



**REQUEST FOR PROPOSAL  
WILSON COUNTY, TEXAS  
May 10, 2022**

**Health & Welfare Benefits Proposal**

**Medical**

**RFP #01-022**

**PROPOSALS DUE:  
Monday, June 13, 2022 9:00 a.m.**

***REQUEST FOR PROPOSALS***

**Wilson County, Texas**

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***RFP Data***

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Proposal Number: 01-022  
Title: Health & Welfare Benefits Proposal  
Fully Insured Medical

Issue Date: May 10, 2022

***Proposal Due***

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Date: June 13, 2022  
Time: 9:00 a.m. CST  
Location/Mail Address: **1 original and 1 copy:**

Wilson County Auditor  
Attn: Brenda Trevino  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114

**1. NOTICE TO VENDORS**

Wilson County is seeking proposals in response to this Request for Proposal (RFP) for a fully insured group medical program for employees, officials, and dependents from carriers qualified to provide these services and/or products for the County's benefits plan. This RFP is for the purpose of soliciting fully insured proposals in accordance with *Texas Local Government Code* Chapter 262.

Qualified prospective vendors may obtain copies of the RFP from the Wilson County Auditor's Office, 1420 3<sup>rd</sup> Street, Suite 109, Floresville, Texas 78114, or on the Wilson County website: [https://www.co.wilson.tx.us/page/wilson.Bids\\_RFPs](https://www.co.wilson.tx.us/page/wilson.Bids_RFPs)

Wilson County reserves the right to reject any and all proposals and to waive defects in proposals. No officer or employee of Wilson County shall have a financial interest, direct or indirect, in this or any contract with Wilson County. Minority and small business vendors are encouraged to submit a proposal on any and all Wilson County projects.

**2. SPECIFICATION REQUIREMENTS AND INSTRUCTIONS**

**A. Timetable for Proposals**

<b><u>Schedule</u></b>	<b><u>Date</u></b>
Advertisement of Proposals:	<u>May 10-24, 2022</u>
RFP Release Date:	<u>May 10, 2022</u>
RFP Questions Due:	<u>May 27, 2022 by 5:00 p.m.</u>
Response to Questions:	<u>June 6, 2022</u>
Proposal Due Date:	<u>June 13, 2022 prior to 9:00 a.m.</u>
Targeted Proposal Award Date:	<u>June 27, 2022</u>
Enrollment Meetings to be scheduled within:	<u>45 days of award date</u>
Plan Effective Date:	<u>October 01, 2022</u>

- B. Submission Information:** Sealed proposals, one (1) original and one (1) copy, must be clearly marked “GROUP MEDICAL PROPOSAL RFP #01-022”, and will be received no later than June 13, 2022, 9:00 a.m. No telephone or faxed proposals will be accepted. Proposals will be accepted only if delivered in person, by the U.S. Postal Service, or by delivery service such as UPS or Federal Express. The County will not be responsible for or consider missing, lost, or late deliveries. Address proposals to the County to the attention of:

**Attn: Brenda Trevino  
Wilson County Auditor  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114**

**Cover Letter and Summary:** This section should contain the name and address of the prospective vendor and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing.

- C. Prospective vendors requesting additional information:** Requests for additional information should be made no later than 5:00 p.m. on May 27, 2022 and should be directed to Jalyn Bodiford, via email [JBodiford@wilsoncountytexas.gov](mailto:JBodiford@wilsoncountytexas.gov). All requests must be made in writing; oral explanations will not be binding. Any interpretations, corrections, or changes to this Request for Proposal or specifications will be made by addenda. Addenda will be emailed, to all who are known to have received a copy of this proposal. It is the responsibility of the respondent to check for addenda by email. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

**Answers to questions will be published by email no later than Monday, June 6, 2022.**

- D. Confidentiality:** Information contained in the RFP is confidential and is to be used only for the purpose of preparing legitimate proposals for all or part of the benefits plans stipulated in this RFP.
- E. Proposal Review:** The County reserves the right to accept or reject, in part or in whole, any portion of the proposals, waive minor technicalities, and select the proposal which best serves the interest of the County. The County also reserves the right to waive or dispense with any of the formalities contained herein.
- F. Premium Costs:** All premium costs related to the RFP must be clearly defined, and all deviations from the specifications must be clearly identified and explained.

The information contained in the RFP is believed to be accurate and up-to-date, but is not intended to be an expressed or implied warranty. Requests for interpretation of the specifications should be directed to Jalyn Bodiford, Wilson County Human Resources, 830-393-7351.

- G. Legal Consideration:** All parties submitting proposals are expected to comply with all federal, state, and local laws and regulations pertaining to the preparation of proposals and the services to be provided. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with applicable laws.
- H. Carrier Information:** All proposals must include the name of the insurance carrier, which should have a current general policyholder rating of "A-" published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or a Pool in accordance with the *Texas Local Government Code* Chapter 172. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company should be submitted. Failure to provide this information may result in disqualification or rejection of the RFP.
- I. RFP Notification:** Parties who are selected to provide benefits coverage to the employees, based on the RFP submitted, will be notified as soon as possible following thorough review by County management and Commissioners Court.
- J. Proposal Format:**
  - 1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Alternative proposals will also be considered, provided the alternatives are clearly explained. Exceptions to or deviations from the specifications must be explicitly identified.

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

2. Those submitting proposals are responsible for the full costs associated with the preparation of the proposal.
3. Proposals may be withdrawn prior to the closing time for RFPs, as long as the request is submitted in writing by an authorized representative. Thereafter, all proposals shall remain open and valid for a period of 90 days or the effective date of the new plan, whichever is latest.
4. Accuracy in the proposals submitted is essential. All parties are asked to proof proposals for compliance with all stipulations of the RFP and accurate numbers submitted.

**K. Disqualification and Rejection of Proposals:** Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specification, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

**L. Basis for Consideration:** The County will review all proposals for completeness based on the requirements in this RFP. Those found to be incomplete or fail to address the needs of the County will not be evaluated. Only those proposals that are complete, with all required documentation will be evaluated. Respondents should initially submit their best offer. If an award is made, primary consideration will be given to the respondent's proposal deemed to be the best interest of the County.

**M. Service Considerations:** The County will evaluate the proposals on factors other than cost, including level of benefits and coverage area. After a preliminary evaluation of the technical criteria, the cost proposal will be included in the evaluation process.

**N. Right to Reject:** Merely submitting a proposal does not warrant an expressed or implied contract for the insurance program for Wilson County.

**O. Authorized Signature:** All proposal forms must be signed by persons who have the legal authority to bind the respondent to the proposed lines of coverage.

**P. The County reserves the right to:**

- require additional technical and pricing information and
- have discussion with Respondents regarding all elements which comprise the Respondent's proposal,
- to accept all or part of any proposal, or
- to reject any or all proposals, and
- to re-solicit for proposals.

The award of the contract shall be made to the responsible Respondent whose proposal is determined to be the lowest responsible respondent or the respondent who provides the best value to the County relative to price, qualifications, and quality of services, as set forth above. A proposal may not be withdrawn or canceled for period of (90) days

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

following the date designated for the receipt of proposals, and respondents so agree upon the submission of their proposals. Respondents are expected to examine the instructions, specifications, terms and conditions prior to submitting their proposal. Failure to do so will be at the respondent's risk. At the County's request, Respondents may be selected for in-person presentations. All proposals and related materials become the property of the County. The County reserves the right to reject any or all proposals submitted.

- Q.** To the extent any portion of this section conflicts with the Terms and Conditions, the provisions of this section shall be controlling.
  
- R. Award Consideration:** Selection will be based on the following evaluation criteria. There are 100 total points available, and the system is weighted so that important aspects such as price and network availability/effectiveness are given more value. This weighing system is typical of the evaluation criteria that many local governments use in order to comply with the Texas Local Government Code; however it may be adapted to reflect the priorities of the County.

Scoring System:

Cost	30%
Financial Stability	20%
Communication	5%
Claims Processing	20%
Claims Management Reports	10%
Integrated Systems/Tech Initiative	10%
References	5%

### **3. CONTRACTUAL PROVISIONS FOR CONSIDERATION**

The firm, who enters into a contract with Wilson County to provide services to the employees, will be required to abide by the contract provisions outlined here. Potential Contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

**A. Handling of Claims & Customer Service:**

1. The contractor must agree to deliver quality customer service to the County and its employees, and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the County with regard to billing procedures must be rectified immediately.

2. The contractor shall submit separate invoices, in duplicate, for payment as directed by the County. Invoices should include the contract number and will be itemized in accordance with the components of the contract. Payment will not be due until thirty (30) days after the date the above instruments are submitted or the work is actually performed. Whichever is later.

3. If invoices have not been paid by the due date, the contractor will submit an overdue reminder notice. The County reserves the right to review all of the contractor's invoices after payment and recover any overpayments discovered in such review.

**B. Continuity of Coverage:** All employees, spouses, and dependents covered by the current plan are to receive immediate coverage under the new plan.

**C. Claims Experience Monitoring:** The contractor shall provide monthly reports allowing the County to monitor claims experience on a monthly basis.

**D. Insurance:** Contractor shall not commence any work or deliver any material until he or she receives notification that the contract has been accepted, approved, and signed by Wilson County.

**E. Equal Opportunity:** It is expected during the performance of the contract, all Contractor employees will be treated under the requirements of an Equal Employment Opportunity employer and honor all protected rights afforded to employees under the law. The Contractor will be advised of any complaints filed with the County alleging that the contractor is not operating in good faith as an equal employment opportunity employer. The County reserves the right to consider such complaints, along with other considerations, in determining whether or not to terminate any portion of this contract for which the services have not yet been performed.



