



RIVERBEND RESOLUTION NO. 20210623-01

AUTHORIZING THE EXECUTIVE DIRECTOR/CEO TO EXECUTE INTERLOCAL AGREEMENT(S) FOR EMPLOYEES HEALTH BENEFITS 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

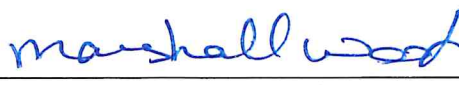
WHEREAS, TML Health Benefits Pool provides said needed health reimbursement arrangement and retirement reimbursement arrangement services and is fully qualified and certified to perform these services; and

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 23rd day of June 2021


FOR Sonja Hubbard, President

ATTEST:



Marshall Wood, Vice President
Secretary

Attached: TML Health Benefits Pool Plan Premium Options



MEDICAL COST PROJECTION

5/27/2021 8:20 AM

Riverbend WRD - PRIVERB1

05/27/21

MEMBER OPTION

	3%
Current Plan	2020-2021
	Current Rates
	P85-100-30 \$25 OV
	80% / 50%
	PPO
	\$1,000 In Ded
	\$1,250 Out Ded
	\$3,000 In OOP
	\$25 OV
	DAW1&2 Rx Plan
EE	\$651.20
EE + Spouse	\$1,321.94
EE + Child(ren)	\$1,140.18
EE + Family	\$2,040.86

New Plan Options

2021-2022	Option 1	Option 2	Option 3	Option 4
	3% Increase	0.17% Increase	1.98% Decrease	1.18% Decrease
	Copay-1K-3K ER	Copay-1K-4K ER	Copay-1K-5K ER	Copay-1500-3K ER
	80% / 50%	80% / 50%	80% / 50%	80% / 50%
	PPO (copay)	PPO (copay)	PPO (copay)	PPO (copay)
	\$1,000 In Ded	\$1,000 In Ded	\$1,000 In Ded	\$1,500 In Ded
	\$2,000 Out Ded	\$2,000 Out Ded	\$2,000 Out Ded	\$3,000 Out Ded
	\$3,000 In OOP	\$4,000 In OOP	\$5,000 In OOP	\$3,000 In OOP
	\$0 Tela Health Copay	\$0 Tela Health Copay	\$0 Tela Health Copay	\$0 Tela Health Copay
	\$30 OV/\$45 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$45 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$45 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$45 SP/\$75 UC/\$500 ER Copay
	DAW1&2 Rx Plan	DAW1&2 Rx Plan	DAW1&2 Rx Plan	DAW1&2 Rx Plan
EE	\$670.74	\$652.30	\$638.28	\$643.52
EE + Spouse	\$1,361.60	\$1,324.16	\$1,295.72	\$1,306.34
EE + Child(ren)	\$1,174.40	\$1,142.12	\$1,117.58	\$1,126.74
EE + Family	\$2,102.10	\$2,044.30	\$2,000.38	\$2,016.78

Please sign & date option chosen:

_____ Signature / Date	_____ Signature / Date	_____ Signature / Date	_____ Signature / Date
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DAW1&2 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 differential applies to all prescriptions purchased through this program when a generic alternate is available.

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

THIS DOES NOT COMPLETE THE RERATE PROCESS. YOU WILL NEED TO SIGN THE MEMBER OPTION AND DO ONE OF THE FOLLOWING BY 06/25/2021:

1. Scan an image of the signed member option and email it to underwriting@tmlhb.org, or
 2. Fax the signed member option to (512) 719-6541, attn: Underwriting
- THEN A NEW RERATE NOTICE WILL BE GENERATED AND MAILED TO YOU. THE RERATE SHEET MUST BE SIGNED AND RECEIVED IN AUSTIN BY 07/01/2021 FOR THE NEW BENEFITS AND RATES TO BE EFFECTIVE FOR 10/01/2021.**

