Pre Sixty-five Retiree Benefit Options

Calendar Year 2017 Benefit Options

Pre Sixty-five Retirees: Multi-Carrier Benefit Options
Employer, Pool, On Exchange, Off Exchange
Retiree Benefit Regulatory Update

Texas Legal Update

- Chapter 175 of the Local Government Code applies to a person who retires from municipal employment with a population of 25,000 or more
  - The level of coverage provided under this chapter at any given time is the same level of coverage provided to current employees of the municipality at that time
  - The person may elect to continue coverage at a reduced level, if offered by the municipality

- Rate may be at the same rate available to active employees or a reasonable or actual utilization rate established for retirees that may be greater than the rate offered to active employee
  - Manual Rate with Retirees and Actives
  - Manual Rates Active only
  - Manual Rates for Retirees only
  - Utilization Review/Loss Ratio for Actives and Retirees
  - Utilization Review/Loss Ratio for Actives only
  - Utilization Review/Loss Ratio for Retirees only
Retiree Benefit Regulatory Update

Texas Legal Update

- Article 111.53 of the Texas Constitution prohibits employees from receiving extra compensation after the work has been performed. As interpreted by the Attorney General in JC 383, the provision prohibits retirees from getting benefits that were not a part of the retirement package when they retired (two exceptions)
  - If the political subdivision does not pay any portion of the new program
  - If the political subdivision increases retiree benefits, the employer’s retirement policy or applicable federal or state law may address the possibility of additional payments

- 1625.10/EEOC Costs and benefits under employee benefit plans
  - Possible discrimination against the older employee by making compensation in the form of employee and denying that compensation altogether to an older employee unwilling or unable to meet the less favorable terms. Such discrimination is not authorized by Section 4(f)(2).
  - Awaiting final written regulations on EEOC costs and benefits

- Employer should review
  - Ordinance/Resolution
  - Policy and Procedure regarding Pre/Post Sixty-five Retiree Benefits
Governmental Accounting Standards Board (GASB 45)

- GASB has determined that post-employment benefits, Other Post-Employment Benefits (OPEB) are an accruing cost, similar to pensions, that should be reflected in the governmental unit’s financial statements for years beginning after June 15, 2006.

- GASB Exposure Draft on Pension Plans/TMRS Amend Statement 67, 68, and 73 (defined benefit pension not in the scope of GASB 67 & 68)
  - Includes pay elements that are included in benefits, contributions and pension plans/68 employer contribution estimated future amount on balance sheet
Difficult Decisions Regarding Retiree Costs

- Employers are reviewing stability in retiree plan
- Do employers offer benefits to retirees?
- What is the definition of a retiree that receives benefits?
  - Years of Service, Age and Service Rule or employer definition
- Do employers have a hybrid approach to retiree benefits?
  - Grandfathered
  - Non Grandfathered
- What is projected retiree population over next 3 years?
  - Identify early and 65 and older retirees.
- Do employers provide medical, prescription, dental, vision, life/LTD/STD or other supplemental benefits?
- Retiree ordinances should be reviewed to ensure retiree benefit procedures are in compliance with current ordinances and is there going to be an issue due to current ordinance/resolution and prior ordinance/procedure or resolution
Employers may choose one of the Medical IEBP or UnitedHealthcare Pre Sixty-five (65) Employer Benefit Plan Options

- Employers may choose to have the pre sixty-five retirees access the active employee benefits at the active employee cost, manual underwriting will include retiree age and gender information, active employees subsidize retiree cost.

- Employers may choose to have the pre sixty-five retirees access the active employee benefit plan at a % of the active employee rate (underwrite separately and most groups blend retiree manuals with retiree utilization).

- Employers may offer their pre sixty-five retirees the IEBP Pool pre sixty-five retiree metal plan options with employer retiree census underwriting.
  - Once the retiree transitions to the Pool Metal Plans, the retiree should not be able to transition back to the employer plan.

- Employers may offer their pre sixty-five retirees the employer’s minimum essential coverage UnitedHealthcare’s On Exchange Pre Sixty-five Multi-Carrier Connector Model metal benefit plans.

- Employers may offer their pre sixty-five retirees the employer’s minimum essential coverage UnitedHealthcare’s Off Exchange Pre Sixty-five Multi-Carrier Connector Model metal benefit plans.

