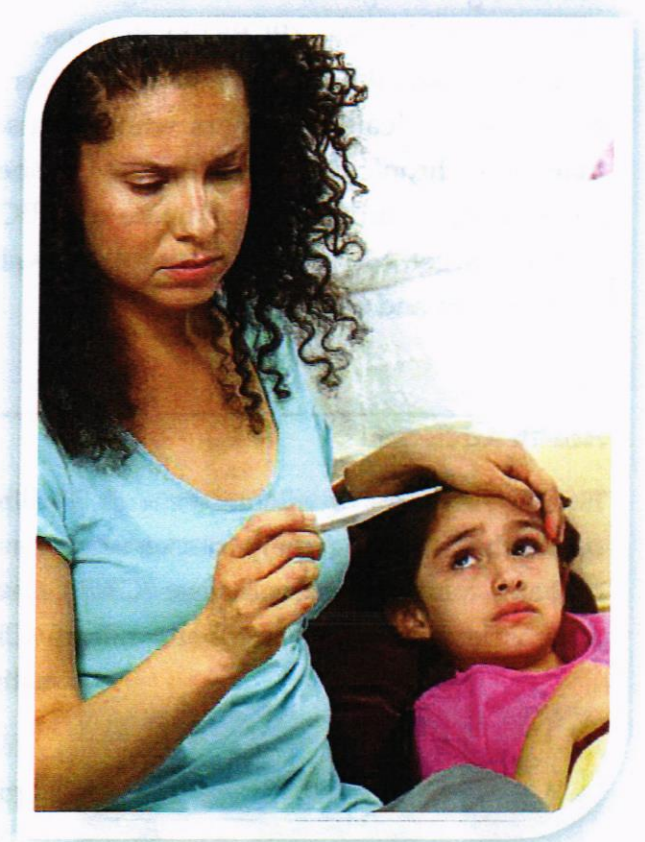
Wellness Partners

BCBSTX Wellness Partners offer expanded wellness and lifestyle coaching to members online and telephonically.

24/7 NurseLine

The 24/7 NurseLine is a phone-based general health information and triage service available 24 hours a day, 365 days a year. Registered nurses can answer general health questions, and guide members to a primary care physician, urgent care, emergency room, or other care as necessary. In addition, members can listen to audio topics such as exercise and health, general health, and behavioral health.

The 24/7 Nurseline also has a navigation and referral service that can explicitly screen for and refer qualified members who would benefit from additional Disease Management and/or Care Management programs within the Wellbeing Management program.



Naturally Slim

Naturally Slim is a clinical weight loss curriculum covered for benefit-eligible members at 100 percent. The program is billed as a preventive care medical claim with a maximum cost of \$510 per individual. This yearlong program has been proven successful with measurable and sustainable metabolic syndrome reversal and weight-loss results. Naturally Slim uses an eLearning Management System that is customized to fit the needs for your county employees. A communication strategy will be determined during the implementation call. All communication

natura)(yslim®

material can be themed and co-branded specifically for your county. For more information about Naturally Slim, contact your Wellness Consultant.

Highlights of the Well onTargetSM Program:

Well onTarget[®]

- An engaging **member wellness portal** that uses the latest technology to provide an interactive experience and a host of wellness tools, resources, interactive assessments, and fitness device integration;
- **Coaching services** for hypertension, hyperlipidemia, weight management, tobacco cessation, stress management, nutrition, and physical activity;
- **Digital self-managed programs** for hypertension, hyperlipidemia, chronic obstructive pulmonary disease, diabetes, congestive heart failure, coronary artery disease, asthma, metabolic syndrome, musculoskeletal disorders, maternity, dental, sleep, and preventive health, financial wellbeing, weight management, tobacco cessation, stress management, nutrition, and physical activity;
- **Targeted wellness outreach and engagement communications**; and
- **Fitness program** is an exclusive membership program that offers unlimited access to a nationwide network of fitness centers for a low monthly membership fee.

Special Beginnings Maternity Management

Establish ongoing contact with obstetric nurses who provide prenatal risk assessment and coordination with providers. This voluntary program offers expectant mothers confidential support, education, and monitoring through every stage of pregnancy.



Tobacco Cessation

A multi-step approach that includes developing a personal quit plan to help employees become and remain tobacco free. The program also provides resources to assist in becoming a non-smoker for good, including:



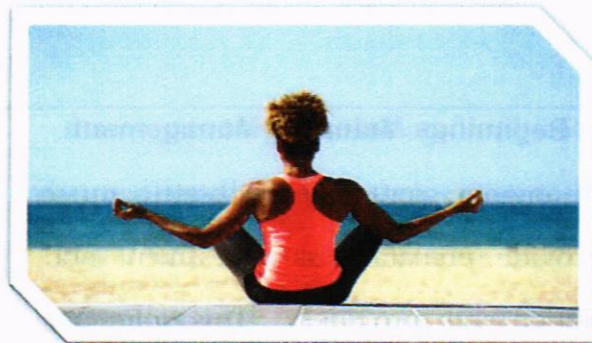
- Personal coaching;
- Online tools;
- Audio health library; and
- Discounts on programs that support tobacco cessation.



Behavioral Support

BCBSTX behavioral health professionals help members learn where and how to get support for issues such as:

- Substance use disorders;
- Anxiety, stress, and depression;
- Attention deficit disorders;
- Bipolar disorder ;
- Eating Disorders;
- Panic disorders; and
- Schizophrenia and other psychotic disorders.



BCBSTX Fitness Discount Program

ALL BLUE CROSS AND BLUE SHIELD OF TEXAS MEMBERS AND THEIR COVERED DEPENDENTS (AGE 18 AND OLDER) ARE ELIGIBLE TO PARTICIPATE AND RECEIVE:

- Flexible membership, no long-term contracts required;
- Low monthly membership rate of \$25 per month. One-time enrollment fee of \$25;
- Easy online enrollment; automatic monthly payments;
- Fitness center visits posted online; and
- Unlimited access to a nationwide network of participating fitness centers.



Health Assessments

Health Assessments are offered online through TAC's single sign-on portal. Through our partnership with BCBSTX, your employees and covered dependents will have access to an interactive health assessment that captures vital information about the health and lifestyle of each participant.



Health Assessment

The health assessment includes a combination of quantitative and qualitative analyses, which allows the assessment to clearly identify prevalent health risks and offer valuable feedback regarding both individual and population health.

Your employees and covered dependents can complete a health assessment online twice a year. They can complete one health assessment from January 1 - June 30 and another one between July 1 and December 31.

BCBSTX Blue Points Rewards

Employees are eligible to receive Blue Points Rewards on the BCBSTX Well onTarget portal. With the Blue Points program, you can earn points by regularly participating in healthy activities. You can then redeem your hard earned points for clothing, books, health and personal care, jewelry, electronics, music, sporting goods and more.

Livongo

Coming Soon! Effective Jan. 2020, Livongo empowers self-management of chronic conditions for individuals with diabetes and/or hypertension by driving behavior change through a combination of consumer health technology, trend analysis, 24/7 coaching and support, and personalized insights.

Participants who are in the Livongo for Diabetes program will receive the Livongo Blood Glucose Meter, unlimited diabetes test strips that are delivered on demand, and immediate interventions when blood glucose levels are dangerously high or low. Participants who are in the Livongo for Hypertension program will receive a Livongo Blood Pressure Monitor and personalized feedback on their readings.

Livongo is available to benefit-eligible members at 100 percent and is billed as a medical claim using a per participant per month (PPPM) pricing model indicated in the chart below.

Livongo Program	Pricing (Per Participant Per Month)
Diabetes	\$65 PPPM; \$59 one-time fee for blood glucose meter
Hypertension	\$27 PPPM; \$10 PPPM when bundled with Diabetes program.

