

AGENDA ITEM 30

Discuss and take appropriate action concerning awarding contract for HMO Health plan provider.

Bids for the HMO Health Plan were received from the following:

Amil International, Inc.

Moved: **Commissioner Boatright**

Seconded: **Commissioner Limmer**

Motion: To award contract for HMO Health plan provider to Amil International, Inc.

Vote: **5 - 0**

< Attachment >

Your Proposal

Williamson County

Account Executive: Pam Price
 Presented By: DIRECT
 Requested Effective Date: 1/1/2002
 Rate Guarantee: 12 Months

COST:	Enrollment:	Rates:		
Employee Only:	61	\$245.61	Annual Cost:	\$482,881.56
Employee + Spouse:	16	\$427.35	Monthly Cost:	\$40,240.13
Employee + 1 Child:	0	\$402.79	Per Member Per Month:	\$179.72
Employee + Children:	25	\$402.79	Total Subscribers:	119
Employee + Family:	17	\$491.21	Total Assumed Members:	223.905

BENEFITS:

Network: HMO

Participating Provider

Office Visit:	\$15.00
Emergency Room Co-payment:	\$75.00
Prescription Drugs (Generic/Name-Brand):	\$5 / \$25
Non-Formulary Prescription Drugs	\$40
Hospital Co-payment Per Day - 3 Day Maximum	\$100.00
Out-Of-Pocket Maximum:	\$1,500
Primary Care Selection Required?	Yes

ASSUMPTIONS:

- 1.) 75% of group's eligible employees will participate.
- 2.) No health conditions exist other than those already reported. If other conditions are present upon final enrollment, rates are subject to change.
- 3.) Rates are valid for 60 days from the proposed effective date. Rates and terms of this proposal are subject to change after this date.
- 4.) The aforementioned is a brief summary of the benefits quoted and not intended as a full representation of all benefit levels. Please refer to the corresponding attached plan design for more specific details.
- 5.) A variance of more than 10% in final enrollment demographics may result in an adjustment to quoted rates.
- 6.) No individuals permanently residing Out-Of Area (OOA) exist other than those already reported. If other OOA members are present upon final enrollment or added during the contract period, rates are subject to change.

This proposal is not a guarantee of coverage. Final rates, benefits and coverage will be based upon actual enrollment and subject to final underwriting. No coverage will become effective until approved by Amil International and notification of acceptance is received from the group.

10/23/2001
7:00:15 AM

AmilSM

*approved 10-23-01
John C. Daerfler*

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AGENDA ITEM 31

Discuss and take appropriate action concerning setting employee insurance rates as of 1/1/2002.

The following persons addressed the court regarding the employee insurance rates:

Lisa Zirkle, Associate Director of Human Resources
Marilyn Cavender, county employee
Ginny Atkinson, county employee
John Sneed, Health Benefits Committee member

Moved: **Commissioner Limmer**

Seconded: **Commissioner Boatright**

Motion: To adopt the employee insurance rates recommended by the Health Benefits Committee for the 2002 calendar year.

Vote: **5 - 0**

< Attachment >