AGENDA ITEM 26

Discuss and take any action on County Choice Silver program offered for retirees through Texas Association of Counties.

Moved: **Commissioner Hays**
Seconded: **Commissioner Boatright**
Motion: To approve participation in the County Choice Silver program offered for retirees through Texas Association of Counties.
Vote: **5 - 0**

< Attachment >

CountyChoice
Texas Association of Counties
Health Care Program

#26

Silver CountyChoice
Texas Association of Counties
Retiree Medical Program

November 8, 2000

To: All Texas Counties
From: The Texas Association of Counties

Last month we sent you a brochure in the mail about an exciting new program for county retirees. For those of you who have not contacted us about **CountyChoice *Silver***, the open enrollment deadline is rapidly approaching. We have enclosed the summary of benefits and rates for your review. This long awaited program offers options for your retirees' health care coverage, extending their Medicare plans.

CountyChoice *Silver*, available only through Texas Association of Counties, provides generous medical benefits to Medicare eligible retirees and their spouses who are age 65 and over. Benefits include affordable rates, extensive coverage, a prescription medication program, freedom to choose providers, eligibility for spouses and hassle-free electronic claims filing.

To begin enrollment, we will need the following:

- ***The enclosed authorization form approved by the court and the enclosed interlocal agreement, both signed by the judge. (Please keep copies for your records).***
- ***A list of all your current county retirees, their addresses and dates of birth so we can contact them with important information about*** **CountyChoice *Silver.***

Upon receipt of the documents, we will mail out program information and enrollment forms to your retirees who are ages 65 and over. *Because our open enrollment period is from Oct. 1 to Dec. 31, 2000 you may fax the above information to us at 512-481-8481.* During open enrollment, county retirees who sign up are provided guaranteed coverage with no restrictions on pre-existing conditions.

Please call an Employee Benefits Dept. representative at 800-456-5974 if you have questions or need additional information. We appreciate your interest.

cc: Commissioners Court Members, Treasurer, Auditor

CountyChoice *Silver* Fact Sheet

What is it?

CountyChoice *Silver* is a retiree medical program for county retirees who meet the following criteria:

- Must be age 65 or older
- Must have Medicare Part A & B
- Must be eligible to receive a pension check from TCDRS
- Must be retired from a county that agrees to participate in the program

What does it cover?

CountyChoice *Silver* is designed to cover the Medicare patient's share of most hospital and doctor bills, as well as up to $3,000 per year in prescription drugs. Because it is a group plan offered only through the Texas Association of Counties, we are able to offer better coverage than most private Medicare supplement plans.

How can a county participate?

A county can participate in the program by contacting TAC and joining our pool. The county does not have to have any other coverage with TAC in order to participate in the retiree program. Even if your county already has retirees on your group plan, you can authorize us to offer this plan to any retirees who may not be eligible (for example, someone who retired before the county offered retiree health benefits).

How much will it cost my county?

Counties can determine their own contribution level. The county can pay all of the cost, none of the cost, or share the cost with the retiree. If your county wants to pay all or part of the premium for your retirees, we will send a bill to your county. If your county wants to make it available to your retirees at their own expense, we will mail the information directly to the retiree and send the bills to their home. All you need to do is provide us with their names, dates of birth and addresses.

What does it cost?

The cost is based on age and is the same for all counties:

Attained Age	Monthly Cost per Individual
65-69	$158.35
70-74	$189.80
75-79	$260.07
80+	$280.00

Can spouses have coverage too?

Yes, spouses of retirees can join if they are over 65 and have Medicare Parts A & B. The cost is the same as for retirees. Even if the retiree has passed away, the surviving spouse is still eligible for coverage.

Can I be turned down because of a health problem?

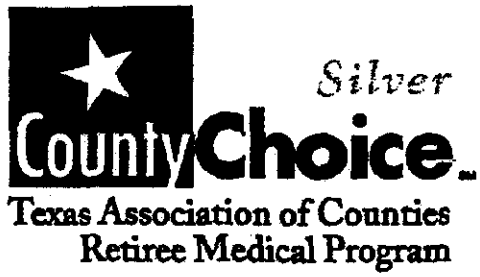
No, this plan is guaranteed issue. No one will be turned down for health reasons.

Are there restrictions on pre-existing conditions?

If you enroll by Dec. 31, 2000, there will be no limitations on pre-existing conditions. After that, limitations on pre-existing conditions may apply for up to one year IF you have not had any other medical or supplemental policy. If you are switching to CountyChoice *Silver* from another insurance plan, you will not have any restrictions on pre-existing conditions.

Where can I get more information?

Contact the group health department at TAC at 1-800-456-5974.