#### **4. TERMS AND CONDITIONS**

The terms and conditions set forth in this Request for Proposal shall be incorporated into and be a part of any Request for Proposal submitted to Wilson County for the goods and/or services specified. No other terms and conditions shall apply unless approved in writing by Wilson County, Texas.

- A. ADDENDA:** Any interpretations, corrections or changes to this Request for Proposals or specifications will be made by addenda. Sole issuing authority of addenda shall be vest in Wilson County Addenda will be mailed, emailed, or faxed to all who are known to have received a copy of this proposal. It is the responsibility of the respondent to check for any addendums on the Wilson County website. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.
- B. ADVERTISING:** The successful Respondent shall not advertise or publish, without the County's prior approval, the fact that the County has entered into a contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the Federal, State, or local government.
- C. ALTERING PROPOSALS:** Proposals cannot be altered or amended after submission deadline. The signer of the proposal, guaranteeing authenticity, must initial any interlineations, alterations or erasures made before opening time.
- D. ASSIGNMENT:** The successful Respondent shall not sell, assign, transfer or convey the awarded contract, in whole or in part, without the prior written consent of the County.
- E. AWARD:** The County reserves the right to award by line item, section, or by entire proposal; whichever is most advantageous to the County, unless denied by the respondent.
- F. REFERENCES:** The County requests each Respondent to supply, with its proposal, a list of at least three (3) references where their firm supplied like services within the last three to five years. It is preferred that the list identify Counties that are customers of Respondent. For each reference, include the name of firm, address, contact employee of firm, with telephone number and e-mail address, what services are provided to this reference, and how long your firm has provided this service to the reference entity.
- G. BRAND NAME, CATALOG OR MANUFACTURER'S REFERENCE:** Any reference to brand name, catalog or manufacturer's reference is used to be descriptive, not restrictive, and is indicative of the type and quality the County desires to purchase. Proposals on similar items of like quality may be considered if the proposal is noted and fully descriptive brochures are enclosed. If notation of substitution is not made, it is assumed the respondent is proposing exact item specified. Successful respondent will not be allowed to make unauthorized substitutions after award.

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

- H. CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. Wilson County will make all change orders to the contract in writing as allowed by law.
- I. COMMUNICATION:** The successful Respondent shall direct all contact with the County through the Contract Administrator identified in the Contract. The Respondent will not directly respond to, make inquiries of, survey or solicit information from, or otherwise interact with any departments, divisions, employees, or agents of the County unless specifically approved, or requested by the Contract Administrator.
- J. CONFLICT OF INTEREST:** In compliance with Local Government Code §176.006, all vendors shall file a completed Conflict of Interest Questionnaire “APPENDIX A” with Wilson County.
- K. CONTRACT ADMINISTRATOR:** Under the contract, the County may appoint a contract administrator with designated responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. If appointed, the administrator will serve as liaison between the County and the successful contractor.
- L. CONTRACT ENFORCEMENT:**
1. The County reserves the right to enforce the performance of any contract that results from an award of this Request for Proposal. Enforcement shall be in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of the contract. Breach of contract or default authorizes the County to make an award to another respondent, purchase the service elsewhere and to charge the full increase in cost and handling to the defaulting contractor.
  2. In the event the successful Respondent shall fail to perform, keep or observe any of the terms and conditions of the contract, the County shall give the contractor written notice of such default; and in the event said default is not remedied to the satisfaction and approval of the County within a reasonable period of time from which the contractor received notice, default will be declared and all of the contractor's rights shall terminate. Respondents who submit proposals for this service agree that the County shall not be liable to prosecution for damages in the event that the County declares the successful contractor in default.
  3. Any notice provided by this Request for Proposal (or required by law) to be given to the successful respondent by the County shall be conclusively deemed to have been given and received on the next day after such written notice has been deposited in the mail at Wilson County by Registered or Certified mail with sufficient postage affixed thereto, addressed to the successful respondent at the address provided in the proposal; this shall not prevent the giving of actual notice in any other manner.
- M. INDEMNITY AGREEMENT:** Except as hereinafter set forth, the successful Respondent shall indemnify and hold harmless the County and their respective agents and employees from and against all claims, damages, losses and expenses,

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

including but not limited to, attorney's fees, expert witness fees and other costs arising out of or resulting from negligent performance of the services set forth in the successful respondent's proposal, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property but only to the extent caused by negligent acts or omissions of the Respondent, a subcontractor of the Respondent, anyone directly or indirectly employed or contracted by the Respondent or anyone for whose acts the successful Respondent may be liable.

- N. ETHICS:** The Respondent shall not offer or accept gifts or anything of value nor enter into any business arrangement with any employee, official, or agent of the County, except in accordance with County Policy.
- O. EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this Request for Proposal will be considered for award. Respondents taking exception to the instructions, specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of their proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and shall hold the Respondent responsible to perform in strict accordance with the instructions, specifications, terms and conditions of the Request for Proposal. The County reserves the right to accept any and all or none if the exception(s) /substitution(s) deemed to be in the best interest of the County.
- P. FELONY CRIMINAL CONVICTIONS:** The Respondent represents and warrants that neither the Respondent nor the Respondent's employees have been convicted of a felony criminal offense, or under investigation of such charge, or that, if such a conviction has occurred, the respondent has fully advised the County as to the facts and circumstances surrounding the conviction.
- Q. FORCE MAJEURE:** Force majeure is defined as an act of God, war, strike, fire or explosion. Neither the successful Respondent nor the County is liable for delays or failures of performance due to force majeure. Each party must inform the other in writing with proof of receipt within three (3) business days of the occurrence of an event of force majeure.
- R. INVOICES:** Each invoice shall be fully documented as to the Contractor's/vendor's name and address, receiving department's name and address, labor, materials and equipment provided, if applicable.
- S. LATE SUBMITTALS:** The County will reject late proposals. The County is not responsible for lateness or non-delivery of mail, carrier, etc. and the date/time stamp shall be the official time of receipt. The Respondent is responsible for ensuring that packets are delivered to the Wilson County Auditor. Respondents may confirm receipt of packets by contacting the County Auditor's office at 830-393-7397.
- T. MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENT:** A prospective Respondent must affirmatively demonstrate respondent's financial responsibility. A prospective Respondent must meet the following requirements:

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

1. Have adequate financial resources or the ability to obtain such resources. Be able to comply with the instructions, specifications, terms and conditions.
  2. Have a satisfactory record of performance.
  3. Have a satisfactory record of integrity and ethics. Not be on the State of Texas debarred vendor list or on the Federal Excluded Parties List.
- U. NON-APPROPRIATION CLAUSE:** If the governing body of the County fails to specifically appropriate sufficient funds to make the payments due in any Fiscal Year under this Contract, an event of non-appropriation ("Event of Non-appropriation") will have occurred, the terms of this Contract will not be renewed, and Contractor or County may terminate this Contract at the end of the then current Fiscal Year, whereupon County will be obligated to pay those amounts then due subject to the provisions herein. Nothing in this Section or elsewhere in this Contract will be deemed in any way to obligate the County or create a debt of County beyond its current Fiscal Year. **CONTRACTOR HAS NO RIGHT TO COMPEL COUNTY TO LEVY OR COLLECT TAXES TO MAKE ANY PAYMENTS REQUIRED HEREUNDER, OR TO EXPEND FUNDS BEYOND THE AMOUNT PROVIDED FOR IN THE THEN CURRENT FISCAL YEAR OF COUNTY.**
- V. PATENTS/COPYRIGHTS:** The successful Respondent agrees to protect the County from claims involving infringements of patents and/or copyrights.
- W. PAYMENT:** Will be made upon receipt and acceptance by the County for item(s) and/or service(s) ordered and delivered after receipt of a valid invoice, in accordance with the State of Texas Prompt Payment Act, Chapter 2251, Government Code.
- X. PRICES HELD FIRM:**
1. All prices quoted in the proposals will remain firm for a minimum of 90 days from the date of the proposal unless it is otherwise specified by the County.
  2. If during the life of the contract, the successful Respondent's net prices to other customers for the items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the County.
- Y. QUANTITIES:** Quantities indicated on the Proposal Forms are estimates based upon the best available information. The County reserves the right to increase or decrease quantities to meet its actual needs without any adjustments in proposal price.
- Z. RELEASE OF INFORMATION AND PUBLIC INSPECTION:** Only the name of the Company responding to this proposal shall be released at the proposal opening. Other information submitted by the Company shall not be released by the County, and the proposals will not be available for inspection, during the proposal evaluation process, or prior to contract award. If the proposal contains trade secrets or confidential information, the Respondent must specifically list that portion as

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

confidential. All other parts of the proposal are open for public viewing upon request after the contract is awarded. At no time will confidential information, as noted by the Company, be released, unless ordered by a court or the Attorney General.

- AA. REQUIRED DOCUMENTATION:** In response to this request for proposal, all documentation required by this proposal must be provided.
- BB. SALES TAX:** The County is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- CC. SEVERABILITY:** If any section, subsection, paragraph, sentence, clause, phrase or word of these instructions, specifications, terms and conditions, shall be held invalid, such holding shall not affect the remaining portions of these instructions, specifications, terms and conditions and it is hereby declared that such remaining portions would have been included in these instructions, specifications, terms and conditions as though the invalid portion had been omitted.
- DD. SILENCE OF SPECIFICATIONS:** The apparent silence of specifications as to any detail or to the apparent omission from it of a detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specifications shall be made based on this statement.
- EE. SUBCONTRACTORS:** The Contractor shall be the sole source of contact for the Contract. The County will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the Contract shall apply without qualification to any services performed or goods provided by any subcontractor.
- FF. TAX/DEBT ARREARAGE:** The County shall pay no money upon any claim, debt, demand, or account whatsoever, to any person, firm or corporation, who is in arrears to the County for taxes or otherwise; and, the County shall be entitled to a counter-claim and offset against any such debt, claim, demand, or account, in the amount of taxes or other debt in arrears, and no assignment or transfer of such debts are due, shall affect the right, authority, and power of the County to offset the taxes or other debts against the same.
- GG. TERMINATION FOR DEFAULT:** The County reserves the right to enforce the performance of the contract in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of the contract. The County reserves the right to terminate the contract in the manner set forth in the attached Contract.

