



**REQUEST FOR PROPOSAL  
WILSON COUNTY, TEXAS  
May 29, 2024**

**Health & Welfare Benefits Proposal**

**Medical**

**RFP #24-1005**

**PROPOSALS DUE:  
Monday, July 08, 2024 9:00 a.m.**

***REQUEST FOR PROPOSALS***

**Wilson County, Texas**

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***RFP Data***

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Proposal Number: 24-1005  
Title: Health & Welfare Benefits Proposal  
Fully Insured Medical

Issue Date: May 29, 2024

***Proposal Due***

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Date: July 8, 2024  
Time: 9:00 a.m. CST  
Location/Mail Address: **1 original and 1 copy:**

Wilson County Auditor  
Attn: Brenda Trevino  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114

**1. NOTICE TO VENDORS**

Wilson County is seeking proposals in response to this Request for Proposal (RFP) for a fully insured group medical program for employees, officials, and dependents from carriers qualified to provide these services and/or products for the County's benefits plan. This RFP is for the purpose of soliciting fully insured proposals in accordance with *Texas Local Government Code* Chapter 262.

Qualified prospective vendors may obtain copies of the RFP from the Wilson County Auditor's Office, 1420 3<sup>rd</sup> Street, Suite 109, Floresville, Texas 78114, or on the Wilson County website: [https://www.co.wilson.tx.us/page/wilson.Bids\\_RFPs](https://www.co.wilson.tx.us/page/wilson.Bids_RFPs)

Wilson County reserves the right to reject any and all proposals and to waive defects in proposals. No officer or employee of Wilson County shall have a financial interest, direct or indirect, in this or any contract with Wilson County. Minority and small business vendors are encouraged to submit a proposal on any and all Wilson County projects.

**2. SPECIFICATION REQUIREMENTS AND INSTRUCTIONS**

**A. Timetable for Proposals**

<b><u>Schedule</u></b>	<b><u>Date</u></b>
Advertisement of Proposals:	<u>May 29-June 12, 2024</u>
RFP Release Date:	<u>May 29, 2024</u>
RFP Questions Due:	<u>June 14, 2024 by 5:00 p.m.</u>
Response to Questions:	<u>June 24, 2024</u>
Proposal Due Date:	<u>July 08, 2024 prior to 9:00 a.m.</u>
Targeted Proposal Award Date:	<u>July 22, 2024</u>
Enrollment Meetings to be scheduled within:	<u>45 days of award date</u>
Plan Effective Date:	<u>October 01, 2024</u>

- B. Submission Information:** Sealed proposals, one (1) original and one (1) copy, must be clearly marked “GROUP MEDICAL PROPOSAL RFP #24-1005”, and will be received no later than July 08, 2024, 9:00 a.m. No telephone or faxed proposals will be accepted. Proposals will be accepted only if delivered in person, by the U.S. Postal Service, or by delivery service such as UPS or Federal Express. The County will not be responsible for or consider missing, lost, or late deliveries. Address proposals to the County to the attention of:

**Attn: Brenda Trevino  
Wilson County Auditor  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114**

**Cover Letter and Summary:** This section should contain the name and address of the prospective vendor and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing.

- C. Prospective vendors requesting additional information:** Requests for additional information should be made no later than 5:00 p.m. on June 14, 2024 and should be directed to Jalyn Bodiford, via email [JBodiford@wilsoncountytexas.gov](mailto:JBodiford@wilsoncountytexas.gov). All requests must be made in writing; oral explanations will not be binding. Any interpretations, corrections, or changes to this Request for Proposal or specifications will be made by addenda. Addenda will be emailed, to all who are known to have received a copy of this proposal. It is the responsibility of the respondent to check for addenda by email. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.



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**Answers to questions will be published by email no later than Monday, June 24, 2024.**

- D. Confidentiality:** Information contained in the RFP is confidential and is to be used only for the purpose of preparing legitimate proposals for all or part of the benefits plans stipulated in this RFP.
- E. Proposal Review:** The County reserves the right to accept or reject, in part or in whole, any portion of the proposals, waive minor technicalities, and select the proposal which best serves the interest of the County. The County also reserves the right to waive or dispense with any of the formalities contained herein.
- F. Premium Costs:** All premium costs related to the RFP must be clearly defined, and all deviations from the specifications must be clearly identified and explained.

The information contained in the RFP is believed to be accurate and up-to-date, but is not intended to be an expressed or implied warranty. Requests for interpretation of the specifications should be directed to Jalyn Bodiford, Wilson County Human Resources, 830-393-7351.

- G. Legal Consideration:** All parties submitting proposals are expected to comply with all federal, state, and local laws and regulations pertaining to the preparation of proposals and the services to be provided. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with applicable laws.
- H. Carrier Information:** All proposals must include the name of the insurance carrier, which should have a current general policyholder rating of "A-" published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or a Pool in accordance with the *Texas Local Government Code* Chapter 172. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company should be submitted. Failure to provide this information may result in disqualification or rejection of the RFP.
- I. RFP Notification:** Parties who are selected to provide benefits coverage to the employees, based on the RFP submitted, will be notified as soon as possible following thorough review by County management and Commissioners Court.
- J. Proposal Format:**
  - 1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Alternative proposals will also be considered, provided the alternatives are clearly explained. Exceptions to or deviations from the specifications must be explicitly identified.

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2. Those submitting proposals are responsible for the full costs associated with the preparation of the proposal.
3. Proposals may be withdrawn prior to the closing time for RFPs, as long as the request is submitted in writing by an authorized representative. Thereafter, all proposals shall remain open and valid for a period of 90 days or the effective date of the new plan, whichever is latest.
4. Accuracy in the proposals submitted is essential. All parties are asked to proof proposals for compliance with all stipulations of the RFP and accurate numbers submitted.

**K. Disqualification and Rejection of Proposals:** Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specification, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

**L. Basis for Consideration:** The County will review all proposals for completeness based on the requirements in this RFP. Those found to be incomplete or fail to address the needs of the County will not be evaluated. Only those proposals that are complete, with all required documentation will be evaluated. Respondents should initially submit their best offer. If an award is made, primary consideration will be given to the respondent's proposal deemed to be in the best interest of the County.

**M. Service Considerations:** The County will evaluate the proposals on factors other than cost, including level of benefits and coverage area. After a preliminary evaluation of the technical criteria, the cost proposal will be included in the evaluation process.

**N. Right to Reject:** Merely submitting a proposal does not warrant an expressed or implied contract for the insurance program for Wilson County.

**O. Authorized Signature:** All proposal forms must be signed by persons who have the legal authority to bind the respondent to the proposed lines of coverage.

**P. The County reserves the right to:**

- require additional technical and pricing information and
- have discussion with Respondents regarding all elements which comprise the Respondent's proposal,
- to accept all or part of any proposal, or
- to reject any or all proposals, and
- to re-solicit for proposals.

The award of the contract shall be made to the responsible Respondent whose proposal is determined to be the lowest responsible respondent or the respondent who provides the best value to the County relative to price, qualifications, and quality of services, as set forth above. A proposal may not be withdrawn or canceled for period of (90) days

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following the date designated for the receipt of proposals, and respondents so agree upon the submission of their proposals. Respondents are expected to examine the instructions, specifications, terms and conditions prior to submitting their proposal. Failure to do so will be at the respondent's risk. At the County's request, Respondents may be selected for in-person presentations. All proposals and related materials become the property of the County. The County reserves the right to reject any or all proposals submitted.

- Q.** To the extent any portion of this section conflicts with the Terms and Conditions, the provisions of this section shall be controlling.
  
- R. Award Consideration:** Selection will be based on the following evaluation criteria. There are 100 total points available, and the system is weighted so that important aspects such as price and network availability/effectiveness are given more value. This weighing system is typical of the evaluation criteria that many local governments use in order to comply with the Texas Local Government Code; however it may be adapted to reflect the priorities of the County.

Scoring System:

Cost	30%
Financial Stability	20%
Communication	5%
Claims Processing	20%
Claims Management Reports	10%
Integrated Systems/Tech Initiative	10%
References	5%

### **3. CONTRACTUAL PROVISIONS FOR CONSIDERATION**

The firm, who enters into a contract with Wilson County to provide services to the employees, will be required to abide by the contract provisions outlined here. Potential Contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

**A. Handling of Claims & Customer Service:**

1. The contractor must agree to deliver quality customer service to the County and its employees, and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the County with regard to billing procedures must be rectified immediately.

2. The contractor shall submit separate invoices, in duplicate, for payment as directed by the County. Invoices should include the contract number and will be itemized in accordance with the components of the contract. Payment will not be due until thirty (30) days after the date the above instruments are submitted or the work is actually performed. Whichever is later.

3. If invoices have not been paid by the due date, the contractor will submit an overdue reminder notice. The County reserves the right to review all of the contractor's invoices after payment and recover any overpayments discovered in such review.

**B. Continuity of Coverage:** All employees, spouses, and dependents covered by the current plan are to receive immediate coverage under the new plan.

**C. Claims Experience Monitoring:** The contractor shall provide monthly reports allowing the County to monitor claims experience on a monthly basis.

**D. Insurance:** Contractor shall not commence any work or deliver any material until he or she receives notification that the contract has been accepted, approved, and signed by Wilson County.

**E. Equal Opportunity:** It is expected during the performance of the contract, all Contractor employees will be treated under the requirements of an Equal Employment Opportunity employer and honor all protected rights afforded to employees under the law. The Contractor will be advised of any complaints filed with the County alleging that the contractor is not operating in good faith as an equal employment opportunity employer. The County reserves the right to consider such complaints, along with other considerations, in determining whether or not to terminate any portion of this contract for which the services have not yet been performed.

#### **4. TERMS AND CONDITIONS**

The terms and conditions set forth in this Request for Proposal shall be incorporated into and be a part of any Request for Proposal submitted to Wilson County for the goods and/or services specified. No other terms and conditions shall apply unless approved in writing by Wilson County, Texas.

- A. ADDENDA:** Any interpretations, corrections or changes to this Request for Proposals or specifications will be made by addenda. Sole issuing authority of addenda shall be vest in Wilson County Addenda will be mailed, emailed, or faxed to all who are known to have received a copy of this proposal. It is the responsibility of the respondent to check for any addendums on the Wilson County website. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.
- B. ADVERTISING:** The successful Respondent shall not advertise or publish, without the County's prior approval, the fact that the County has entered into a contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the Federal, State, or local government.
- C. ALTERING PROPOSALS:** Proposals cannot be altered or amended after submission deadline. The signer of the proposal, guaranteeing authenticity, must initial any interlineations, alterations or erasures made before opening time.
- D. ASSIGNMENT:** The successful Respondent shall not sell, assign, transfer or convey the awarded contract, in whole or in part, without the prior written consent of the County.
- E. AWARD:** The County reserves the right to award by line item, section, or by entire proposal; whichever is most advantageous to the County, unless denied by the respondent.
- F. REFERENCES:** The County requests each Respondent to supply, with its proposal, a list of at least three (3) references where their firm supplied like services within the last three to five years. It is preferred that the list identify Counties that are customers of Respondent. For each reference, include the name of firm, address, contact employee of firm, with telephone number and e-mail address, what services are provided to this reference, and how long your firm has provided this service to the reference entity.
- G. BRAND NAME, CATALOG OR MANUFACTURER'S REFERENCE:** Any reference to brand name, catalog or manufacturer's reference is used to be descriptive, not restrictive, and is indicative of the type and quality the County desires to purchase. Proposals on similar items of like quality may be considered if the proposal is noted and fully descriptive brochures are enclosed. If notation of substitution is not made, it is assumed the respondent is proposing exact item specified. Successful respondent will not be allowed to make unauthorized substitutions after award.