Competitive | MemberCentric | Affordable | Innovative
3 Options to Managing the Liability

- Eliminate Benefits
- Don’t Fund
  - Defined Contribution Funded HRA/HSA
  - HRA Conversion to RRA
- Fund
  - Roll Over Account Ongoing Funding
  - RRA/HSA Access
- Other
- RRA Admin Fee

Competitive | MemberCentric | Affordable | Innovative
Sample Migration Wheel

- 0-5 vested yrs: 249 EEs
  - DC: 28%

- 6-10 vested yrs: 162
  - EEs DC: 18%

- 11-15 vested yrs: 110
  - EEs DC: 12%

- 16-20 vested yrs: 129
  - EEs DC: 14%

- 21-25 vested yrs: 139
  - EEs DC & BC: 15%

- >25 vested yrs: 112
  - EEs BC: 12%

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Pre Sixty-five Retiree Options

Plan coverage until end of 65th birthday month

Employer Plan
- Retirees w/in manuals
- Retirees 195% of Active Rate

Pre 65 IEBP Pool
- Platinum:
  Retiree: $1,261.06
  Composite: $1,503.34
- Gold:
  Retiree: $1,217.10
  Composite: $1,450.52
- Silver:
  Retiree: $1,176.92
  Composite: $1,402.28
- Bronze:
  Retiree: $1,131.34
  Composite: $1,347.58

Dental II:
- Mandatory/Optional
  EE $17.86 $24.10
  Comp $31.42 $42.46
  Spouse $25.02 $33.82
  Children $21.48 $29.02
  Family $36.78 $49.58

Dental III:
- Mandatory
  EE $52.28
  Comp $97.72
  Spouse $85.58
  Children $72.12
  Family $128.38

UnitedHealthcare On/Off Exchange
- Pre 65 Connector Model
  (if retiree plan is NOT term, no access to
  On exchange subsidies will be available)
  - May 2016: Special Enrollment
  - Jan: Open Enrollment

On Exchange
(Multi Carrier Plan Available)

Off Exchange
(Multi Carrier Plan Available)

IEBP Risk
- URL
- Phone #
- Correspondence
- Account

IEBP Non-Risk
- URL
- Phone #
- Correspondence
- Account

PEBA < 200
- URL
- Phone #
- Correspondence
- Account

PEBA > 200
- URL
- Phone #
- Correspondence
- Account

Enrollee Questions
- If you qualify for an exchange subsidy support because you household income is between 100–400% of Federal Poverty Level the following household income questions will be required:
  - Household Income: UnitedHealthcare system will ping healthcare.gov for verification of household income: Who/What is defined as “household”? Tax filers + tax dependents = household
  - For the Model, your household generally includes the tax filers plus their tax dependents. If you claim someone as a tax dependent, include them on your application, even if they’re not applying for insurance. There are exceptions. Sometimes the model includes people you live with who aren’t in your tax household
  - The Model counts income for each of these people and considers them part of your household depending on things like their age and relationship to you, the type and amount of income they have, and more.
- Understanding Elements to Qualify for Federal Tax Credit, Individuals to include on the Application: Yourself | Your spouse | Your Children living with you – even if they make enough money to file a tax return themselves | Anyone you include on your tax return as a dependent even if they don’t live with you | Your unmarried partner; only if one or both of these apply: they are your dependent for tax purposes; or they are the parent of your child.
- What is included as income? When you fill out a model application, you’ll need to estimate what your household’s income will be in the next year—the year you’ll be covered. If you’re not sure, make your best estimate: Wages and salaries (W-2) | Tips | Net income from self-employment or business | Unemployment compensation | Social Security payments, including disability payments | Retirement of pension income, including IRA or 401(k) withdrawals | Investment income (dividends/interest) | Rental income | Other taxable income (prizes, awards, gambling winnings) | NOT included as income: Child Support | Gifts | Supplemental Security Income (SSI) | Veterans’ disability payments | Workers’ compensation | Proceeds from loans (like student loans, home equity or bank loans)
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- **Dental IV:**
  - Mandatory Voluntary
  - EE $41.82 $64.74
  - Comp $69.04 $106.92
  - Spouse $56.50 $87.48
  - Child(ren) $48.12 $74.50
  - Family $83.64 $129.54

- **Vision A:**
  - Mandatory Voluntary
  - EE $7.68 $10.66
  - Family $15.32 $21.28

- **Vision B:**
  - Mandatory Voluntary
  - EE $9.46 $15.12
  - Family $18.90 $30.20

- **PEBA >200**
  - URL
  - Phone #
  - Correspondence
  - Account

- **Eligibility Pre Sixty-five Roster**
  - Identifying plan eligible retirees
  - and disabled social security eligible pre sixty-five retirees

