

REQUEST FOR AGENDA PLACEMENT FORM

OCT 13 2017

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Randy Gillespie **TODAY'S DATE: October 2, 2017**

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD: Randy Gillespie

REQUESTED AGENDA DATE: October 10, 2017

SPECIFIC AGENDA WORDING: Consideration to continue County Choice Silver Retiree Medical Program w/Texas Association of Counties with United Health Care being the retiree medical supplement plan provider. Authorizing the County Judge's Signature.

PERSON(S) TO PRESENT ITEM: Randy Gillespie

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 minutes

ACTION ITEM: X

WORKSHOP: _____

(Anticipated number of minutes needed to discuss item) **CONSENT:** _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: _____

IT DEPARTMENT: _____

AUDITOR: _____

PURCHASING DEPARTMENT: _____

PERSONNEL: _____

PUBLIC WORKS: _____

BUDGET COORDINATOR: _____

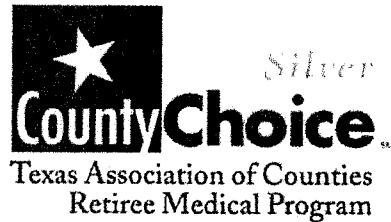
OTHER: _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____



MEMORANDUM

TO: Johnson County
FROM: Texas Association of Counties Health & Employee Benefits Pool
(TAC HEBP)
RE: 2018 Retiree Medical Program Renewal – UnitedHealthcare plan
DATE: September 26, 2017

The CountyChoice Silver (CCS) program renewal for 2018 is approaching. As a CCS participant using the UnitedHealthcare Medicare Supplement plan, Johnson County will have the ability to choose a plan from several options for the coming year.

For the medical portion (Medicare Supplement), you may:

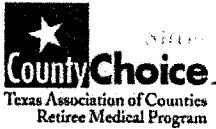
- Continue offering your current plan, which is a Medicare Supplement Plan F, *or*
- Switch to Plan F-1 with slightly lower benefits, *or*
- Select a Plan K option (there are 2 choices).

For the prescription portion (Medicare Part D), you may:

- Continue offering your current plan with no change to Rx co-pays, *or*
- Select plan with current benefits which increases Rx copays by \$5 per drug tier, *or*
- Select a plan with generic-only coverage in the gap (there are 2 choices of Rx copay levels), *or*
- Decline to offer prescription coverage.

Rates and details about what each plan covers are included in the attachments to this email. Johnson County must choose 1 medical plan and, if applicable, 1 prescription plan, which will apply to all of your retirees. Please note that **if you change your plan option, all enrolled retirees will move to the newly selected plan as of January 1, 2018.**

Once we receive your completed renewal paperwork, TAC HEBP will mail a renewal information letter to your retirees. In addition, each enrolled retiree will receive an Annual Notification of Change (ANOC) from UnitedHealthcare after Medicare provides 2018 benefit changes, which should be announced in late October.



**United Healthcare Medicare Supplement
2018 Renewal Notice and Benefit Confirmation
Johnson County**

Medical Group # 4439
Rx Group # N/A

Anniversary Date: 1/1/2018
Return to TAC by: 10/25/2017

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective from 1/1/2018 – 12/31/2018.

MEDICAL PLAN

Current Plan: Plan F
Current Monthly Rate: \$ 244.71


- Renew and keep current plan. Rate effective 1/1/2018: \$ 268.48
 Renew and change to plan _____. Rate effective 1/1/2018: \$ _____

 Initial here to accept 2018 Retiree Medicare Supplement plan and rate

PRESCRIPTION DRUG PLAN


Current Plan: N/A
Current Monthly Rate: N/A

- Renew and keep current Rx option. Rate effective 1/1/2018: N/A
 Renew and change to Rx Option _____. Rate effective 1/1/2018: \$ _____

 Initial here to accept 2018 Retiree Prescription Drug Plan and rate

BILLING METHOD

Direct Bill: Retiree pays 100% of premium and will be billed directly by UnitedHealthcare each month.