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- H. CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. Wilson County will make all change orders to the contract in writing as allowed by law.
- I. COMMUNICATION:** The successful Respondent shall direct all contact with the County through the Contract Administrator identified in the Contract. The Respondent will not directly respond to, make inquiries of, survey or solicit information from, or otherwise interact with any departments, divisions, employees, or agents of the County unless specifically approved, or requested by the Contract Administrator.
- J. CONFLICT OF INTEREST:** In compliance with Local Government Code §176.006, all vendors shall file a completed Conflict of Interest Questionnaire “APPENDIX A” with Wilson County.
- K. CONTRACT ADMINISTRATOR:** Under the contract, the County may appoint a contract administrator with designated responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. If appointed, the administrator will serve as liaison between the County and the successful contractor.
- L. CONTRACT ENFORCEMENT:**
1. The County reserves the right to enforce the performance of any contract that results from an award of this Request for Proposal. Enforcement shall be in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of the contract. Breach of contract or default authorizes the County to make an award to another respondent, purchase the service elsewhere and to charge the full increase in cost and handling to the defaulting contractor.
  2. In the event the successful Respondent shall fail to perform, keep or observe any of the terms and conditions of the contract, the County shall give the contractor written notice of such default; and in the event said default is not remedied to the satisfaction and approval of the County within a reasonable period of time from which the contractor received notice, default will be declared and all of the contractor's rights shall terminate. Respondents who submit proposals for this service agree that the County shall not be liable to prosecution for damages in the event that the County declares the successful contractor in default.
  3. Any notice provided by this Request for Proposal (or required by law) to be given to the successful respondent by the County shall be conclusively deemed to have been given and received on the next day after such written notice has been deposited in the mail at Wilson County by Registered or Certified mail with sufficient postage affixed thereto, addressed to the successful respondent at the address provided in the proposal; this shall not prevent the giving of actual notice in any other manner.
- M. INDEMNITY AGREEMENT:** Except as hereinafter set forth, the successful Respondent shall indemnify and hold harmless the County and their respective agents and employees from and against all claims, damages, losses and expenses,

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including but not limited to, attorney's fees, expert witness fees and other costs arising out of or resulting from negligent performance of the services set forth in the successful respondent's proposal, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property but only to the extent caused by negligent acts or omissions of the Respondent, a subcontractor of the Respondent, anyone directly or indirectly employed or contracted by the Respondent or anyone for whose acts the successful Respondent may be liable.

- N. ETHICS:** The Respondent shall not offer or accept gifts or anything of value nor enter into any business arrangement with any employee, official, or agent of the County, except in accordance with County Policy.
- O. EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this Request for Proposal will be considered for award. Respondents taking exception to the instructions, specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of their proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and shall hold the Respondent responsible to perform in strict accordance with the instructions, specifications, terms and conditions of the Request for Proposal. The County reserves the right to accept any and all or none if the exception(s) /substitution(s) deemed to be in the best interest of the County.
- P. FELONY CRIMINAL CONVICTIONS:** The Respondent represents and warrants that neither the Respondent nor the Respondent's employees have been convicted of a felony criminal offense, or under investigation of such charge, or that, if such a conviction has occurred, the respondent has fully advised the County as to the facts and circumstances surrounding the conviction.
- Q. FORCE MAJEURE:** Force majeure is defined as an act of God, war, strike, fire or explosion. Neither the successful Respondent nor the County is liable for delays or failures of performance due to force majeure. Each party must inform the other in writing with proof of receipt within three (3) business days of the occurrence of an event of force majeure.
- R. INVOICES:** Each invoice shall be fully documented as to the Contractor's/vendor's name and address, receiving department's name and address, labor, materials and equipment provided, if applicable.
- S. LATE SUBMITTALS:** The County will reject late proposals. The County is not responsible for lateness or non-delivery of mail, carrier, etc. and the date/time stamp shall be the official time of receipt. The Respondent is responsible for ensuring that packets are delivered to the Wilson County Auditor. Respondents may confirm receipt of packets by contacting the County Auditor's office at 830-393-7397.
- T. MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENT:** A prospective Respondent must affirmatively demonstrate respondent's financial responsibility. A prospective Respondent must meet the following requirements:

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1. Have adequate financial resources or the ability to obtain such resources. Be able to comply with the instructions, specifications, terms and conditions.
  2. Have a satisfactory record of performance.
  3. Have a satisfactory record of integrity and ethics. Not be on the State of Texas debarred vendor list or on the Federal Excluded Parties List.
- U. NON-APPROPRIATION CLAUSE:** If the governing body of the County fails to specifically appropriate sufficient funds to make the payments due in any Fiscal Year under this Contract, an event of non-appropriation ("Event of Non-appropriation") will have occurred, the terms of this Contract will not be renewed, and Contractor or County may terminate this Contract at the end of the then current Fiscal Year, whereupon County will be obligated to pay those amounts then due subject to the provisions herein. Nothing in this Section or elsewhere in this Contract will be deemed in any way to obligate the County or create a debt of County beyond its current Fiscal Year. **CONTRACTOR HAS NO RIGHT TO COMPEL COUNTY TO LEVY OR COLLECT TAXES TO MAKE ANY PAYMENTS REQUIRED HEREUNDER, OR TO EXPEND FUNDS BEYOND THE AMOUNT PROVIDED FOR IN THE THEN CURRENT FISCAL YEAR OF COUNTY.**
- V. PATENTS/COPYRIGHTS:** The successful Respondent agrees to protect the County from claims involving infringements of patents and/or copyrights.
- W. PAYMENT:** Will be made upon receipt and acceptance by the County for item(s) and/or service(s) ordered and delivered after receipt of a valid invoice, in accordance with the State of Texas Prompt Payment Act, Chapter 2251, Government Code.
- X. PRICES HELD FIRM:**
1. All prices quoted in the proposals will remain firm for a minimum of 90 days from the date of the proposal unless it is otherwise specified by the County.
  2. If during the life of the contract, the successful Respondent's net prices to other customers for the items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the County.
- Y. QUANTITIES:** Quantities indicated on the Proposal Forms are estimates based upon the best available information. The County reserves the right to increase or decrease quantities to meet its actual needs without any adjustments in proposal price.
- Z. RELEASE OF INFORMATION AND PUBLIC INSPECTION:** Only the name of the Company responding to this proposal shall be released at the proposal opening. Other information submitted by the Company shall not be released by the County, and the proposals will not be available for inspection, during the proposal evaluation process, or prior to contract award. If the proposal contains trade secrets or confidential information, the Respondent must specifically list that portion as



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confidential. All other parts of the proposal are open for public viewing upon request after the contract is awarded. At no time will confidential information, as noted by the Company, be released, unless ordered by a court or the Attorney General.

- AA. REQUIRED DOCUMENTATION:** In response to this request for proposal, all documentation required by this proposal must be provided.
- BB. SALES TAX:** The County is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- CC. SEVERABILITY:** If any section, subsection, paragraph, sentence, clause, phrase or word of these instructions, specifications, terms and conditions, shall be held invalid, such holding shall not affect the remaining portions of these instructions, specifications, terms and conditions and it is hereby declared that such remaining portions would have been included in these instructions, specifications, terms and conditions as though the invalid portion had been omitted.
- DD. SILENCE OF SPECIFICATIONS:** The apparent silence of specifications as to any detail or to the apparent omission from it of a detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specifications shall be made based on this statement.
- EE. SUBCONTRACTORS:** The Contractor shall be the sole source of contact for the Contract. The County will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the Contract shall apply without qualification to any services performed or goods provided by any subcontractor.
- FF. TAX/DEBT ARREARAGE:** The County shall pay no money upon any claim, debt, demand, or account whatsoever, to any person, firm or corporation, who is in arrears to the County for taxes or otherwise; and, the County shall be entitled to a counter-claim and offset against any such debt, claim, demand, or account, in the amount of taxes or other debt in arrears, and no assignment or transfer of such debts are due, shall affect the right, authority, and power of the County to offset the taxes or other debts against the same.
- GG. TERMINATION FOR DEFAULT:** The County reserves the right to enforce the performance of the contract in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of the contract. The County reserves the right to terminate the contract in the manner set forth in the attached Contract.

As soon as practicable after receipt of notice of termination, the Company shall submit a statement showing in detail the pro-rated payment, in a form satisfactory to the County, that reflects the appropriate charges. The County shall then pay the charges as required by law.

**HH. TERMINATION OF CONTRACT:** The contract shall remain in effect until contract expires, delivery and acceptance of products and/or performance of services ordered or terminated by either party with a thirty (30) day written notice prior to any cancellation. The successful Respondent must state therein the reasons for such cancellation. The County may, by written notice to the selected company, cancel this contract immediately without liability to the selected company if it is determined by the County that gratuities or bribes in the form of entertainment, gifts, or otherwise contrary to County Policy, were offered or given by the successful proposing party, or its agent or representative to any County officer, employee or elected representative with respect to the performance of the contract.

**II. TRAVEL AND DIRECT CHARGES:** The County shall not compensate the Respondent for any travel costs incurred in delivery of services under the contract.

**JJ. VENUE:** Respondent shall comply with all Federal and State laws and County Ordinances and Codes applicable to the Respondent's operation under this contract. The resulting specifications and the contract therefrom shall be fully governed by the laws of the State of Texas, and shall be fully performable in Wilson County, Texas, where venue for any proceeding arising hereunder will lie.

**KK. WITHDRAWAL OF PROPOSAL:** A proposal may be withdrawn any time prior to the official opening, as long as the request is received in writing from an authorized representative.

**LL. CERTIFICATE OF INTERESTED PARTIES:** In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015 to implement the law.

**Filing Process:**

On January 1, 2016, the commission made available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique

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certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized.

Information regarding how to use the filing application is available at <https://www.ethics.state.tx.us/tec/1295-Info.htm>. Please follow instructional Video for Business Entities.

Please find Form 1295 under “Appendix B”.

## **5. COUNTY INFORMATION**

**Wilson County currently offers a Fully-Insured Medical Plan. The key objectives of this RFP are to:**

- Lower costs
- Minimize the administrative burden on HR staff
- Keep risk and financial uncertainty off financial statements when possible
- Minimize the disruption to the employees and the anxiety associated with change
- Provide innovative solutions to “bend” healthcare cost trends

**Key Dates associated with the RFP are listed below:**

- Release of Request For Proposal    May 29, 2024
- Deadline for Questions                5:00pm, June 14, 2024
- Response to Vendor Questions       June 24, 2024
- Proposal Deadline                        9:00am, July 08, 2024

**Please direct all questions regarding the RFP to our Human Resources in writing:**

Jalyn Bodiford  
Human Resource Generalist  
Wilson County  
2 Library Lane, Suite 104  
Floresville, Texas 78114  
830-393-7351  
[JBodiford@wilsoncountytexas.gov](mailto:JBodiford@wilsoncountytexas.gov)

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Group: Wilson County  
 Current Census: 211 Employees  
 Medical Premium Rate Structure: 4 tier rate basis: Employee Only, Employee & Spouse, Employee & Child(ren), Employee & Family

Health Benefits Plan History for the past 5 years:

<b>Medical Carrier:</b>	<b>Coverage Date (s):</b>	<b>Life/AD&amp;D Carrier:</b>	<b>Coverage Date (s):</b>
AETNA	10/01/23 – 09/30/24	Equitable	10/01/23 – 09/30/24
AETNA	10/01/22 – 09/30/23	Equitable	10/01/22 – 09/30/23
BCBS	10/01/21 – 09/30/22	Voya/TAC	10/01/21 – 09/30/22
BCBS	10/01/20 – 09/30/21	Voya/TAC	10/01/20 – 09/30/21
BCBS	10/01/19 – 09/30/20	Voya/TAC	10/01/19 – 09/30/20

**Waiting Period:**

The County plan will have a 60 day waiting period for new enrollees. Elected officials do not have a waiting period.