As soon as practicable after receipt of notice of termination, the Company shall submit a statement showing in detail the pro-rated payment, in a form satisfactory to the County, that reflects the appropriate charges. The County shall then pay the charges as required by law.

**HH. TERMINATION OF CONTRACT:** The contract shall remain in effect until contract expires, delivery and acceptance of products and/or performance of services ordered or terminated by either party with a thirty (30) day written notice prior to any cancellation. The successful Respondent must state therein the reasons for such cancellation. The County may, by written notice to the selected company, cancel this contract immediately without liability to the selected company if it is determined by the County that gratuities or bribes in the form of entertainment, gifts, or otherwise contrary to County Policy, were offered or given by the successful proposing party, or its agent or representative to any County officer, employee or elected representative with respect to the performance of the contract.

**II. TRAVEL AND DIRECT CHARGES:** The County shall not compensate the Respondent for any travel costs incurred in delivery of services under the contract.

**JJ. VENUE:** Respondent shall comply with all Federal and State laws and County Ordinances and Codes applicable to the Respondent's operation under this contract. The resulting specifications and the contract therefrom shall be fully governed by the laws of the State of Texas, and shall be fully performable in Wilson County, Texas, where venue for any proceeding arising hereunder will lie.

**KK. WITHDRAWAL OF PROPOSAL:** A proposal may be withdrawn any time prior to the official opening, as long as the request is received in writing from an authorized representative.

**LL. CERTIFICATE OF INTERESTED PARTIES:** In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015 to implement the law.

**Filing Process:**

On January 1, 2016, the commission made available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized.

Information regarding how to use the filing application is available at <https://www.ethics.state.tx.us/tec/1295-Info.htm>. Please follow instructional Video for Business Entities.

Please find Form 1295 under “Appendix B”.

**5. COUNTY INFORMATION**

**Wilson County currently offers a Fully-Insured Medical Plan. The key objectives of this RFP are to:**

- Lower costs
- Minimize the administrative burden on HR staff
- Keep risk and financial uncertainty off financial statements when possible
- Minimize the disruption to the employees and the anxiety associated with change
- Provide innovative solutions to “bend” healthcare cost trends

**Key Dates associated with the RFP are listed below:**

- Release of Request For Proposal May 10, 2022
- Deadline for Questions 5:00pm, May 28, 2022
- Response to Vendor Questions June 6, 2022
- Proposal Deadline 9:00am, June 13, 2022

**Please direct all questions regarding the RFP to our Human Resources in writing:**

Jalyn Bodiford  
Human Resource Generalist  
Wilson County  
2 Library Lane, Suite 104  
Floresville, Texas 78114  
830-393-7351  
[JBodiford@wilsoncountytexas.gov](mailto:JBodiford@wilsoncountytexas.gov)



WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

Group: Wilson County  
 Current Census: 196 Employees  
 Medical Premium Rate Structure: 4 tier rate basis: Employee Only, Employee & Spouse, Employee & Child(ren), Employee & Family

Health Benefits Plan History for the past 5 years:

Medical Carrier:	Coverage Date (s):	Life/AD&D Carrier:	Coverage Date (s):
BCBS	10/01/21 – 09/20/22	Voya/TAC	10/01/21 – 09/20/22
BCBS	10/01/20 – 09/20/21	Voya/TAC	10/01/20 – 09/20/21
BCBS	10/01/19 – 09/20/20	Voya/TAC	10/01/19 – 09/20/20
BCBS	10/01/18 – 09/20/19	Voya/TAC	10/01/18 – 09/20/19
BCBS	10/01/17 – 09/20/18	Voya/TAC	10/01/17 – 09/20/18

Waiting Period:

The County plan will have a 60 day waiting period for new enrollees. Elected officials do not have a waiting period.

Effective 1<sup>st</sup> of the month following 60 days..

Employer Contribution:

The County pays 100% of the cost for employees and 0 % for dependents. Actual rates charged to the dependents will be determined by Commissioners Court.

Number of COBRA participants and benefit expiration date for each:0

Number of employees waiving coverage:21

Retiree Medical Benefits:

Group Plan

- Pre-65 Retiree Benefits are requested

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

**6. CENSUS SUMMARY**

Proposals shall be based on the county's current enrollment. Census attached. Below is a summary of how many employees are in each tier.

HEALTH	Active	COBRA	Retiree	Total
Employee Only	133	0	12	145
Employee & 1 Child (if applicable)	0	0	0	0
Employee & Children	26	0	0	26
Employee & Spouse	3	0	0	3
Employee & Family	1	0	0	1
Total HEALTH	163	0	12	175

LIFE and AD&D	Active	COBRA	Retiree	Total
Employee Only	195	Not Applicable	0	195
Total LIFE	195		0	195

**7. EMPLOYER CONTRIBUTION SUMMARY**

Listed below are current contribution amounts for each benefit.

	Amount Employer Pays	Amount Employee Pays	Amount Retiree pays (if applicable)
<b>Health:</b>			
Employee Only:	\$726.40	\$0	\$0
Employee + Children	\$726.40	\$290.04	\$0
Employee + Spouse	\$726.40	\$630.84	\$0
Employee + Family	\$726.40	\$1058.64	\$0
<b>Life:</b>			
Group life & AD&D:	\$1.28	\$0	\$0
Additional Life:	\$0	\$0	\$0

Current Term Life Benefit Plan: Please duplicate current benefits as closely as possible.  
Alternate plans may be considered

Term Life Volume per covered person

Basic Life	\$10,000
AD&D	\$10,000
Retiree Life	\$0

Voluntary Dependent

Volume – Spouse	\$0
Volume – Child (ren)	\$0

**8. VENDOR SELECTION CRITERIA**  
**(Insurance Company)**

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the County's needs relating to importance, price, and other factors considered:

**A. Cost (30%)**

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Ability to reduce claims expense

**B. Financial Stability (20%)**

- a) Insurance Company, AM Best Rating

**C. Communication (5%)**

- a) Educational material for employees
- b) Summary Plan Description capabilities
- c) Administrative kits for locations
- d) Bilingual capability
- e) Consumer Driven Health Plans

**D. Claims Processing (20%)**

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Willingness to contractually establish performance criteria

**E. Claims Management Reports (10%)**

- a) Frequency and format of claims reports are the utmost importance. b)  
Disease Management reporting

**F. Integrated Systems / Technology Initiative (10%)**

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b.) Utilization review/ Disease Management Programs/ Wellness Initiatives
- c.) Claims function
- d.) Claims payment/ family histories (i.e. pre-existing conditions)
- e.) Internet based enrollment/ eligibility
- f.) Consumer Driven Health Plans

**G. References (5%)**

# **SUBMISSION FORMS**

**(Please complete and submit with your proposal)**

**YOU MUST SUBMIT A COVER LETTER WITH YOUR PROPOSAL**

**COVER LETTER AND SUMMARY**

This section should contain the name and address of the proposing firm and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing:  
Medical

---

**1. INSTRUCTIONS:**

1. Refer to “Specifications Requirements and Instructions” before completing Submission Forms.
2. Propose your best price.
3. Please see Specifications, Requirements and Instructions section of this RFP for submission guidelines (copies, deadlines, etc.).
4. You must label the envelope or package – **‘RFP #01-022 – HEALTH & WELFARE BENEFITS PROPOSALS– DO NOT OPEN UNTIL 10:00 A.M., JUNE 13, 2022.**

**REQUIREMENTS - SPECIFICATIONS**

**Effective Date:** October 1, 2022

**Preferred Situs State** Texas

**Quoting Instructions** We would like Prospective Vendors to quote based on the 2020 Plan Designs (PPO) in the enclosed attachments with a \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 and \$3,500 deductible.

<b><u>Services Quoted:</u></b>	Coverage	Current Vendor	Funding
	Medical	Blue Cross Blue Shield	Contributory

**Contract Length:** one (1) year

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

**FULLY INSURED MEDICAL PLAN DESIGN – PPO PLAN**

MEDICAL BENEFITS	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible
<b>Deductible</b> In-Network Non-Network			
<b>Out Of Pocket Max</b> In-Network Non-Network	Includes Deductible	Includes Deductible	Includes Deductible
<b>Coinsurance</b> In-Network Non-Network			
<b>Lifetime Max</b>			
<b>Emergency Room</b> In-Network Non-Network			
<b>Maternity</b>			
<b>Physician Office Visit</b> In-Network Non-Network			
<b>Specialist Office Visit</b> In-Network Non-Network			
<b>Preventive Care</b> In-Network Non-Network			
<b>Urgent Care</b> In-Network Non-Network			
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network			
<b>In-Patient Hospital</b> In-Network Non-Network			
<b>In-patient Substance</b> In-Network Non-Network			
<b>Out-patient Substance</b> In Network Non-Network			
<b>In-patient Mental Health</b> In-Network Non-Network			
<b>Out-patient Mental Health</b> In-Network Non-Network			
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs Mandatory Generics Prior Authorization Required			



WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

<b>MEDICAL BENEFITS</b>	<b>\$2,500 Deductible</b>	<b>\$3,000 Deductible</b>	<b>\$3,500 Deductible</b>
<b>Deductible</b> In-Network Non-Network			
<b>Out Of Pocket Max</b> In-Network Non-Network	Includes Deductible	Includes Deductible	Includes Deductible
<b>Coinsurance</b> In-Network Non-Network			
<b>Lifetime Max</b>			
<b>Emergency Room</b> In-Network Non-Network			
<b>Maternity</b>			
<b>Physician Office Visit</b> In-Network Non-Network			
<b>Specialist Office Visit</b> In-Network Non-Network			
<b>Preventive Care</b> In-Network Non-Network			
<b>Urgent Care</b> In-Network Non-Network			
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network			
<b>In-Patient Hospital</b> In-Network Non-Network			
<b>In-patient Substance</b> In-Network Non-Network			
<b>Out-patient Substance</b> In Network Non-Network			
<b>In-patient Mental Health</b> In-Network Non-Network			
<b>Out-patient Mental Health</b> In-Network Non-Network			
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs Mandatory Generics Prior Authorization Required			

**FULLY INSURED MEDICAL RATE SHEET**

**Carrier Name:** \_\_\_\_\_

Active and Retired Employees

Basic Monthly Premium & Administration

<b>\$1,000 Deductible</b>	<b>Rate</b>	<b># of Lives</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

<b>\$1,500 Deductible</b>	<b>Rate</b>	<b># of Lives</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____	_____
Premium Taxes Excluded	_____	_____
Basic Monthly Premium & Administration	_____	_____

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

<b>\$2,000 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____
Premium Taxes Excluded	_____
Basic Monthly Premium & Administration	_____

<b>\$2,500 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____
Employee + Family	_____	_____

**Total Monthly Cost**

Rate Guarantee	_____
Premium Taxes Excluded	_____
Basic Monthly Premium & Administration	_____

<b>\$3,000 Deductible</b>	Rate	# of Lives
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child(ren)	_____	_____

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

Employee + Family

\_\_\_\_\_

**Total Monthly Cost**

Rate Guarantee

Premium Taxes Excluded

\_\_\_\_\_

Basic Monthly Premium & Administration

\_\_\_\_\_

\_\_\_\_\_

**\$3,500 Deductible**

Rate      # of Lives

Employee Only

\_\_\_\_\_

Employee + Spouse

\_\_\_\_\_

Employee + Child(ren)

\_\_\_\_\_

Employee + Family

\_\_\_\_\_

**Total Monthly Cost**

Rate Guarantee

Premium Taxes Excluded

\_\_\_\_\_

Basic Monthly Premium & Administration

\_\_\_\_\_

\_\_\_\_\_

The cost above are based upon RFP specifications

**DEVIATIONS FROM SPECIFICATIONS**

**NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL**

1. Describe, in detail, any deviations from the specifications.

- Does your organization agree to the Specifications for Proposers as outlined in the RFP?
- Will your organization administer and/or underwrite the benefits as outlined in the RFP?

We have made no exceptions or deviations to the specifications.

Yes

No

Firm Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person authorized to sign on behalf of firm.

**MEDICAL QUESTIONNAIRE**

**About the Insurance Company**

1. Provide insurance carrier's name, location, and contact person
2. What is the current AM Best rating for your company?
3. Is your company regulated by the Texas Department of Insurance?  Yes  No  
If no, describe the kind of arrangement and guarantee provided to ensure payment of claims if the company becomes insolvent.
4. Please indicate number of covered employee lives and length of time firm has been in business in this capacity.
5. Are there a minimum number of participants required?  Yes  No  
If so, what is that number percentage of eligible employees?
6. What is the number of covered members for health care in \_\_\_\_\_ (County name) or service area?
7. Have any lawsuits been filed against your organization related to any of your health care products or administrative services in the last three years? Please describe the nature of any lawsuits, dates, and outcomes.
8. Provide three (3) governmental entity references, including contact name and phone number, for which your company provides group health insurance services. Include groups of similar size if possible.
9. Describe your proposal's wellness programs including all events, programs, nurse related services and condition management efforts.

**Plan Implementation**

10. Do you agree to a no-loss/no-gain takeover of all benefits?  Yes  No
11. Will credit be given for deductible and coinsurance accumulations upon the initial plan takeover?  Yes  No
12. Does your plan include a deductible carryover into a subsequent year?  Yes  No

What is the carryover period?

**Account and Customer Services**

- 13. We expect our account to be handled by one main contact person or team. Please provide the contact person or team leader's name and contact information.
  
- 14. What are the normal hours of operation for our main contact to be reached? Is there a way to leave a message if they are not available?
  
- 15. Does the insurance company have a 1-800 telephone number available to plan participants for verifying benefit information, claims questions, utilization reviews and for providing referrals?      Yes    No
  
- 16. What are the normal hours of operation when a person can be reached?
  
- 17. Do you have Spanish-speaking claims representatives?    Yes    No

**COBRA**

- 18. Please include the cost for using your company for COBRA services and describe the services provided.

**Deviations**

- 19. Describe any deviations from the requirements of this RFP. The company providing this proposal is liable for the addition, including the costs, of differences not clearly noted in this question.

WILSON COUNTY  
HEALTH & WELFARE INSURANCE RFP 01-022

**SUMMARY CONDITIONS AND SPECIFICATIONS - RFP**

**In submitting this proposal, the respondent agrees and certifies to the following conditions:**

1. The undersigned agrees that after the official opening this proposal becomes the property of Wilson County.
2. The undersigned affirms he has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters that may be incidental to the work, before submitting a proposal.
3. The undersigned agrees, if this proposal is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Proposal will be 120 calendar days unless a different period is noted by the respondent.
4. The undersigned affirms that they are duly authorized to execute this contract, that this proposal has not been prepared in collusion with any other Respondent, nor any employee of Wilson County, and that the contents of this bid have not been communicated to any other respondent or to any employee of Wilson County prior to the official opening of this proposal.
5. The respondent certifies that no employee, representative, or agent of the firm offered or gave gratuities in any form (i.e. gifts, entertainment, etc.) to any Member of Commissioner Court, official, or employee of Wilson County in order to secure favorable treatment or consideration in awarding, negotiating, amending or concluding a final agreement for this proposal.
6. The respondent hereby certifies that he/she is not included on the U.S. Comptroller General's Consolidated List of Persons or Firms currently debarred for violations of various contracts incorporating labor standards/provisions.
7. The respondent agrees that and warrants that no employee, official, or member of the Commissioners Court is, or will be, peculiarly benefited, directly or indirectly, in this proposal or any ensuing contract that may follow.
8. Respondent/Vendor hereby assigns to purchase any and all claims for overcharges associated with this Contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.
9. The undersigned affirms that he/she has read and understands the specifications and any attachments contained in this proposal package.
10. The Contract is not valid until approved by Commissioners Court, if applicable. When an award letter is issued, it becomes a part of this Contract.

**NAME AND ADDRESS OF COMPANY:**

**AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Email. \_\_\_\_\_



# **APPENDIX A**

**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

WILSON COUNTY  
HEALTH & WELFARE INSURANCE PLANS

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a)**: "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B)**:

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity;

or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

## **APPENDIX B**

<b>CERTIFICATE OF INTERESTED PARTIES</b>		<b>FORM 1295</b>	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		<b>OFFICE USE ONLY</b>	
<b>1</b> Name of business entity filing form, and the city, state and country of the business entity's place of business.			
<b>2</b> Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			
<b>3</b> Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.			
4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
<b>5</b> Check only if there is NO Interested Party. <input type="checkbox"/>			
<b>6 AFFIDAVIT</b> <span style="float: right;">I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.</span>			
_____ Signature of authorized agent of contracting business entity			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.			
_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath			
<b>ADD ADDITIONAL PAGES AS NECESSARY</b>			

## **ATTACHMENTS**

1. Benefit Plan Design - past 2 years for medical, Rx, & life
2. Claims History – 2 years of monthly claims, premiums & enrollment for medical, Rx, & life
3. High Claimants Report (\$10,000+) including diagnosis with last date of service & prognosis if available.
4. Current Billing Invoice(s)

## **2020 BENEFIT PLAN DESIGN**



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbstx.com](http://www.bcbstx.com) or by calling 1-800-521-2227. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/> or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<p><u>In-Network</u>: \$2,500 Individual / \$7,500 Family</p> <p><u>Out-of-Network</u>: \$7,500 Individual / \$22,500 Family</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<b>Are there services covered before you meet your deductible?</b>	<p>Yes. Services that charge a <u>copay</u>, <u>prescription</u> drugs, and <u>In-Network</u> <u>diagnostic tests</u>, <u>home health</u>, <u>skilled nursing</u>, and <u>hospice</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<b>Are there other deductibles for specific services?</b>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<b>What is the out-of-pocket limit for this plan?</b>	<p><u>In-Network</u>: \$4,350 Individual / \$6,200 Family</p> <p><u>Out-of-Network</u>: \$8,000 Individual / \$24,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services.</p>
<b>What is not included in the out-of-pocket limit?</b>	<p><u>Deductibles</u>, <u>premiums</u>, <u>preauthorization</u> penalties, <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<b>Will you pay less if you use a network provider?</b>	<p>Yes. See <a href="http://www.bcbstx.com">www.bcbstx.com</a> or call 1-800-521-2227 for a list of <u>In-Network</u> providers.</p>	<p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>



Do you need a referral to see a specialist?

No.

