



RIVERBEND RESOLUTION NO. 20180124-02

AUTHORIZING THE EXECUTIVE DIRECTOR/CEO TO EXECUTE INTERLOCAL AGREEMENT(S) FOR EMPLOYEES BENEFITS POOL, HEALTH REIMBURSEMENT ARRANGEMENT, AND RETIREMENT REIMBURSEMENT ARRANGEMENT SERVICES WITH TML MULTISTATE IEBP

WHEREAS, Riverbend Water Resources District is a conservation and reclamation district created under and essential to accomplish the purposes of Section 59 Article XVI, Texas Constitution, existing pursuant to and having the powers set forth in Chapter 9601 of the Special District Local Laws Code of the State of Texas;

WHEREAS, Riverbend Water Resources District currently has an interlocal agreement with TML MultiState IEBP for a health benefits plan including health reimbursement and retirement reimbursement for district employees;

WHEREAS, Riverbend Water Resources District has a continued need for health benefits, health reimbursement arrangement, and retirement reimbursement arrangement services to support the operation and management of its wet utilities; and

WHEREAS, TML MultiState IEP provides said needed health reimbursement arrangement and retirement reimbursement arrangement services and is fully qualified and certified to perform these services;

NOW, THEREFORE, BE IT RESOLVED that the Executive Director/CEO shall be and is hereby authorized to enter into interlocal agreement(s) with TML MultiState IEBP to provide health benefits under the employee benefits pool, health reimbursement arrangement, and retirement reimbursement arrangement services for Riverbend Water Resources District.

PASSED and APPROVED this 24th day of January, 2018



Marshall Wood, President



ATTEST:



Sean Rommel, Secretary

Attached: TML MultiState Intergovernmental Employee Benefits Pool Rerate Notice and Benefit Verification Form 2018



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

Riverbend WRD

Original

Plan Year 2017-2018 (12 Months)

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

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	XRay & Lab in OV	Rates	Current	New
P85-150-20-Mac A	80/50	\$1500	\$1750	\$2000	\$25	No	Employee:	\$473.92	\$587.66
							Spouse:	\$488.14	\$605.30
							Child(ren):	\$355.86	\$441.28
							Family:	\$1,011.38	\$1,254.12

Dental III

	Current Rate	New Rate
Employee:	\$37.64	\$37.64
Family:	\$59.04	\$59.04

Vision B

	Current Rate	New Rate
Employee:	\$9.00	\$9.00
Family:	\$18.00	\$18.00

Calendar Year Pre-65 Retiree Medical

No Pre-65 Retiree Medical Coverage

Calendar Year Pre-65 Retiree Dental

No Pre-65 Retiree Dental Coverage

Calendar Year Pre-65 Retiree Vision

No Pre-65 Retiree Vision Coverage

LTD

No LTD Coverage

STD

No STD Coverage

Basic Life and AD&D: Plan 6 (1xBAE, Max \$100,000)

	<u>Current Rate</u>	<u>New Rate</u>
Life:	\$0.320	\$0.320
AD&D:	\$0.035	\$0.035

Dependent Life

No Dependent Life Coverage

Voluntary AD&D

No Voluntary AD&D Coverage

Additional Employee Life and AD&D

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

Basic & Additional Retiree Life

No Basic & Additional Retiree Life Coverage

Continuation of Coverage (COC)

Yes

Benefit Waiting Period

Medical: None

Life: None

Medical Network

Choice Plus

Flex, HRA, HSA & RRA

Flex Admin

HRA Admin

HSA Admin

RRA Admin

No

Yes

No

Yes

Select one of the following options for Flex:

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

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

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

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

Medication Therapy Management Program

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

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

Lessor of Benefit: Through the OptumRx network contract, the covered individual's out of pocket expense is managed by the pharmacy network agreement that the covered individual will receive the most advantageous pricing. This would be determined by the lessor of pharmacy contracts, Usual & Customary cost (U&C), copayments or the discounted cost the covered individual would be charged. Due to the lessor of Benefit the OptumRx Reportal will be an important price transparency resource to ensure covered individual is purchasing the prescription from the most cost effective pharmacy.

