

Rick Schroder

From: Eddie Ruiz ·
Sent: Friday, May 31, 2024 3:13 PM
To: Rick Schroder
Subject: Fwd: TX Health Benefits Renewal Information for City of Johnson City
Attachments: Johnson City_PJOHNSO3_Letter2024-2025.pdf; Johnson City_PJOHNSO3_Renewal2024-2025.pdf; Texas Health Benefits Pool Producer Access and Payment Form.pdf

Howdy Rick,

Fresh off the press I just received the renewal for the city and I have good news. It looks like there will be no increase to the medical plan rates from what I can tell.

I'll let you review and think about whether this is something that we want to continue to explore by putting a proposal out to other carriers or if we will stay the course and maintain with TML another year.

I hope you have a good weekend and we'll talk on Monday or early next week.

Eddie

Get [Outlook for iOS](#)

From: TX Health Benefits Pool Marketing <Marketing@txhb.gov>
Sent: Friday, May 31, 2024 3:09 PM
To: Jana Nentwich ; Julie Moore ; Michelle Burnett ; Eddie Ruiz
Cc: Trish Flores-Rios
Subject: TX Health Benefits Renewal Information for City of Johnson City

Hello,

TX Health Benefits is sending you advance notice of the renewal for City of Johnson City. The renewal attached will be sent to the group in the next couple of days.

On behalf of TX Health Benefits, thank you for your partnership and for trusting us to provide coverage for your client. We look forward to working with you on this renewal.

Thank you,
Trish Rios
TX Health Benefits Pool

512-719-6507



Call: 800-282-5385
1821 Rutherford Lane, STE 300, Austin, Texas 78754



May 30, 2024

City of Johnson City
PO Box 369
Johnson City, TX 78636-0369

Dear Rick Schroder,

Thank you for your continued partnership with the TX Health Benefits Pool. We're proud to serve public entities like yours, with a Board of Trustees composed entirely of current or former local government officials. This unique governance ensures that your voice is heard in shaping your healthcare coverage.

While the past couple years brought pandemic challenges with high medical costs, we've turned the corner thanks to your support. We're in a stronger position now, with a healthier Pool and slower cost increases, which means more stable rates for you this year.

Here are some exciting enhancements for the upcoming plan year:

- **NEW Circle Wellness:** Free on-site health screenings to detect issues early and reduce treatment costs.
- **NEW Twin Health:** Our pilot project aims to help members with type 2 diabetes live healthier and potentially reverse their condition through a partnership with Twin Health.
- **Continued Surgery Plus:** We're continuing our partnership to offer high-quality, cost-effective surgical care, with significant savings for your employees.
- **Member Rewards:** Get cash back when using cost-effective providers for imaging/tests.

Your marketing rep Trish Rios will reach out soon to discuss your renewal options, budget fit, and potential savings with an HMO, health accounts like HSAs, or our Direct Primary Care plan.

Open enrollment is scheduled for 08/01/2024 - 08/15/2024. We offer convenient self-service and phone enrollment options to make it easy for your employees.

To ensure a smooth transition, please provide your renewal decision at least 90 days before your anniversary date of 10/01/2024. Trish can assist you with completing the renewal form. You can reach Trish at 512-719-6507 and Trish.Rios@txhb.gov.

Thank you for your continued trust. We look forward to serving you and your employees again this year.

Sincerely,

Jennifer Hoff
Executive Director

BOARD OF TRUSTEES

Chair

Mike Stelly, Region 16
Chief of Police/Director of Public Works, City of West Orange

Vice Chair

Mike Smith, Region 5
City Manager, City of Jacksboro

Joseph Price, Region 2
City Manager, City of Canyon

Elena Quintanilla, Region 3
City Administrator, Town of Ransom Canyon

Dru Gravens, Region 4
City Manager, City of Crane

Tammie Coffman, Region 6
Councilmember, City of Clyde

Joe A. Cardenas, Region 7
Assistant City Manager, City of Uvalde

Region 8
Vacant

Connie Standridge, Region 9
City Manager, City of Corsicana

Ashley Wayman, Region 10
City Administrator, City of Rollingwood

John Green, Region 11
Mayor Pro-Tem, City of Portland

Wendi Delgado, Region 12
Director of Operations, City of South Padre Island

Jeff Jordan, Region 13
Mayor, City of Kaufman

Fabrice Kabona, Region 14
City Manager, City of Madisonville

Wendy Hudman, Region 15
City Accountant, City of Carthage

Larry Fields, Appointee
Former City Manager, City of Graham

Stephen Haynes, Appointee
Mayor, City of Brownwood

Glen Metcalf, Appointee
Former City Manager, City of Canyon

Mike Slye, Appointee
Former City Manager, City of Kaufman

Jay Stokes, Appointee
City Manager, City of Deer Park

Lew White DDS, Appointee
Mayor, City of Lockhart



Follow us:
@TXHB



(800) 282-5385
P.O. Box 140526
Austin, Texas 78714-0526

For more information, visit us at
txhb.gov



Renewal Notice and Benefit Verification Form

Johnson City

Original

Plan Year 10/01/2024 - 09/30/2025 (12 Months)