Omada

Coming Soon! Effective Jan. 2020, Omada is an obesity-related chronic disease prevention solution that integrates remote monitoring tools, education curriculum, and social community support to effectively improve health and reduce the risk of diabetes and/or cardiovascular disease. Omada uses digitally-delivered intensive behavioral counseling for obese or overweight individuals with chronic conditions such as prediabetes, type 2 diabetes, hypertension, and high cholesterol. Participants learn how to apply meaningful changes around eating, activity, sleep, and stress, and receive a connected scale, pedometer, resistance band, and measuring tape.



Omada is available to benefit-eligible members at 100 percent and is billed as a medical claim with a maximum annual cost of \$548.

Additional wellness services are available through BCBSTX Wellbeing Management program that enable maximum engagement in healthy programs and service.

EMPLOYEE EDUCATION AND COMMUNICATION

Employee Presentations

Your county's wellness consultant is available to provide educational workshops designed to create informed consumers of health care and will reiterate the importance and value of the county's wellness program. We are committed to providing ongoing support to help sustain engagement and momentum at your county.

Incentive Program Brochure Design

Our team can customize and print communication materials tailored to your county's specific Incentive Program.

Healthy Byte Monthly Email

Employees can subscribe to our monthly email that will inspire them with ideas for incorporating wellness into their daily lives, plus give them exclusive access to Healthy County news and upcoming program announcements.

New Hire Postcard

On a quarterly basis, postcards are mailed to the homes of new employees introducing them to the Healthy County program.

Wellness Program and Challenge Fliers

Promotional program fliers and posters are created and available to your county both digitally and in paper. Counties also have access to a wide variety of BCBSTX Blue Access for Employers communication materials on a variety of topics through their Consultant.

HEALTHY COUNTY TEAM CONTACTS

The primary goal of our consulting team is to assist Texas counties with the many challenges they face in engaging their employees and covered spouses in leading healthier and more productive lives. We understand the health risks specific to your employee population and work to build a wellness program that will benefit all of your employees – even the healthy ones.

Your TAC Wellness Consultant will encourage and support the County in building and executing a long-term strategy, from garnering leadership support for employee wellness to developing objectives and recommending evidence-based solutions. Throughout the process, your Consultant will periodically evaluate the degree to which the chosen interventions have had a material impact on your employees.

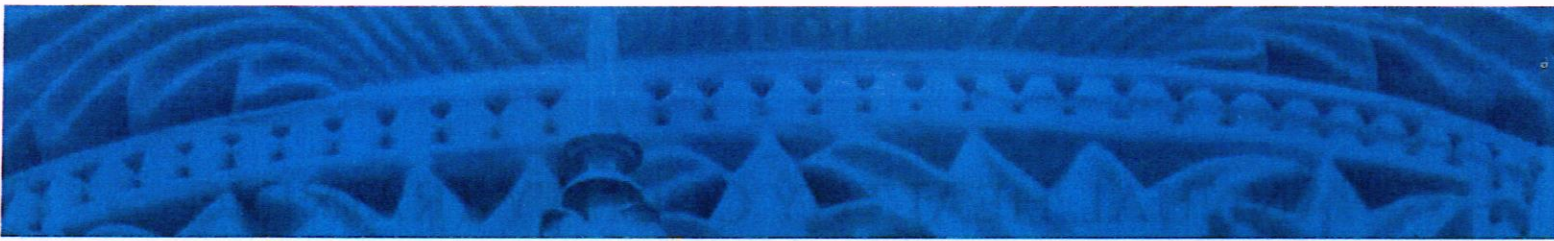


Your Healthy County Wellness Consultants	
Stacey Bruington – Northwest Territory	StaceyB@county.org
Shameria Davis – Northeast Territory	ShameriaD@county.org
Mark Zollitsch – West Territory	MarkZ@county.org
Biral Patel – South Territory	BiralP@county.org
Ashley Cureton – East Territory	AshleyC@county.org

ANNUAL HEALTHY COUNTY TRAINING

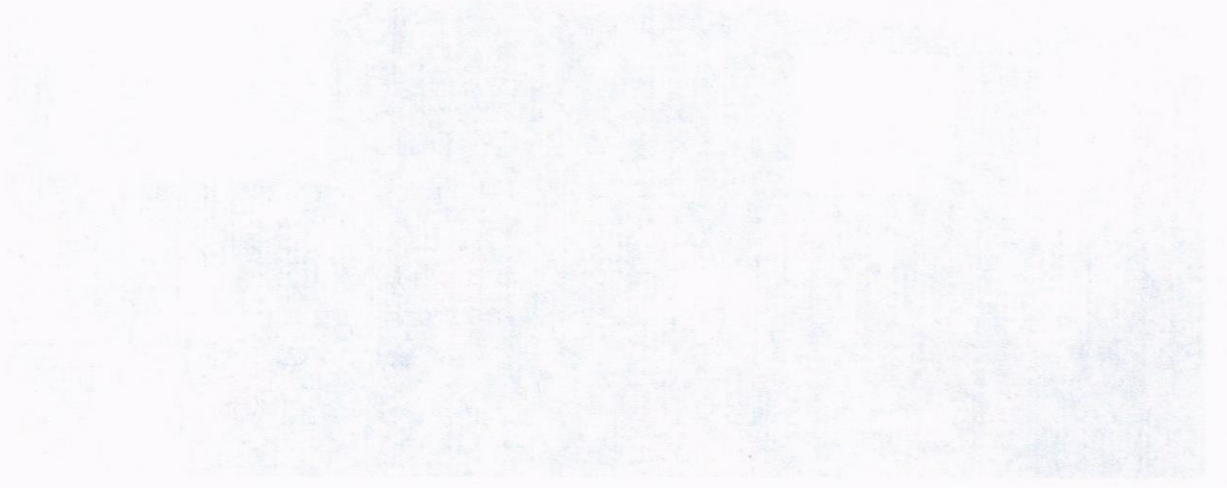
Join with your colleagues for the annual Healthy County Boot Camp. Take time to discover the latest wellness trends and best practices and meet with your peers from across the state to share powerful tips, strategies and resources you can use to help county employees lead healthier lives. To learn more, please go to www.county.org/HCBootCamp.





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TAC HEBP Partners



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

BLUE CROSS BLUE SHIELD OF TEXAS MEDICAL

BLUE CROSS AND BLUE SHIELD OF TEXAS KNOWS HEALTH CARE COVERAGE IN TEXAS; WE INVENTED IT. WE'RE TEXAS BORN AND BRED, AND THIS IS THE ONLY PLACE WE DO BUSINESS.

Our mission since our founding more than 80 years ago has been to provide financially sound health care coverage to as many Texans as possible.

We serve more than 5.3 million members and cover all 254 Texas counties.

We serve some of the best known Texas companies, a great number of public entities, and The Texas Association of Counties.

WE GREW UP IN LOCAL TEXAS COMMUNITIES, AND WE'VE STAYED THERE.

- We have more than 6,000 employees in 16 cities across the state, from Amarillo to Richardson, Beaumont to Midland, and Marshall to El Paso.



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®

- In 2017, Health Care Service Corporation (HCSC), of which Blue Cross and Blue Shield of Texas (BCBSTX) is a division, invested more than \$20 million in our communities through charitable grants, sponsorships and in-kind donations.

Our employees also have a lasting impact where they live, work and play. Across our five states of Illinois, Montana, New Mexico, Oklahoma and Texas, our employees volunteered 117,784 hours of their time to support community organizations.

- **Our health care provider network is the largest in the state, with more than 66,400 physicians and 660 hospitals across Texas.**
- We have an established Office of Physician Advocacy dedicated to addressing network physician concerns and fostering robust communication with the physician community.

We have a special relationship with physicians and hospitals that dates back to 1929. We remain committed to partnering with physicians and hospitals to provide access to affordable, quality health care, and we are a collaborative partner seeking solutions to joint concerns with employers, physicians, hospitals and governmental bodies.

