

Approved

SEP 14 2020

Package # 3

REQUEST FOR AGENDA PLACEMENT FORM

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

SUBMITTED BY: Randy Gillespie **TODAY'S DATE:** September 8, 2020

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD: Randy Gillespie

REQUESTED AGENDA DATE: September 14, 2020

SPECIFIC AGENDA WORDING: Consideration to renew the 2021 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: 2021 Retiree Medical Program Renewal – UnitedHealthcare Plan
DATE: August 31, 2020

The CountyChoice Silver (CCS) program renewal for 2021 is approaching. As a CCS participant using the UnitedHealthcare Medicare Supplement plan, Johnson County will have the ability to choose from several options for the coming year.

Your options are:

1. Continue offering your current plan, which is a Medicare Supplement plan, with or without a Part D prescription plan, *or*
2. Select from 3 "Package" options to offer your retirees. Each Package includes a Medicare Supplement plan which **can be combined with** a Part D prescription plan, and a Medicare Advantage plan which **includes** a Part D prescription plan. Retirees are able to choose which of these plans they wish to enroll in.

If you decide to offer a Package option, your retirees will be able to call UHC directly and receive information and support. They will make a plan selection over the telephone, and UHC will then send them their plan information and bill them appropriately, depending on which plan the retiree has chosen.

If you decide to continue offering your current plan, your retirees will be automatically re-enrolled for 2021 unless TAC HEBP is notified by September 25th so that we can process the appropriate paperwork.

Rates and details about what each plan covers are included in the attachments to this email. Please note that **if you change your plan option, all enrolled retirees will move to the newly selected plan as of January 1, 2021.**

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 2021 benefit changes, which should be announced in late October.

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, 2021.

For questions about plan benefits, renewal forms or enrollment, please contact your Employee Benefits Specialist, Karen Bowers (karenb@county.org). You may contact her 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 September 25, 2020:

- 2021 Renewal Notice and Benefit Confirmation
- 2021 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.

Attachments:

UHC CCS Package Comparisons PY2021

UHC CCS Package Rates PY2021



**UnitedHealthcare Medicare Supplement
2021 Renewal Notice and Benefit Confirmation
Johnson County**

Medical Group # 4439
Rx Group # N/A

Anniversary Date: 1/1/2021
Return to TAC by 9/25/2020

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective from 1/1/2021 – 12/31/2021.

MEDICAL PLAN

Current Plan: Medicare Supplement Plan F
Current Monthly Rate: \$ 265.61

- Renew and keep current plan. Rate effective 1/1/2021: \$ 275.83
- Renew and change to Package 3 Rate effective 1/1/2021 (retiree choice):
Medicare Supplement \$ 256.¹⁶ Medicare Advantage \$ 226.⁸⁸

RH Initial here to accept 2021 Retiree Medical plan and rate

PRESCRIPTION DRUG PLAN

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

- Renew and keep current Rx option. Rate effective 1/1/2021: N/A
- Renew and change to Package 3 Rate effective 1/1/2021:
Medicare Supplement: \$ 260.¹³
Medicare Advantage: N/A (included in Medical Plan rate)

RH Initial here to accept 2021 Retiree Prescription Drug Plan and rate

BILLING METHOD

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

RH 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: Randy Gillespie
Title: H. R. Director
Address: 2 N. 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: Darla Medford
Title: Benefits Coord.
Address: 2 N. Main St. Rm 215
Cleburne TX 76033
Phone: 817 556-6349
Fax: 817 556-6899
Email: dmedford@johnsoncountytx.org


Signature of County Judge or Contracting Authority

9/14/20
Date

Roger Harmon, County Judge
Please PRINT Name and Title

Rates Effective 1/1/2021 - 12/31/2021

Retiree Senior Supplement Medical Plans

Plan	Monthly Rate Plan Year 2021	Additional Deductible per Individual	Out-of-Pocket Maximum per Individual	Cost Sharing Information
Plan F	\$275.83	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A and B deductibles.
Plan D (F-1)	\$256.16	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A deductible and 50% of Part B deductible.
Plan K	\$161.90	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%.

Senior Supplement Prescription Drug Plans (Medicare Part D)

Plan	Monthly Rate Plan Year 2021	Retail Copays	Mall Order Copays	Coverage in Gap
Rx Option 1	\$276.18	\$5/25/60/33%	\$10/50/120/33%	All Tiers
Rx Option 1-A	\$260.43	\$10/30/65/33%	\$20/60/130/33%	All Tiers
Rx Option 2	\$104.41	\$5/25/60/33%	\$10/50/120/33%	Tier 1 Generics Only

Rx Copay Tiers:
 Tier 1: Preferred Generic
 Tier 2: Preferred Brand Name*
 Tier 3: Non-preferred Brand Name*
 Tier 4: Specialty Drugs
 * plus some non-preferred Generics

Package Plans:

County offers 1 Package, Retiree selects either Senior Supplement or Medicare Advantage plan

Package 1		Package 2		Package 3	
Medicare Advantage Plan 1	\$450.35	Medicare Advantage Plan 2	\$226.88	Medicare Advantage Plan 2	\$226.88
or		or		or	
Senior Supplement Plan F	\$275.83	Senior Supplement Plan K	\$161.90	Senior Supplement Plan F-1	\$256.16
Rx Drug Plan Option1	\$276.18	Rx Drug Plan Option 2	\$104.42	Rx Drug Plan Option1-A	\$260.43
	\$552.01		\$266.32		\$516.59



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.
8/2020