Underwritten by Monumental Life

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but $776	$776 (Part A Deductible)	$0
61st thru 90th day	All but $194 a day	$194 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $388 a day	$388 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, Including having been in a hospital for at least 3 days and entered a Medicare-approved Facility within 30 days after leaving the Hospital:			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $97 a day	Up to $97 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE Available as long as your doctor certifies you Are terminally ill and you elect to receive these Services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

CountyChoice *Silver*

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR*

*Once you have been billed $100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment:			
First $100 of Medicare Approved Amounts*	$0	$100 (Part B Deductible)	$0
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD*			
First 3 pints	$0	All costs	$0
Next $100 of Medicare Approved Amounts*	$0	$100 (Part B Deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	$0	$0

MEDICARE PARTS A & B

HOME HEALTH CARE			
Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
First $100 of Medicare Approved Amounts*	$0	$100 (Part B Deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL			
Medically necessary emergency care services Beginning during the first 60 days of each trip outside the USA:			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum of $50,000	20% and amounts over the $50,000 lifetime maximum

CountyChoice *Silver*

Out-Patient Prescription Drugs

Benefits are paid only when using an Express Scripts Participating Pharmacy.

Services	Medicare Pays	You Pay	Action Required by Retiree
Retail: From a Participating Express Scripts Network Retail Pharmacy	$0	Generic - $7.00* copay Brand – 50% coinsurance	Present your ID card to the pharmacist with your copayment or coinsurance amount
Mail Order: From Express Pharmacy Services	$0	Generic - $10.50 copay 3 month supply Brand – 50% coinsurance 3 month supply	Forward your prescription and copayment to the mail service pharmacy

This plan is subject to a $3,000 annual maximum.

***How $7.00 copay is applied.**

- If the physician prescribes generic drug, the insured pays $7.00.
- If the physician prescribes a brand name drug, the insured pays 50% of the cost.

CountyChoice *Silver*

Texas Association of Counties

Retiree Medical Plan

Underwritten by Monumental Life

Attained Age Monthly Rate

Component
Core
Medicare Part A Deductible
Medicare Part B Deductible
Skilled Nursing – 1/8 Part A Deductible for days 21-100
Foreign Country Travel
Excess Charges Part B (100%)
Out-Patient Prescription Drugs

Attained Age	Monthly Premium Per Retiree
65 – 69	$158.35
70 – 74	$189.80
75 – 79	$260.07
80+	$280.00

Silver
CountyChoice
Texas Association of Counties
Retiree Medical Program

CountyChoice *Silver* Authorization Form

Please fill out and mail back to TAC. Enclosed is a self addressed stamped envelope for your convenience.

County Williamson

Contact name John C Doerfler **Phone** 512-943-1550

Email _____ **Fax** 512-943-1662

Current coverage for 65+ retirees? Y or N If yes, carrier _____

If yes, does county contribute to premiums? Y or N No current coverage

If yes, how much? _____

Amount county will contribute toward CountyChoice *Silver:*

100% **None** **Other Amount (% or $)** _____

Prior to enrollment of retirees on CountyChoice Silver, the court must approve the following and sign below:

-allow retirees to participate in CountyChoice *Silver*
-provide TAC with a list of current retiree's names, addresses and dates of birth; over and under 65 years of age
-provide CountyChoice *Silver* information to "new" retirees (as employees retire in the future)

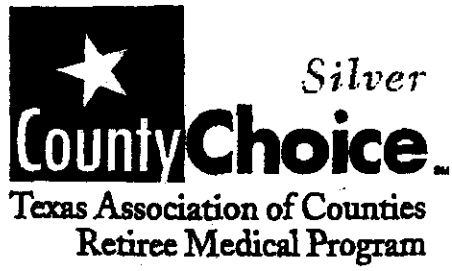
Williamson County authorizes its retirees to participate in the CountyChoice *Silver* Retiree Program.

John C. Doerfler - County Judge
Signature

11-21-08
Date

For TAC use only:

Entity code: _____
Interlocal rcd: _____



Billing Options

Preferred billing method:

LIST (if county pays part of cost)
The bill will be sent to the county

DIRECT (if county pays $0)
The bill will be sent to the retiree

COMBINATION (if county pays for some retirees, but there are past retirees the county does not pay for or cover)

IF DIRECT BILLED: County must provide a list of all retirees that includes name, mailing address, and date of birth so that we may provide the enrollment materials to all eligible retirees. If the county does not maintain this list, a copy may be requested from TCDRS. The county must also provide us updates (atleast annually) of new retirees so that we may provide the materials to those individuals as well.