You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Virtual visits available through MDLive \$10 <u>copay</u> . In-Network.
	<u>Specialist</u> visit	\$50 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for. No Charge for child immunizations <u>Out-of-Network</u> through the 6 <sup>th</sup> birthday.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Office visit <u>copay</u> may apply.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.mybenefits.org">www.mybenefits.org</a>	Tier 1	Retail: \$10 <u>copay</u> / prescription Mail: \$20 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	Retail: one copay per 30-day supply Retail -90: two copays up to 90 day supply Mail: two <u>copays</u> up to 90-day supply. Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name <u>Copayment</u> . <u>Specialty drug</u> prescriptions must be filled through Lumicera Specialty Pharmacy. One <u>copay</u> per 30-day supply.
	Tier 2	Retail: \$30 <u>copay</u> / prescription Mail: \$60 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
	Tier 3	Retail: \$50 <u>copay</u> / prescription Mail: \$100 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
	<u>Specialty drugs</u>	\$30 / \$50 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	20% <u>coinsurance</u> after \$150 <u>copay</u> /visit	20% <u>coinsurance</u> after \$150 <u>copay</u> /visit	Copay waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Urgent care</u>	\$40/\$50 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	All services must be preauthorized; \$250 penalty applies. <u>Out-of-Network</u> for failure to preauthorize.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$40/\$50 <u>copay</u> / office visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> for other outpatient services	30% <u>coinsurance</u> office visit 40% <u>coinsurance</u> for other outpatient services	Limited to 30 visits per plan year. Substance abuse treatment limited to 3 series per lifetime. Certain services must be preauthorized; refer to benefit booklet for details.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 30 days per plan year. Substance abuse treatment limited to 3 series per lifetime. All services must be preauthorized; \$250 penalty applies <u>Out-of-Network</u> for failure to preauthorize.
<b>If you are pregnant</b>	Office visits	\$40/\$50 <u>copay</u> / initial visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	20% <u>coinsurance</u> applies after initial visit In-Network. <u>Cost sharing</u> does not apply for preventive services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	All services must be preauthorized; \$250 penalty applies <u>Out-of-Network</u> for failure to preauthorize.
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Limited to 60 visits per <u>plan</u> year. All services must be preauthorized.
	<u>Rehabilitation services</u>	\$40/\$50 <u>copay</u> / visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Habilitation services</u>	\$40/\$50 <u>copay</u> / visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Limited to 25 days per plan year. All services must be preauthorized.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	All services must be preauthorized.
If your child needs dental or eye care	Children's eye exam	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

## Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Hearing Aids</li><li>• Infertility treatment</li><li>• Long-term care</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"><li>• Chiropractic care</li></ul>	<ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care (Adult)</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-521-2227, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit [www.bcbstx.com](http://www.bcbstx.com), or contact the U.S. Department of labor's Employee Benefits Security Administrations at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Contact the Texas Department of Insurance at 1-800-252-3439 or visit [www.texashealthoptions.com](http://www.texashealthoptions.com).

### Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet the Minimum Value Standards? [Yes]

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the [Marketplace](#)

### Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-521-2227.

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-521-2227.

*To see examples of how the plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$3,000
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Copayments	\$70
Coinsurance	\$1,700
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,830</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$3,000
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$3,160</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$3,000
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,100
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,600</b>

**The plan would be responsible for the other costs of these EXAMPLE covered services.**



**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance.  
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services Phone: 800-368-1019  
200 Independence Avenue SW TTY/TDD: 800-537-7697  
Room 509F, HHH Building 1019 Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Washington, DC 20201 Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



## **2021 BENEFIT PLAN DESIGN**



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## BENEFIT HIGHLIGHTS PLAN 1500-NGS

(Non-Grandfathered ACA Plan)

## BLUE ESSENTIALS NETWORK HMO

This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC) for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions in your benefit booklet.

### Deductible per Plan Year

Per Individual Member	\$2,500
Per Family	\$7,500

### Out-of-Pocket Maximums Per Plan Year

Per Individual Member	\$4,350
Per Family	\$6,200
OPX, including deductible, copay and coinsurance will share accums with IPA (Independent Practice Association)	
Deductible applies to Out-of-Pocket	Yes
Copayment applies to Out-of-Pocket	Yes

### Professional Services

Primary Care Physician ("PCP") Office or Home Visit	Deductible Applies <u>No</u> \$40 Copay
Participating Specialist Physician ("Specialist") Office or Home Visit	Deductible Applies <u>No</u> \$50 Copay
MD Live (Telemedicine)	\$10 Copay

### Inpatient Hospital Services

Inpatient Hospital Services (for each admission) Penalty for failure to preauthorize services	Deductible Applies <u>No</u> 80% of Allowable Amount None
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Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Outpatient Facility Services

<b>Outpatient Surgery</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Radiation Therapy</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Dialysis</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

## Outpatient Diagnostic Laboratory and X-Ray Services

<b>Arteriograms, Computerized Tomography (CT Scan), Magnetic Resonance Imaging (MRI), Electroencephalogram (EEG), Myelogram, Positron Emission Tomography (PET Scan) (per procedure)</b>	Deductible Applies <u>No</u> 100% of Allowable Amount
<b>Other Outpatient Lab</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Other X-Ray Services</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

## Rehabilitation Services

<b>Rehabilitation Services and Therapies</b>	
PCP	Deductible Applies <u>No</u> \$40 Copay
Specialist	Deductible Applies <u>No</u> \$50 Copay
Inpatient Hospital Services	Deductible Applies <u>No</u> 80% of Allowable Amount
Outpatient Facility Services (as applicable)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible



Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Maternity Care and Family Planning Services

<p><b>Maternity Care</b></p> <p>Prenatal and Postnatal Visit PCP</p> <p>Specialist</p> <p>Inpatient Hospital Services, for each admission</p>	<p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>No</u> 80% of Allowable Amount</p>
<p><b>Voluntary sterilization</b></p> <p>Vasectomy PCP</p> <p>Specialist</p> <p>Outpatient Surgery Services (as applicable)</p>	<p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p>
<p><b>Infertility Services</b></p> <p>Diagnostic counseling, consultations, planning and treatment services</p> <p>Artificial insemination, for each procedure and all services related to procedure</p>	<p>Not Covered</p> <p>Not Covered</p>
<p><b>Pregnancy Terminations</b></p> <p>Limited to Medically Necessary therapeutic terminations of pregnancy PCP</p> <p>Specialist</p> <p>Inpatient Hospital Services</p> <p>Outpatient Surgery Services (as applicable)</p>	<p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p> <p>Deductible Applies <u>No</u> 80% of Allowable Amount</p> <p>Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible</p>





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Behavioral Health Services

<b>Mental Health Care (Serious Mental Illness (SMI) included)</b> <i>All services must be preauthorized</i>	
<b>Inpatient Services</b> -Hospital services (facility)	Deductible Applies <u>No</u> 80% of Allowable Amount
-Physician services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Plan Year Maximum</b>	30 inpatient days/30 inpatient Physician visits each Plan Year
<b>Outpatient Services</b> -Services performed during Physician office visit/consultation (does not include psychological testing)	Deductible Applies <u>No</u> \$40 Copay
-Other Outpatient Services and psychological testing	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Plan Year Maximum</b>	30 outpatient visits each Plan Year
<b>Chemical Dependency (Substance Use Disorder) Services</b> <i>All services must be preauthorized</i>	
<b>Inpatient Services</b> -Hospital services (facility)	Deductible Applies <u>No</u> 80% of Allowable Amount
-Physician services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Outpatient Services</b> -Services performed during Physician office visit/consultation (does not include psychological testing)	Deductible Applies <u>No</u> \$40 Copay
<b>Chemical Dependency Maximum</b> <i>(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)</i>	Limited to three separate series of treatments for each covered individual per lifetime

## Emergency Care Services

<b>Emergency Care- Facility</b> <b>Accidental Injury &amp; Emergency Care</b> -Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$150 Copay and after Plan Year Deductible (Copayment amount waived if admitted, Inpatient Hospital Expenses will apply)
<b>Emergency Care- Physician</b>	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Urgent Care Center, per visit</b>	Deductible Applies <u>No</u> \$40 / \$50 Copayment Amount





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Ambulance Services

**Ambulance Services**

Deductible Applies Yes  
80% of Allowable Amount after Plan Year Deductible

## Extended Care Services

*All services must be preauthorized*

**Skilled Nursing Facility Services**

Deductible Applies No  
100% of Allowable Amount  
Day limit per Plan year 25 days

**Home Health Care**

Deductible Applies No  
100% of Allowable Amount  
Day limit per Plan year 60 visits

**Hospice Care**

Deductible Applies No  
100% of Allowable Amount  
Unlimited

## Health Maintenance and Preventive Services

<b>Well child care through age 17</b>	\$0 - No Deductible
<b>Periodic health assessments for Members age 18 and older</b>	\$0 - No Deductible
<b>Immunizations</b>	
• Childhood immunizations required by law for Members through age 6	\$0 - No Deductible
• Immunizations for Members over age 6	\$0 - No Deductible
<b>Eye and ear screenings for Members through age 17</b>	\$0 - No Deductible
<b>Eye and ear screening for Members age 18 and older</b>	\$0 - No Deductible
<b>Preventive Lab &amp; X-Ray Services</b>	
• Outpatient Lab, includes independent lab	\$0 - No Deductible
• X-Ray services, includes routine EKG	\$0 - No Deductible
<b>Exam for prostate cancer</b>	\$0 - No Deductible
<b>Bone mass measurement for osteoporosis</b>	\$0 - No Deductible
<b>Well-woman exam</b> , includes, but not limited to, exam for cervical cancer (Pap smear)	\$0 - No Deductible
<b>Screening mammogram</b>	\$0 - No Deductible