BCBSTX/HCSC FACT SHEET

DISCOUNT INFORMATION

AVERAGE PROVIDER SAVINGS

	PPO/CDHP	Traditional	HMO
Inpatient Hospital	59%	23.6%	66.4%
Outpatient Hospital	58.8%	24.9%	67.3%
Physician	54.6%	56.1%	61.1%

As of December 2017

MEMBERSHIP OVERVIEW

	PPO/CDHP	HMO	Total BCBSTX
Membership*	4.8 million	491,000	5.3 million

* Membership numbers are as of May 30, 2017.

MARKET SHARE

The Texas market share in the commercial non-elderly market for the Blues in 2017 was 29.6%.

LOCATION OVERVIEW

Number of Service Centers in Texas	5*
Number of Offices in Texas	18 regional offices

*Abilene (large Government programs), San Angelo (HMO and PPO) Wichita Falls, Marshall, and Amarillo (dental).

BCBSTX/HCSC FACT SHEET

EMPLOYEES

Texas	6,000
HCSC	21,000

Numbers as of December 2017.

FINANCIAL INFORMATION

2017	HCSC
Total Premium Revenue	Audited Financial Report Available upon request
Net Assets (Capital and Surplus)	Audited Financial Report Available upon request

HCSC/BCBSTX FINANCIAL RATINGS

Agency	Rating
Moody's	A1 (Good); (August 2016)
Standard & Poor's	A+ (Strong) (December 2017)
A.M. Best	A (Excellent) (November 2017)

BCBSTX/HCSC FACT SHEET

Network Highlights

	PPO/CDHP	Par/Traditional	HMO
Network Name	BlueChoice®	PAR Plan	Blue Essentials
Service Area	Statewide***	Statewide	Statewide
PCPs	30,100	19,500	16,300
Specialists	66,400	30,200	48,700
Hospitals*	500	510	470
Pharmacies	4,900	Not applicable	4,700

Nationwide:

Network Access (also D.C. and Puerto Rico)	50 States	49 States	Guest memberships are available in 32 states and the District of Columbia****
Physicians	More than 1.9 million	More than 1.9 million	
Hospitals	7,200	7,300	

BCBSTX/HCSC FACT SHEET

Pharmacies	66,900	Not applicable	Not applicable
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**** *Away from Home Care® is not available in the following states: Alabama, Alaska, Idaho, Iowa, Kansas, Maryland, Mississippi, Montana, Nebraska, North Dakota, Oregon, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, and Wyoming.*

Satisfaction Rates (Updated Yearly)

Member Continuous Tracking Survey Results

OVERALL SATISFACTION WITH HEALTH PLAN (TOP 3 BOX)*

	2017	2016	2015	2014	2013
BCBSTX	87%	87%	87%	90%	88%

***As defined by the respondent's response to this question: "All things considered, how would you rate your health plan, including your benefits, the care you've received from your doctors, and your contact with health plan representatives?"**

OVERALL VALUE OF HEALTH PLAN (TOP 3 BOX)*

	2017	2016	2015	2014	2013
BCBSTX	83%	83%	85%	87%	85%

***As defined by the respondent's response to this question: "Using the rating scale of Excellent, Very Good, Good, Fair, and Poor, how would you rate the overall value of your health plan.**

As a division of, BCBSTX is among the financially strongest health insurers in the nation. Financials for HCSC can be viewed here:

<http://www.hcsc.com/who-we-are/statistics>

NAVITUS HEALTH SOLUTIONS

Navitus Health Solutions was founded as a **pharmacy benefit manager** in 2003, and has been providing full-service pharmacy benefit management services ever since.



Navitus was originally a privately owned joint venture between Dean Health Plan, Inc. and PBM Ventures, LLC (owned by two Wisconsin health care providers, ThedaCare Health System and Bellin Health System). In April 2007, the company was acquired completely by Dean Health Plan, Inc. In August 2013, SSM Health, a nonprofit health system based in St. Louis, Missouri, acquired Dean Health System.

As a privately held company, we are not held captive by Wall Street financial analysts or shareholders to show quarterly earnings statements with high margins and revenue growth.

Instead, we align our incentives with those of our clients in managing their drug spend to deliver lowest-net-cost performance.

We are proud of our foundation of clinical, service, and operational excellence that emulates the high-touch, high-quality service model employed by our parent company, SSM Health. We are Pharmacy Benefit Management Accredited by URAC, and all of our clinical programs are evidence-based to deliver quality of care. We support a diverse client base that consists of state and government entities, employer groups, and health plans, including managed Medicaid and Medicare Part D plans.

BLUE CROSS AND BLUE SHIELD OF TEXAS DENTAL

The TAC HEBP partnership with Blue Cross and Blue Shield of Texas (BCBSTX) will provide a

We are well positioned to support you with a cost-effective dental benefit program that includes:

- providing access to competitive and extensive networks
- expanding on proven service models
- integrating innovative wellness outreach and support

comprehensive approach to dental coverage. We offer dental coverage that is simple, affordable, and accessible.

Titus County will have the added security and comfort of placing your business with a carrier who has the financial strength and stability to fulfill our obligations to clients and members. BCBSTX has been in this marketplace for more than 80 years and has been providing dental benefits nationwide since 1974.

BCBSTX' solid financial ratings reflect strong financial health, superior operating performance, and illustrate a constant commitment to financial stability.

PROVIDING ACCESS TO COMPETITIVE AND EXTENSIVE NETWORKS

It is simple; the larger the network, the greater the choices, convenience, and flexibility Titus County members will have in choosing a network dentist.

We have a special relationship with dentists and dental specialists within in our dental network in the state of Texas. We remain committed to partnering with both individual dental offices as well as large group practices to provide access to affordable, quality dental care.

Our dental provider network is the largest in the state, with more than **87,000** dental access points and **7,700** unique locations across Texas.

Broad access combined with our PPO network awareness campaigns, results in higher in-network utilization generating greater savings – **network discounts** have averaged **44.8 percent**, while **network utilization** has averaged **64.0 percent**, per our latest network utilization data (Q1 2018, excludes orthodontia claims).

INTEGRATING INNOVATIVE WELLNESS OUTREACH AND SUPPORT

BCBSTX implements one of the most comprehensive and preventive dental wellness programs in the industry today - the BlueCare® Dental ConnectionSM (BCDC) program. This unique wellness program takes a proactive approach to help prevent dental disease and more complicated and potentially costly medical problems from developing in the future. This program is included for Titus County at no additional cost. The goal of the program is two-fold: to educate the member on the importance of proper oral care, and to encourage healthier behavior.

Through our BlueCare Dental Connection program, we were able to identify the medically at risk population and more than 18 percent responded and visited their dentist within 12 months of outreach.

The goal of this program is to improve health outcomes and ultimately reduce overall dental costs for both the member and the county's dental plan. Part of this program includes outreach mailers to members who were identified as medically at risk for dental decay. These percentages reflect, by category, those members who had not seen a dentist in the previous year and who visited their dentist within 12 months of outreach.

- cardiovascular disease: 16.7 percent
- diabetes: 18.0 percent
- new mothers/pregnancy: 24.7/24.9 percent
- parents with children ages 5-13: 11.5 percent
- periodontal disease: 7.7 percent

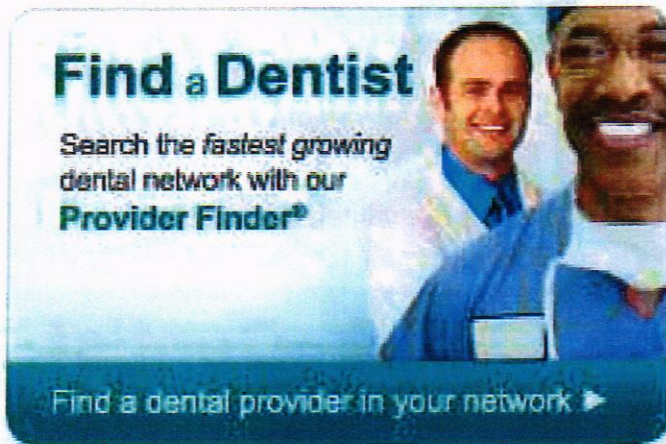
School-age children (ages 6-11) WITHOUT SEALANTS have **3X MORE CAVITIES** than those WITH SEALANTS.

