

AUG 23 2021

Approved

REQUEST FOR AGENDA PLACEMENT FORM

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

SUBMITTED BY: Randy Gillespie TODAY'S DATE: August 17, 2021

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD: Randy Gillespie

REQUESTED AGENDA DATE: August 23, 2021

SPECIFIC AGENDA WORDING: Consideration to renew the 2022 County Choice Silver Retiree Medical Program w/Texas Association of Counties. 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: _____

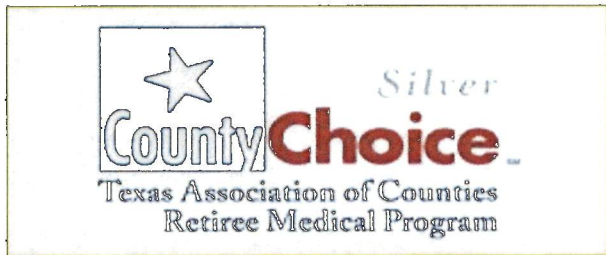
REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

AMWINS[®]

Bring on the Future

2022 Program Renewal Summary



2022 Post-65 Group Retiree Healthcare Program

Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to provide the 2022 County Choice Silver Post-65 Group Retiree Healthcare Program Summary. Please review the program details enclosed in this summary.

Once you have reviewed the information in this packet, the following must be completed and returned by August 31st.

- Confirmation to remain in your current plan or package or switch to a different package for 2022 calendar year
- Confirmation of Billing Set-up
- Signature and date
- Attached Implementation Questionnaire

Understanding the Insurance Companies and Vendors that manage your benefits

In order to provide competitive healthcare options with comprehensive coverage and exceptional service, TAC HEBP contracts with a program administrator to manage the CountyChoice Silver retiree medical plan, the Medicare Part D prescription drug plan, Medicare Advantage plan, and all retiree customer service. The program administrator beginning January 1, 2022 is Amwins Group Benefits, LLC.

As the program administrator, Amwins partners with several vendors that work to provide your healthcare benefits. We know the names of these different vendors can be confusing and we hope this summary will help you better understand these vendors and their role in your new healthcare program.

Amwins is also excited to offer a new comprehensive Retiree Assistance Program. This program, Manage My Health, offers greater assistance to retirees and spouses by giving them easy, confidential access to an immense suite of programs and services aimed at improving their physical, mental, and financial wellbeing. In 2022, retirees will have 24/7 access to doctors on call and professional counseling services for stress, depression, grief, mental health, financial issues and more. Manage My Health also includes nutrition and exercise programs, relocation services, assistance finding doctors, specialists and even nursing home facilities. In addition, Manage My Health offers caregiver assistance and resources for individuals who are at high-risk of falling victim to scams or identity theft, including up to \$1,000,000 in coverage to assist with restoring a stolen identity. Retirees will also have access to extensive savings and discount programs that can save them thousands of dollars each year. We are confident your retirees will greatly benefit from this retiree assistance program. To confirm this option, please select Add MMH for 2022 on the Renewal Acceptance page. For additional information regarding Manage My Health, please reach out to the Amwins team. Contact information is on Page 11.

Please remember that Amwins Group Benefits is the Program Administrator, and they should be your first point of contact, should you have questions regarding any issues with your retiree healthcare program.

AMWINS™

GROUP BENEFITS, LLC

2022 Post-65 Group Retiree Healthcare Program

Program Administration:



Program Administration – Amwins handles all retiree customer service, annual enrollment, plan changes, billing & collection, eligibility, Medicare Part D questions, claims issues, billing issues, and any general questions you may have regarding your healthcare program.



Transamerica Life Insurance is the insurance company that underwrites the Retiree Medical insurance coverage. Transamerica Life Insurance Company will appear on the benefit summaries, certificates, master policies, and medical ID Card. Please note: The names "Transamerica Financial Life Insurance Company" and "Transamerica Life Insurance Company" will appear on these documents, based your state of residence.



