



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Cameron County ASO AND STOPLOSS EXHIBIT HEALTH

Medical Plan:	Custom 800	Group #	94534
	Rx 10/15/25 with \$0 Rx ded	AD =	10/1/2014
Condition Management, Blue Care Connections:	Not Included		
Benefits Value Advisor:	Not Included		
	Composite	10/1/2014	Annual *
Assumed employee enrollment	1,687		1,687
Expected paid claims - medical	\$421.02		\$8,523,129
Expected paid claims - Rx	\$123.15		\$2,493,049
<b>Total Expected Paid Claims</b>	<b>\$544.17</b>		<b>\$11,016,177</b>
Base Administration Charge **	\$40.55		\$820,894
Condition Mgt. / Blue Care Connections Charge	\$0.00		\$0
Benefits Advisor Charge	\$0.00		\$0
Stoploss Charges ***			
\$200,000 per Participant (med + Rx)	\$31.27		\$633,030
125% Aggregate (med + Rx)	\$3.90		\$78,952
<b>Monthly Fixed Cost</b>	<b>\$75.72</b>		<b>\$1,532,876</b>
Maximum Claim Liability Factor****	\$680.21		\$13,770,171 ****
Projected Maximum Cost For Administration, Stoploss And Paid Claims	\$755.93		\$15,303,047

Minimum funding amounts should include expected paid claims (EPC), administration, stoploss charges and estimated reserves; if actual paid claims exceed EPC, the County will be required to make additional funds available up to the Maximum Claim Liability.

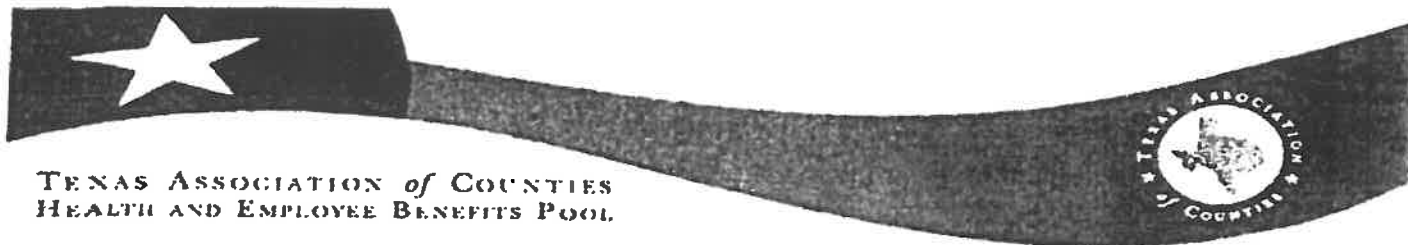
- \* This annual projection is based on the current enrollment; the actual results will differ.
- \*\* Costs associated with special services or custom materials provided will be supplemental billed separate and apart from the Administrative Charges outlined in this exhibit.
- \*\*\* If the specific (indiv.) stoploss limit is changed, the stoploss charge & Liability Factors will be adjusted.
- \*\*\*\* This annual aggregate amount is based on the current enrollment; in no event will the group's Claim Liability be less than \$13,081,663

	<b>TERMINATION</b>	
Run-Off Administration	\$0.00	\$0
Run-Off Liability Factor	\$292.18	\$1,478,723
	<b>Total</b>	<b>\$1,478,723</b>

Upon termination, the run-off factors above will be multiplied times the total of all memberships actually exposed during each of the three months immediately preceding contract termination and the result will be the obligation of the group; the TOTAL above is based on the current enrollment. (The Run-Off Administration amount (if applicable) is due and payable whether or not BCBSTX processes the run-off claims.)

The rates above are effective for twelve months contingent upon:

- 1) The effective date will be not be later than 10/01/14
- 2) The County paying 100% of the employee - only cost for all lines of coverage
- 3) A minimum enrollment of 1,680 employees with 39% carrying dependent coverage
- 4) A monthly enrollment of no fewer than 1,596 employees
- 5) No additional taxes being imposed and no increase in existing taxes
- 6) The maximum medical and prescription drug claims for each participant applying to the aggregate stoploss is \$200,000
- 7) The maximum aggregate stoploss benefit payments shall not exceed a maximum of unlimited per policy period.
- 8) Prescription drug claims are subject to the specific stoploss insurance.
- 9) The aggregate stoploss insurance shall apply to the medical and prescription drug claims subject to the levels identified above.
- 10) Basis of stop loss: both aggregate and specific stop loss are on a 24 / 12 basis.
- 11) Caremark is the administrator of the prescription drug program. Rx administration costs included in the expected claims above. (\$.00 per electronic claim, \$1.50 per paper claim.)
- 12) The County is required to fund bank account for medical and Rx claims.



## 2014 - 2015 Renewal Notice and Benefit Confirmation

Group: 94534 - Cameron County

Anniversary Date: 10/01/2014

Return to TAC by: 08/01/2014

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to charlottec@county.org.

For any plan or funding changes other than those listed below, please contact Charlotte Collins at 1-800-456-5974.