Wellness Communications

- Healthy Heart
- New Mothers
- Expectant Mothers
- Periodontal (Gum) Disease
- Managing Diabetes
- Dental Sealants
- Children's Dental Health Month

PROVIDING ACCESS TO COMPETITIVE AND EXTENSIVE NETWORKS

BCBSTX maintains strict credentialing standards for all providers. They outsource the credentialing process to Dentistat; a Credentialing Verification Organization



specializes in provider credentialing. If a dentist has been “Dentistat-certified,” they have been independently reviewed and certified by Dentistat and found to have proper credentials, appropriate utilization patterns, and are subject to ongoing utilization monitoring and re-credentialing.

EXPANDING ON PROVEN SERVICE MODELS

We deliver added value by simplifying and lessening the administrative burden of your human resources department. Titus County will gain these administrative efficiencies by integrating dental coverage with their medical program:

Implementation is streamlined because eligibility and billing processes are combined.

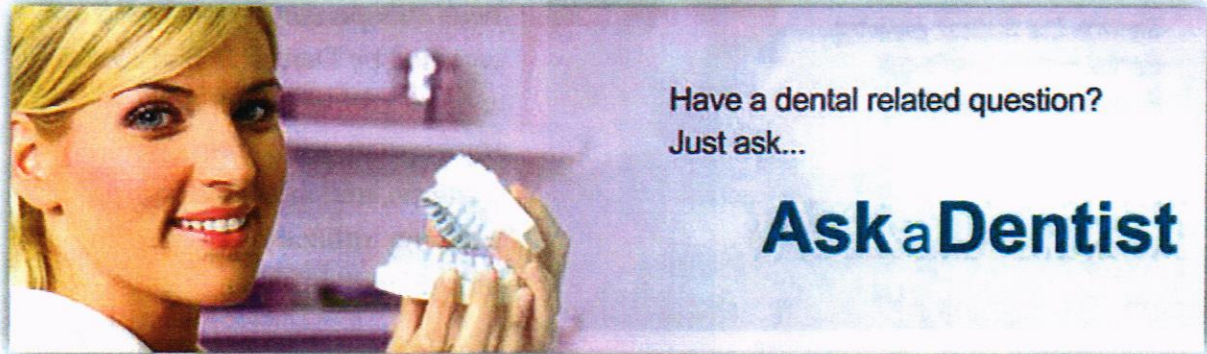
The same account management team that is responsible for medical coverage will be responsible for your dental coverage.

Combined medical and dental reporting, as well as combined ID cards, provide a seamless transition.

Members also gain efficiency by using the same secure member website, Blue Access for MembersSM, with access to dental product and provider information, dental claims, and our unique Dental Wellness CenterTM. Titus County employees can rely on the expertise of the BCBSTX dental-only Service Center that will provide a single point of contact for dental claims inquiries and customer service.

BLUECARE DENTAL CONNECTION

Includes member access to The Dental Wellness Center, a source of consumer-driven tools available online, 24 hours a day. Members can find educational information on subjects ranging from pediatric care and cosmetic dentistry, to prevention and dental treatments. The Dental Wellness Center also allows members to:



- ask dentists dental-related questions through "Ask A Dentist"
- locate a network general dentist or specialist with Provider Finder®
- research information with the Dental Dictionary
- determine approximate dental fees in the marketplace with the Dental Cost Advisor
- view animations from various dental topics with our Treatment & Procedure Animations

OUR COMMITMENT TO TITUS COUNTY

We understand that organizations face a variety of challenges as they seek to control the cost of employee benefits. The TAC HEBP and BCBSTX partnership will provide excellent value, and we are committed to deliver on the promises made and the solutions presented in our proposal response. We are the best partner to provide a short- and long-term dental solution to Titus County employees and their families.



**BlueCross BlueShield
of Texas**

NAVITUS OPERATIONS

Navitus Health Solutions include a national retail network of chain and independent pharmacies, mail order and specialty pharmacy services. In February 2014, we launched our own specialty pharmacy, Lumicera Health Services. As a wholly owned Navitus subsidiary, **Lumicera functions as a stand-alone specialty pharmacy adhering to our core principles of transparency and stewardship.**

Since our founding 2003, we have experienced tremendous growth. This growth is directly attributable to the unique Navitus Model that assures lowest net cost performance.



With a senior leadership team experienced in health care, consulting, and top-tier PBM administration, we are highly qualified to deliver innovative solutions and results to Group Name.

PHARMACY DIRECTORY

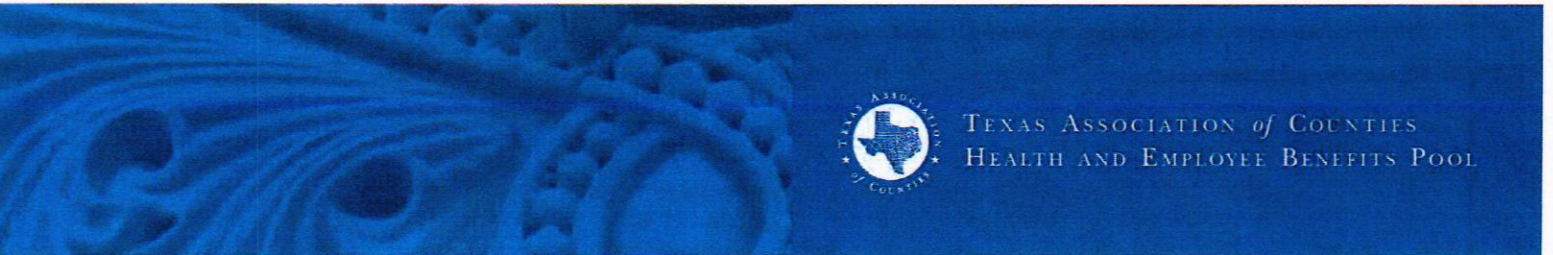
Our network pharmacy directories are updated monthly based on an NCPDP data refresh that occurs on the first or second day of every month. Because the network pharmacy and formulary can be dynamic, we encourage members to obtain the latest information from our member portal, Navi-Gate for Members, which can be accessed through the TAC HEBP secure portal at www.mybenefits.county.org.



Services, Policies and Procedures



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



SERVICES

OASYS (ON-LINE ADMINISTRATIVE SYSTEM)

For counties, the business of administering their employees' health care benefits has traditionally been a time-consuming and sometimes frustrating process. *Not any longer.*

Medical |Dental | Rx |COBRA – One Eligibility System

THROUGH TAC HEBP'S ONLINE ADMINISTRATIVE SYSTEM, YOU HAVE DIRECT ACCESS TO ALL THE TOOLS YOU NEED TO ADMINISTER YOUR EMPLOYEES' HEALTH BENEFITS EFFICIENTLY AND ACCURATELY.

OASYS provides online, REAL-TIME ACCESS TO MEMBERSHIP AND BILLING. There is no need to buy expensive software or hardware. It is provided on a secure Internet connection that allows this confidential information to be quickly exchanged in a protected environment. Designated staff will undergo a short training session to be able to administer the program.

ARTS (ACA REPORTING AND TRACKING SERVICE)

TAC HEBP provides this service, which tracks employee hours against the county/district's measurement period to determine eligibility for health benefits, as well as calculating affordability. This service also produces the annual 1095C form, which is required for groups with 50 or more employees. The 1095C forms are provided to the county/district for distribution to employees, and are filed with the IRS on your behalf. This service is provided at no cost to HEBP participating counties and districts (there is a per-form charge if TAC HEBP mails forms directly to employees).

COBRA ADMINISTRATIVE SERVICES

TAC HEBP offers COBRA services – Blue Cross-administered COBRA and Self-Administered COBRA , utilizing TAC HEBP's online administration system (OASys - online service) – to meet the needs of our members.