Prescribed Over the Counter No Cost Share Prescriptions

Covered Individual Out of Pocket (OOP)

**Prescribed (Doctor Ordered)
Over the Counter Alternates and Prescription Networks**

Retail: (up to 34 day supply max unless noted otherwise)

Mail/Maintenance: (up to 90 day dispensement)

SpecialtyRx/Biotech/Biosimilar: (up to 34 day dispensement)

- Smoking Cessation (Nicorette Gum, Nicotine Replacement Lozenge, Nicotine Replacement Patch, Nicotrol Inhaler, Nicotrol Nasal Spray), Quantity Limit - six (6) months per plan year
- Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Fluoride chew tablets, drop (not toothpaste, rinses) children age zero to five (0-5) years, Iron Deficiency Supplements, Vitamin D supplementation to prevent falls in community-dwelling adults age sixty-five (65) years and older who are at an increased risk for falls (per prescription), and Bisacodyl EC Tab/Magnesium Citrate Sol/PEG 3350 (generic Miralax) adults age fifty to seventy-five (50-75) (bowel preparation for colonoscopy)

\$0.00

N/A

N/A

Retail and Mail Order Covered Individual Copayments

Covered Individual Out of Pocket (OOP)

Prescribed Over the Counter Alternates and Prescription Networks

Retail: (up to 34 day supply max unless noted otherwise)

Mail/Maintenance: (up to 90 day dispensement)

SpecialtyRx/Biotech/Biosimilar: (up to 34 day dispensement)

Network Retail: 34 day Non-Cost Share most Generic Dispensement

\$5.00 (up to 34 day supply)

N/A

N/A

Network Retail: 90 day Non-Cost Share most Generic Dispensement

\$14.00 (35 up to 90 day supply)

\$42.00

OptumRx Network Non-Cost Share Best Brand/Formulary List

\$43.00

\$129.00

OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List

\$65.00

\$195.00

OptumRx Network Cost Share

\$120.00

\$360.00

BriovaRx, The OptumRx Specialty/Biotech Pharmacy

N/A

N/A

\$100.00 (up to 34 day supply)

BriovaRx, The OptumRx Biosimilar Generic Pharmacy

N/A

N/A

\$75.00 (up to 34 day supply)

Prescription Refill Control Standards

75%

70%

Monthly Employer Subsidy or Defined Contribution Amounts

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

	<u>Employer Funded Defined Contribution</u>		<u>Dependent Additional Employer Subsidy or Defined Contribution</u>					
	<u>Employee</u>		<u>Spouse</u>		<u>Child</u>		<u>Family</u>	
Active Employees	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
Employer Subsidy	\$ _____	or <u>100</u> %	\$ _____	or <u>0</u> %	\$ _____	or <u>0</u> %	\$ _____	or <u>0</u> %
Employer Defined Contribution	\$ _____		\$ _____		\$ _____		\$ _____	
Retirees	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %

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

HRA \$ 500 Criteria: 500 Employee + 500 spouse or child / \$1000 family

Employer Contribution to FSA \$ _____ Criteria: _____

Employer Contribution to HSA \$ _____ Criteria: _____

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

Signature Section

The undersigned employer hereby acknowledges that for an employee to receive coverage, TML MultiState Intergovernmental Employee Benefits Pool (IEBP) must receive enrollment information within thirty-one (31) days of the commencement of employment regardless of whether the Employer has a waiting or a waiting and orientation period. If an employee is not enrolled within thirty-one (31) days of hire, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

Riverhead Water Resources [Signature] 01-25-2018
 Employer Authorized Signature Date

Elizabeth Faris Executive Director
 Printed Name Title

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

The rates are based on census information five months prior to plan year. If the census changes by more than 10%, TML MultiState IEBC reserves the right to revise rates due to census change and underwriting impact.

26-3668540 [Signature] 1-25-2018
 Tax ID Number Authorized Signature Date