



RIVERBEND RESOLUTION NO. 20200624-03

AUTHORIZING THE EXECUTIVE DIRECTOR/CEO TO EXECUTE INTERLOCAL AGREEMENT(S) FOR EMPLOYEES MEDICAL INSURANCE WITH TML HEALTH BENEFITS POOL

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 Health Benefits Pool 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 Health Benefits Pool 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 Health Benefits Pool 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 June 2020



Sonja Hubbard, President

ATTEST:



Marshall Wood, Vice President

Attached: TML Health Benefits Pool Rerate Notice and Benefit Verification



TML Health Renewal Notice and Benefit Verification Form

Riverbend WRD

Original

Plan Year 2020-2021 (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 Health Medical Benefit Plan. This renewal notice contains proprietary and confidential information of TML Health.

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP*	Office Visit	Rates	Current	New
P85-100-30-Mac A	80/50	\$1000	\$1250	\$3000	\$25	EE Only:	\$651.20	\$651.20
						EE + Spouse:	\$1,321.94	\$1,321.94
						EE + Child(ren):	\$1,140.18	\$1,140.18
						EE + Family:	\$2,040.86	\$2,040.86

*In Network Deductible applies towards In Network OOP.

Monthly Employer Contribution Amounts

TML Health requires 60% employer contribution toward employee medical – Minimum employer contribution is \$390.72

Employer Contribution for Active Employees	Employee		Spouse		Child		Family	
	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
	\$ _____ or 100 %	%	\$ _____ or 0 %	%	\$ _____ or 0 %	%	\$ _____ or 0 %	%

Dental III

Rates	Current	New
EE Only:	\$37.64	\$37.64
EE + Family:	\$96.68	\$96.68

Vision B

Rates	Current	New
EE Only:	\$9.00	\$9.00
EE + Family:	\$27.00	\$27.00

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

	Current Rate	New Rate
Life:	\$0.194	\$0.194
AD&D:	\$0.040	\$0.040

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

Dependent Life

No Dependent Life Coverage

Voluntary AD&D

No Voluntary AD&D Coverage

LTD

No LTD Coverage

STD

No STD Coverage

Pre-65 Retiree Medical

No Pre-65 Retiree Medical Coverage

Employer Contribution for Pre-65 Retirees	<u>Employee</u>		<u>Spouse</u>		<u>Child</u>		<u>Family</u>	
	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>	<u>Amount</u>	<u>% of Rate</u>
	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %

Pre-65 Retiree Dental

No Pre-65 Retiree Dental Coverage

Pre-65 Retiree Vision

No Pre-65 Retiree Vision Coverage

Basic & Additional Retiree Life

No Basic & Additional Retiree Life Coverage

Retiree Dependent Life

No Retiree Dependent Life Coverage

Continuation of Coverage (Cobra)

Yes

Benefit Waiting Period

None

Flex, HRA, HSA & RRA

Flex Admin

HRA Admin

HSA Admin

RRA Admin

Yes

Yes

No

Yes

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

HRA Administration			
Employer making monthly deposit	Y or <input checked="" type="radio"/> N	Monthly deposit amount	\$
Employer Prefunding	<input checked="" type="radio"/> Y or N	Prefunded amount	\$ 500 / 1000
If employer prefunds, new employees during the plan year get prorated amount	<input checked="" type="radio"/> Y or N	Will prorated amount be divisible by 12 or some other amount?	Div by 12 or Variable or Other \$
Prefund does not apply to new employees	Y or <input checked="" type="radio"/> N		
Defined contribution (variable monthly amounts)	Y or <input checked="" type="radio"/> N	Monthly defined contribution amount	\$

RRA Administration			
Employer making monthly deposit	Y or <input checked="" type="radio"/> N	Monthly deposit amount	\$
Employer making 1x prefunded deposit	Y or <input checked="" type="radio"/> N	Prefunded amount	\$
Employer will NOT make any deposits; only remaining HRA will rollover	<input checked="" type="radio"/> Y or N		

Signature Section

The undersigned employer hereby acknowledges that for an employee to receive coverage, TML Health 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.

263668540

Tax ID Number



Authorized Signature

10-24-2020

Date

KYLE DOOLEY

Printed Name

EXECUTIVE DIRECTOR/CEO

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 Health reserves the right to revise rates due to census change and underwriting impact.