OPTION 1 - Under the **Blue Cross-administered COBRA program**, the employer is responsible for processing the termination in OASys. When informed of a termination via OASys, BCBSTX notifies members of their rights under COBRA and provides an application for continuing coverage. Upon receipt of the completed application and initial premium, BCBSTX mails identification cards directly to the member. A monthly billing statement is also mailed to the member approximately 15 days before the premium due date, and an accounts receivable record is created to monitor receipt and proper allocation of the billed premium. BCBSTX communicates any changes in group benefits and rates directly to each COBRA member.

These services are handled in the BCBS Marion, Illinois, COBRA Unit. COBRA administration is managed on a customized, PC-based system that automates the billing and accounts receivable functions. Effective dates, coverage duration periods, late payment notices, cancellation letters, conversion letters, and customer reports are all integrated on this system.

Premium Collection Procedure - BCBSTX

Each COBRA member is billed the agreed-upon premium rate plus a 2 percent administration fee, which is retained by BCBSTX. (Qualified disabled members are billed the agreed-upon premium rate plus 50 percent).

Past-due notices are mailed approximately 15 days after the due date. Claims are processed after the payment has been received and allocated. If the premium is not mailed within 30 days of due date, the membership is cancelled, and a cancellation notice is mailed to the member's home address.

Cost of Administering COBRA - BCBSTX

The cost for BCBSTX COBRA administration is a one-time charge of \$150 per continuing member (only charged to employer when a member ENROLLS in COBRA for medical or dental coverage).

COBRA ADMINISTRATIVE SERVICES

OPTION 2 – Under the **Self-Administered COBRA program**, the employer is responsible for processing the termination, sending COBRA notices, collecting the premium, and sending them to TAC HEBP.

Upon receipt of the completed application and initial premium, the employer is responsible for processing the COBRA eligibility event in TAC's OASys system.

The COBRA beneficiary makes payment to the county or district directly and the employer is billed for the beneficiary on the monthly group health invoice from TAC HEBP. The employer sends COBRA past-due notices and is responsible for cancelling a participant in OASys for non-payment.

Cost of Administering COBRA – Self-Administered

There is no charge to the employer for using the self-administered COBRA program.

POLICIES AND PROCEDURES

COVERAGE TERMINATION POLICY

TAC HEBP BOARD OF DIRECTORS voted to adopt Texas Senate Bill 51 (SB 51) provisions, which are standard in the industry and will reinforce best practices at the employer level.

SB 51 REQUIRES HEALTH INSURANCE CARRIERS TO MAINTAIN COVERAGE FOR PARTICIPANTS THROUGH THE END OF THE MONTH IN WHICH THE TERMINATION IS REPORTED.

It affects the way coverage is extended and invoiced when employees or dependents terminate coverage. Pooled group employers are responsible for all premiums through the end of the month in which the termination is reported to the carrier.

This legislation is designed to reduce retroactive terminations. When a termination is not reported in a timely manner, the member still has access to benefits and services. Claims paid on members who are no longer eligible drive up the cost of health care and often times the providers are left with unpaid claims. SB 51 was passed to reduce these situations.

SPOUSE ELIGIBILITY VERIFICATION POLICY

Dependent spouses who are eligible for group health coverage through his or her own employer must provide proof of that coverage and complete a **SPOUSE ELIGIBILITY VERIFICATION FORM** in order to enroll in the TAC HEBP plan.

This rule does not apply during the initial enrollment of a new group. It will apply to all employees hired after the group's effective date. This policy protects the members of TAC HEBP and their taxpayers from private employers transferring liability (inadvertently or not) onto the county plan. Therefore, this liability which ultimately increases costs for both the taxpayers and county employees is limited.

ELIGIBILITY PROCEDURES

NEW ENROLLEES

- Enrollees who become effective the **1ST THROUGH THE 15TH OF THE MONTH** will be invoiced for contributions for the full month.
- Enrollees who become effective the **16TH THROUGH THE END OF THE MONTH** will not be invoiced for contributions for the partial month.

TERMINATION REPORTING

Employers are liable for all contributions through the end of the month in which the termination is reported. This policy will apply to both employee and dependent terminations.

- A pre-invoice is provided each month to ensure that eligibility is accurate and will help minimize unnecessary expenses.
- The final invoice is then generated and payment is due the 1st of each month.
- Employees will be liable for the appropriate dependent costs through the month in which he/she notifies the employer and TAC HEBP is notified appropriately. This does not change the enrollment rules for qualifying events (list available upon request).
- Employees are required to report changes such as marriage, divorce, etc. within 31 days.

ENROLLMENT PROCEDURES

ENROLLMENT SCHEDULES

The dates and times of enrollment will be determined jointly by TAC HEBP and the group in accordance with the deadlines set forth in the proposal.

Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits.

ELECTRONIC ENROLLMENT

- Electronic enrollment is an option in conjunction with certain guidelines:
- Enrollment data must be formatted to meet TAC HEBP programming parameters;
- Data must be received 60 days prior to effective date (less than 60 days must be approved) and;
- Group must review enrollment data for accuracy prior to sending to TAC HEBP.

TAC HEBP PROGRAMS

TAC HEBP offers the following benefits that may be added to our group health and prescription plans. Information about any of our programs can be obtained from a Health and Employee Benefits Consultant.

DENTAL COVERAGE

TAC HEBP offers four standardized group dental plans of which a group may choose one for their employees. Orthodontic coverage may be included for participants under age 26.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

There are many options available for group term life and AD&D. The program is offered through TAC HEBP, but it is underwritten by VOYA Financial, Inc. We will work with you to provide a group benefit that suits the needs of your employees.

VOLUNTARY TERM LIFE

TAC HEBP voluntary term life is underwritten by VOYA Financial, Inc. This product is an employee-paid voluntary benefit. This benefit is portable upon retirement or termination for the employee and insured spouse.

RETIREE MEDICAL PROGRAM

There are various options for retiree medical coverage. We have benefit plans available for Medicare eligible retirees and their spouses that are enrolled in Medicare A and B. Groups also have the option of including retirees under age 65 on their group medical plan.

VOLUNTARY VISION

TAC HEBP offers a group voluntary vision coverage option and partners with Dearborn National Vision Care, a sister company of Blue Cross and Blue Shield of Texas. Powered by EyeMed, members will have access to more than 1,800 in-network locations across the state. This product is an employee-paid voluntary benefit.

Additional Information



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



Criteria

Report Period

- Current Year: Claims Paid 1/1/2019 - 8/31/2019
- Prior Year: Claims Paid 1/1/2018 - 8/31/2018