Elixir Insurance Company is the insurance company that underwrites the Medicare Part D Prescription Drug Plan.




Retiree RxCare is the name of the Medicare Part D Prescription Drug Plan. Retiree RxCare will appear on the benefit summaries, formularies, master policies and Prescription Drug ID Card.





Humana is the insurance company that underwrites the Medicare Advantage Plan. Humana will appear on the benefit summaries, formularies, master policies and Medicare Advantage ID Card.

2022 Post-65 Group Retiree Healthcare Program

Sample Medicare Supplement ID Card:

| | |
|---|---|
|  <p>TRANSAMERICA LIFE INSURANCE COMPANY</p> | <p>Important: For ease of claim processing, please present this card when seeking covered medical care. This card is for identification purposes only and is not a guarantee of coverage.</p> <p>Include the following with your claim:</p> <ul style="list-style-type: none"> - Medicare "Explanation of Benefits" and any other bills. - If you want us to pay your provider, complete and sign your provider's assignment form and include their name and tax identification number. <p>Printed in U.S.A.</p> |
| <p>Covered Person: XXXXX ID#: 000XXXXX Group Name: Group Policy No.: MZXXXXXXXXXX</p> <p><i>For Claim Inquiries, contact:</i> 1-800-xxx-xxxx <i>Please send written correspondence to:</i> PO Box 3350, Cedar Rapids, IA 52406-3350</p> | |

Sample Prescription Drug ID Card:

| | |
|--|--|
|  |  |
| <p>RxBIN: 015185 RxPCN: CMSPARTD RxGrp: AWF50000002 Issuer: 80840 Member ID: AW000123456 Name: John Doe</p> <p>Underwritten by Elxir Insurance Company</p> <p>MedicareRx CMS - S7694 PBP # 803</p> | <p>Important Numbers Provider Line/Customer Service: 855.693.3921 TTY Line: 855.693.3921</p> <hr/> <p>Submit Claims to: Retiree RxCare 50 Whitecap Drive North Kingstown, RI 02852</p> |

Sample Medicare Advantage ID Card:

| | |
|--|--|
|  <p>HUMANA MEDICARE (EMPLOYER PPO) <small>A Medicare Health Plan with Prescription Drug Coverage</small></p> | |
| <p>MEMBER NAME Member ID: HXXXXXXXXX Plan: (0846) 9140961101 COMPANY NAME RABIN: XXXXXX RxPCN: XXXXXXXX RxGRP: XXXXXX</p> | <p>CARD INSRD: MMDD/YYYY</p> <p>Copayments OFFICE VISIT: \$XX SPECIALIST: \$XX HOSPITAL EMERGENCY: \$XX</p> <p>MedicareRx CMS XXXXX XXX</p> |
| <p><Logo></p> | |

2022 Post-65 Group Retiree Healthcare Program

SUMMARY OF PLANS & RATES

Fully Insured Retiree Medical Plan Options

Underwritten by Transamerica Life Insurance Company

| Medical Plan | Package 1 Plan F | Package 2 Plan K | Package 3 Plan G |
|---------------------------|---------------------|---------------------|---------------------|
| Monthly Cost | \$261.00 | \$146.00 | \$239.00 |
| Calendar Year Deductible* | \$0 | 50% | 50% |
| Skilled Nursing | 0% | 50% | 0% |
| Part B Co-Insurance | 0% | 50% | 0% |
| Out-of-Pocket Maximum** | Unlimited | \$4,620 | Unlimited |
| Office Visit Co-pay | \$0 | 50% | \$0 |
| Emergency Room Co-pay | \$0 | 50% | \$0 |

The proposed rates by Transamerica will be a 2-year rate guarantee (1/1/22 - 12/31/23)

*Includes Part B Deductible (2021: \$203.00). Retiree is responsible for 50% of both the Part A and B deductible if enrolled in Package 2. Only responsible for 50% of Part B deductible for Package 1 or 3.