 Initial here to accept Billing Method

**CountyChoice Silver
UnitedHealthcare
Member Contact Designations**

CCS Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints 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's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each section below:

Name: Landy Gillespie
Title: HR Director
Address: 2 Main St. Rm 215
Cleburne TX 76033
Phone: 817 556-6350
Fax: 817 556-6899
Email: randyg@johnsoncountytx.org

CCS Primary Contact - Main contact for daily matters regarding retiree health benefits:

Name: Brenda Stauson
Title: Personnel Assistant
Address: 2 main st. Rm 215
Cleburne TX 76033
Phone: 817 556-6349
Fax: 817 556-6899
Email: brendas@johnsoncountytx.org


Signature of County Judge or Contracting Authority

10/13/17
Date

Roger Harmon Johnson County Judge
Please PRINT Name and Title



Retiree Medicare Supplement Plans through UnitedHealthcare
Effective 1/1/18 - 12/31/18

Plan	Monthly Rate Plan Year 2018	Additional Deductible per Individual	Out-of-Pocket Maximum per Individual	Cost Sharing Information
Plan F	\$268.48	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A and B deductibles.
Plan F-1	\$249.71	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A deductible and 50% of Part B deductible.
Plan K	\$159.84	N/A	\$4,620	Plan pays 50% of Medicare-eligible expenses including Part A and B deductibles until member reaches maximum OOP, then plan pays 100%.
Plan K-1	\$149.11	\$2,000	N/A	Plan pays 0% of Medicare-eligible expenses and Medicare deductibles until member reaches \$2,000 deductible, then plan pays 100%.

Prescription Drug Plans (Medicare Part D)

Plan	2018 Rate	Retail Copays (up to 30 day supply)	Mail Order Copays (up to 90 day supply)	Coverage in Gap
Rx Option 1	\$265.73	\$5/25/60/33%	\$10/50/120/33%	All Tiers
Rx Option 1A	\$250.87	\$10/30/65/33%	\$20/60/130/33%	
Rx Option 2	\$103.58	\$5/25/60/33%	\$10/50/120/33%	Tier 1 Generics Only
Rx Option 2A	\$91.70	\$10/30/65/33%	\$20/60/130/33%	

Rx Copay Tiers:

Tier 1: Preferred Generic Tier 3: Non-preferred Brand Name*

Tier 2: Preferred Brand Name* Tier 4: Specialty Drugs

* plus some non-preferred Generics



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

P.O. Box 2131 • Austin, Texas 78768-2131 • (512) 478-8753 • (800) 456-5974 • (512) 481-8481 Fax • www.county.org

Group Health Coverage • Retiree Medical • Dental Benefits • Pharmacy Benefits • Life Insurance • Disability Coverage

Rev.
9/15/17

Plan Deductibles* and Maximum Out-of-Pocket Amounts	Plan F	Plan F-1	Plan K	Plan K-1
Calendar Year Plan Deductible	N/A	N/A	N/A	\$2,000
Calendar Year Out of Pocket Maximum	N/A	N/A	\$4,620	N/A

When an enrollee has satisfied the plan deductible or out-of-pocket maximum for the calendar year, covered expenses will be paid at 100% for the remainder of that calendar year.

* Medicare Part A and Part B Deductibles will apply toward Plan Deductible

Covered Service	Medicare Pays	Plan F Pays	Plan F-1 Pays	Plan K Pays	Plan K-1 Pays
Inpatient Hospital Services					
Medicare Part A Hospital — semi-private room and board, general nursing and miscellaneous services and supplies.					
Days 1 – 60	All but \$1,316	\$1,316 (Medicare Part A Deductible)	\$1,316 (Medicare Part A Deductible)	\$658 (50% of Medicare Part A Deductible)	\$0 - applies toward plan deductible
Days 61 – 90	All but \$329 per day	\$329 per day	\$329 per day	\$329 per day	\$329 per day
Days 91 – 150 (While using 60 lifetime reserve days)	All but \$658 per day	\$658 per day	\$658 per day	\$658 per day	\$658 per day
Days 151 – 365 – lifetime additional reserve days	\$0	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses
Beyond 365 lifetime additional reserve days	\$0	\$0	\$0	\$0	\$0

NOTE: Dollar amounts shown in green boxes are for 2017. Medicare will release 2018 amounts later this year, which will likely be slightly higher.