Group Data

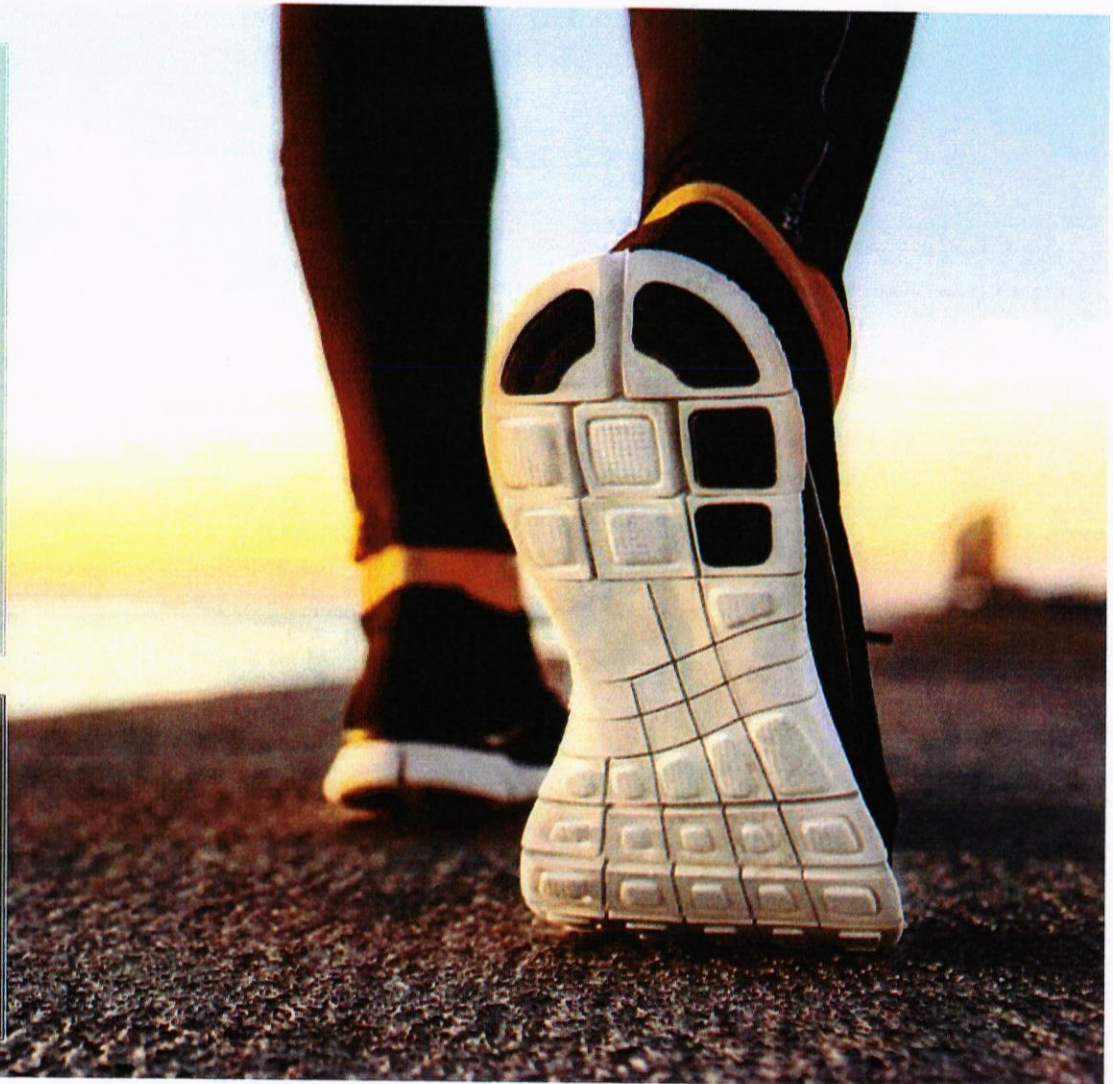
- Data reported for all plans and locations - no limits
- Detailed Rx data is from files provided by OptumRx Claims

Normative Data

- Norm Groups: UMR Active Groups (excludes retiree-only)
- Norm Period: Claims Paid 1/1/2019 - 8/31/2019
- Composition: 2,941 groups, 4.2 million members
- Rx norms restricted to groups whose Rx vendors provide UMR with detailed Rx data (app. 98% of groups)

Contents

2. Dashboard & Leading Indicators
3. Enrollment & Claims Summary
4. Claims Summary - Payment Breakout
5. High Cost Claimants - Summary & Top 20
6. Key Indicators
7. Network Utilization & Performance

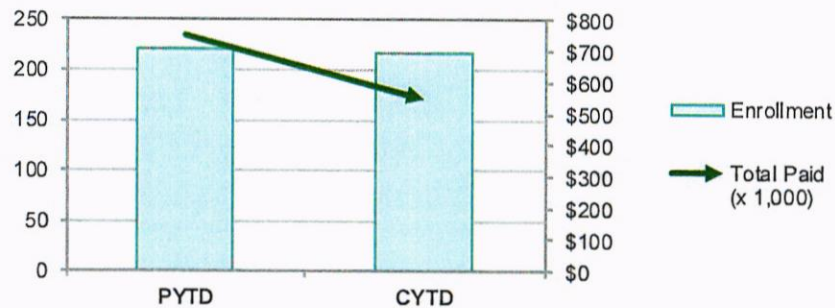




Enrollment Trend vs. Cost Trend

➤ Cost decreased and significantly outpaced rate of population decrease

Med & Rx	PYTD	CYTD	% Change	vs. Enroll
All Members	222	217	-2.3%	
Total Paid	\$754,665	\$548,358	-27.3%	-25.1 pts ▼

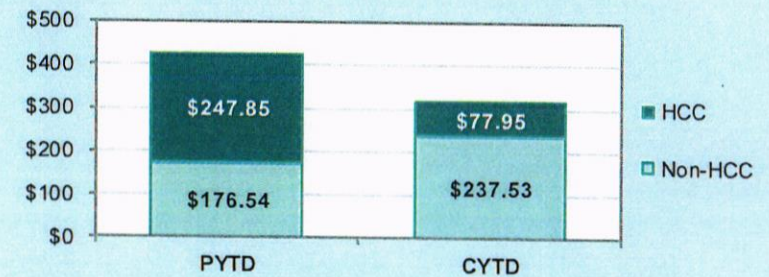


For more info see page 3

Cost Breakout - High Cost Claimants vs. Non-HCC

➤ Large overall cost PMPM decrease driven by HCCs

Paid PMPM - Med & Rx	PYTD	CYTD	% Change
High Cost Claimants \$25K+	\$247.85	\$77.95	-68.5% ▼
Non-High Cost	\$176.54	\$237.53	34.6% ▲
All Members	\$424.39	\$315.48	-25.7% ▼



For more info see page 5

Key Indicators

- Overall IP admission cost was down, with both utilization and paid per admit decreasing significantly
- ER utilization decreased, but paid per visit was much higher than last year

Metric	PYTD	CYTD	% Change
Admissions per 1000	60.7	48.3	-20.4% ▼
Paid per Admission	\$23,755	\$8,312	-65.0% ▼
ER Visits per 1000	215.9	207.1	-4.1% ▼
Paid per ER Visit	\$2,030	\$3,015	48.6% ▲

For more info see page 6

Other Factors Affecting Cost vs. Norm

- **Demographics:** Age & sex composition can change baseline cost expectations vs. norm
- **Timing:** Claims maturity or seasonality can cause variances for a period of time
- **Benefit Design:** Cost sharing with members directly impacts group responsible amounts
- **Cost Reduction:** Both network utilization and provider discount rates drive total paid

Metric (Cost Factor)	Group	Norm	% Variance
Age/Sex Factor (Demographics)	1.1387	1.0000	13.9% ▲
% of Paid Incurred Prior Year (Timing)	30.6%	15.5%	96.7% ▲
Out-of-Pocket PMPM (Benefit Design)	\$71.96	\$65.21	10.3% ▼
Total Discount % (Cost Reduction)	57.4%	51.5%	11.4% ▼

For more info see page 3 & page 7 (Discount Info)



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
Enrollment & Claims Summary

Plan Year: Jan 2019
Current YTD: 1/1/2019 - 8/31/2019
Prior YTD: 1/1/2018 - 8/31/2018

Enrollment Counts (based on average year-to-date membership)

Relationship	PYTD	CYTD	% Change
Employees	138	139	0.8%
Spouses/DP	35	31	-11.4%
Children/Other	49	47	-4.4%
Total Members	222	217	-2.3%

- **New Claims:** Amounts from claims both incurred and paid in the plan year
- **Incurred Prior:** Amounts from claims paid or adjusted in the plan year but incurred in a prior plan year (service dates precede the plan year)
- **Benefit Design:** Amounts paid out-of-pocket by the member, includes: coinsurance, co-pays, and deductible amounts
- **COB (Coordination-of-Benefits):** Amount paid by other insurers including Medicare and Medicaid

Demographics Summary (based on total members)

Measure	PYTD	CYTD	UMR Norm
Avg. Family Size	1.6	1.6	2.0
% Female	56.1%	55.0%	50.8%
Average Age	38.8	39.5	34.4
% Age 65 +	2.6%	3.1%	3.7%

Payment per Member per Month

Benefit Type	PYTD	CYTD	% Change	UMR Norm
Med Paid PMPM	\$315.76	\$246.93	-21.8%	\$329.63
Rx Paid PMPM	\$108.63	\$68.56	-36.9%	\$90.71
Med & Rx Paid PMPM	\$424.39	\$315.48	-25.7%	\$420.34