Effective 1<sup>st</sup> of the month following 60 days.

**Employer Contribution:**

The County pays 100% of the cost for employees and 0 % for dependents. Actual rates charged to the dependents will be determined by Commissioners Court.

Number of COBRA participants and benefit expiration date for each:0

Number of employees waiving coverage:29

**Retiree Medical Benefits:**

Group Plan

- Pre-65 Retiree Benefits are requested

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**6. CENSUS SUMMARY**

Proposals shall be based on the county's current enrollment. Census attached. Below is a summary of how many employees are in each tier.

HEALTH	Active	COBRA	Retiree	Total
Employee Only	152	0	11	163
Employee & 1 Child (if applicable)	0	0	0	0
Employee & Children	25	0	0	25
Employee & Spouse	4	0	0	4
Employee & Family	4	0	0	4
Total HEALTH	185	0	11	196

LIFE and AD&D	Active	COBRA	Retiree	Total
Employee Only	201	Not Applicable	0	201
Total LIFE	201		0	201

**7. EMPLOYER CONTRIBUTION SUMMARY**

Listed below are current contribution amounts for each benefit.

	Amount Employer Pays	Amount Employee Pays	Amount Retiree pays (if applicable)
<b>Health:</b>			
Employee Only:	\$709.15 _____	\$0 _____	\$0 _____
Employee + Children	\$709.15 _____	\$283.14 _____	\$0 _____
Employee + Spouse	\$709.15 _____	\$615.86 _____	\$0 _____
Employee + Family	\$709.15 _____	\$1033.49 _____	\$0 _____
<b>Life:</b>			
Group life & AD&D:	\$2.32 _____	\$0 _____	\$0 _____
Additional Life:	\$0 _____	\$0 _____	\$0 _____

Current Term Life Benefit Plan: Please duplicate current benefits as closely as possible.  
Alternate plans may be considered

Term Life Volume per covered person

Basic Life	\$10,000 _____
AD&D	\$10,000 _____
Retiree Life	\$0 _____

Voluntary Dependent

Volume – Spouse	\$0 _____
Volume – Child (ren)	\$0 _____

**8. VENDOR SELECTION CRITERIA**  
**(Insurance Company)**

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the County's needs relating to importance, price, and other factors considered:

**A. Cost (30%)**

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Ability to reduce claims expense

**B. Financial Stability (20%)**

- a) Insurance Company, AM Best Rating

**C. Communication (5%)**

- a) Educational material for employees
- b) Summary Plan Description capabilities
- c) Administrative kits for locations
- d) Bilingual capability
- e) Consumer Driven Health Plans

**D. Claims Processing (20%)**

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Willingness to contractually establish performance criteria

**E. Claims Management Reports (10%)**

- a) Frequency and format of claims reports are the utmost importance.
- b) Disease Management reporting

**F. Integrated Systems / Technology Initiative (10%)**

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b.) Utilization review/ Disease Management Programs/ Wellness Initiatives
- c.) Claims function
- d.) Claims payment/ family histories (i.e. pre-existing conditions)
- e.) Internet based enrollment/ eligibility
- f.) Consumer Driven Health Plans

**G. References (5%)**



# **SUBMISSION FORMS**

**(Please complete and submit with your proposal)**

**YOU MUST SUBMIT A COVER LETTER WITH YOUR PROPOSAL**

**COVER LETTER AND SUMMARY**

This section should contain the name and address of the proposing firm and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing:  
Medical

---

**1. INSTRUCTIONS:**

1. Refer to “Specifications Requirements and Instructions” before completing Submission Forms.
2. Propose your best price.
3. Please see Specifications, Requirements and Instructions section of this RFP for submission guidelines (copies, deadlines, etc.).
4. You must label the envelope or package – **‘RFP #24-1005 – HEALTH & WELFARE BENEFITS PROPOSALS– DO NOT OPEN UNTIL 10:00 A.M., JULY 08, 2024.**
5. Any broker or agent requesting a proposal from a vendor is allowed to receive a copy of that proposal.

**REQUIREMENTS - SPECIFICATIONS**

**Effective Date:** October 1, 2024

**Preferred Situs State** Texas

**Quoting Instructions** We would like Prospective Vendors to quote based on the 2020 Plan Designs in the enclosed attachments with a \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 and \$3,500 deductible.

<b><u>Services Quoted:</u></b>	Coverage	Current Vendor	Funding
	Medical	Aetna	Contributory

**Contract Length:** one (1) year

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 24-1005

**FULLY INSURED MEDICAL PLAN DESIGN – PPO PLAN**

MEDICAL BENEFITS	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible
<b>Deductible</b> In-Network Non-Network			
<b>Out Of Pocket Max</b> In-Network Non-Network	Includes Deductible	Includes Deductible	Includes Deductible
<b>Coinsurance</b> In-Network Non-Network			
<b>Lifetime Max</b>			
<b>Emergency Room</b> In-Network Non-Network			
<b>Maternity</b>			
<b>Physician Office Visit</b> In-Network Non-Network			
<b>Specialist Office Visit</b> In-Network Non-Network			
<b>Preventive Care</b> In-Network Non-Network			
<b>Urgent Care</b> In-Network Non-Network			
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network			
<b>In-Patient Hospital</b> In-Network Non-Network			
<b>In-patient Substance</b> In-Network Non-Network			
<b>Out-patient Substance</b> In Network Non-Network			
<b>In-patient Mental Health</b> In-Network Non-Network			
<b>Out-patient Mental Health</b> In-Network Non-Network			
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs Mandatory Generics Prior Authorization Required			

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 24-1005

<b>MEDICAL BENEFITS</b>	<b>\$2,500 Deductible</b>	<b>\$3,000 Deductible</b>	<b>\$3,500 Deductible</b>
<b>Deductible</b> In-Network Non-Network			
<b>Out Of Pocket Max</b> In-Network Non-Network	Includes Deductible	Includes Deductible	Includes Deductible
<b>Coinsurance</b> In-Network Non-Network			
<b>Lifetime Max</b>			
<b>Emergency Room</b> In-Network Non-Network			
<b>Maternity</b>			
<b>Physician Office Visit</b> In-Network Non-Network			
<b>Specialist Office Visit</b> In-Network Non-Network			
<b>Preventive Care</b> In-Network Non-Network			
<b>Urgent Care</b> In-Network Non-Network			
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network			
<b>In-Patient Hospital</b> In-Network Non-Network			
<b>In-patient Substance</b> In-Network Non-Network			
<b>Out-patient Substance</b> In Network Non-Network			
<b>In-patient Mental Health</b> In-Network Non-Network			
<b>Out-patient Mental Health</b> In-Network Non-Network			
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs Mandatory Generics Prior Authorization Required			

**FULLY INSURED MEDICAL RATE SHEET**

**Carrier Name:** \_\_\_\_\_

Active and Retired Employees

Basic Monthly Premium & Administration

<b>\$1,000 Deductible</b>	<b>Rate</b>	<b># of Lives</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

<b>\$1,500 Deductible</b>	<b>Rate</b>	<b># of Lives</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 24-1005

<b>\$2,000 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

<b>\$2,500 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

<b>\$3,000 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 24-1005

Employee + Family

\_\_\_\_\_

**Total Monthly Cost**

Rate Guarantee

Premium Taxes Excluded

\_\_\_\_\_

Basic Monthly Premium & Administration

\_\_\_\_\_

\_\_\_\_\_

**\$3,500 Deductible**

Rate      # of Lives

Employee Only

\_\_\_\_\_

Employee + Spouse

\_\_\_\_\_

Employee + Child(ren)

\_\_\_\_\_

Employee + Family

\_\_\_\_\_

**Total Monthly Cost**

Rate Guarantee

Premium Taxes Excluded

\_\_\_\_\_

Basic Monthly Premium & Administration

\_\_\_\_\_

\_\_\_\_\_

The cost above are based upon RFP specifications



**DEVIATIONS FROM SPECIFICATIONS**

**NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL**

1. Describe, in detail, any deviations from the specifications.

- Does your organization agree to the Specifications for Proposers as outlined in the RFP?
- Will your organization administer and/or underwrite the benefits as outlined in the RFP?

We have made no exceptions or deviations to the specifications.

Yes

No

Firm Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person authorized to sign on behalf of firm.

**MEDICAL QUESTIONNAIRE**

**About the Insurance Company**

1. Provide insurance carrier's name, location, and contact person
2. What is the current AM Best rating for your company?
3. Is your company regulated by the Texas Department of Insurance?  Yes  No  
If no, describe the kind of arrangement and guarantee provided to ensure payment of claims if the company becomes insolvent.
4. Please indicate number of covered employee lives and length of time firm has been in business in this capacity.
5. Are there a minimum number of participants required?  Yes  No  
If so, what is that number percentage of eligible employees?
6. What is the number of covered members for health care in \_\_\_\_\_ (County name) or service area?
7. Have any lawsuits been filed against your organization related to any of your health care products or administrative services in the last three years? Please describe the nature of any lawsuits, dates, and outcomes.
8. Provide three (3) governmental entity references, including contact name and phone number, for which your company provides group health insurance services. Include groups of similar size if possible.
9. Describe your proposal's wellness programs including all events, programs, nurse related services and condition management efforts.

**Plan Implementation**

10. Do you agree to a no-loss/no-gain takeover of all benefits?  Yes  No
11. Will credit be given for deductible and coinsurance accumulations upon the initial plan takeover?  Yes  No
12. Does your plan include a deductible carryover into a subsequent year?  Yes  No

What is the carryover period?

**Account and Customer Services**

13. We expect our account to be handled by one main contact person or team. Please provide the contact person or team leader's name and contact information.
14. What are the normal hours of operation for our main contact to be reached? Is there a way to leave a message if they are not available?
15. Does the insurance company have a 1-800 telephone number available to plan participants for verifying benefit information, claims questions, utilization reviews and for providing referrals?  Yes  No
16. What are the normal hours of operation when a person can be reached?
17. Do you have Spanish-speaking claims representatives?  Yes  No

**COBRA**

18. Please include the cost for using your company for COBRA services and describe the services provided.

**Deviations**

19. Describe any deviations from the requirements of this RFP. The company providing this proposal is liable for the addition, including the costs, of differences not clearly noted in this question.

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 24-1005

**SUMMARY CONDITIONS AND SPECIFICATIONS - RFP**

**In submitting this proposal, the respondent agrees and certifies to the following conditions:**

1. The undersigned agrees that after the official opening this proposal becomes the property of Wilson County.
2. The undersigned affirms he has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters that may be incidental to the work, before submitting a proposal.
3. The undersigned agrees, if this proposal is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Proposal will be 120 calendar days unless a different period is noted by the respondent.
4. The undersigned affirms that they are duly authorized to execute this contract, that this proposal has not been prepared in collusion with any other Respondent, nor any employee of Wilson County, and that the contents of this bid have not been communicated to any other respondent or to any employee of Wilson County prior to the official opening of this proposal.
5. The respondent certifies that no employee, representative, or agent of the firm offered or gave gratuities in any form (i.e. gifts, entertainment, etc.) to any Member of Commissioner Court, official, or employee of Wilson County in order to secure favorable treatment or consideration in awarding, negotiating, amending or concluding a final agreement for this proposal.
6. The respondent hereby certifies that he/she is not included on the U.S. Comptroller General's Consolidated List of Persons or Firms currently debarred for violations of various contracts incorporating labor standards/provisions.
7. The respondent agrees that and warrants that no employee, official, or member of the Commissioners Court is, or will be, peculiarly benefited, directly or indirectly, in this proposal or any ensuing contract that may follow.
8. Respondent/Vendor hereby assigns to purchase any and all claims for overcharges associated with this Contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.
9. The undersigned affirms that he/she has read and understands the specifications and any attachments contained in this proposal package.
10. The Contract is not valid until approved by Commissioners Court, if applicable. When an award letter is issued, it becomes a part of this Contract.