### MEDICAL

**Medical:** Custom Plan 800 \$25 Copay, \$400 Ded, 80%, \$2000 OOP **RX Plan:** Option 9A \$10/15/25 Max

Your payroll deductions for medical benefits are: **Pre and Post Tax**

#### 2014 - 2015 Plan Year Funding Levels

Tier	Current Funding	New Funding Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$416.67	\$ <u>466.67</u>	\$ <u>0</u>	\$ <u>250.78</u>
Employee + Child	\$416.67	\$ <u>466.67</u>	\$ <u>75.00</u>	\$ <u>400.78</u>
Employee + Children	\$416.67	\$ <u>466.67</u>	\$ <u>100.00</u>	\$ <u>425.78</u>
Employee + Spouse	\$416.67	\$ <u>466.67</u>	\$ <u>135.00</u>	\$ <u>400.78</u>
Employee + Family	\$416.67	\$ <u>466.67</u>	\$ <u>200.00</u>	\$ <u>525.78</u>

\_\_\_\_\_ Initial to accept Medical Plan and New Rates.

### RETIREE

Please circle one that applies for retiree medical benefits.

Your group allows retiree coverage for:

Medical: Pre 65 Post 65 Both

CL

Initial to confirm. ✓

ADMIN: STANDARD OTHER: \_\_\_\_\_  
 SPEC SL: STANDARD OTHER: \_\_\_\_\_  
 IF ASO: AGGREGATE SL: 3.90  
 BROKER? YES NO  
 PLAN CHANGE? NO  
 INITIAL KW DATE 8/28/14

*Consultant*  
*Ken Wetthe*

## WAITING PERIOD

Waiting period applies to all benefits.

### Employees

30 days – 1<sup>st</sup> of the month following date of  
hire but first of the month

### Elected Officials

30 days – 1<sup>st</sup> of the month following date of  
hire but first of the month

cc

Initial to confirm.

## COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ County/Group processes COBRA on OASYS

*\*County/Group is responsible for fulfilling COBRA notification process and requirements.*

☒ BCBS COBRA Department processes COBRA

*\*BCBS COBRA Department administers via COBRA contract with the County/Group*

cc

Initial to confirm COBRA Administration.

## PLAN INFORMATION

Please indicate your broker / agent's name, if applicable \_\_\_\_\_

- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by 8/01/2014 in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

# TAC HEBP Member Contact Designation Cameron County

## CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member Group. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

Name / Title Honorable Carlos H. Cascos / Judge

Address 1100 East Monroe Street

Brownsville, TX 78520-5883

Phone 956-544-0830

Fax 956-544-8465

Email carlos.cascos@co.cameron.tx.us

## BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name / Title Ms. Maria Robles / Assistant Auditor

Address 1100 East Monroe Street

Brownsville, TX 78520

Phone 956-544-0830

Fax 956-523-5012

Email mrobles@co.cameron.tx.us

HIPAA Secured Fax 956-523-5012

Corrected FAX  
# to  
956-550-1373  
9/2/14  
JH

## PRIMARY CONTACT

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name / Title Mr. Arnold Flores / Director of Administrative Services

Address 1100 East Monroe Street

Brownsville, TX 78520

Phone 956-982-5413

Fax 956-550-1373

Email arnold.flores@co.cameron.tx.us

Signature of County Judge or Contracting Authority

Date: 08-28-2014

Carlos H. Cascos, County Judge  
Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-wide county directed Health and Employee Benefits Pool in Texas.

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The Texas Association of Counties would like to thank you for your membership in the only all county-wide and county directed Health and Employee Benefits Pool in Texas.

**CAMERON COUNTY, TEXAS**  
**Self-Funded Health Plan**  
**Monthly Rates**  
**Period: 10-01-2014 thru 09-30-2015**

<b>Active</b>	<b>Total</b>	<b>County</b>	<b>Employee</b>
Employee Only	\$ 466.67	\$ 466.67	-
Employee & Spouse	\$ 601.67	\$ 466.67	\$ 135.00
Employee & Child	\$ 541.67	\$ 466.67	\$ 75.00
Employee & Children	\$ 566.67	\$ 466.67	\$ 100.00
Employee & Family	\$ 666.67	\$ 466.67	\$ 200.00
<b>COBRA</b>			
	<b>Total</b>	<b>County</b>	<b>Employee</b>
Employee Only	\$ 466.67	-	\$ 466.67
Employee & Spouse	\$ 933.34	-	\$ 933.34
Employee & Child	\$ 933.34	-	\$ 933.34
Employee & Children	\$ 1,400.00	-	\$ 1,400.00
Employee & Family	\$ 1,400.00	-	\$ 1,400.00
<b>Retiree</b>			
	<b>Total</b>	<b>County</b>	<b>Employee</b>
Employee Only	\$ 250.78	-	\$ 250.78
Employee & Spouse	\$ 460.78	-	\$ 460.78
Employee & Child	\$ 400.78	-	\$ 400.78
Employee & Children	\$ 425.78	-	\$ 425.78
Employee & Family	\$ 525.78	-	\$ 525.78

+ 2% added  
on by Blue  
Cross

**Comments:**

1. Monthly rates are based on Cameron County budgeted rates for fiscal year beginning 10-01-2014.