



TML Health Renewal Notice and Benefit Verification Form

Snyder

Original

Plan Year 2019-2020 (12 Months)

Rates are subject to change if there is any legislation passed during the plan year affecting benefits. Supplemental benefits cannot be accessed without accessing the TML Health Medical Benefit Plan. This renewal notice contains proprietary and confidential information of TML Health.

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP*	Office Visit	XRay & Lab in OV	Rates	Current	New
P96-75-32.5-Mac A Choice	90/60	\$750	\$1000	\$3250	\$30	No	Employee Only:	\$1,061.60	\$1,104.06
							Employee + Spouse:	\$2,155.08	\$2,241.26
							Employee + Child(ren):	\$1,868.42	\$1,943.16
							Employee + Family:	\$3,084.40	\$3,256.98
P85-125-42.5-Mac A Choice	80/50	\$1250	\$1500	\$4250	\$30	No	Employee Only:	\$719.22	\$748.00
							Employee + Spouse:	\$1,460.04	\$1,518.44
							Employee + Child(ren):	\$1,265.88	\$1,316.48
							Employee + Family:	\$2,082.14	\$2,206.58
P85-220-52-Mac A Choice	80/50	\$2200	\$2450	\$5200	\$30	No	Employee Only:	\$555.78	\$600.24
							Employee + Spouse:	\$1,128.24	\$1,218.50
							Employee + Child(ren):	\$978.22	\$1,056.42
							Employee + Family:	\$1,601.48	\$1,740.06

*In Network Deductible applies towards In Network OOP.

Monthly Employer Contribution Amounts

TML Health requires 60% employer contribution toward employee medical – Minimum employer contribution is \$360.14

Employer Contribution for Active Employees	Employee		Spouse		Child		Family	
	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %

Vol Dental IV

Rates	Current	New
Employee Only:	\$35.06	\$35.06
Employee + Spouse:	\$82.44	\$82.44
Employee + Child(ren):	\$75.40	\$75.40
Employee + Family:	\$105.22	\$105.22

Vol Vision B

Rates	Current	New
Employee Only:	\$12.50	\$12.50
Employee + Family:	\$37.50	\$37.50

Basic Life and AD&D: Plan 8 (\$10,000)

	Current Rate	New Rate
Life:	\$0.194	\$0.194
AD&D:	\$0.040	\$0.040

Additional Employee Life and AD&D

No Additional Employee Life and AD&D Coverage

Dependent Life

No Dependent Life Coverage

Voluntary AD&D

No Voluntary AD&D Coverage

LTD

No LTD Coverage

STD

No STD Coverage

Pre-65 Retiree Medical

Employee

Spouse

Child

Family

Employer Contribution for Pre-65 Retirees	Amount % of Rate		Amount % of Rate		Amount % of Rate		Amount % of Rate	
	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %

Pre-65 Voluntary Dental IV

<u>Rates</u>	<u>Current</u>	<u>New</u>
Employee Only:	\$70.58	\$70.58
Employee + Spouse:	\$165.94	\$165.94
Employee + Child(ren):	\$151.80	\$151.80
Employee + Family:	\$211.78	\$211.78

Pre-65 Voluntary Vision B

<u>Rates</u>	<u>Current</u>	<u>New</u>
Employee Only:	\$15.12	\$15.12
Employee + Family:	\$45.32	\$45.32

Basic & Additional Retiree Life

No Basic & Additional Retiree Life Coverage

Retiree Dependent Life

No Retiree Dependent Life Coverage

Continuation of Coverage (Cobra)

Yes

Benefit Waiting Period

1st of mo after date of hire

Flex, HRA, HSA & RRA

<u>Flex Admin</u>	<u>HRA Admin</u>	<u>HSA Admin</u>	<u>RRA Admin</u>
No	Yes	No	Yes

If employer accesses Flex and/or HRA, HSA or RRA, only one charge of \$3.70 per participant per month will be incurred.