# TEXAS ASSOCIATION OF COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

<b>Family Planning Services:</b> <ul style="list-style-type: none"> <li>• Diagnostic counseling, consultations and planning services</li> <li>• Insertion or removal of intrauterine device (IUD), including cost of device</li> <li>• Diaphragm or cervical cap fitting, including cost of device</li> <li>• Insertion or removal of birth control device implanted under the skin, including cost of device</li> <li>• Injectable contraceptive drugs, including cost of drug</li> <li>• Tubal Ligation</li> <li>• Contraceptive Services Supplies: Certain FDA approved contraceptive methods for women, female sterilization procedures and devices included on the Contraceptive Drug &amp; Devices list</li> <li>• Breastfeeding Support and Counseling Services</li> </ul> <b>Hearing Loss</b> <ul style="list-style-type: none"> <li>• Screening test from birth through 30 days</li> <li>• Follow-up care from birth through 24 months</li> </ul>	\$0 - No Deductible           \$0 - No Deductible \$0 - No Deductible
<b>Rectal screening</b> for the detection of colorectal cancer <ul style="list-style-type: none"> <li>• Annual fecal occult blood test,</li> <li>• Flexible sigmoidoscopy with hemoccult of the stool</li> <li>• Colonoscopy</li> </ul>	   \$0 - No Deductible \$0 - No Deductible   \$0 - No Deductible
<b>Early detection test for cardiovascular disease</b>	Not Covered
<b>Early detection test for Ovarian Cancer</b>	Same as PCP Copay or Specialist Copay
<b>Dental Surgical Procedures</b>	
<b>Dental Surgical Procedures</b> (limited Covered Services) PCP  Specialist  Inpatient Hospital Services (as applicable)  Outpatient Surgery Services (as applicable)	Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>  Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>  Deductible Applies <u>No</u> <i>80% of Allowable Amount</i>  Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>



Initials \_\_\_\_\_ Date \_\_\_\_\_



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Cosmetic, Reconstructive or Plastic Surgery

<b>Cosmetic, Reconstructive or Plastic Surgery</b> (limited Covered Services)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
PCP	
Specialist	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Inpatient Hospital Services, as applicable	Deductible Applies <u>No</u> 80% of Allowable Amount
Outpatient Surgery Services (as applicable)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

## Allergy Care

Testing and Evaluation	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Injections	Deductible Applies <u>No</u> 100% of Allowable Amount
Serum	Deductible Applies <u>No</u> 100% of Allowable Amount

## Diabetes Care

Diabetes Self-Management Training	Deductible Applies <u>No</u> \$40 Copay
PCP	
Specialist	Deductible Applies <u>No</u> \$50 Copay
Diabetes Equipment	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Diabetes Supplies	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible







# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Prosthetic Appliances and Orthotic Devices

Prosthetic Appliances and Orthotic Devices	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
<b>Cochlear Implants</b> Based on medical necessity	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

## Hearing Aids

Hearing Aids	Not Covered
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### Additional Options and Offers (Riders) - Standard

#### Durable Medical Equipment

Rental or purchase of DME (initial placement only, and standard replacements because of physical growth of members under age 18)	<input type="checkbox"/> <b>DM3</b> Deductible Applies <i>No</i> <i>No Copay</i>
	<input type="checkbox"/> <b>DM4</b> Deductible Applies <i>No</i> <i>20% coinsurance</i>
	<input type="checkbox"/> <b>DM5</b> Deductible Applies <i>Yes</i> <i>No Copay</i>
	<input checked="" type="checkbox"/> <b>DM6</b> Deductible Applies <i>Yes</i> <i>20% coinsurance</i>
	<b>OR</b>
	<input type="checkbox"/> <b>DM7</b> Deductible Applies: <i>No</i> <i>General payment level</i>
	<input type="checkbox"/> <b>DM8</b> Deductible Applies: <i>Yes</i> <i>General payment level</i>

#### Inpatient Mental Health Care

Copay-Same as that required for other Inpatient Hospital Services. If the plan has no copayment for Inpatient Hospital Service, there is no copayment for inpatient mental health care services under this additional benefit option.	<input type="checkbox"/> <b>IM5</b> Deductible Applies <i>Yes</i>
	<b>OR</b>
	<input checked="" type="checkbox"/> <b>IM6</b> Deductible Applies <i>No</i>





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Additional Options for State Mandated Offerings (Optional)

<p>(Coverage provided for in vitro fertilization procedures to the same extent and at the same copayment levels as other pregnancy-related services (specific conditions must be met).</p> <p><i>Benefits also available for non-experimental fertility drugs (subject to a 50% Copayment).</i></p>	<p><b>Not Covered</b></p> <p><input type="checkbox"/> <b>IV – In Vitro Fertilization</b> Deductible Applies No</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> <b>IV1 – In Vitro Fertilization</b> Deductible Applies Yes</p>
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## Additional Provisions

<p><b>Treatment of acquired brain injury (ABI)</b> - Medical coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and psycho-physiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services, or community reintegration services necessary as a result of and related to an acquired brain injury.</p>	<p><b>Pay ABI benefit on the same basis as any other medical/surgical services – choose A or B</b></p> <p><input type="checkbox"/> a) Pay in accordance with the Texas state mandate - Benefits determined on same basis as any other medical/surgical service with no maximums</p> <p style="text-align: center;"><b>or</b></p> <p><input checked="" type="checkbox"/> b) Benefits determined on same basis as any other medical/surgical service, visit maximums will apply to certain services, when applicable.</p> <p><input type="checkbox"/> Decline Mandate - If declined, benefits will be excluded for certain therapies or services, including community reintegration services, <b>however</b>, medically necessary services in connection with treatment of acquired brain injury will be covered.</p> <p><input type="checkbox"/> Other, explain:</p>
<p>Autism Spectrum Disorder</p>	<p><input checked="" type="checkbox"/> Pay in accordance with the Texas state mandate - Benefits determined on same basis as any other medical/surgical service with no maximums, including benefits for ASD screening and Applied Behavioral Analysis. (NOTE: The \$36,000 maximum allowed by the State Mandate would not apply.)</p> <p><input type="checkbox"/> Benefits determined on same basis as any other medical/surgical service, visit maximums will apply to certain services, when applicable.</p>
<p>Developmental Delay (in accordance with state mandate)</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>If Yes, treatment includes the necessary rehabilitative and habilitative therapies in accordance with an “Individualized Family Service Plan”, which is the initial and ongoing treatment plan developed and issued by the Interagency Council on Early Childhood Intervention under Chapter 73 of the Human Resources Code for a dependent child with Developmental Delays, including occupational therapy evaluations and services, physical therapy evaluations and services, speech</p>





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

	therapy evaluations and services and dietary or nutritional evaluations.
Organ and Tissue Transplant – Donor Search & Acceptability Testing	<input checked="" type="checkbox"/> Covered same as any other medical/surgical expense, no maximums <input type="checkbox"/> Other, explain:
Telemedicine	<input type="checkbox"/> Not covered (standard) <input type="checkbox"/> Cover CPT codes 98969 and 99444 same as any other medical expense (in accordance with state mandate). All other telemedicine codes are non-covered. <input checked="" type="checkbox"/> Other, explain: MD Live \$10 Copay
Foot Orthotics	<input checked="" type="checkbox"/> Covered in treatment of diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency. (standard) <input type="checkbox"/> Covered, as any other medical service: medically necessary foot orthotics that are consistent with the Medicare Benefit Policy Manual (in accordance with Insurance Code Section 1371.003). <input type="checkbox"/> Not covered

\* Three-month Deductible carryover does not apply to prescription drug deductible.

## EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

**MDLive** is part of your benefit plan design. Access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week to speak to immediately or schedule an appointment based on your availability. Please refer to your benefit booklet for other details.

**The following benefits apply to dependent coverage:**

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

**Payments:** Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

**Replacement of Medical Coverage:** In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.



## **2020 CLAIMS HISTORY**



## PY 2021 12 Month Medical Report

Post Date : Mar 2020

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Medical)

Group : (192791 - WILSON COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2019	186	241	\$159,355.80	\$554,515.18	\$30,614.39	\$585,129.57
May 2019	185	238	\$158,559.58	\$117,898.61	\$26,688.05	\$144,586.66
Jun 2019	182	234	\$155,852.42	\$193,958.36	\$28,052.37	\$222,010.73
Jul 2019	181	232	\$152,778.98	\$320,951.40	\$40,835.61	\$361,787.01
Aug 2019	181	233	\$152,301.26	\$99,089.64	\$27,333.97	\$126,423.61
Sep 2019	176	223	\$148,797.88	\$82,481.08	\$36,119.88	\$118,600.96
Oct 2019	175	226	\$146,808.72	\$106,081.85	\$31,935.22	\$138,017.07
Nov 2019	175	226	\$146,808.72	\$65,588.44	\$25,712.64	\$91,301.08
Dec 2019	174	225	\$145,415.36	\$61,984.44	\$15,797.07	\$77,781.51
Jan 2020	178	228	\$149,160.60	\$54,038.37	\$25,918.07	\$79,956.44
Feb 2020	179	228	\$149,263.34	\$34,778.63	\$22,654.60	\$57,433.23
Mar 2020	179	226	\$148,950.12	\$44,909.29	\$20,840.39	\$65,749.68
<b>Total: Selected Filter(s)</b>	<b>179</b>	<b>230</b>	<b>\$1,814,052.78</b>	<b>\$1,736,275.29</b>	<b>\$332,502.26</b>	<b>\$2,068,777.55</b>

## **2021 CLAIMS HISTORY**



## 12 Month Medical Report

Post Date : Mar 2021

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months

Coverage Type : (Medical)