Covered Service	Medicare Pays	Plan F Pays	Plan F-1 Pays	Plan K Pays	Plan K-1 Pays
Skilled Nursing Facility Care					
You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.					
Days 1 – 20	All approved amounts	\$0	\$0	\$0	\$0
Days 21 – 100	All but \$164.50 per day	Up to \$164.50 per day	Up to \$164.50 per day	50%	100% after plan deductible
Days 101 and after	\$0	\$0	\$0	\$0	\$0
Blood					
First 3 pints Medicare Part A	\$0	100%	100%	50%	100% after plan deductible
Additional amounts under Medicare Part A	100%	\$0	\$0	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	100%	50%	100% after plan deductible
		\$183	\$92		
Next \$183 of Medicare Approved Amounts under Medicare Part B	\$0	Medicare Part B Deductible	50% of Medicare Part B Deductible	50% of Medicare Part B Deductible	100% after plan deductible
Remainder of Medicare Approved Amounts under Medicare Part B	80%	20%	20%	\$0	\$0

NOTE: Dollar amounts shown in green boxes are for 2017. Medicare will release 2018 amounts later this year, which will likely be slightly higher.

Covered Service	Medicare Pays	Plan F Pays	Plan F-1 Pays	Plan K Pays	Plan K-1 Pays
Hospice Services					
Available as long as your doctor certifi you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of balance	100% of balance	50% of balance	100% of balance after plan deductible
Medical Services					
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.					
		\$183	\$92		
First \$183 of Medicare Approved Amounts	\$0	Medicare Part B Deductible	50% of Medicare Part B Deductible	50%	100% after plan deductible
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	Generally 20%	50% of balance	100% of balance after plan deductible
Outpatient Mental Illness – for most outpatient mental illness services	80%	20%	20%	50% of balance	100% of balance after plan deductible
Medicare Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	100%	\$0	\$0

NOTE: Dollar amounts shown in green boxes are for 2017. Medicare will release 2018 amounts later this year, which will likely be slightly higher.

Covered Service	Medicare Pays	Plan F Pays	Plan F-1 Pays	Plan K Pays	Plan K-1 Pays
Preventive Healthcare (Medicare Covered)					
Periodic Health Screenings (please refer to your certificate)	100%	Balance (if applicable)	Balance (if applicable)	\$0	\$0
Durable Medical Equipment *					
		\$183	\$92		
First \$183 of Medicare Approved Amounts	\$0	Medicare Part B Deductible	50% of Medicare Part B Deductible	50%	100% after plan deductible
Remainder of Medicare Approved Amounts	80%	20%	20%	50% of balance	100% of balance after plan deductible
* Insulin pumps and supplies - Plan K-1 exception	80%	20%	20%	50% of balance	Plan pays 50%, retiree cost share is NOT applied to deductible
Home Health Care					
Skilled Care Services and Medical Supplies	All approved amounts	Balance (if applicable)	Balance (if applicable)	\$0	\$0
Preventive Healthcare (not covered by Medicare)					
Annual Routine Physical Exam	\$0	100%	100%	100%	100%

NOTE: Dollar amounts shown in green boxes are for 2017. Medicare will release 2018 amounts later this year, which will likely be slightly higher.

Covered Service	Medicare Pays	Plan F Pays	Plan F-1 Pays	Plan K Pays	Plan K-1 Pays
Foreign Travel					
Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States.					
First \$250 each calendar year	\$0	\$0	\$0	\$0	\$0
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	80% up to a lifetime maximum benefit of \$50,000	\$0	\$0



Please note: Open Enrollment dates for the Centers for Medicare and Medicaid Services (CMS) are October 15th through December 7th. Retirees may drop their CCS coverage during this period, but once coverage is dropped they cannot re-enroll. All changes will be effective January 1, 2018.

For questions about **plan benefits**, please contact your Employee Benefits Consultant, Rameshea Brandon (ramesheab@county.org). For questions about **renewal forms or enrollment**, please contact your Employee Benefits Specialist, Maria Castillo (mariac@county.org). You may contact them by phone at (800) 456-5974.

In order to continue participation in the program, please select your plan option, complete and sign the renewal documents listed below, and return to TAC HEBP by October 25, 2017:

- 2018 Renewal Notice and Benefit Confirmation
- 2018 Member Contact Designation Form

Please email, fax or mail the signed documents to:

TAC HEBP
P.O. Box 2131
Austin, TX 78768
Fax: 512-481-8481

We appreciate Johnson County's participation in the CountyChoice Silver program, and the continued opportunity to provide a stable, well-recognized Medicare supplement program for you to offer your retirees. Please let us know if you need any further information, or are interested in providing education about the CCS program to your current and future retirees.