IMPORTANT NOTICE: A signed renewal is required by the due date in your cover letter. If TX Health Benefits Pool does not receive the fully executed renewal notice by the indicated due date, you will no longer have an option to change benefits which will result in renewal of the benefit plans listed below at the new rates and the current employer contributions.

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	Rates	Current	New*
Copay-750-5K ER-DAW1&2	80/50	\$750	\$1500	\$5000	\$30	EE Only:	\$678.92	\$678.92
						EE + Spouse:	\$1,378.90	\$1,378.90
						EE + Child(ren):	\$1,164.48	\$1,164.48
						EE + Family:	\$1,924.80	\$1,924.80

In Network Deductible applies towards In Network OOP.

Medical Plan Accumulators will be based on Plan Year.

*Rates include a producer commission of \$40.00 PEPM paid to Crandall & Associates, Inc..

Monthly Employer Contribution Amounts

TX Health Benefits Pool requires 60% employer contribution toward employee medical – Minimum employer contribution is \$407.35.

Please enter your monthly employer contribution amounts for active employees here, in dollars or percentages:

Plan	EE Only:		EE+Spouse*:		EE+Child(ren)*:		EE+Family*:	
	Amount	% of Rate**	Amount	% of Rate**	Amount	% of Rate**	Amount	% of Rate**
Copay-750-5K ER-DAW1&2	\$_____ or _____%	_____%	\$_____ or _____%	_____%	\$_____ or _____%	_____%	\$_____ or _____%	_____%

*If entering contributions in dollars, the dependent tier(s) must include the EE Only amount paid by employer in addition to any employer paid amounts for dependents. Percentages for dependent tier(s) will apply to the dependent tier amount less the EE Only amount.

**NOTE: If a contribution percentage is provided, it will be rounded up to the nearest penny.

Are there different contributions based on other factors (ex: hourly vs salary, department or location based)? If so, please explain here:

Basic Life and AD&D: Plan 10 (\$25,000)

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

Note: Plan requires 100% Participation and is 100% EMPLOYER paid.

Additional Employee Life and AD&D

Age of Employee	Current Rate per \$1000	New Rate per \$1000
Under 30	0.041	0.041
30 - 34	0.052	0.052
35 - 39	0.091	0.091
40 - 44	0.129	0.129
45 - 49	0.198	0.198
50 - 54	0.332	0.332
55 - 59	0.595	0.595
60 - 64	0.913	0.913
65 - 69	1.513	1.513
70 and over	2.431	2.431

Note: Plan is EMPLOYEE paid.

Dependent Life: Plan 3 (\$10,000/\$2,000)

<u>Current Rate</u>	<u>New Rate</u>
\$2.76 per dependent unit	\$2.76 per dependent unit

Note: Plan is EMPLOYEE paid.

Pre-65 Retiree Medical

Yes - Rates Same as Active

Note: Pre-65 Retiree rates will be Direct Billed to the EMPLOYER.

Basic & Additional Retiree Life

<u>Age of Employee</u>	<u>Current Rate per \$1000</u>	<u>New Rate per \$1000</u>
Under 45	0.228	0.228
45 - 49	0.329	0.329
50 - 54	0.519	0.519
55 - 59	0.873	0.873
60 - 64	1.240	1.240
65 - 69	1.961	1.961
70 - 74	3.226	3.226
75 - 79	5.376	5.376
80 - 84	8.223	8.223
85 - 89	12.587	12.587
90 - 94	18.342	18.342
95 and over	37.823	37.823

Note: Retiree rates will be Direct Billed to the EMPLOYER.

Retiree Dependent Life

<u>Current Rate</u>	<u>New Rate</u>
\$4.14 per dependent unit	\$4.14 per dependent unit

Note: Retiree rates will be Direct Billed to the EMPLOYER.

COBRA Eligibility and Administration (Continuation of Coverage)

COBRA Eligible? No

NOTE: Eligibility status has been ascertained based on the census information you have maintained in TXHB Online for the preceding Calendar Year. You did not have sufficient full-time equivalent employees to be COBRA eligible. Please contact your Account Executive/Account Manager if you consider your reflected eligibility status to be inaccurate.