IF LIST BILLED: County will be provided the enrollment forms for all the eligible retirees that are currently covered. If there are age 65+ retirees that are not currently on the county's plan (for example, they retired before the county offered coverage, or they did not elect coverage at the time they retired), we will need a list of those retirees with name and mailing address. We can offer this program to those retirees as well, even though the county will not be contributing toward their costs. The county must agree to provide enrollment information to new retirees and/or retirees that reach age 65.

IF COMBINATION BILLED: A list bill can be provided to the county for those retirees that the county currently contributes an amount toward the premium. The retirees that have elected to not remain on the county's health plan or at their time of retirement, did not have that option, can be direct billed.

TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND
EMPLOYER'S REQUEST FOR PARTICIPATION IN TRUST

WHEREAS, the Texas Association of Counties Insurance Trust Fund, hereinafter "the Fund," was created as an Intergovernmental Pool to make available life, accident, and health insurance for employees, including elected and appointed officials, of political subdivisions and members of their families; and

WHEREAS, Article 3.51-2 and Article 3.51-6 of the Texas Insurance Code, the Interlocal Cooperation Act (TEX. LOC. GOV. CODE, Chapter 791), and other applicable statutes provide the authority for the creation and establishment of the Trust, the Fund, and the participation of political subdivisions;

WHEREAS, the Fund has purchased and made available a group policy or policies of life, accident, and health insurance in accordance with its Restated Agreement and Declaration of Trust and authorizing statutes; and

WHEREAS, Williamson County, hereinafter "Employer," is a Texas political subdivision, other than an incorporated city, town or village and desires to participate in the Trust and in the group insurance provided thereunder;

NOW, THEREFORE, Employer requests, in accordance with the provisions of the Restated Agreement and Declaration of Trust and the Interlocal Cooperation Act (TEX. GOV. CODE, Chapter 791), that it be accepted as a Participant/Subscriber in the Fund/Trust, and if accepted as a Participant/Subscriber by signature of the appropriate official of the Fund on this Request, Employer agrees to be bound by the terms of the Restated Agreement and Declaration of Trust as well as any rules and regulations adopted by the Trustees of the Fund pursuant to the Restated Agreement and Declaration of Trust and the terms of any insurance policy or plan adopted by the Trustees of the Fund.

Employer acknowledges that if this Request is accepted, its participation will be for a period of one (1) year from the date of acceptance of this Request, unless renewed pursuant to Article III, Section 1 of the Restated Agreement and Declaration of Trust or terminated for failure to maintain its status as a subscriber to the insurance policy or plan of the Trust, or any other reason pursuant to the Restated Agreement or Declaration of Trust.

If the Employer is not accepted for such participation in the insurance, this Request for Participation in Trust shall be deemed withdrawn and there shall be no further obligation whatsoever by or to the undersigned in connection therewith.

If any part of this Request is declared invalid, void, or unenforceable, the remaining parts and provisions shall continue in full force and effect. It is further agreed that all matters pursuant to this Request are performable in Travis County, Texas, and that Travis County shall be the venue for all suits arising out of this Request, including without limitation, any suit to construe or enforce its terms.

In making this request, Employer has received and read a copy of the Restated Agreement and Declaration of Trust and understands and accepts the terms and conditions thereof which provides, among other things, that:

Request Approved by the Governing Body of the Employer on the 21st day of November, ~~19~~2000

EMPLOYER:

Williamson County
(Name of Political Subdivision)

John C. Doerfler 11-21-00
(Signature of Official with Authority to Sign)

John C. Doerfler - County Judge
(Printed Name of Official with Authority to Sign)

ATTEST:

Nancy E. Rister
(Clerk or Secretary)

ACCEPTED:

TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND

BY: _____

EFFECTIVE DATE:

DATE ACCEPTED: _____

COMMISSIONERS COURT ADJOURNED TO EXECUTIVE SESSION AT 11:35 A.M. ON TUESDAY, NOVEMBER 21, 2000

AGENDA ITEM 27

Discuss land acquisition/ Parkland (EXECUTIVE SESSION REQUESTED as per VTCA 551.072 pertaining to real property)

COMMISSIONERS COURT RECONVENED FROM EXECUTIVE SESSION AT 11:45 A.M. ON TUESDAY, NOVEMBER 21, 2000.

No action taken in executive session.

AGENDA ITEM 28

Discuss and take appropriate action on real estate matters: Parkland.

No action taken on this item.

AGENDA ITEM 29

Comments from commissioners.

No comments from commissioners.

COMISSIONERS' COURT ADJOURNED AT 11:47 A.M. ON TUESDAY, NOVEMBER 21, 2000.