Claims Summary

Dollar Amount	Prior Year-to-Date			Current Year-to-Date			% Change	
	New Claims	Incurred Prior	Total Claims	New Claims	Incurred Prior	Total Claims	New	Total
Medical Billed	\$1,658,545	\$326,204	\$1,984,749	\$1,146,560	\$401,932	\$1,548,492	-30.9%	-22.0%
(-) Ineligible	\$120,970	\$154,631	\$275,602	\$181,414	\$60,543	\$241,957	50.0%	-12.2%
Medical Covered	\$1,537,574	\$171,573	\$1,709,148	\$965,146	\$341,389	\$1,306,535	-37.2%	-23.6%
(-) Pricing Savings	\$893,211	\$104,320	\$997,531	\$566,980	\$183,028	\$750,008	-36.5%	-24.8%
Medical Allowed	\$644,363	\$67,253	\$711,617	\$398,166	\$158,361	\$556,527	-38.2%	-21.8%
(-) Benefit Design	\$132,715	\$14,848	\$147,563	\$98,067	\$27,007	\$125,074	-26.1%	-15.2%
(-) COB	\$52	\$2,060	\$2,112	\$656	\$58	\$714	1167.1%	-66.2%
Medical Net Paid	\$511,483	\$50,009	\$561,492	\$298,026	\$131,170	\$429,196	-41.7%	-23.6%
Rx Net Paid	\$189,384	\$3,790	\$193,173	\$115,693	\$3,469	\$119,162	-38.9%	-38.3%
Total Med & Rx Net Paid	\$700,866	\$53,799	\$754,665	\$413,719	\$134,639	\$548,358	-41.0%	-27.3%



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
 Claims Summary - Payment Breakout

Plan Year: Jan 2019
 Current YTD: 1/1/2019 - 8/31/2019
 Prior YTD: 1/1/2018 - 8/31/2018

Payment by Claim Category

Claim Category	Prior Year-to-Date			Current Year-to-Date			% Change Paid PMPM	UMR Norm	
	Total Paid	Paid PMPM	% of Total	Total Paid	Paid PMPM	% of Total		Paid PMPM	% of Total
Inpatient	\$181,867	\$102.27	24.1%	\$36,173	\$20.81	6.6%	-79.7%	\$88.60	21.1%
Outpatient	\$118,585	\$66.69	15.7%	\$174,594	\$100.45	31.8%	50.6%	\$90.27	21.5%
Physician	\$248,051	\$139.49	32.9%	\$199,378	\$114.71	36.4%	-17.8%	\$139.27	33.1%
Ancillary	\$12,989	\$7.30	1.7%	\$19,051	\$10.96	3.5%	50.0%	\$11.49	2.7%
Total Med	\$561,492	\$315.76	74.4%	\$429,196	\$246.93	78.3%	-21.8%	\$329.63	78.4%
Rx	\$193,173	\$108.63	25.6%	\$119,162	\$68.56	21.7%	-36.9%	\$90.71	21.6%
Med & Rx	\$754,665	\$424.39	100.0%	\$548,358	\$315.48	100.0%	-25.7%	\$420.34	100.0%

Ancillary Services include Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al

Payment by Month

Month	Avg # of Members	Prior Year				Current Year					% Change Total Med Paid
		Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid	Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid		
Jan	223	\$21,092	\$88,191	\$109,283	\$29,762	214	\$7,827	\$84,835	\$92,661	\$16,410	-15.2%
Feb	219	\$36,308	-\$56,243	-\$19,936	\$22,116	217	\$16,477	\$39,903	\$56,379	\$15,203	-382.8%
Mar	223	\$112,481	\$15,200	\$127,681	\$27,655	218	\$9,767	\$1,374	\$11,141	\$16,352	-91.3%
Apr	220	\$38,872	\$377	\$39,248	\$21,021	218	\$42,853	\$1,311	\$44,164	\$10,646	12.5%
May	220	\$163,734	\$2,596	\$166,330	\$20,530	217	\$46,416	\$1,041	\$47,457	\$19,664	-71.5%
Jun	221	\$53,918	\$31	\$53,948	\$18,563	220	\$99,371	\$2,475	\$101,846	\$11,129	88.8%
Jul	227	\$37,272	-\$2,999	\$34,272	\$22,148	219	\$36,559	\$134	\$36,693	\$15,995	7.1%
Aug	225	\$47,808	\$2,857	\$50,665	\$31,378	216	\$38,756	\$98	\$38,854	\$13,762	-23.3%
Sep	224	\$26,690	\$155	\$26,844	\$13,985						
Oct	222	\$57,439	-\$165	\$57,275	\$12,599						
Nov	220	\$88,493	\$363	\$88,857	\$16,599						
Dec	223	\$67,400	-\$605	\$66,795	\$19,570						
YTD	222	\$511,483	\$50,009	\$561,492	\$193,173	217	\$298,026	\$131,170	\$429,196	\$119,162	-23.6%
Full Year	222	\$751,505	\$49,757	\$801,263	\$255,927						



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
High Cost Claimants - Summary & Top 20

Plan Year: Jan 2019
Current YTD: 1/1/2019 - 8/31/2019
Prior YTD: 1/1/2018 - 8/31/2018
HCCs based on Med & Rx Combined

Metric	\$25,000+			\$50,000+			\$100,000+		
	PY Full	PYTD	CYTD	PY Full	PYTD	CYTD	PY Full	PYTD	CYTD
# of High Cost Claimants	9	7	3	5	5	1	2	0	0
~ % of All Members	4.05%	3.15%	1.38%	2.25%	2.25%	0.46%	0.90%	0.00%	0.00%
Paid PMPM for HCCs	\$205.80	\$247.85	\$77.95	\$151.91	\$203.75	\$39.09	\$79.37	\$0.00	\$0.00
~ % of Total Paid PMPM	51.9%	58.4%	24.7%	38.3%	48.0%	12.4%	20.0%	0.0%	0.0%

Top 20 Claimants. Note: This report is not to be used for Stop Loss Disclosure or Notification.

#	Rltn	Sex	Age	Current Status	PY* Full Paid Total	CYTD Paid Med	CYTD Paid Rx	CYTD Paid Total	Admits (Days)	# of ER Visits	Highest Cost Clinical Condition
1	Sps	F	45 - 54	Active	\$109,753	\$65,041	\$2,911	\$67,952	2 (37)	1	Hepatobiliary Disord, NEC
2	Chd	F	18 - 34	Active	\$7,766	\$34,576	\$27	\$34,603	0	3	Appendicitis
3	Emp	M	65+	Active	\$4,553	\$32,417	\$518	\$32,935	0	1	Vascular Disorders, Arterial
4	Emp	M	18 - 34	Active	\$241	\$16,982	\$274	\$17,256	1 (1)	2	Infec/Inflam - Skin/Subcu Tissue
5	Sps	F	55 - 64	Active	N/A	\$6,702	\$10,259	\$16,960	0	0	Condition Rel to Tx - Med/Surg
6	Emp	F	65+	Active	\$101,948	\$5,203	\$7,052	\$12,254	0	0	Eye Disorders, Degenerative
7	Emp	F	55 - 64	Active	\$12,273	\$609	\$11,470	\$12,079	0	0	Prevent/Admin Health Encounters
8	Sps	F	55 - 64	Active	\$2,695	\$9,092	\$187	\$9,279	0	0	Signs/Symptoms/Oth Cond, NEC
9	Sps	F	35 - 44	Active	\$11,144	\$1,900	\$7,014	\$8,914	0	0	Signs/Symptoms/Oth Cond, NEC
10	Emp	M	45 - 54	Active	\$5,211	\$8,004	\$761	\$8,765	0	1	Coronary Artery Disease (CAD)
11	Emp	M	65+	Termed	\$31,454	\$8,185	\$0	\$8,185	0	0	Cerebrovascular Disease
12	Chd	M	13 - 17	Active	\$933	\$7,823	\$4	\$7,827	0	0	Arthropathies/Joint Disord NEC
13	Emp	M	55 - 64	Active	\$1,997	\$7,299	\$261	\$7,559	0	0	Injury, NEC
14	Emp	F	45 - 54	Active	\$26,354	\$2,738	\$4,806	\$7,544	0	0	Gastroint Disord, NEC
15	Emp	M	45 - 54	Active	\$7,063	\$7,275	\$237	\$7,512	0	0	Bursitis
16	Emp	F	65+	Active	\$12,029	\$6,385	\$890	\$7,274	0	0	OtitisMedia
17	Sps	F	55 - 64	Active	\$2,355	\$7,089	\$111	\$7,199	0	1	Gastroint Disord, NEC
18	Emp	M	18 - 34	Active	\$8,831	\$4,327	\$2,587	\$6,914	0	1	Signs/Symptoms/Oth Cond, NEC
19	Sps	F	18 - 34	Active	\$12,517	\$3,674	\$3,196	\$6,871	0	0	Ent Disorders, NEC
20	Chd	F	01 - 12	Active	\$12,080	\$6,646	\$0	\$6,646	0	0	Signs/Symptoms/Oth Cond, NEC