Benefit Waiting Period

1st of mo after date of hire

Required Annual Eligibility and Enrollment Information

Please provide the following information:

1. Will you allow Employee Self Service (ESS) via TXHB Online for Open Enrollment and Qualifying Life Events? No Yes

Signature Section

The undersigned employer hereby acknowledges that for an employee to receive coverage, TX Health Benefits Pool must receive enrollment information within thirty-one (31) days of the date of hire or within thirty-one (31) days of the coverage effective date, whichever is later, regardless of whether the Employer has a waiting period or a waiting and orientation period. If an enrollment is not submitted within this timeline, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

Employer Member Additional Acknowledgements and Agreements

1. Employer Member acknowledges and agrees that its signature on this Renewal Notice and Benefit Verification Form indicates its binding selections for renewal services through TX Health Benefits Pool.
2. Employer Member acknowledges that certain benefit service selections require completion and execution of additional forms and agreements and agrees that it will work with all due diligence and in good faith to complete, execute, and return all necessary forms and agreements to TX Health Benefits Pool prior to the beginning of the Group's open enrollment.
3. Employer Member acknowledges that TX Health Benefits Pool will only allow open enrollment for renewal services in good faith and without receiving all necessary signed benefit service forms and agreements if:
 - A. A signed Renewal Notice and Benefit Verification Form with all necessary Employer Member selections and information has been received; and
 - B. Employer Member has in good faith attempted but failed to approve and return the applicable benefit service forms and agreements timely.
4. Employer certifies that it has adopted an Employee Flexible Benefits Plan under Section 125 of the Internal Revenue Code. This Plan is offered to all eligible employees who are qualified by employment status.
5. Employer certifies that it will provide notice of the creditable status of the coverage it offers to new enrollees prior to the effective date of their coverage, as required by the Medicare Modernization Act.
6. TX Health Benefits requires groups to enroll 100% of their benefit eligible employees. This is also known as the 100% Participation Rule. Employers may have employees that wish to waive Medical coverage through TX Health Benefits Pool, however, waivers may only be granted for the reasons enumerated in your Plan Book.

Please sign by the due date and return this completed form via email to your Account Executive/Account Manager or marketing@txhb.gov.

746003146		
Tax ID Number	Authorized Signature	Date
Printed Name	Title	

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

Rates are subject to change due to intervening events such as action taken by the TX Health Benefits Pool Board of Trustees, legislation passed during the plan year, or other events affecting benefits.

Supplemental benefits cannot be accessed without accessing the TX Health Benefits Pool Medical Benefit Plan.

YOUR RENEWAL QUOTE INCLUDES PROPRIETARY INFORMATION THAT SHOULD NOT BE SHARED WITH OTHER COMPETITORS OR USED TO CIRCUMVENT THE REQUIREMENTS OF TEXAS COMPETITIVE BIDDING LAWS. IN THE EVENT YOU RECEIVE A RENEWAL QUOTE AND LATER DECIDE TO ISSUE AN RFP, THE RENEWAL QUOTE MAY NOT BE SHARED WITH ANY OTHER COMPETITORS AS DOING SO WOULD DISADVANTAGE TX HEALTH BENEFITS POOL IN THE COMPETITIVE PROCESS. TX HEALTH BENEFITS POOL ALSO RESERVES THE RIGHT TO REVISE PREVIOUSLY ISSUED RATES IN RESPONSE TO YOUR RFP.



Producer Access Form

In order to facilitate its healthcare operations and payment functions, TX Health Benefits Pool (TXHB) must receive information from the Group, including information related to eligibility, enrollment, and billing information. If the Group elects to have a Producer assist it with this providing this information, please select the check boxes below to establish the access that should be granted to the Group's authorized Producer(s).

In addition, please indicate below if the Group would like the authorized Producer(s) to have access to TXHB Reporting (only available for Groups with 50 or more covered employees) and/or Renewal Information related to the Group's benefit selections. Standard Reporting and Renewal Information are deidentified and do not contain any individual Protected Health Information (PHI).

By its signature below, Group acknowledges and accepts that TXHB may only disclose the PHI of any individual covered under the Group's plan as permitted by HIPAA (i.e. as necessary to facilitate TXHB healthcare operations or payment functions, or pursuant to an authorization signed by the individual). Further, Group acknowledges and accepts that TXHB bears no responsibility and is not involved with the Group's decision to share information with a Producer(s).

