

NOV 12 2019

**REQUEST FOR AGENDA PLACEMENT FORM**

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

**Approved**

**SUBMITTED BY: Randy Gillespie      TODAY'S DATE: October 24, 2019**

**DEPARTMENT: Personnel**

**SIGNATURE OF DEPARTMENT HEAD: Randy Gillespie**

**REQUESTED AGENDA DATE: November 12, 2019**

**SPECIFIC AGENDA WORDING:** Consideration to renew the 2020 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:** 2020 Retiree Medical Program Renewal – UnitedHealthcare Plan  
**DATE:** September 10, 2019

The CountyChoice Silver (CCS) program renewal for 2020 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 2020 unless TAC HEBP is notified by October 11th 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, 2020.**

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 2020 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 15<sup>th</sup> through December 7<sup>th</sup>. 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, 2020.

For questions about plan benefits, 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 11, 2019:**

- 2020 Renewal Notice and Benefit Confirmation
- 2020 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 PY2020

UHC CCS Package Rates PY2020

UHC Value Added program list

County Choice Silver UHC Renewal – Plan Year 2020



UnitedHealthcare Medicare Supplement
2020 Renewal Notice and Benefit Confirmation
Johnson County

Medical Group # 4439
Rx Group # N/A

Anniversary Date: 1/1/2020
Return to TAC by: 10/11/2019

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective from 1/1/2020 - 12/31/2020.

MEDICAL PLAN

Current Plan: Medicare Supplement Plan F
Current Monthly Rate: \$ 253.44

- Renew and keep current plan. Rate effective 1/1/2020: \$ 265.61
Renew and change to Package Medicare Supplement Medicare Advantage

RH Initial here to accept 2020 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 1/1/2020: N/A
Renew and change to Package Medicare Supplement Medicare Advantage

RH Initial here to accept 2020 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 Main St. Rm. 215  
Cleburne, TX 76033  
**Phone:** 817 556-6350  
**Fax:** 817 556-6899  
**Email:** randyg@johnsoncountytexas.org

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

**Name:** Darla Medford  
**Title:** Benefits Coordinator  
**Address:** 2 Main St. Rm. 215  
Cleburne, TX 76033  
**Phone:** 817 556-6349  
**Fax:** 817 556-6899  
**Email:** dmedford@johnsoncountytexas.org

  
Signature of County Judge or Contracting Authority

November 12, 2019  
Date

Roger Harmon - County Judge

Please PRINT Name and Title