Group : (192791 - WILSON COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2020	180	226	\$149,052.86	\$211,292.13	\$30,082.37	\$241,374.50
May 2020	182	229	\$150,620.78	\$43,114.96	\$25,563.32	\$68,678.28
Jun 2020	183	235	\$151,717.96	\$76,501.49	\$16,514.83	\$93,016.32
Jul 2020	178	230	\$147,798.16	\$119,291.42	\$32,129.70	\$151,421.12
Aug 2020	176	228	\$146,230.24	\$79,994.20	\$25,193.80	\$105,188.00
Sep 2020	174	226	\$144,662.32	\$102,688.23	\$34,796.34	\$137,484.57
Oct 2020	175	232	\$146,341.44	\$56,701.08	\$28,261.08	\$84,962.16
Nov 2020	176	235	\$146,654.26	\$59,518.18	\$15,450.80	\$74,968.98
Dec 2020	176	235	\$147,124.90	\$117,343.41	\$31,800.60	\$149,144.01
Jan 2021	177	239	\$148,846.82	\$114,408.25	\$21,731.93	\$136,140.18
Feb 2021	179	237	\$150,413.74	\$31,375.09	\$12,016.98	\$43,392.07
Mar 2021	175	229	\$146,967.08	\$79,663.58	\$23,171.89	\$102,835.47
<b>Total: Selected Filter(s)</b>	<b>178</b>	<b>232</b>	<b>\$1,776,430.56</b>	<b>\$1,091,892.02</b>	<b>\$296,713.64</b>	<b>\$1,388,605.66</b>

## **2022 CLAIMS HISTORY**





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## 12-Month Medical Report Pool Group

**Post Date:** Mar 2022

**Run Date:** 4/18/2022

**Metrics:** (Average Subscribers,  
Average Members, Total  
Contribution, Contribution  
PEPM, Medical Paid,

**Rows:** (Paid Date)

**Columns:** (Metrics)

**Paid Date:** Last 12 Months

**Account:** (000094500 - POOLED)

**Coverage Type:** (Medical)

**Group:** (322449 - WILSON)

Paid Date	Average Subscribers	Average Members	Total Contribution	Contribution PEPM	Medical Paid	Medical PEPM
Oct 2021	169	222	\$131,758.80	\$779.64	\$0.00	\$0.00
Nov 2021	167	220	\$131,032.40	\$784.63	\$0.00	\$0.00
Dec 2021	170	224	\$133,211.60	\$783.60	\$0.00	\$0.00
Jan 2022	167	223	\$132,091.04	\$790.96	\$2,392.74	\$14.33
Feb 2022	166	217	\$131,074.60	\$789.61	\$9,345.59	\$56.30
Mar 2022	165	214	\$130,058.16	\$788.23	\$328,106.45	\$1,988.52
<b>Total: Selected Filter(s)</b>	167	220	\$789,226.60	\$786.08	\$339,844.78	\$338.49



# TEXAS ASSOCIATION *of* COUNTIES

## HEALTH AND EMPLOYEE BENEFITS POOL

Pharmacy Paid	Pharmacy PEPM	Paid	Total Paid PEPM	Total Paid PMPM	Loss Ratio
\$23,692.47	\$140.19	\$23,692.47	\$140.19	\$106.72	17.98%
\$16,823.40	\$100.74	\$16,823.40	\$100.74	\$76.47	12.84%
\$19,708.31	\$115.93	\$19,708.31	\$115.93	\$87.98	14.79%
\$24,948.47	\$149.39	\$27,341.21	\$163.72	\$122.61	20.70%
\$21,871.34	\$131.76	\$31,216.93	\$188.05	\$143.86	23.82%
\$20,311.98	\$123.10	\$348,418.43	\$2,111.63	\$1,628.12	267.89%
\$127,355.97	\$126.85	\$467,200.75	\$465.34	\$353.94	59.20%

## **2020 HIGH CLAIMANTS REPORT**

# HCC - No PHI

Post Date : Apr 2019

**Paid Band :** Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

**Metrics :** (Paid)

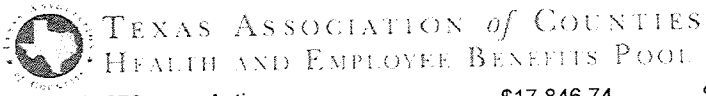
**Group :** (192791 - WILSON COUNTY)

**Paid Month :** Last 12 TimeMonths

**Service Category :** Exclude (Dental)

**Paid :** descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
18000327287	Active	\$463,809.90	\$466.79	\$464,276.69
18000327204	Active	\$265,920.17	\$4,325.11	\$270,245.28
18000327352	Under 65 Retiree	\$114,139.82	\$10,854.80	\$124,994.62
18000327118	Active	\$71,189.02	\$4,994.02	\$76,183.04
18990406637	Active	\$73,873.26	\$20.46	\$73,893.72
18000327087	Active	\$59,656.91	\$314.57	\$59,971.48
18000327299	Active	\$47,786.90	\$1,260.66	\$49,047.56
18000327261	Active	\$2,681.05	\$46,345.29	\$49,026.34
18240594702	Active	\$43,243.98	\$0.00	\$43,243.98
18000327193	Active	\$25,769.24	\$16,942.54	\$42,711.78
18000288967	Under 65 Retiree	\$41,632.12	\$1,025.60	\$42,657.72
18000327317	Active	\$40,796.10	\$114.51	\$40,910.61
18000289372	Active	\$34,010.08	\$2,646.40	\$36,656.48
18830221259	Active	\$33,456.77	\$153.97	\$33,610.74
18340271924	Active	\$31,939.64	\$143.56	\$32,083.20
18001274817	Under 65 Retiree	\$576.34	\$24,833.18	\$25,409.52
18000327310	Active	\$19,485.17	\$5,620.61	\$25,105.78
18000327034	Active	\$7,483.35	\$17,041.00	\$24,524.35
18000770799	Active	\$20,450.14	\$3,394.37	\$23,844.51
18000770797	Active	\$18,817.43	\$4,666.35	\$23,483.78
18000327128	Under 65 Retiree	\$22,748.36	\$681.01	\$23,429.37
18830700463	Active	\$22,496.58	\$50.88	\$22,547.46
18000500259	Active	\$13,393.54	\$7,115.53	\$20,509.07
18000519307	Active	\$16,478.88	\$3,550.60	\$20,029.48



18000327279	Active	\$17,846.74	\$529.06	\$18,375.80
16890266381	Active	\$13,211.13	\$3,959.77	\$17,170.90
18000327140	Active	\$182.84	\$16,738.41	\$16,921.25
18000327315	Active	\$16,373.26	\$126.81	\$16,500.07
18000288960	Active	\$834.55	\$15,628.77	\$16,463.32
18000770685	Active	\$13,989.33	\$2,178.91	\$16,168.24
18000770798	Active	\$11,555.17	\$3,375.40	\$14,930.57
18000289004	Active	\$13,918.07	\$223.43	\$14,141.50
18000289167	Active	\$5,615.75	\$8,225.19	\$13,840.94
18830700634	Active	\$13,508.07	\$0.61	\$13,508.68
18000289263	Active	\$12,409.29	\$977.71	\$13,387.00
18670156514	Active	\$13,154.70	\$0.00	\$13,154.70
18000500238	Active	\$3,107.68	\$9,503.48	\$12,611.16
18000327056	Active	\$6,808.94	\$4,435.22	\$11,244.16
18000327229	Active	\$10,324.19	\$747.81	\$11,072.00
18000327135	Active	\$534.11	\$10,171.47	\$10,705.58
18000289202	Active	\$1,006.39	\$9,048.00	\$10,054.39
<b>Query Total</b>	<b>41</b>	<b>\$1,646,214.96</b>	<b>\$242,431.86</b>	<b>\$1,888,646.82</b>
<b>Report Total</b>	<b>41</b>	<b>\$1,646,214.96</b>	<b>\$242,431.86</b>	<b>\$1,888,646.82</b>

## **2021 HIGH CLAIMANTS REPORT**



# PY 2021 - No PHI HCC Report

Post Date : Mar 2020

**Paid Band :** Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

**Metrics :** (Paid)

**Group :** (192791 - WILSON COUNTY)

**Paid Month :** Last 12 TimeMonths

**Service Category :** Exclude (Dental)

Paid : descending

Encrypted Member ID	Member	Status	Medical Paid	Pharmacy Paid	Paid
18000327287	Active		\$295,750.24	\$0.00	\$295,750.24
18000327204	Active		\$230,248.48	\$3,856.25	\$234,104.73
18000327352	Under 65 Retiree		\$203,545.26	\$10,129.34	\$213,674.60
18530418272	Active		\$181,729.57	\$269.29	\$181,998.86
18000288967	Under 65 Retiree		\$110,019.47	\$5,073.80	\$115,093.27
18000327118	Active		\$73,520.47	\$14,312.03	\$87,832.50
18000327299	Active		\$57,522.41	\$563.51	\$58,085.92
18000327261	Active		\$3,694.45	\$54,272.90	\$57,967.35
18000327034	Active		\$36,676.78	\$15,416.25	\$52,093.03
18830700463	Active		\$51,474.36	\$518.20	\$51,992.56
18000327211	Active		\$30,430.03	\$90.54	\$30,520.57
18000327128	Under 65 Retiree		\$21,658.44	\$3,931.13	\$25,589.57
18000327193	Active		\$4,586.25	\$20,640.67	\$25,226.92
18000289167	Active		\$5,460.70	\$16,847.05	\$22,307.75
18000327063	Active		\$21,077.30	\$482.01	\$21,559.31
18411240438	Active		\$18,995.83	\$51.22	\$19,047.05
18000327077	Active		\$16,995.32	\$1,791.00	\$18,786.32
16890266381	Active		\$9,477.21	\$8,707.04	\$18,184.25
18000327087	Active		\$16,238.77	\$460.33	\$16,699.10
18001274817	Active		\$1,900.09	\$14,788.19	\$16,688.28
18000770685	Active		\$13,099.17	\$1,748.92	\$14,848.09
18000327030	Active		\$9,592.47	\$4,510.40	\$14,102.87
18000327253	Active		\$13,284.53	\$730.56	\$14,015.09
18000327140	Active		\$228.35	\$12,652.57	\$12,880.92