**Includes Calendar Year Deductible

Fully Insured Prescription Drug Plan Option

Underwritten by Retiree RxCare underwritten by Elixir Insurance

| Prescription Drug Plan (30 Day Retail) | Package 1 Plan 1 | Package 2 Plan 2 | Package 3 Plan 3 |
|---|--|--------------------------|---------------------|
| Monthly Cost: | \$264.80 | \$104.42 | \$243.88 |
| Annual Deductible: | \$0 | \$0 | \$0 |
| Tier 1: Generic | \$5 | \$5 | \$10 |
| Tier 2: Preferred Brand | \$25 | \$25 | \$30 |
| Tier 3: Non-Preferred Brand | \$60 | \$60 | \$65 |
| Tier 4: Specialty | 25% | 25% | 25% |
| Coverage in Gap* | Full Gap Coverage | Tier 1 only Gap Coverage | Full Gap Coverage |
| Out-of-Pocket over \$6,550 | Greater of 5% of the cost of the drug or co-pay of \$3.70 for Generics for 9.20 for Brands | | |

Plans and Rates shown are effective 1/1/2022 and are subject to change each year on January 1st.



2022 Post-65 Group Retiree Healthcare Program

SUMMARY OF PLANS & RATES, *continued*

Medicare Advantage (MAPD) Plan Options

Underwritten by Humana

| MAPD Plan | Package 1 High Plan | Package 2 & 3 Low Plan |
|-----------------------------|------------------------|-----------------------------|
| Monthly Cost | \$354.11 | \$272.46 |
| Calendar Year Deductible* | \$0 | \$0 |
| Part B Co-Insurance | 0% | 0% |
| Out-of-Pocket Maximum** | Unlimited | \$2,400 |
| Office Visit Co-pay | \$0 | \$10 |
| Emergency Room Co-pay | \$0 | \$90 |
| Part D Prescription | | |
| Tier 1: Generic | \$5 | \$5 |
| Tier 2: Preferred Brand | \$25 | \$25 |
| Tier 3: Non-Preferred Brand | \$60 | \$60 |
| Tier 4: Specialty | 33% | 33% |
| Coverage in Gap* | Full Gap Coverage | Tier 1 only Gap Coverage |

2022 Post-65 Group Retiree Healthcare Program

Voluntary Dental and Vision Plans

The Amwins Customer Care Team will assist each retiree with enrollment into individual dental and vision plans. Given the voluntary offering, there is no additional cost to the employer to offer this service. With several different carriers, Amwins can provide various options including discount cards, PPO and indemnity plan options from carriers such as:



Additional Information for Your Members

- Retirees must continue paying their Medicare Part B premium to be eligible for coverage under the Group Retiree Medical, Prescription Drug Plan, and Medicare Advantage Plan.
- If your county or district entity does not change the package option for 2022, members will automatically be enrolled into the new program with the same plans as 2021. Members will be offered the option to call Amwins to discuss the other available options in that package.
- Members will receive ID Cards, Post-Enrollment Material, and required Annual Notice of Change from the carriers in December 2021.

2022 Post-65 Group Retiree Healthcare Program

Program Administration Notes

Invoicing Process

- Monthly invoices will be sent electronically to the employer group billing contacts by the 15th day (or sooner) prior to the effective month. Retirees will receive their invoices mailed directly to their home address.
- Invoice amounts due must be paid as billed.
- Payment will be due on the 1st of the effective month.
- There is a 30-day grace period for payments due.
- Retro additions or terminations will show as an adjustment for the next invoice period.
- Invoices will be sent electronically unless otherwise requested.
- Automatic Clearing House (ACH) payment option is available.

Late Payment Process

- If payment has not been received by the invoice due date, a reminder notice is mailed within the grace period approximately 15 days after the invoice due date.
- One week after the 30-day grace period is over, a lapse letter is generated and mailed.
- Members can request reinstatement of their coverage retroactively up to 60 days after the invoice due date. Payment for the overdue amounts are required before coverage may be reinstated.
- If member does not reinstate, all coverage will be terminated as of the last day of the month of which coverage was paid.

