



RIVERBEND RESOLUTION NO. 20190130-07

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; and

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; and

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; and

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 30th day of January 2019

A handwritten signature in blue ink, appearing to read "Fred Milton", is written over a horizontal line.

Fred Milton, President

ATTEST:

A handwritten signature in black ink, appearing to read "Sonja Hubbard", is written over a horizontal line.

Sonja Hubbard, Vice President

Attached: TML MultiState Intergovernmental Employee Benefits Pool Rerate Notice and Benefit Verification form 2019



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

Riverbend WRD

Revision 01/16/2019

Plan Year 2018-2019 (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
P85-100-20-Mac A Choice	80/50	\$1000	\$1250	\$2000	\$25	No	Employee:	\$587.66	\$651.20
							Spouse:	\$605.30	\$670.74
							Child(ren):	\$441.28	\$488.98
							Family:	\$1,254.12	\$1,389.66

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	\$0.194
AD&D:	\$0.035	\$0.040

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. Consumer Centered Plans and MTMP SELECT PLAN are MAC A Plans Only

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.

Employers will have the choice to access one of the two Medication Therapy Management Plans:

- **SELECT MTMP PLAN:** (MAC A Plan Only): Premium Formulary and Cost Share Medications Excluded
- **CHOICE MTMP PLAN:** Select Formulary and 1-30 days \$150.00/ 31-60 days \$300.00/ 61-90 days \$450.00 Cost Share Copay out of pocket expense

Covered Individual Copayments/Financial Responsibility

Preferred Retail Pharmacies*				
Tier	Benefit	1 - 30 Days Supply	31 - 60 Days Supply	61 - 90 Days Supply
	Generic medications	\$5	\$10	\$15
	Preferred branded medications	\$38	\$76	\$114
	Non-Preferred branded medications	\$60	\$120	\$180

* The OptumRx Preferred Network of Pharmacies includes HEB and Walmart (not Sam's Club)

National/Broad Network Retail Pharmacies				
Tier	Benefit	1 - 30 Days Supply	31 - 60 Days Supply**	61 - 90 Days Supply**
	Generic medications	\$10	\$20	\$30
	Preferred branded medications	\$43	\$86	\$129
	Non-Preferred branded medications	\$65	\$130	\$195

* Available at participating OptumRx Retail-90 pharmacies. To determine if your pharmacy is a Retail-90 pharmacy, you may call OptumRx' Member Customer Service at (888) 543-1369.

Value Based Benefits for Chronic Conditions (Diabetes, Hypertension & High Cholesterol)*				
Tier	Benefit	1 - 30 Days Supply**	31 - 60 Days Supply	61 - 90 Days Supply
	Generic medications	\$0	\$5	\$10
	Preferred branded medications	\$38	\$76	\$114
	Non-Preferred branded medications	\$60	\$120	\$180

* Available at participating OptumRx Retail-90 pharmacies. To determine if your pharmacy is a Retail-90 pharmacy, you may call OptumRx' Member Customer Service at (888) 543-1369.

** Value Based Benefit Copays are applicable at the preferred, national/broad network.

Mail Service

Tier	Benefit	Up to 90 Days Supply
	Generic medications	\$15
	Preferred branded medications	\$114
	Non-Preferred branded medications	\$180

Take advantage of home delivery by online registration: Visit optumrx.com/myCatamaranRx: register and follow the simple step-by-step instructions. You can manage your medication online, including filing new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your IEBP medical plan ID card and medication bottles on hand to have the required information.

Retail/Mail Order Cost Share Medications*

Tier	Benefit	1 - 30 Days Supply	31 - 60 Days Supply	61 - 90 Days Supply
	Branded or generic Cost Share medications (regardless of pharmacy or pharmacy network)	\$150	\$300	\$450

* Cost Share medications are certain branded and generic medications for which there are lower cost therapeutic alternative medications. These therapeutic alternatives should provide equal or similar medication therapy for a covered individual when properly dosed. Cost share medications are identified in the Cost Share Copay Drugs section of this guide.

BriovaRx Specialty Pharmacy

Tier	Benefit	1 - 30 Days Supply	31 - 60 Days Supply**	61 - 90 Days Supply**
	Specialty medications*	\$100	N/A	N/A
	Biosimilar and generic specialty medications	\$75	N/A	N/A

* Specialty medications are typically medications requiring special storage, handling, administration and patient monitoring; or is taken for complex or rare patient conditions. Some specialty medications are sometimes biotechnology medications

** Specialty medications are limited to no more than a 30-day supply of the medication per prescription fill.

Affordable Care Act Benefits*

Benefit	1 - 30 Days Supply	31 - 60 Days Supply	61 - 90 Days Supply*
Smoking cessation medications - Nicorette Gum, Nicotine Replacement Lozenge, Nicotine Replacement Patch, Nicotrol Inhaler, Nicotrol Nasal Spray. Quantity limits apply (six month's supply per plan year).	\$0	\$0	N/A
Preventative statin medications – Includes low to mid-strength statin medications, atorvastatin, lovastatin, and simvastatin. Lovastatin covered without a prior authorization.	\$0	N/A	N/A
Other preventative medications – aspirin (men aged 45-79, women aged 55-79); folic acid (women of childbearing age); fluoride tablets and solution (for children aged zero to five years old – toothpastes and rinses do not qualify); chemoprevention supplements, iron deficiency supplements; vitamin D (65 years and over); and bowel preparation medications OTC (Bisacodyl EC Tab, magnesium citrate solution, polyethylene glycol 3350).	\$0	N/A	N/A

* Over the counter medications covered with this benefit require a prescription from your provider.

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.

_____	_____	_____
Employer	Authorized Signature	Date
	_____	_____
	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 IEBP reserves the right to revise rates due to census change and underwriting impact.

_____	_____	_____
Tax ID Number	Authorized Signature	Date