**NAME AND ADDRESS OF COMPANY:**

**AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Email. \_\_\_\_\_

# **APPENDIX A**

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

WILSON COUNTY  
HEALTH & WELFARE INSURANCE PLANS

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity;

or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

# **APPENDIX B**



<b>CERTIFICATE OF INTERESTED PARTIES</b>		<b>FORM 1295</b>	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		<b>OFFICE USE ONLY</b>	
<b>1</b> Name of business entity filing form, and the city, state and country of the business entity's place of business.			
<b>2</b> Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			
<b>3</b> Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.			
4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
<b>5</b> Check only if there is NO Interested Party. <input type="checkbox"/>			
<b>6 AFFIDAVIT</b> <span style="float: right;">I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.</span>			
_____ Signature of authorized agent of contracting business entity			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.			
_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath			
<b>ADD ADDITIONAL PAGES AS NECESSARY</b>			

## ATTACHMENTS

1. Benefit Plan Design - past 2 years for medical, Rx, & life.
2. Current Census- including gender, DOB, tier description (EO, EC, ES, EF), status (active, retiree, COBRA, waive) for medical, Rx, & life.
3. Claims History – 2 years of monthly claims, premiums & enrollment for medical, Rx, & life.
4. High Claimants Report (\$10,000+) including diagnosis with last date of service & prognosis if available.
5. Current Billing Invoice.

## **2023 BENEFIT PLAN DESIGN**



Aetna Open Access® Managed Choice® - OAMC 2000 80/50 RX1

Coverage for: Individual + Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=082800-070020-002273> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For each Plan Year, In-Network: Individual \$2,000 / Family \$4,000. Out-of-Network: Individual \$15,000 / Family \$45,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Emergency care & prescription drugs; plus in-network office visits & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: Individual \$6,000 / Family \$12,000. Out-of-Network: Individual \$30,000 / Family \$90,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.aetna.com/docfind">http://www.aetna.com/docfind</a> or call 1-888-982-3862 for a list of in-network providers. Select Aetna Open Access® Managed Choice®.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <u>copay/visit</u> , <u>deductible</u> doesn't apply; 20% <u>coinsurance</u> for office surgery	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply; 20% <u>coinsurance</u> for office surgery	50% <u>coinsurance</u>	None
	<u>Preventive care /screening /immunization</u>	No charge	50% <u>coinsurance</u> , except no charge for immunizations up to age 6	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.aetnapharmacy.com/advancedcontrolaetna">www.aetnapharmacy.com/advancedcontrolaetna</a>	Preferred generic drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$15 for 30 day supply (retail), \$37.50 for 31-90 day supply (retail & mail order)	30% <u>coinsurance</u> after <u>copay/prescription, deductible</u> doesn't apply: \$15 for 30 day supply (retail), \$37.50 for 31-90 day supply (retail & mail order)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics.
	Preferred brand drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$50 for 30 day supply (retail), \$125 for 31-90 day supply (retail & mail order)	30% <u>coinsurance</u> after <u>copay/prescription, deductible</u> doesn't apply: \$50 for 30 day supply (retail), \$125 for 31-90 day supply (retail & mail order)	
	Non-preferred generic/brand drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$90 for 30 day supply (retail), \$225 for 31-90 day	30% <u>coinsurance</u> after <u>copay/prescription, deductible</u> doesn't apply: \$90 for 30 day	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		supply (retail & mail order)	supply (retail), \$225 for 31-90 day supply (retail & mail order)	
	<u>Specialty drugs</u>	<u>Copay/prescription, deductible</u> doesn't apply: \$200	30% <u>coinsurance</u> after <u>copay/prescription, deductible</u> doesn't apply: \$200	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> .
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u> after \$300 <u>copay/visit</u> , <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$300 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Out-of-network emergency use paid the same as in- <u>network</u> . Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$75 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply; other outpatient services: 20% <u>coinsurance</u>	Office & other outpatient services: 50% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	50% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visits/ <u>plan</u> year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	30 visits/ <u>plan</u> year for Physical, Occupational & Speech Therapy combined.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 days/ <u>plan</u> year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If your child needs dental or eye care	Children's eye exam	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs - Except for required preventive services.



**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Acupuncture - 10 visits/plan year for disease, injury & chronic pain.
- Hearing aids - 1 hearing aid per ear/3 years.
- Private-duty nursing - 70- 8 hour shifts/plan year.
- Chiropractic care - 20 visits/plan year.
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition.
- Routine eye care (Adult) - 1 routine eye exam/24 months.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Texas Department of Insurance, 1-800-252-3439 (Consumer HelpLine), (512) 676-6000 (Local), (800) 578-4677 (Toll-Free), <https://www.tdi.texas.gov/consumer/index.html>.

- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- Texas Department of Insurance, 1-800-252-3439 (Consumer HelpLine), (512) 676-6000 (Local), (800) 578-4677 (Toll-Free), <https://www.tdi.texas.gov/consumer/index.html>.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- Additionally, a consumer assistance program can help you file your appeal. Contact Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, 333 Guadalupe, P.O. Box 149091, Austin, TX 78714-9091, Phone toll-free: 1-800-252-3439, <http://www.texashealthoptions.com>, [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$2,000**
- Specialist copayment **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,970</b>

**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$2,000**
- Specialist copayment **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$2,000**
- Specialist copayment **\$50**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,400</b>

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

## Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

## Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

## Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates.**



- Hawaiian - No ke kōkua ma ka ‘ōlelo Hawai‘i, e kahea aku i ka helu kelepona 1-888-982-3862. Kāki ‘ole ‘ia kēia kōkua nei.
- Hindi - हन्दिी में भाषा सहायता के लएि, 1-888-982-3862 पर मुफ्त कॉल करें।
- Hmong - Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-888-982-3862.
- Ibo - Maka enyemaka asụsụ na Igbo kpọọ 1-888-982-3862 na akwughị ugwo ọ bụla
- Ilocano - Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-982-3862 nga awan ti bayadanyo.
- Italian - Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862.
- Japanese - 日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。
- Karen - လာတၢ်မၤစၢၤတၢ်ကတိၤတၢ်အိၣ်အီၣ် ကိၣ် ဂိၣ်: 1-888-982-3862 လၢတအိၣ်ဒီးတၢ်လၢတၢ်တၢ်တၢ်တၢ်တၢ်
- Korean - 한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.
- Kru-Bassa - Be´m`ké gbo-kpá-kpá dyé pídyi dé Bašwá-wuḍuñ wɛɛ, dá 1-888-982-3862
- Kurdish - برای راهنمایی به زبان فارسی با شماره 1-888-982-3862 به خۆرای پهیوهندی بکهن.
- Laotian - ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ 1-888-982-3862 ໂດຍບໍ່ເສຍຄ່າໂທ.
- Marathi - कोणत्याही शुल्काशुविय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.
- Marshallese - Ñan bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.
- Micronesian - Pohnpeyan Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.
- Mon-Khmer, Cambodian - សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-982-3862 ដោយឥតគិតថ្លៃ។
- Navajo - T'áá shi shizaad k'ehjí bee shiká a'doowol nínizingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862
- Nepali - (नेपाली) मा नःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् ।
- Nilotic-Dinka - Tèn kuwoony ë thok ë Thuonjäŋ col 1-888-982-3862 kecïn ayöc.
- Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt.
- Panjabi - ਪੰਜਾਬੀ ਵੱਚੋਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।
- Pennsylvania Dutch - Fer Hilfe in Deitsch, ruf: 1-888-982-3862 aa. Es Aaruf koschtet nix.



## **2024 BENEFIT PLAN DESIGN**



WILSON COUNTY

Aetna Open Access® Managed Choice® - OAMC 2000 80/50 RX1

Coverage for: Individual + Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=080500-050020-102308> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For each <u>Plan</u> Year, In- <u>Network</u> : Individual \$2,000 / Family \$4,000. Out-of- <u>Network</u> : Individual \$15,000 / Family \$45,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. Emergency care & <u>prescription drugs</u> ; plus in- <u>network</u> office visits & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In- <u>Network</u> : Individual \$6,000 / Family \$12,000. Out-of- <u>Network</u> : Individual \$30,000 / Family \$90,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.aetna.com/docfind">http://www.aetna.com/docfind</a> or call 1-888-982-3862 for a list of in- <u>network providers</u> . Select Aetna Open Access® Managed Choice® .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit, <u>deductible</u> doesn't apply; 20% <u>coinsurance</u> for office surgery	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$50 <u>copay</u> /visit, <u>deductible</u> doesn't apply; 20% <u>coinsurance</u> for office surgery	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	50% <u>coinsurance</u> , except no charge for immunizations up to age 6	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.aetnapharmacy.com/advancedcontrolaetna">www.aetnapharmacy.com/advancedcontrolaetna</a>	Preferred generic drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$15 for 30 day supply (retail), \$37.50 for 31-90 day supply (retail & mail order)	30% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't apply: \$15 for 30 day supply (retail), \$37.50 for 31-90 day supply (retail & mail order)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics.
	Preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$50 for 30 day supply (retail), \$125 for 31-90 day supply (retail & mail order)	30% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't apply: \$50 for 30 day supply (retail), \$125 for 31-90 day supply (retail & mail order)	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$90 for 30 day supply (retail), \$225 for 31-90 day	30% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't apply: \$90 for 30 day	



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		supply (retail & mail order)	supply (retail), \$225 for 31-90 day supply (retail & mail order)	
	<u>Specialty drugs</u>	<u>Copay/prescription, deductible</u> doesn't apply: \$200	Not covered	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> .
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	20% <u>coinsurance</u> after \$300 <u>copay/visit</u> , <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$300 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Out-of-network emergency use paid the same as in- <u>network</u> . Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$75 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	No coverage for non-urgent use.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office: \$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply; other outpatient services: 20% <u>coinsurance</u>	Office & other outpatient services: 50% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	50% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visits/ <u>plan</u> year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	30 visits/ <u>plan</u> year for Physical, Occupational & Speech Therapy combined.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 days/ <u>plan</u> year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If your child needs dental or eye care	Children's eye exam	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs - Except for required preventive services.

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |   |   |   |
|---|---|---|
| • Acupuncture - 10 visits/ <u>plan</u> year for disease, injury & chronic pain. | • Hearing aids - 1 hearing aid per ear/3 years.   | • Private-duty nursing - 70- 8 hour shifts/ <u>plan</u> year. |
| • Chiropractic care - 20 visits/ <u>plan</u> year.                              | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition. | • Routine eye care (Adult) - 1 routine eye exam/24 months.    |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Texas Department of Insurance, 1-800-252-3439 (Consumer HelpLine), (512) 676-6000 (Local), (800) 578-4677 (Toll-Free), [www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html](http://www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html).

- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- Texas Department of Insurance, 1-800-252-3439 (Consumer HelpLine), (512) 676-6000 (Local), (800) 578-4677 (Toll-Free), [www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html](http://www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html).
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- Additionally, a consumer assistance program can help you file your appeal. Contact Texas Department of Insurance, Consumer Protection, PO Box 12030, Austin, TX 78711, Phone toll-free: 1-800-252-3439, <http://www.texashealthoptions.com>, [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,970</b>

### Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Diabetic supplies (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,400</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-888-982-3862.

The plan would be responsible for the other costs of these EXAMPLE covered services.

### Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

### Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

### Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

TTY: 711

**Language Assistance:**

For language assistance in your language call 1-888-982-3862 at no cost.