* If "N/A", the member is either a new enrollee in the current year or was not enrolled for a majority of the prior year and had no claims paid



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
 Key Indicators

Plan Year: Jan 2019
 Current YTD: 1/1/2019 - 8/31/2019
 Prior YTD: 1/1/2018 - 8/31/2018

Measure (Count)	Prior Year Full	Prior YTD	PYTD % of Full	Current YTD	Metric	Prior YTD	Current YTD	% Change	Norm
Admissions	15	9	60%	7	Admits per 1000	60.7	48.3	-20.4% ▼	47.8
Admit Days	91	60	66%	47	Avg Length of Stay	6.7	6.7	0.7% △	4.3
Total Paid - Admits	\$267,017	\$213,795	80%	\$58,181	Paid per Admit	\$23,755	\$8,312	-65.0% ▼	\$25,063
Readmissions	2	2	100%	0	Readmission Rate	22.2%	0.0%	-100.0% ▼	8.1%
ER Visits	43	32	74%	30	ER Visits per 1000	215.9	207.1	-4.1% ▽	208.6
~ # resulting in Admit	3	3	100%	5	~ % resulting in Admit	9.4%	16.7%	77.8% ▲	10.6%
~ # for non-Emergency	12	10	83%	4	~ % for non-Emergency	31.3%	13.3%	-57.3% ▼	26.5%
Total Paid - ER	\$81,360	\$64,947	80%	\$90,462	Paid per ER Visit	\$2,030	\$3,015	48.6% ▲	\$1,750
Urgent Care Visits	12	3	25%	12	UC Visits per 1000	20.2	82.8	309.2% ▲	206.4
Total Paid - Urgent Care	\$1,942	\$397	20%	\$1,662	Paid per UC Visit	\$132	\$139	4.7% △	\$103
Office Visits	924	623	67%	626	Office Visits per 1000	4,204.2	4,321.8	2.8% △	3,246.1
Total Paid - Office Visits	\$58,890	\$40,799	69%	\$39,933	Paid per Office Visit	\$65	\$64	-2.6% ▽	\$70
Well Visits	169	91	54%	120	Well Visits per 1000	614.1	828.5	34.9% ▲	527.0
OP Surgery Visits	37	24	65%	32	OP Surg Visits per 1000	162.0	220.9	36.4% ▲	160.1
Total Paid - OP Surgery	\$46,439	\$20,777	45%	\$48,610	Paid per OP Surgery	\$866	\$1,519	75.5% ▲	\$2,749
Lab Services	3,274	2,293	70%	2,093	Lab Services per 1000	15,473.9	14,449.8	-6.6% ▽	9,019.2
Radiology Services	601	436	73%	326	Radiology Svcs per 1000	2,942.3	2,250.7	-23.5% ▼	2,747.7
~ Standard Radiology	476	348	73%	224	~ Std. Radiology per 1000	2,348.4	1,546.5	-34.1% ▼	2,301.2
~ Advanced Imaging	125	88	70%	102	~ Adv. Imaging per 1000	593.9	704.2	18.6% ▲	446.5

- **Date Range for Admission & Visits:** Admissions and all visit types reflect only covered (i.e. non-denied) claims that were *initially processed* in the indicated period
- **Readmissions:** Readmissions are based on patients readmitted within 30 days of being discharged for any reason
- **Urgent Care:** UC is determined by universal Place of Service (20) or HCPCS code (S9083, S9088) and may not exactly match each providers' description
- **Radiology Services:** Standard Radiology includes standard X-rays and ultrasounds; Advanced Imaging includes CT scans, MRIs, Nuclear Medicine, PET scans, et al.



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
 Network Utilization & Performance

Plan Year: Jan 2019
 Current YTD: 1/1/2019 - 8/31/2019
 Prior YTD: 1/1/2018 - 8/31/2018

- **In Network:** Except for COB Claims, claimstagged with a provider discount are counted as "In Network" even if not considered a "primary" or "tier 1" network
- **COB Claims:** Network utilization and performance metrics exclude COB (Coordination-of-Benefits) claims. These are claims shared with another payer where UMR may not be primary, and can include Medicare, Medicaid, and other private insurance.

Network Utilization & Discount by Claim Category (excludes COB Claims)

Claim Category	Prior Year-to-Date						Current Year-to-Date					
	Covered	Allowed	Disc %	Net Paid	Paid In Ntwk	% In Ntwk	Covered	Allowed	Disc %	Net Paid	Paid In Ntwk	% In Ntwk
Inpatient	\$576,971	\$197,553	65.8%	\$181,867	\$181,867	100.0%	\$126,540	\$48,110	62.0%	\$36,173	\$36,173	100.0%
Outpatient	\$358,728	\$164,866	54.0%	\$118,585	\$89,785	75.7%	\$421,219	\$212,802	49.5%	\$174,594	\$174,594	100.0%
Physician	\$708,508	\$325,593	54.0%	\$247,216	\$230,005	93.0%	\$704,907	\$269,809	61.7%	\$199,171	\$196,281	98.5%
Ancillary	\$61,399	\$20,094	67.3%	\$12,989	\$12,939	99.6%	\$48,922	\$22,092	54.8%	\$19,051	\$19,038	99.9%
Total	\$1,705,607	\$708,106	58.5%	\$560,656	\$514,596	91.8%	\$1,301,588	\$552,813	57.5%	\$428,989	\$426,087	99.3%

Discount by Network

Network	Prior Year-to-Date					Current Year-to-Date				
	Covered	Allowed	Discount	Disc %	Net Paid	Covered	Allowed	Discount	Disc %	Net Paid
UnitedHealthcare Networks	\$1,678,039	\$701,763	\$976,276	58.2%	\$576,241	\$1,192,969	\$493,427	\$699,543	58.6%	\$392,594
Real Appeal	\$3,686	\$3,686	\$0	0.0%	\$3,686	\$1,223	\$1,223	\$0	0.0%	\$1,223
Primary Networks	\$1,681,725	\$705,449	\$976,276	58.1%	\$579,927	\$1,194,192	\$494,650	\$699,543	58.6%	\$393,817
Cost Reduction & Savings (Secondary Networks)	-\$35,737	-\$56,961	\$21,225	-59.4%	-\$65,331	\$103,856	\$54,624	\$49,233	47.4%	\$32,269
Coordination-of-Benefits Claims	\$3,541	\$3,511	\$30	0.9%	\$835	\$4,947	\$3,714	\$1,233	24.9%	\$207
Out of Network	\$59,618	\$59,618	\$0	0.0%	\$46,061	\$3,539	\$3,539	\$0	0.0%	\$2,902
All Claims	\$1,709,148	\$711,617	\$997,531	58.4%	\$561,492	\$1,306,535	\$556,527	\$750,008	57.4%	\$429,196