***Please note that Amwins can accommodate billing changes at any time of year**

2022 Post-65 Group Retiree Healthcare Program

Frequently Asked Questions:

- Are my current prescriptions covered?
 - Amwins Customer Care will be able to confirm current prescriptions are covered under the formulary and/or discuss any prior authorizations that may be needed from a physician or any coverage restrictions. Amwins Customer Care can work directly with the physician's office to secure authorizations.
- What if a drug is not covered on the formulary?
 - If a drug is not on the Formulary or is restricted, retirees may be able to receive a temporary supply of the drug to allow retiree and provider to change to another drug or to file a request to have a drug covered. Retiree RxCare will cover a temporary supply of a drug during the first 90 days of the retiree membership in the plan. The temporary supply, for a maximum of 31 days, will be filled at a network pharmacy.
- What pharmacies are included with Retiree RxCare?
 - Elixir's preferred pharmacies include thousands of independent pharmacies, as well as regional and local chain stores. Retirees can view the online pharmacy directory at RetireeRxCare.Amwins.com or simply call the Amwins Customer Care Center.
- Is Mail Order Available?
 - Retirees who wish to receive their prescriptions by home delivery, may register with Elixir Pharmacy, the preferred maintenance medication home delivery service of Retiree RxCare. Registration can be completed online, by mail, or by telephone to Elixir Pharmacy. Complete information will be provided within the prescription drug welcome materials. Amwins Customer Care Representatives are available to assist the retiree with this process.
- Can a member set up automatic withdrawal for payment from a bank account?
 - Yes, the first invoice received from Amwins will provide a form a member can complete and return to set up automatic payment withdrawal. Payments can be withdrawn monthly on either the 1st, 8th or 15th of the billed month.

2022 Post-65 Group Retiree Healthcare Program

- Who should a member call for a medical claims issue?
 - Amwins Customer Care will provide assistance on medical claims concerns and can transfer the retiree to Transamerica or Humana if we are unable to answer the concern completely.
- Who should a member call for a billing issue?
 - Amwins Customer Care can provide assistance on billing concerns.

2022 Post-65 Group Retiree Healthcare Program

CONFIRMATION OF PLANS & RATES

If your county is currently enrolled in a package or would like to switch to a package program for 2022:

Please confirm below if you would like to remain in your current package or switch to an alternative package

| Monthly Cost | Package 1 | Package 2 | Package 3 |
|---------------------|--------------------------|--------------------------|-------------------------------------|
| Medicare Supplement | \$261.00 | \$146.00 | \$239.00 |
| Medicare Advantage | \$354.11 | \$272.46 | \$272.46 |
| Prescription Drug | \$264.80 | \$104.42 | \$243.88 |
| Please check box: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If your county is not enrolled in a package and would like to remain in your current plan for 2022:

Please check this box below and provide the name of your plan

We would like to remain in our current plan for 2022
 Plan Name: _____
 (Refer to your renewal email for your current plan selection)

Mange My Health

Please check this box if you would like to add MMH to your 2022 package

Yes, we would like to offer Manage My Health for 2022
***\$10 Per Retiree Per Month added to monthly rates**

Roger Harmon

Print Name

County Judge

Print Title

Roger Harmon

Signature

8/23/21

Date



2022 Post-65 Group Retiree Healthcare Program

IMPLEMENTATION QUESTIONNAIRE

Please provide as much detail as possible: These questions can be discussed in more detail during a scheduled implementation call, should you not yet be inclined to answer them all.