- Albanian - Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862.
- Amharic - የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ።
- Arabic - مقررا لى ع ل اص ت ال اء اجر ل ا ؁ ة فل ك ت ي ا ن و د ة و غ ل ل ا ت ا م د خ ل ا ل ع ل و ص ح ل ل 1-888-982-3862
- Armenian - Անվճար լեզվակախ ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով:
- Bahasa-Indonesia - Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.
- Bantu-Kirundi - Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.
- Bengali-Bangala - আপনাকে বিনামূল্যে ভাষা পবকিসাি পপকে হকয এই নম্বকি পবেযক ান ব্লেন: 1-888-982-3862।
- Bisayan-Visayan - Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.
- Burmese - သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန် 1-888-982-3862 သို့ ဖုန်းခေါ်ဆိုပါ။
- Catalan - Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.
- Chamorro - Para un hago' i setbision lengguáhi ni dibátde para hágu, ágang 1-888-982-3862.
- Cherokee - ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ ႠႃႆႠ 1-888-982-3862.
- Chinese - 如欲使用免費語言服務，請致電 1-888-982-3862。
- Choctaw - Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.
- Cushite - Tajaajiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862.
- Dutch - Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.
- French - Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.
- French Creole - Pou jwenn sèvis lang gratis, rele 1-888-982-3862.
- German - Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.
- Greek - Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.

- Gujarati - તમારે કોઇ જાતના ખર્ચ વગિા ભાષાની સેવિઓની પહોર માટે, કોલ કરો 1-888-982-3862.
- Hawaiian - No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i kēia helu kelepona 1-888-982-3862 Kāki 'ole 'ia kēia kōkua nei.
- Hindi - आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लए, 1-888-982-3862 पर कॉल करें।
- Hmong - Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
- Igbo - Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ 1-888-982-3862.
- Ilocano - Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862.
- Indonesian - Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862.
- Italian - Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862.
- Japanese - 言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください
- Karen - လၢတၢ်ကမၤန့ၢ်ကိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပူၤလၢကဘၣ်ဟ့ၣ်အိၣ်အဂီၢ်ဘၣ်န့ၣ် ကိး 1-888-982-3862 တက့ၢ်.
- Korean - 무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오.
- Kru-Bassa - M dyi wudu-dù kà kò dò bě dyi múun nì Pídyi ní, níí, dá nòbà nà ke: 1-888-982-3862.
- Kurdish - 1-888-982-3862 یەراژ مەكەب یەدەنەویەپ، ۆت ۆب نووچۆت ئۆبەب نامز یرازوگتەمزخ مەنتشەییەگاری ئۆبەس دە ۆب
- Laotian - ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862.
- Marathi - कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी 1-888-982-3862 वर फोन करा.
- Marshallese - Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlök 1-888-982-3862.
- Micronesian Pohnpeyan - Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862.
- Mon-Khmer Cambodian - ដើម្បីប្រើប្រាស់សេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកមុនគ្រប់គ្នា មុននឹងទូរស័ព្ទទៅកាន់លេខ 1-888-982-3862។.
- Navajo - T'áá ni nizaad k'ehjí bee níká a'doowol doo b'áá'á h'ílinígóó kojí' hólne' 1-888-982-3862.
- Nepali - निःशुल्क भाषा सेवा प्राप्त गनन 1-888-982-3862 मा टेलिफोन गनुनहोस् ।
- Nilotic-Dinka - Të kɔɔr yin wëër de thokic ke cìn wëu kɔr keek tënɔŋ yin. Ke cɔl kɔc ye kɔc kuony ne nɔmba 1-888-982-3862.
- Norwegian - For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862.



- Pennsylvania Dutch - Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862.
- Persian - دیری گب سامت 1-888-982-3862 مراش اب، ناگیار روط هب نابز تامدخ هب یسرتسد یارب
- Polish - Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862.
- Portuguese - Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862.
- Punjabi - ਤੁਹਾਡੇ ਲਈ ਬਨਿੰ ਬਸਿੰ ਮਿਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਰਿਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫੋਨ ਰਿੰ।
- Romanian - Pentru a accesa gratuit serviciile de limbă, apălați 1-888-982-3862.
- Russian - Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862.
- Samoan - Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862.
- Serbo-Croatian - Za besplatne prevodilačke usluge pozovite 1-888-982-3862.
- Spanish - Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862.
- Sudanic-Fulfulde - Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862.
- Swahili - Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862.
- Syriac - 1-888-982-3862 .
- Tagalog - Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862.
- Telugu - మరొక భాష నవలను ఉచితంగా అందుకునందుకు, 1-888-982-3862 కు కల్ చీయండి.
- Thai - หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862.
- Tongan - Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862.
- Trukese - Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862.
- Turkish - Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın.
- Ukrainian - Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862.
- Urdu - سیرک تاب رپ 1-888-982-3862 سے رک لاصاح تامدخ مقل عتم سے نابز تم قلاب۔
- Vietnamese - Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862.
- Yiddish - צו צוטריט קארפּש באַדינונגען אין קיין פּרייז צו איר, רופן 1-888-982-3862
- Yoruba - Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862.

## **CURRENT CENSUS**

Relationship	Sex	DOB	Zip	Medical Plan Coverage	Group Life Benefit	Buy Up Plan	Retiree	Waived Coverage
Employee	M	11/1/1986	78223-2059	EO	\$10,000.00			
Employee	M	10/21/1992	78227-1257		\$10,000.00			Waived
Employee	M	10/7/1969	78160-0359	EO	\$10,000.00	Buy Up Plan		
Employee	M	11/10/1963	78121-4741	EO			Retiree	
Employee	F	8/18/1976	78114	EO	\$10,000.00			
Employee	F	8/13/1977	78213	EO	\$10,000.00			
Employee	F	10/20/1960	78114-9443	EO	\$10,000.00			
Employee	F	9/18/1959	78114	EO	\$10,000.00			
Employee	F	10/21/1988	78114	EC	\$10,000.00			
Child	M	5/27/2012	78114	EC				
Employee	M	6/9/1956	78114		\$6,500.00			Waived
Employee	M	4/10/1965	78114-6662	EO	\$10,000.00			
Employee	M	8/17/1985	78251-4154	EO	\$10,000.00			
Employee	F	3/23/1981	78114	EC	\$10,000.00			
Child	M	7/11/2006	78114	EC				
Child	M	9/16/2009	78114	EC				
Employee	F	5/13/1989	78114	EO	\$10,000.00			
Employee	F	12/23/1959	78114-4301	EO			Retiree	
Employee	F	11/1/1962	78114	EO	\$10,000.00			
Employee	M	2/26/1974	78121		\$10,000.00			Waived
Employee	F	6/27/1972	78114	EO	\$10,000.00			
Employee	F	12/20/1993	78114	EO	\$10,000.00			
Employee	M	8/18/2000	78211-4218	EO	\$10,000.00			
Employee	M	7/21/1969	78160	EO	\$10,000.00			
Employee	F	3/14/1996	78064-6871	EC	\$10,000.00			
Child	M	10/3/2012	78064-6871	EC				
Child	F	3/24/2014	78064-6871	EC				
Child	F	6/1/2016	78064-6871	EC				
Employee	M	1/6/1967	78114-9325	EO	\$10,000.00			
Employee	M	1/6/1989	78026-3021	EF	\$10,000.00			
Spouse	F	8/27/1991	78026-3021	EF				
Child	M	8/12/2017	78026-3021	EF				
Child	M	3/17/2021	78026-3021	EF				
Employee	F	1/19/1963	78114-1813	EO			Retiree	
Employee	M	5/24/1993	78222-5908	EO	\$10,000.00			
Employee	F	1/3/1966	78114	EO	\$10,000.00			
Employee	M	1/4/1990	78112	EO	\$10,000.00			
Employee	F	12/22/1987	78064-3814	EO	\$10,000.00			
Employee	M	8/21/1996	78121					Waived
Employee	M	2/16/1958	78160		\$6,500.00			Waived
Employee	F	7/12/1995	78223-4415	EO	\$10,000.00			
Employee	M	6/1/1985	78114	EO	\$10,000.00			
Employee	M	12/12/1976	78114-2744	EC	\$10,000.00			
Child	F	10/1/2005	78114-2744	EC				
Employee	F	9/22/1975	78114-3276	EO	\$10,000.00			
Employee	M	1/26/1962	78114-0047	EO	\$10,000.00			
Employee	F	1/22/1998	78064-3241	EO	\$10,000.00			
Employee	M	3/10/2005	78147-0576	EO	\$10,000.00			
Employee	M	5/14/1992	78114-4754	EO	\$10,000.00			
Employee	F	12/9/1994	78114-6572	EO	\$10,000.00			
Employee	F	2/14/1993	78112-6316	EO	\$10,000.00			
Employee	M	7/7/1979	78114	EC	\$10,000.00			
Child	M	4/11/2000	78114	EC				
Child	M	4/4/2015	78114	EC				
Child	F	10/13/2008	78114	EC				
Employee	M	7/14/1962	78121		\$10,000.00			Waived

Employee	F	10/7/2001	78114-6191	EO	\$10,000.00	
Employee	M	4/11/1984	78160-7136		\$10,000.00	Waived
Employee	F	9/10/1975	78114	EO	\$10,000.00	
Employee	M	8/19/1991	78244	EF	\$10,000.00	
Child	M	4/8/2024	78244	EF		
Domestic Partner	F	5/9/1994	78244	EF		
Employee	M	8/1/1953	78114-3394		\$5,000.00	Waived
Employee	M	11/6/1978	78109-1901	EO	\$10,000.00	
Employee	F	12/1/1956	78121-5157	EO	\$6,500.00	
Employee	M	2/18/1994	78114	EO	\$10,000.00	
Employee	M	8/1/1960	78114-6242	EO		Retiree
Employee	M	9/16/1995	78229-4837	EO	\$10,000.00	
Employee	M	8/25/1980	78113	EO	\$10,000.00	
Employee	F	5/9/1979	78113	EC	\$10,000.00	
Child	M	8/29/2008	78113	EC		
Child	M	2/22/2007	78113	EC		
Employee	M	4/19/1994	78254-1794		\$10,000.00	Waived
Employee	M	12/15/1967	78119	EO	\$10,000.00	
Employee	F	8/15/1976	78147-1061	EC	\$10,000.00	
Child	F	9/24/2002	78147-1061	EC		
Child	M	9/11/1998	78147-1061	EC		
Employee	F	4/14/1953	78121-9788		\$5,000.00	Waived
Employee	M	9/28/1959	78114-4274	EO	\$10,000.00	
Employee	M	10/18/1991	78114-5049	EO	\$10,000.00	
Employee	M	8/6/1990	78161	EO	\$10,000.00	
Employee	F	10/11/1982	78160	EC	\$10,000.00	
Child	F	10/1/2018	78160	EC		
Child	M	12/13/2014	78160	EC		
Employee	M	5/3/1969	78101-2004	EO	\$10,000.00	
Employee	F	5/27/2002	78121-4778	EO	\$10,000.00	
Employee	F	5/7/1966	78065-2003	EO	\$10,000.00	Retiree
Employee	F	2/24/1979	78114-0046	EO	\$10,000.00	
Employee	M	10/8/1992	78629	EO	\$10,000.00	
Employee	M	6/9/1977	78160	EC	\$10,000.00	
Child	M	9/27/2011	78160	EC		
Child	F	2/4/2008	78160	EC		
Employee	M	4/5/2004	78251-2320	EO	\$10,000.00	
Employee	F	8/10/1968	78155-0632	EO	\$10,000.00	Buy Up Plan
Employee	F	6/11/1976	78160-0603	EO	\$10,000.00	
Employee	M	7/26/1990	78121-5883		\$10,000.00	Waived
Employee	F	7/16/1986	78160	EO	\$10,000.00	
Employee	M	5/22/1965	78114	EO	\$10,000.00	Buy Up Plan
Employee	M	10/17/1978	78216-2187	EC	\$10,000.00	
Child	F	8/12/2010	78216-2187	EC		
Child	M	10/30/2002	78216-2187	EC		
Employee	F	9/18/1973	78121-5157	EC	\$10,000.00	
Child	M	6/13/2006	78121-5157	EC		
Employee	F	6/28/1960	78147-0178	EO		Retiree
Employee	F	2/26/1957	78114		\$6,500.00	Waived
Employee	M	4/4/1976	78114-5114	EO	\$10,000.00	
Employee	F	6/13/1962	78249-2534	ES	\$10,000.00	
Spouse	M	6/13/1962	78249-2534	ES		
Employee	M	12/29/1972	78114	EO	\$10,000.00	
Employee	M	9/30/1998	78114-6710	EO	\$10,000.00	
Employee	F	10/2/1971	78114	EO	\$10,000.00	
Employee	F	11/8/1987	78114-6349	EC	\$10,000.00	
Child	F	9/5/2009	78114-6349	EC		
Child	F	9/17/2010	78114-6349	EC		