TEXAS ASSOCIATION *of* COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

PY 2021 - No PHI HCC Report

18000500238	Active	\$1,173.57	\$11,636.47	\$12,810.04
18000327310	Active	\$6,174.77	\$6,523.94	\$12,698.71
18670156533	Active	\$12,301.88	\$39.00	\$12,340.88
18000288960	Active	\$712.70	\$11,522.56	\$12,235.26
18000289202	Active	\$2,901.31	\$7,302.55	\$10,203.86
18000289259	Active	\$7,127.55	\$3,013.94	\$10,141.49
<b>Query Total</b>	<b>30</b>	<b>\$1,457,597.73</b>	<b>\$231,881.66</b>	<b>\$1,689,479.39</b>
<b>Report Total</b>	<b>30</b>	<b>\$1,457,597.73</b>	<b>\$231,881.66</b>	<b>\$1,689,479.39</b>



## **2022 HIGH CLAIMANTS REPORT**



**HCC - No PHI**

Post Date : Mar 2021

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (192791 - WILSON COUNTY)

Paid Month : Last 12 Months

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member	Status	Medical Paid	Pharmacy Paid	Paid
18000327287	Active		\$145,427.42	\$0.00	\$145,427.42
18000288967	Under 65 Retiree		\$93,791.79	\$4,644.17	\$98,435.96
18000289167	Active		\$60,383.99	\$13,643.60	\$74,027.59
18000327261	Under 65 Retiree		\$834.47	\$66,738.62	\$67,573.09
18000327299	Active		\$58,209.91	\$1,057.32	\$59,267.23
18000327308	Active		\$51,172.78	\$528.14	\$51,700.92
18040002709	Active		\$34,830.97	\$3,043.46	\$37,874.43
18000327352	Active		\$34,770.89	\$2,603.24	\$37,374.13
18000288960	Under 65 Retiree		\$23,614.16	\$11,481.71	\$35,095.87
18000327310	Active		\$20,566.98	\$8,178.89	\$28,745.87
18871143135	Active		\$28,566.11	\$52.24	\$28,618.35
3061212012	Active		\$27,658.68	\$40.12	\$27,698.80
18000327193	Active		\$7,471.30	\$19,654.45	\$27,125.75
18000327118	Active		\$17,540.71	\$8,974.08	\$26,514.79
19840477055	Active		\$24,516.67	\$53.18	\$24,569.85
3060367159	Active		\$20,746.39	\$1,719.97	\$22,466.36
18000327331	Under 65 Retiree		\$2,410.58	\$19,325.50	\$21,736.08
18000327077	Active		\$15,274.10	\$6,439.41	\$21,713.51
19360454174	Cobra		\$21,325.90	\$99.26	\$21,425.16
18000519312	Active		\$17,699.49	\$4.00	\$17,703.49
18000289264	Active		\$17,165.98	\$11.32	\$17,177.30
18000289004	Under 65 Retiree		\$16,414.48	\$1.76	\$16,416.24
18000327034	Active		\$1,612.69	\$14,028.01	\$15,640.70



TEXAS ASSOCIATION *of* COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

19400204054	Active	\$15,391.40	\$105.53	\$15,496.93
18640153587	Active	\$13,558.63	\$2.20	\$13,560.83
3060181221	Active	\$13,034.20	\$98.84	\$13,133.04
18000289202	Active	\$6,941.64	\$6,097.70	\$13,039.34
18000327140	Active	\$237.64	\$12,637.88	\$12,875.52
18000327161	Under 65 Retiree	\$2,634.70	\$9,558.99	\$12,193.69
19230173551	Active	\$3,517.48	\$8,667.46	\$12,184.94
18000327204	Active	\$9,943.08	\$1,520.47	\$11,463.55
18000327169	Active	\$10,858.67	\$20.58	\$10,879.25
18100154956	Active	\$10,654.38	\$0.00	\$10,654.38
18000327056	Active	\$7,025.69	\$3,572.22	\$10,597.91
18000770685	Active	\$7,838.30	\$2,413.28	\$10,251.58
18000519307	Active	\$2,148.59	\$8,094.12	\$10,242.71
<b>Query Total</b>	<b>36</b>	<b>\$845,790.84</b>	<b>\$235,111.72</b>	<b>\$1,080,902.56</b>

**2021 BILLING INVOICE**



**Health and Employee Benefits Pool Invoice**

Honorable Jan Hartl  
Wilson County

Treasurer  
P.O. Box 396  
Floresville, TX 78114

Invoice Date 7/20/2021  
Invoice Number 192791202108  
Billing Period August 2021  
Group Number 192791

**Payment Due Date** **30 Days from Invoice Date**  
Wilson County 192791202108

**Invoice Summary**

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<b>Previous Amount Due</b>	\$295,473.03	
Payment Received, 6/28/2021	<u>\$145,518.26</u>	
<b>Past Due</b>		<b>\$149,954.77</b>

**New Charges**

Medical	\$146,809.26	
Basic Term Life	\$183.34	
Basic AD&D	\$33.95	
Sub-Total Contributions	<u>                    </u>	\$147,026.55
Retroactive Adjustments Summary		(\$1,570.76)

**Sub-Total New Charges**                      **\$145,455.79**

**Past Due** **\$149,954.77**

**Total Due** **\$295,410.56**

## Current Plan Charges Detail

<u>Benefit</u>	<u>Coverage Tier</u>	<u>Last Month's Number of Ppts.</u>	<u>Current Month's Number of Ppts.</u>	<u>Current Month Contribution</u>	<u>Total</u>
Medical	No Coverage	14	13	\$0.00	\$0.00
Medical	Employee Only	148	144	\$783.46	\$112,818.24
Medical	Employee + Child(ren)	28	27	\$1,096.28	\$29,599.56
Medical	Employee + Spouse	3	3	\$1,463.82	\$4,391.46
<b>Medical</b>	<b>Sub-Total</b>	<b>193</b>	<b>187</b>		<b>\$146,809.26</b>
Basic Term Life	\$10,000	8	8	\$0.49	\$3.92
Basic Term Life	\$10,000	8	11	\$0.70	\$7.70
Basic Term Life	\$10,000	168	159	\$1.08	\$171.72
Basic Term Life	Ret Loses Elig	9	9	\$0.00	\$0.00
<b>Basic Term Life</b>	<b>Sub-Total</b>	<b>193</b>	<b>187</b>		<b>\$183.34</b>
Basic AD&D	\$10,000	8	8	\$0.09	\$0.72
Basic AD&D	\$10,000	8	11	\$0.13	\$1.43
Basic AD&D	\$10,000	168	159	\$0.20	\$31.80
Basic AD&D	Ret Loses Elig	9	9	\$0.00	\$0.00
<b>Basic AD&amp;D</b>	<b>Sub-Total</b>	<b>193</b>	<b>187</b>		<b>\$33.95</b>
<b>Total</b>					<b>\$147,026.55</b>

Note: Participants (Ppts) refers to the number of employees. This does not count spouses or dependents.

**CURRENT BILLING INVOICE**



Health and Employee Benefits Pool Invoice

Honorable Christina Mutz  
Wilson County

Treasurer  
P.O. Box 396  
Floresville, TX 78114

Invoice Date 4/20/2022  
Invoice Number 192791202205

Billing Period May 2022  
Group Number 192791

Payment Due Date 30 Days from Invoice  
Date  
Wilson County 192791202205

Invoice Summary

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Previous Amount Due	\$130,997.56	
Payment Received, 3/25/2022	<u>\$130,997.56</u>	
Past Due		\$0.00

New Charges		
Medical	\$130,784.56	
Basic Term Life	\$181.88	
Basic AD&D	\$33.68	
Sub-Total Contributions	<u>                    </u>	\$131,000.12
Retroactive Adjustments Summary		(\$4,362.24)
 Sub-Total New Charges		<u>\$126,637.88</u>
 Past Due		\$0.00
Total Due		\$126,637.88

## Current Plan Charges Detail

<u>Benefit</u>	<u>Coverage Tier</u>	<u>Last Month's Number of Ppts.</u>	<u>Current Month's Number of Ppts.</u>	<u>Current Month Contribution</u>	<u>Total</u>
Medical	No Coverage	21	21	\$0.00	\$0.00
Medical	Employee Only	138	137	\$726.40	\$99,516.80
Medical	Employee + Child(ren)	25	25	\$1,016.44	\$25,411.00
Medical	Employee + Spouse	3	3	\$1,357.24	\$4,071.72
Medical	Employee + Family	1	1	\$1,785.04	\$1,785.04
Medical	Sub-Total	<u>188</u>	<u>187</u>		\$130,784.56
Basic Term Life	\$10,000	8	8	\$0.49	\$3.92
Basic Term Life	\$10,000	12	12	\$0.70	\$8.40
Basic Term Life	\$10,000	<u>155</u>	<u>157</u>	\$1.08	\$169.56
Basic Term Life	Sub-Total	175	177		\$181.88
Basic AD&D	\$10,000	8	8	\$0.09	\$0.72
Basic AD&D	\$10,000	12	12	\$0.13	\$1.56
Basic AD&D	\$10,000	<u>155</u>	<u>157</u>	\$0.20	\$31.40
Basic AD&D	Sub-Total	175	177		\$33.68
Total					\$131,000.12

Note: Participants (Ppts) refers to the number of employees. This does not count spouses or dependents.