| Contact Information: | |
|---|---|
| 1. Please provide information for the main contact of the group if we have questions: | NAME: Darla Medford |
| | TITLE: Benefits Coordinator |
| | EMAIL: dmedford@johnsoncountytx.org |
| | PHONE: 817 556-6349 |
| | FAX: 817 556-6899 |
| | ADDRESS: 2 N. Main St. Rm. 215 |
| | CITY, STATE, ZIP: Cleburne TX 76033 |
| Plan Selection: | |
| 2. Per TAC guidelines, members can enroll in medical only without Rx, but not Rx only without medical. Please confirm | <input type="checkbox"/> Confirm |
| Eligibility Questions | |
| 3. What Post 65 members will be eligible to enroll in this employer sponsored plan? (Members must be enrolled in Medicare Parts A & B): (please check all that apply) | <input checked="" type="checkbox"/> Retiree <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Surviving Spouse <input checked="" type="checkbox"/> Spouse of Remarriage <input checked="" type="checkbox"/> Domestic Partner (same gender – legally joined) <input type="checkbox"/> Domestic Partner (opposite gender) |

2022 Post-65 Group Retiree Healthcare Program

| | | |
|----|--|--|
| 4. | If more than one group sponsored program is offered, must a Retiree and Spouse elect the same medical plan option? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable |
| | Additional Details: | |
| 5. | Can Spouses enroll if the Retiree is not yet eligible to enroll? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Additional Details: | |
| 6. | Can a Spouse remain enrolled if the Retiree cancels or waives coverage? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Additional Details: | |
| 7. | Can a Spouse remain enrolled if the Retiree dies? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Additional Details: | |
| 8. | Are Spouses of remarriage eligible? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Additional Details: | |
| 9. | If a retiree or spouse cancels their coverage, can they re-enroll in the future? | <input type="checkbox"/> Yes, Retirees who intentionally leave the plan aren't eligible to re-enroll unless it was canceled in error and quickly remedied. <input checked="" type="checkbox"/> No |

2022 Post-65 Group Retiree Healthcare Program

| | | |
|--|--|---|
| 10. | Members are enrolled on the first day of the month and are terminated as of the last day of the month. Does this coincide with your current plans? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYER SUBSIDY <i>If no subsidy is provided, please skip questions 11-17</i> | | |
| 11. | Will the employer provide a subsidy towards the monthly cost? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12. | If YES to above question, will the contribution be a flat dollar amount, percentage or according to a vesting schedule? If necessary, please provide detailed subsidy rules and subsidy schedule as an attachment. | <input type="checkbox"/> Flat Dollar _____ <input type="checkbox"/> Percentage _____ |
| 13. | Subsidy applies to: <i>(please check all that apply)</i> | <input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree & Spouse – Same amount <input type="checkbox"/> Retiree & Spouse – Different amounts <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Domestic Partner |
| 14. | Subsidy applies to: <i>(please check all that apply)</i> | <input type="checkbox"/> Medical <input type="checkbox"/> Rx |
| 15. | Does subsidy continue for the spouse if the retiree opts-out or cancels coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable |
| 16. | If the retiree or spouse terminates coverage but later re-enrolls, will subsidy be provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Retiree not eligible to return if they intentionally cancel coverage |

2022 Post-65 Group Retiree Healthcare Program

| | |
|--|--|
| 17. Does subsidy apply to spouses of remarriage? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable <hr/> Additional Details: |
| Billing Information | |
| 18. Please indicate who is the primary billing contact, address for billing, email and telephone number | Billing Contact Name: <i>Retiree</i> Address: Telephone: Email: |
| 19. Please indicate preference for employer invoice delivery | <input type="checkbox"/> Paper invoice mailed <input type="checkbox"/> Electronic - Email |
| 20. How should the billing be set up? | <input checked="" type="checkbox"/> Direct Bill: Invoice for 100% of the cost to each retiree. <input type="checkbox"/> List Bill: Invoice sent to the employer for 100% of the cost for each retiree. Employer will be responsible for collecting any premium due from retirees/spouses. <input type="checkbox"/> Split Bill: Invoice will be sent to the group for employer subsidy and Amwins will send invoice to retiree for their remaining portion. |
| Program Rules | |
| 21. Are reinstatements allowed for retirees who lapse due to non-payment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> Additional Details: |
| 22. Does the group allow for a retiree (previously terminated) to re-enter the plan during the Medicare annual enrollment period for the next plan year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> Additional Details: |