Employee	M	11/7/1976	78114-0075	EO	\$10,000.00	Buy Up Plan	
Child	M	4/21/2007	78114-0075	EO			
Child	F	2/28/2011	78114-0075	EO			
Child	F	6/26/2012	78114-0075	EO			
Employee	M	11/18/1974	78114-6533	EO	\$10,000.00		
Employee	F	1/14/1982	78114-3394		\$10,000.00		Waived
Employee	M	7/24/1972	78114	EO	\$10,000.00		Retiree
Employee	F	2/13/1965	78114-6085	EO	\$10,000.00		
Employee	F	3/6/1974	78114-5123		\$10,000.00		Waived
Employee	M	8/2/1979	78114-5123		\$10,000.00		Waived
Employee	F	12/16/1971	78147	EO	\$10,000.00		
Employee	F	12/2/1985	78114-5100	EO	\$10,000.00		
Employee	F	3/18/1966	78114-6210	EO	\$10,000.00		
Employee	F	4/19/1992	78114	EC	\$10,000.00		
Child	M	11/5/2015	78114	EC			
Child	M	7/15/2011	78114	EC			
Employee	M	3/27/1981	78114-3351	EC	\$10,000.00		
Child	M	9/28/2012	78114-3351	EC			
Employee	F	8/8/1982	78114	EO	\$10,000.00		
Employee	F	10/25/1979	78114-0793	EO	\$10,000.00		
Employee	F	10/24/1970	78114-2762	EF	\$10,000.00		
Spouse	M	9/22/1967	78114-2762	EF			
Child	F	10/4/1998	78114-2762	EF			
Child	F	1/15/1995	78114-2762	EF			
Child	F	10/4/1998	78114-2762	EF			
Employee	M	1/6/1988	78114-6046	EO	\$10,000.00		
Employee	M	10/12/1968	78144-0032	EC	\$10,000.00		
Child	M	11/29/2005	78144-0032	EC			
Employee	M	3/27/1966	78160-7023	ES	\$10,000.00		
Spouse	F	10/2/1968	78160-7023	ES			
Employee	M	8/18/1989	78114-2206	EF	\$10,000.00		
Employee	F	9/13/1983	78114-3111	EO	\$10,000.00		
Employee	F	2/16/2001	78064-6714	EO	\$10,000.00		
Employee	F	4/12/1976	78114-6836	EO	\$10,000.00		
Employee	F	9/7/1962	78114-5060	EO	\$10,000.00		
Employee	M	9/19/1966	78114-6196	EO	\$10,000.00		
Employee	M	8/2/1967	78114	EO	\$10,000.00		Retiree
Employee	F	6/2/1982	78223-4887	EO	\$10,000.00		
Employee	F	8/10/1968	78114-6623	EO	\$10,000.00		
Employee	M	10/18/1976	78259-7630	EO	\$10,000.00		
Employee	M	7/26/1997	78152-0440	EO	\$10,000.00		
Employee	F	9/8/1960	78114-3202	EO	\$10,000.00		
Employee	M	3/9/1968	78121-4769	ES	\$10,000.00		
Spouse	F	7/6/1959	78121-4769	ES			
Employee	M	8/5/1987	78114-3334	EO	\$10,000.00		
Employee	F	4/3/1975	78114-4225	EO	\$10,000.00		
Employee	M	6/5/1980	78114	EO	\$10,000.00		
Employee	M	8/8/1988	78016-2545	EO	\$10,000.00		
Employee	F	12/17/1966	78114-1630	EO	\$10,000.00	Buy Up Plan	
Employee	M	7/4/1956	78114-4850		\$6,500.00		Waived
Employee	M	3/29/1992	78114-9366	EO	\$10,000.00		
Employee	F	6/20/2002	78121		\$10,000.00		Waived
Employee	M	3/30/1972	78108-3369	EO	\$10,000.00		
Employee	M	11/15/1983	78160-7057	EC	\$10,000.00		
Child	F	7/30/2009	78160-7057	EC			
Employee	M	12/2/1992	78114-5125	EO	\$10,000.00		
Employee	F	7/17/1979	78160-6247	EC	\$10,000.00		
Child	F	8/22/2008	78160-6247	EC			

Child	M	7/19/2016	78160-6247	EC		
Employee	M	4/3/1995	78114-1902	EO	\$10,000.00	
Employee	M	11/21/1963	78161-0513	EO		Retiree
Employee	F	10/24/1964	78147-0161	EO		Retiree
Employee	F	11/23/1982	78114-3526	EO	\$10,000.00	
Employee	F	5/16/1979	78121-4532	EO	\$10,000.00	
Employee	F	9/24/1993	78147-0860	EO	\$10,000.00	
Employee	M	10/26/2000	78118-3328		\$10,000.00	Waived
Employee	M	4/24/1985	78114-6501	EO	\$10,000.00	
Employee	M	11/21/1985	78233-2747		\$10,000.00	Waived
Employee	M	9/15/1963	78114-9642	EO	\$10,000.00	
Employee	F	7/6/1969	78114-9642	EO	\$10,000.00	
Employee	M	1/17/1976	78256-2391	EO	\$10,000.00	
Employee	M	3/28/1959	78114-4116	EO	\$10,000.00	
Employee	F	4/21/1966	78114-0187	EO	\$10,000.00	Buy Up Plan
Employee	F	2/24/1977	78160-6291	EC	\$10,000.00	
Child	M	12/22/2004	78160-6291	EC		
Child	M	7/13/2011	78160-6291	EC		
Child	F	5/19/2000	78160-6291	EC		
Employee	F	11/29/1961	78114-1615	EO		Retiree
Employee	F	8/16/1979	78147-1288	EO	\$10,000.00	
Employee	F	6/10/1990	78064-6846	EC	\$10,000.00	
Child	F	10/29/2008	78064-6846	EC		
Child	M	12/11/2014	78064-6846	EC		
Child	F	7/16/2020	78064-6846	EC		
Child	F	5/3/2023	78064-6846	EC		
Employee	F	4/18/1946	78113-6071		\$5,000.00	Waived
Employee	M	9/27/1990	78151-0452	EO	\$10,000.00	
Employee	F	9/30/1990	78119-3215	EO	\$10,000.00	
Employee	F	4/16/1991	78114-6536	EO	\$10,000.00	
Employee	M	8/19/1956	78121-4719	ES	\$6,500.00	Buy Up Plan
Spouse	F	11/9/1967	78121-4719	ES		
Employee	F	9/23/1987	78225-1122	EO	\$10,000.00	
Employee	F	5/30/1993	78114-2211	EO	\$10,000.00	
Employee	F	6/14/1968	78223-4848		\$10,000.00	Waived
Employee	F	10/5/1994	78161-4723	EO	\$10,000.00	
Employee	F	11/23/1979	78114	EO	\$10,000.00	
Employee	M	8/22/1964	78114-3618	EO	\$10,000.00	
Employee	M	1/1/1955	78121-5220		\$6,500.00	Waived
Employee	M	5/2/1962	78114-2613	EO	\$10,000.00	Buy Up Plan
Employee	M	8/31/2003	78114-1677	EO	\$10,000.00	
Employee	F	9/29/1984	78114-6443	EO	\$10,000.00	
Employee	M	2/26/1971	78114-3630	EO	\$10,000.00	
Employee	F	9/14/1951	78114-4028	EO	\$5,000.00	Buy Up Plan
Employee	F	7/17/1953	78114-1836		\$5,000.00	Waived
Employee	M	10/18/1991	78114-9758	EC	\$10,000.00	
Child	M	5/28/2021	78114-9758	EC		
Child	M	12/8/2022	78114-9758	EC		
Employee	F	5/25/1974	78114-6655		\$10,000.00	Waived
Employee	M	6/18/2001	78155-9650	EO	\$10,000.00	Buy Up Plan
Employee	M	2/2/1965	78114	EO	\$10,000.00	
Employee	F	7/27/1982	78147-0332	EO	\$10,000.00	
Employee	M	2/4/1998	78155-0945	EO	\$10,000.00	
Employee	F	11/8/1988	78114-1658	EC	\$10,000.00	
Child	F	3/11/2014	78114-1658	EC		
Employee	F	2/9/1976	78123-0243	EO	\$10,000.00	
Employee	F	9/9/1962	78114-0021	EO	\$10,000.00	
Employee	M	12/17/1968	78114-6290	EO	\$10,000.00	

Employee	M	12/20/1963	78114-2114	EO	\$10,000.00	
Employee	M	10/5/1964	78121-0272	EO	\$10,000.00	
Employee	M	11/1/1997	78155-3933	EO	\$10,000.00	
Employee	M	1/26/1986	78114-0048	EO	\$10,000.00	Buy Up Plan
Employee	F	10/13/1992	78114-2824	EO	\$10,000.00	
Employee	M	6/7/2000	78207-1012	EO	\$10,000.00	
Employee	M	2/19/1997	78114-2793	EO	\$10,000.00	
Employee	F	9/27/1978	78161-0099	EO	\$10,000.00	
Employee	M	4/17/1971	78064-5604	EO	\$10,000.00	
Employee	M	6/15/2000	78233-4304		\$10,000.00	Waived
Employee	M	4/6/1962	78121-4011	EO	\$10,000.00	
Employee	M	3/6/1969	78160	EO	\$10,000.00	
Employee	M	11/28/1974	78147-0868		\$10,000.00	Waived
Employee	F	3/2/1967	78114-6549	EO	\$10,000.00	
Employee	F	8/11/1995	78121-9753	EO	\$10,000.00	
Employee	F	8/8/1979	78114-4223	EO	\$10,000.00	
Employee	F	6/14/1973	78160-6336	EO	\$10,000.00	
Employee	M	6/27/1957	78160-0020		\$6,500.00	Waived
Employee	F	11/19/1964	78114-9208	EO	\$10,000.00	
Employee	F	4/26/1971	78114-4702	EO	\$10,000.00	
Employee	M	2/16/1956	78160-6211		\$6,500.00	Waived
Employee	M	10/13/1978	78160-6011	EO	\$10,000.00	
Employee	F	8/2/1982	78114-5046	EC	\$10,000.00	
Child	F	2/7/2021	78114-5046	EC		
Child	F	2/19/2016	78114-5046	EC		
Child	F	11/29/2023	78114-5046	EC		
Employee	F	12/8/1957	78121-4041	EO	\$6,500.00	
Employee	F	6/20/1974	78114-1659	EO	\$10,000.00	
Employee	M	1/29/1957	78114-6177			Waived
Employee	F	8/19/1991	78114-3498	EO	\$10,000.00	
Employee	F	6/1/1993	78114-3112	EO	\$10,000.00	
Employee	F	6/15/1968	78160-7016	EO	\$10,000.00	
Employee	F	9/10/1959	78114-9603	EO	\$10,000.00	
Employee	F	1/13/1968	78114-3338	EC	\$10,000.00	
Child	M	12/20/2001	78114-3338	EC		
Employee	M	8/8/1972	78064-2740	EO	\$10,000.00	
Employee	M	1/30/1956	78114-4240		\$6,500.00	Waived
Employee	M	2/19/1999	78147-0186	EO	\$10,000.00	
Employee	F	11/11/1975	78065-1312	EO	\$10,000.00	
Employee	M	3/9/1999	78114-0015	EC	\$10,000.00	
Child	F	6/17/2023	78114-0015	EC		