Group acknowledges and agrees that it is responsible for ensuring TXHB receives accurate and timely information, whether the information is provided by the Group, or by a Producer retained by the Group. Further, Group acknowledges and agrees that it is responsible for ensuring TXHB is immediately informed in writing of any changes to the identity of the Group's authorized Producers, by contact your TXHB Marketing Representative or by email to marketing@txhb.gov. Group acknowledges and accepts responsibility and liability for any consequences that result from Group's failure to inform TXHB of any changes to the identity of the Group's authorized Producers, or for any consequences resulting from the provision of incorrect or delayed information provided to TXHB. In addition, if such a failure by Group leads to a Security Breach in TXHB network, or a Privacy Breach, Group will be responsible for repairing the Breach, for any damages associated with the Breach and will indemnify and reimburse TXHB for any expenses incurred by TXHB in addressing the Breach.

Name of Firm

► Primary Producer (main contact for TX Health Benefits Pool)

Firm Tax Identification Number (TIN)

First and Last Name (Primary)

Title

Mailing Address, City, State, Zip

()

Primary phone

Email - a unique email is required for access below

Effective Date of Authorized Access for all Producers Listed

► Primary Producer May Have Authorized Access to: complete section for access

- TXHB Reports for Groups above 50 Lives
- Renewal Information
- TXHB Online Enrollment & Billing Information

Access for additional Producers will be granted, if necessary, based on Group size. Please complete fields for additional Producers on the following page.

► **Additional Producers** (TXHB provides access for four (4) additional authorized producers)

1 **ADDITIONAL PRODUCER** First/Last Name _____ Title _____

Same as Primary Producer

Mailing Address, City, State, Zip _____

(_____)

Primary phone _____

Email - a unique email is required for access below

ADDITIONAL PRODUCER 1 MAY HAVE ACCESS TO: complete section for access

TXHB Reports for Groups above 50

Renewal Information

TXHB Online Enrollment & Billing Information

2 **ADDITIONAL PRODUCER** First/Last Name _____ Title _____

Same as Primary Producer

Mailing Address, City, State, Zip _____

(_____)

Primary phone _____

Email - a unique email is required for access below

ADDITIONAL PRODUCER 2 MAY HAVE ACCESS TO: complete section for access

TXHB Reports for Groups above 50

Renewal Information

TXHB Online Enrollment & Billing Information

3 **ADDITIONAL PRODUCER** First/Last Name _____ Title _____

Same as Primary Producer

Mailing Address, City, State, Zip _____

(_____)

Primary phone _____

Email - a unique email is required for access below

ADDITIONAL PRODUCER 3 MAY HAVE ACCESS TO: complete section for access

TXHB Reports for Groups above 50

Renewal Information

TXHB Online Enrollment & Billing Information

4 **ADDITIONAL PRODUCER** First/Last Name _____ Title _____

Same as Primary Producer

Mailing Address, City, State, Zip _____

(_____)

Primary phone _____

Email - a unique email is required for access below

ADDITIONAL PRODUCER 4 MAY HAVE ACCESS TO: complete section for access

TXHB Reports for Groups above 50

Renewal Information

TXHB Online Enrollment & Billing Information

Producers to be Terminated - A "new" Producer will not be granted access to TXHB Online or Reporting until after the "Date of Term" is processed for any Producer which is listed below to be terminated.

Firm Name	Producer Name	Producer Title	Producer Email	Date of Term:

Producer Payment Form

Group Name _____

Group Number _____

► **How will the Producer be Paid? Authorized Producer PEPM Fees - selection required**

Group will pay the Producer directly. Yes No

OR

Effective Date of Commission

Requires processing time of: First of month after 45 days

Commissions process through renewal with TXHB Yes* No

If Yes please note commissions below as a Per Employee Per Month (PEPM) for the applicable products elected

TX Health Benefits Pool (TXHB) to collect and distribute service fees.

Per Employee Per Month (PEPM) flat fee (Medical):^{1,2} \$ _____ / (\$ XXX.XX per month)

Per Employee Per Month (PEPM) flat fee (Dental):^{1,2} \$ _____ / (\$ XXX.XX per month)

Per Employee Per Month (PEPM) flat fee (Vision):³ \$ _____ / (\$ XXX.XX per month)

Per Employee Per Month (PEPM) flat fee (Total): \$ _____ / (\$ XXX.XX per month)

1 TXHB requires a W-9 on any new Producer Firm prior to the first payment.

2 Commission processed by BCBSTX during the 15th-20th of the month following the month of service.

3 Commission processed by TXHB during the month of service.

By signing below, Group acknowledges that TXHB does not incorporate a Producer's fee into the Group's rate, and any Producer fee will be invoiced as an independent line item.

► **Group Authorization and Signature**

Printed Name _____

Title _____

Authorized Signature _____

Date _____