HRA Administration			
Employer making monthly deposit	Y or N	Monthly deposit amount	\$
Employer Prefunding	Y or N	Prefunded amount	\$
If employer prefunds, new employees during the plan year get prorated amount	Y or N	Will prorated amount be divisible by 12 or some other amount?	Div by 12 or Variable or Other \$
Prefund does not apply to new employees	Y or N		
Defined contribution (variable monthly amounts)	Y or N	Monthly defined contribution amount	\$
RRA Administration			
Employer making monthly deposit	Y or N	Monthly deposit amount	\$
Employer making 1x prefunded deposit	Y or N	Prefunded amount	\$
Employer will NOT make any deposits; only remaining HRA will rollover	Y or N		

Signature Section

The undersigned employer hereby acknowledges that for an employee to receive coverage, TML Health must receive enrollment information within thirty-one (31) days of the commencement of employment regardless of whether the Employer has a waiting or a waiting and orientation period. If an employee is not enrolled within thirty-one (31) days of hire, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

756000671		
Tax ID Number	Authorized Signature	Date
Printed Name	Title	

The entity named on this Rerate and Benefit Verification Form desires large claim information as specified in Article 21.49-15 of the Insurance Code in Section 2.(2), to be for individual claims that reach or exceed \$35,000 during the plan year. This information is considered confidential for purposes of Chapter 552 of the Local Government Code.

The rates are based on census information five months prior to plan year. If the census changes by more than 10%, TML Health reserves the right to revise rates due to census change and underwriting impact.

Benefit Plan Changes

At TML Health, we bring members together to provide quality healthcare benefits for you and your family at an exceptional value. We're excited about our new benefit plans. Here are some things we're doing to simplify healthcare.

Expanded Benefits & Easier Access

- Out-of-Network deductible will now apply towards the In-Network deductible
- Single Out-of-Pocket limit for all plans upon renewal; includes medical coinsurance, prescription and medical copays and ER Access fees.
- Lab/X-ray will be covered at 100% when obtained in an office, independent lab or outpatient facility setting. (Applies to new copay plans and old Lab/X-ray copay plans only).
- Improved benefit for copay plans where clinic bills professional and facility services separately (Baylor Scott & White)
- All Out-of-Network specialists seen at an In-Network facility will be reimbursed at the In-Network benefit level (still subject to U&C)
- Reimbursement for Out-of-Network ER-based physicians will increase from 110% to 300% of Medicare
- Increase speech therapy benefit from 12 to 30 visits per year
- Increase mental health and substance use benefit from 7 to 14 inpatient days per year
- Increase air ambulance benefit from \$9,000 to \$12,000 per trip.
- Add coverage for nicotine addiction
- Remove pre-authorization requirements for:
 - Maternity ultrasounds, kidney dialysis, home based hospice (1/1/19)
 - Testosterone injections (6/1/19)
 - Dental injuries (9/1/19)
- Reinstate coverage for oncology related wigs and travel-related immunizations

Prescription Drug Plan

- Return to annual formulary update
- Reduced number of copay tiers
- Remove prior authorization requirement for eff. 6/1/19:
 - Testosterone injections
 - Antibiotics
- Remove exclusion and prior authorization for targeted diabetic drugs (except those with significant side-effects)
- Remove some antidepressants, ADD/ADHD and anticonvulsants from Cost Share category to reduce member disruption and improve adherence to therapy (eff. 6/1/19)
- Exclude Ulcer medication that are available over the counter, (prescription available at 100% member copay with PBM discount)

Prescription Drug Plan

Copay Structure	Per 30 days retail or mail order:
Disease Mgmt Maintenance generic drugs	\$0
Generic	\$10
Preferred Brand	\$40
Non-Preferred Brand	\$70
Biosimilar / Biotech	\$100
Cost Share	\$150

MAC A - Eff. 9/1 with New Plans

If a brand drug is purchased when a generic is available, member will pay applicable copay plus the difference in the cost of the two drugs. Does not apply to Cost Share drugs.

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For more information, visit us at tmlhealthbenefits.org

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