## **2022 CLAIMS HISTORY**



# 12-Month Medical Report

**Metrics :** (Average Subscribers, Average Members, Total Contribution, Contribution PEPM, Medical Paid, Medical PEPM, Pharmacy Paid, Pharmacy PEPM, Paid, Total Paid PEPM, Total Paid PMPM, Loss Ratio)

**Rows :** (Paid Month)

**Columns :** (Metrics)

**Paid Month :** (Oct 2021 - Sep 2022)

**Account :** (000094500 - POOLED)

**Coverage Type :** (Medical)

**Group :** (192791 - WILSON COUNTY - TERMED, 322449 - WILSON COUNTY - BEN - TERMED)

Paid Month	Average Subscribers	Average Members	Total Contribution	Contribution PEPM	Medical Paid	Medical PEPM	Pharmacy Paid	Pharmacy PEPM	Paid	Total Paid PEPM	Total Paid PMPM	Loss Ratio
Oct 2021	169	222	\$131,758.80	\$779.64	\$37,226.77	\$220.28	\$27,799.39	\$164.49	\$65,026.16	\$384.77	\$292.91	49.35%
Nov 2021	167	220	\$131,032.40	\$784.63	\$16,472.46	\$98.64	\$16,823.40	\$100.74	\$33,295.86	\$199.38	\$151.34	25.41%
Dec 2021	170	224	\$133,211.60	\$783.60	\$2,868.53	\$16.87	\$19,708.31	\$115.93	\$22,576.84	\$132.80	\$100.79	16.95%
Jan 2022	167	223	\$132,091.04	\$790.96	\$6,033.60	\$36.13	\$24,948.47	\$149.39	\$30,982.07	\$185.52	\$138.93	23.46%
Feb 2022	166	217	\$131,074.60	\$789.61	\$23,298.94	\$140.36	\$21,871.34	\$131.76	\$45,170.28	\$272.11	\$208.16	34.46%
Mar 2022	165	214	\$130,058.16	\$788.23	\$328,580.67	\$1,991.40	\$20,311.98	\$123.10	\$348,892.65	\$2,114.50	\$1,630.34	268.26%
Apr 2022	161	211	\$127,442.60	\$791.57	\$68,443.53	\$425.12	\$15,600.49	\$96.90	\$84,044.02	\$522.01	\$398.31	65.95%
May 2022	165	218	\$130,638.24	\$791.75	\$54,259.44	\$328.85	\$18,468.58	\$111.93	\$72,728.02	\$440.78	\$333.61	55.67%
Jun 2022	165	218	\$130,638.24	\$791.75	\$52,150.22	\$316.06	\$22,934.05	\$138.99	\$75,084.27	\$455.06	\$344.42	57.47%
Jul 2022	165	213	\$128,999.52	\$781.82	\$55,688.29	\$337.50	\$17,708.92	\$107.33	\$73,397.21	\$444.83	\$344.59	56.90%
Aug 2022	164	212	\$128,287.96	\$782.24	\$42,051.69	\$256.41	\$26,685.34	\$162.72	\$68,737.03	\$419.13	\$324.23	53.58%
Sep 2022	156	199	\$121,881.84	\$781.29	\$43,986.04	\$281.96	\$26,380.55	\$169.11	\$70,366.59	\$451.07	\$353.60	57.73%
<b>Total: Selected Filter(s)</b>	<b>165</b>	<b>216</b>	<b>\$1,557,115.00</b>	<b>\$786.42</b>	<b>\$731,060.18</b>	<b>\$369.22</b>	<b>\$259,240.82</b>	<b>\$130.93</b>	<b>\$990,301.00</b>	<b>\$500.15</b>	<b>\$382.21</b>	<b>63.60%</b>

## **2023 CLAIMS HISTORY**



Texas Experience Exhibit

- Claims displayed are incurred and completed through January 2024.
- Claims displayed are based on a rolling 36 months of data.
- Claims paid through March 2024.

Monthly Claims:

Month	EE Only	EE+Spouse	EE+Child/ren	EE+Family	Monthly Billed Premium	Total Medical FFS/Caps	Rx Claims
February 2021	0	0	0	0	\$0	\$0	\$0
March 2021	0	0	0	0	\$0	\$0	\$0
April 2021	0	0	0	0	\$0	\$0	\$0
May 2021	0	0	0	0	\$0	\$0	\$0
June 2021	0	0	0	0	\$0	\$0	\$0
July 2021	0	0	0	0	\$0	\$0	\$0
August 2021	0	0	0	0	\$0	\$0	\$0
September 2021	0	0	0	0	\$0	\$0	\$0
October 2021	0	0	0	0	\$0	\$0	\$0
November 2021	0	0	0	0	\$0	\$0	\$0
December 2021	0	0	0	0	\$0	\$0	\$0
January 2022	0	0	0	0	\$0	\$0	\$0
February 2022	0	0	0	0	\$0	\$0	\$0
March 2022	0	0	0	0	\$0	\$0	\$0
April 2022	0	0	0	0	\$0	\$0	\$0
May 2022	0	0	0	0	\$0	\$0	\$0
June 2022	0	0	0	0	\$0	\$0	\$0
July 2022	0	0	0	0	\$0	\$0	\$0
August 2022	0	0	0	0	\$0	\$0	\$0
September 2022	0	0	0	0	\$0	\$0	\$0
October 2022	131	2	20	1	\$107,474	\$78,925	\$23,674
November 2022	131	1	20	1	\$106,195	\$127,676	\$18,377
December 2022	132	1	22	1	\$108,394	\$42,688	\$20,003
January 2023	134	2	22	1	\$110,615	\$56,150	\$36,508
February 2023	138	2	23	1	\$114,988	\$73,756	\$36,898
March 2023	136	2	23	1	\$113,695	\$118,502	\$26,971
April 2023	139	2	24	1	\$116,540	\$117,881	\$33,900
May 2023	135	3	23	1	\$114,257	\$91,760	\$39,839
June 2023	139	3	23	1	\$116,914	\$82,841	\$38,553
July 2023	140	3	23	1	\$117,702	\$56,400	\$47,026
August 2023	136	3	23	1	\$115,115	\$137,169	\$47,653
September 2023	134	3	22	1	\$112,846	\$54,990	\$48,199
October 2023	140	4	20	1	\$127,679	\$88,215	\$40,099
November 2023	143	4	20	1	\$129,806	\$205,932	\$50,063
December 2023	143	4	21	1	\$131,508	\$74,116	\$45,164
January 2024	141	5	21	1	\$130,588	\$149,500	\$60,202

Premium amounts and lives counts displayed on this report are unaudited

For purposes of this report, the Premium amount may include broker commissions and/or Service Fees. If you have elected to compensate your broker a Service Fee and have also elected for Aetna to serve as a billing and collection agent for such fee, then the Premium amount identified in this report also includes the Service Fee as identified in your Billing and Collection Agreement. For clarification, the Service Fee is not a component of your Premium but is reflected in the "Total Amount Due" identified in your monthly invoice.

Total Billed charged amount on pended claims \$142,142

## **2022 HIGH CLAIMANTS REPORT**

## PHI - HCC Report

**Service Category :** Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

**Metrics :** (Paid)

**Coverage Type :** (Medical)

**Group :** (192791 - WILSON COUNTY - TERMED, 322449 - WILSON COUNTY - BEN - TERMED)

**Paid Month :** (Oct 2021 - Sep 2022)

**Paid greater or equal 10000.00**

**Paid :** descending

Encrypted Member ID	Member Status	Member Age Band	Member Gender	Member Relationship	Medical Paid	Pharmacy Paid	Paid	Primary Diagnosis	Member Date of Service
20090114381	Active	<1 - 19	FEMALE	DEP	\$89,241.70	\$0.00	\$89,241.70	Z3800 - Single liveborn infant, delivered vaginally	12/27/2021
18700127765	Active	50 - 59	MALE	SUB	\$73,016.84	\$1,242.01	\$74,258.85	I63412 - Cerebral infarction due to embolism of left middle cerebral artery	09/04/2022
18000327299	Active	50 - 59	FEMALE	SUB	\$54,596.03	\$797.24	\$55,393.27	M0579 - Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	09/30/2022
19700441855	Active	<1 - 19	FEMALE	DEP	\$52,659.84	\$200.18	\$52,860.02	M458 - Ankylosing spondylitis sacral and sacrococcygeal region	09/21/2022
18000288967	Under 65 Retiree	50 - 59	MALE	SUB	\$41,739.48	\$5,569.67	\$47,309.15	N186 - End stage renal disease	09/27/2022
19320110562	Active	50 - 59	FEMALE	SUB	\$38,229.92	\$2,714.76	\$40,944.68	U071 - COVID-19	09/22/2022
18000327331	Under 65 Retiree	50 - 59	FEMALE	SUB	\$8,978.81	\$20,399.30	\$29,378.11	Z1211 - Encounter for screening for malignant neoplasm of colon	09/28/2022
19860593020	Active	50 - 59	FEMALE	SPS	\$20,706.23	\$7,908.67	\$28,614.90	E278 - Other specified disorders of adrenal gland	09/28/2022
19800245466	Active	50 - 59	MALE	SUB	\$26,695.31	\$1,435.73	\$28,131.04	K8020 - Calculus of gallbladder without cholecystitis without obstruction	07/26/2022
18000288960	Under 65 Retiree	60 - 64	MALE	SUB	\$9,233.68	\$16,704.39	\$25,938.07	D128 - Benign neoplasm of rectum	09/23/2022
20580789221	Active	30 - 39	FEMALE	SUB	\$20,136.87	\$2,308.33	\$22,445.20	O114 - Pre-existing hypertension with pre-eclampsia, complicating childbirth	09/23/2022
18000327034	Active	50 - 59	FEMALE	SUB	\$12,276.99	\$8,717.50	\$20,994.49	J3489 - Other specified disorders of nose and nasal sinuses	09/29/2022
18000327310	Active	60 - 64	FEMALE	SUB	\$16,074.03	\$3,204.70	\$19,278.73	I6521 - Occlusion and stenosis of right carotid artery	09/28/2022
19860032493	Active	50 - 59	MALE	SUB	\$32.75	\$19,004.47	\$19,037.22	G5701 - Lesion of sciatic nerve, right lower limb	09/19/2022
18000289202	Active	65+	FEMALE	SUB	\$8,445.03	\$9,188.90	\$17,633.93	Z1211 - Encounter for screening for malignant neoplasm of colon	09/26/2022
18000770685	Active	50 - 59	FEMALE	SPS	\$8,454.07	\$8,828.02	\$17,282.09	M47812 - Spondylosis without myelopathy or radiculopathy, cervical region	09/30/2022
20550335584	Active	30 - 39	MALE	SUB	\$15,260.72	\$311.26	\$15,571.98	U071 - COVID-19	08/23/2022
19800064081	Active	65+	MALE	SUB	\$465.93	\$13,632.90	\$14,098.83	E1165 - Type 2 diabetes mellitus with hyperglycemia	08/05/2022
18000289167	Active	50 - 59	FEMALE	SUB	\$3,155.52	\$9,955.81	\$13,111.33	M461 - Sacroiliitis, not elsewhere classified	09/23/2022
20200345480	Active	50 - 59	MALE	SUB	\$2,301.91	\$10,536.69	\$12,838.60	E119 - Type 2 diabetes mellitus without complications	09/25/2022
18000327234	Active	40 - 49	MALE	SUB	\$724.76	\$12,073.80	\$12,798.56	U071 - COVID-19	09/30/2022
19070002945	Active	60 - 64	FEMALE	SUB	\$12,252.74	\$111.34	\$12,364.08	K828 - Other specified diseases of gallbladder	09/26/2022
18000327161	Under 65 Retiree	60 - 64	FEMALE	SUB	\$2,659.79	\$9,293.36	\$11,953.15	E119 - Type 2 diabetes mellitus without complications	09/26/2022
16940820903	Active	50 - 59	MALE	SUB	\$8,648.63	\$2,580.00	\$11,228.63	R9430 - Abnormal result of cardiovascular function study, unspecified	09/30/2022
17810305841	Under 65 Retiree	60 - 64	MALE	SUB	\$1,864.93	\$9,349.60	\$11,214.53	Z20822 - Contact with and (suspected) exposure to COVID19	09/21/2022
18000289248	Active	60 - 64	MALE	SUB	\$10,943.85	\$40.00	\$10,983.85	J382 - Nodules of vocal cords	09/08/2022
14230072032	Active	60 - 64	FEMALE	SUB	\$10,136.36	\$71.52	\$10,207.88	R569 - Unspecified convulsions	09/22/2022
18170272610	Active	60 - 64	MALE	SUB	\$9,781.11	\$361.12	\$10,142.23	D123 - Benign neoplasm of transverse colon	07/18/2022
18000327261	Under 65 Retiree	50 - 59	FEMALE	SUB	\$1,207.62	\$8,859.04	\$10,066.66	Z1231 - Encounter for screening mammogram for malignant neoplasm of breast	09/20/2022
<b>Query Total</b>	<b>29</b>				<b>\$559,921.45</b>	<b>\$185,400.31</b>	<b>\$745,321.76</b>		

## **2023 HIGH CLAIMANTS REPORT**

**WILSON COUNTY**  
**Plan Sponsor ID 0000000112823376**

0524 Underwriting Financials Report Wilson County

Current Data For Claims Incurred February 01, 2023 - January 31, 2024

**WILSON COUNTY - 0000000112823376**  
Current Data For Claims Incurred February 01, 2023 - January 31, 2024

***0524 Underwriting Financials Report Wilson County***

**Product:**  
ALL

**Account Structure:**  
ALL

**Large Claimant Threshold:**  
\$25,000

**Threshold Product:**  
Medical-Pharmacy with Medical-Pharmacy Threshold



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**WILSON COUNTY - 0000000112823376**  
Current Data For Claims Incurred February 01, 2023 - January 31, 2024

***0524 Underwriting Financials Report Wilson County***

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Premium and Claims Experience  
Underwriting Large Claims

[Premium and Claims](#)  
[Underwriting Large Claims](#)

**WILSON COUNTY - 000000112823376**

Current Data For Claims Incurred February 01, 2023 - January 31, 2024

***Premium and Claims Experience by Completed Claims***

<b>Month</b>	<b>Employees</b>	<b>Members</b>	<b>Premium</b>	<b>Medical Amount</b>	<b>Pharmacy Amount</b>	<b>Total Amount</b>
February 2023	164	207	\$114,988	\$73,756	\$36,898	\$110,654
March 2023	162	205	\$113,695	\$118,502	\$26,971	\$145,473
April 2023	166	211	\$116,540	\$117,881	\$33,900	\$151,781
May 2023	162	207	\$114,257	\$91,760	\$39,839	\$131,599
June 2023	166	211	\$116,914	\$82,841	\$38,553	\$121,394
July 2023	167	212	\$117,702	\$56,400	\$47,026	\$103,426
August 2023	163	208	\$115,115	\$137,169	\$47,653	\$184,822
September 2023	160	203	\$112,846	\$54,990	\$48,199	\$103,188
October 2023	165	207	\$127,679	\$88,215	\$40,099	\$128,313
November 2023	168	212	\$129,806	\$205,932	\$50,063	\$255,995
December 2023	170	218	\$131,508	\$74,116	\$45,164	\$119,281
January 2024	168	217	\$130,588	\$149,500	\$60,202	\$209,702
<b>Total</b>	<b>1,981</b>	<b>2,518</b>	<b>\$1,441,637</b>	<b>\$1,251,062</b>	<b>\$514,566</b>	<b>\$1,765,628</b>

This report provides an overview of premium, claims and capitation dollars by month for the current time period.

Please note that this report is based on completed claims and there will be a discrepancy when comparing to other e.PSM/AHIA financial reports.

The claim experience reflected in these reports may not be the same as those used to develop the renewal rates.

Effective with Rx claims incurred in 2011, Rx Claims & Adjusted Rx Claims are calculated by applying discounts from Average Wholesale Prices to enrollees' utilization, rather than using actual amounts paid.

For purposes of this report, the Premium amount may include broker commissions and/or Service Fees.

If you have elected to compensate your broker a Service Fee and have also elected for Aetna to serve as a billing and collection agent for such fee, then the Premium amount identified in this report also includes the Service Fee as identified in your Billing and Collection Agreement.

For clarification, the Service Fee is not a component of your Premium but is reflected in the "Total Amount Due" identified in your monthly invoice.

**WILSON COUNTY - 000000112823376**  
 Current Data For Claims Incurred February 01, 2023 - January 31, 2024

***Underwriting Large Claims***

<b>Claimant</b>	<b>Medical Paid Amount</b>	<b>Pharmacy Paid Amount</b>	<b>ICD Category Description</b>
Claimant 1	\$128,730	\$16,500	Infectious Disease
Claimant 2	\$66,445	\$0	Oncologic Disorders
Claimant 3	\$494	\$57,927	Rheumatologic Disorders
Claimant 4	\$13,069	\$41,494	Digestive Disorders
Claimant 5	\$52,685	\$602	Rheumatologic Disorders
Claimant 6	\$52,887	\$214	Respiratory Disorders
Claimant 7	\$8,077	\$37,698	Cardiac Disorders
Claimant 8	\$19,016	\$17,183	Musculoskeletal Disorders
Claimant 9	\$24,926	\$10,970	Neurologic Disorders
Claimant 10	\$23,714	\$9,288	Neurologic Disorders
Claimant 11	\$10,851	\$19,433	Musculoskeletal Disorders
Claimant 12	\$28,493	\$612	Digestive Disorders
Claimant 13	\$26,127	\$1,787	Neurologic Disorders
Claimant 14	\$20,970	\$4,596	Vascular Disorders

Depending on the basis selected for the High Claims report, there may be a discrepancy when comparing to other AHIA financial reports. The large claim amounts reflected in these reports may not be the same as those used to develop the renewal rates.

**CURRENT BILLING INVOICE**



AETNA  
 Attn: Billing Statement Dist  
 P.O. Box 67103  
 Harrisburg PA 17106-7103

**WILSON COUNTY**

WILSON COUNTY  
 GABRIELLE LANDRUM  
 1420 3RD STREET  
 FLORESVILLE TX 78114-0000

**Prepared Date:** 05/23/24  
**Invoice Number:** J1567963  
**Triad Number:** 1680  
**Account Number:** 112823376  
**Bill Package:** 1001  
**Coverage Period:** 06/01/24-06/30/24  
**Payment Due Date:** 06/01/24

<b>SUMMARY OF ACCOUNT:</b>	
Opening Balance	\$140,634.78
Paid Date 04/30/24 Payment ID: 202404290001	\$140,634.78
Total Payments Received Since Last Invoice	\$140,634.78
Current Inforce Charges	\$146,990.53
Retroactivity Charges	\$4,315.84
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$0.00
Current Net Charges	\$151,306.37
<b>AMOUNT DUE:</b>	<b>\$151,306.37</b>

**Total amount due includes the premium due to your health plan, as well as any service fee you are paying your broker as outlined in the executed billing and collection agreement. Please refer to your copy of the billing and collection agreement for details. If you have any questions, please contact your Account Manager.**

**Important Notice to Insured Customers - - Please Read:** The total amount is due on the first day of the monthly coverage period. If the total amount is not received by the end of the grace period, the contract will be terminated. You will be liable for the total amount due for all periods of coverage (including the grace period) unless you provide at least 30 days of advance written notice of your intent to terminate. If you have more than one invoice, you must pay each invoice separately or supply support detailing the amount to apply to each invoice. If you fail to supply this support your payment will be applied proportionately to each invoice for that month. If the total amount due for all invoices is not received, you may be in arrears on all invoices, and subject to termination.

Pay online <http://www.aetna.com/employer-plans/index.html> or call 877-404-7115. Pay by check please include your invoice number and/or account number on your check.

**Want to go paperless? Just call 866-899-4378 for eBusiness options or billing questions. Thank you for your Business.**

**Detach & return with payment in the enclosed envelope.**



**Please make checks payable to:**

AETNA  
 P.O. BOX 804735  
 CHICAGO, IL 60680 - 4158

**Prepared Date:** 05/23/24  
**Invoice Number:** J1567963  
**Triad Number:** 1680  
**Account Number:** 112823376  
**Bill Package:** 1001  
**Coverage Period:** 06/01/24-06/30/24

<b>Please Pay By</b>	<b>Amount Due</b>
June 01,2024	\$151,306.37

Check Box for Change of Address. See Reverse.

If you are a fully insured plan sponsor with a Texas-sitused contract, you are liable for premiums on certain terminated individuals until the end of the month in which Aetna receives notification of termination. Notification may be electronic, by fax or by other methods in your agreement. Please refer to Texas Ins. Code §§ 843.210 and 1301.0061 for more information

Aetna and Aetna Business plans administered by Aetna will appear as ALIC or AHM on your financial institution statement

**\*Plan Key**

*Please reference this key while reviewing membership at benefit level.*

Product	Specific Plan Type	*Type
<b>Dental</b>	Dental PPO	0100
<b>Medical</b>	OA POS	0023
	Informed Health Line	0106

*Trans Type	Trans Type Definition
N	New Employee
T	Terminated Employee
C	Changed Employee
R	Reinstated Employee

Family Code	Description
1	EE
2	EE + Spouse
3	EE + Child(ren)
4	EE + Family

Please insert Change of Address information in the space provided

Name

---

Addr 1

---

Addr 2

---

City, State, Zip



WILSON COUNTY

Prepared Date: 05/23/24  
 Invoice Number: J1567963  
 Triad Number: 1680  
 Account Number: 112823376  
 Bill Package: 1001  
 Coverage Period: 06/01/24-06/30/24

**BENEFIT SNAPSHOT CURRENT MEMBERSHIP**

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
<b>Medical</b>	023	EE	145	\$103,999.35
		EE + Spouse	4	\$5,519.14
		EE + Child(ren)	24	\$23,814.96
		EE + Family	4	\$6,970.56
		<b>Subtotal</b>		<b>\$140,304.01</b>
<b>Dental</b>	100	EE	81	\$2,562.03
		EE + Spouse	18	\$1,096.92
		EE + Child(ren)	21	\$1,702.89
		EE + Family	12	\$1,324.68
		<b>Subtotal</b>		<b>\$6,686.52</b>
<b>Total</b>				<b>\$146,990.53</b>

\*See Plan Key

**ACTIVE CONTROL-SUFFIX-ACCOUNTS (CSA) REFLECTED IN THIS INVOICE**

0186737-010-00001 AND 00201; 0186737-011-00001 AND 00201; 0186737-012-00001 AND 00201