- **Employer Contracts**
  - Connector Model
  - RRA Admin Fee: $3.75 PRPM

- **Dental Option w/Vision**
- **Vision Only**

- **Enrollee Questions**
  - Do you prefer less premium or broader based of coverage?
  - How often do you use the benefit plan?
  - Which best describes you? One physician coordinating care | More flexibility | Network Status via zip code provider name, specialty | “Help Me” Functionality
  - Do you have ongoing prescriptions? Medication | Dose
  - The Rx coverage depends on the plan the individual selects. Every carrier has levels of plans to review with the participants. Some carriers are stronger in Rx than others. The tool has a look up function to identify how the drug is covered by a carrier. There are options with the top rated plans in each. The advisor will guide the retiree through this dialogue.

- **Optional employer subsidy through a Retiree Reimbursement Arrangement (RRA) or members may pay premiums via electronic fund transfer:**
  - If there is a Low Benefit PPO and NOT a HDHP that has excess HRA dollars, can that be transferred to the RRA? Yes
  - The current RRA administrator funds, administration will be transferred to Optum, and the fee per participant will be $3.75 per acct per month. Optum will use the standard industry tool called "Take Over". The balance will appear in the Optum account and be notional dollars. The claims history will not transfer.
  - Is there any additional transfer fees? No, unless there are special file issues required.

- **UnitedHealthOne:** Dental and Vision Supplemental Benefit Option for Post Sixty-five Supplemental Benefits. Vision is only an option under the Dental Plan. The waiting period is extensive, and retirees were educated to obtain services under the IEHP Benefit Plan prior to the close of December so the transition would not be as difficult.
  - **Dental Benefit Options**
    - The value added benefit options will be available as an individual choice per retiree.
    - Preventive services have no waiting period and include routine dental exams, routine X-rays, cleaning, fluoride treatment for children, sealants, and space maintainers.
    - Basic services have a six-month waiting period and include dental exams, X-rays, routine extractions, treatment for children to ease dental pain, and simple fillings.
    - Major services have a 12-month waiting period and include treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures (payable once every 5 years), and oral surgery for impactions.
    - Please contact UnitedHealthOne | Call: (800) 321-1957 - Ask for "Dental Benefits" | Online: www.uhone.com "get quote" (pink tab has sample brochures)
  - **Vision Benefit Options**
    - The valued added vision benefit is available at an individual choice per retiree contingent on the retiree’s purchase of Dental benefits.
    - Please contact UnitedHealthOne | Call: (800) 321-1957 - Ask for "Vision Benefits" | Online: www.uhone.com "get quote" (pink tab has sample brochures)
### Implementation Milestones

<table>
<thead>
<tr>
<th>Planning</th>
<th>Pre-enrollment</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer plan</td>
<td>90-day prior to enrollment</td>
<td>60 days out</td>
</tr>
</tbody>
</table>

#### Pre-enrollment
- **Network Footprint**
- **Eligibility File**
- **Roster Eligibility File** submitted to Optum
- **Disabled Retiree Notification**
- **Retiree Communication Review**
- **Employer Contract (Non IEBP Pool Membership)**
- **RRA Application (if appropriate)**

- **Define/Refine Communications strategy and timelines**
- **Production of Optum Eligibility File Roster**
- **United Train Call Center Advisor staff**
- **Open Call Center**

- **Begin ID Cards and Welcome kit mailings**
- **10-14 post enrollment**
- **Process/Report Enrollments**

#### Schedule kick-off meeting

#### Engage all internal functional areas to build-out readiness, communications, eligibility, call center, open enrollment

#### Claims & service ready

Note: Dates are illustrative
<table>
<thead>
<tr>
<th>Product Features</th>
<th>IEBP Risk</th>
<th>IEBP Non-Risk</th>
<th>PEBA</th>
<th>PEBA Employer Specific</th>
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<td>1 – 199+</td>
<td>1 – 199+</td>
<td>≥ 200</td>
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<td>X $3.75</td>
<td>X $3.75</td>
<td>X $3.75</td>
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<td>Membership Footprint</td>
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<td>X</td>
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<td>Implementation</td>
<td>1 Initial Implementation</td>
<td>1 Initial Implementation</td>
<td>1 Initial Implementation</td>
<td>1 Dedicated Per Employer Group</td>
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<tr>
<td>Enrollment Telephone Number</td>
<td>1 Dedicated TFN For IEBP Risk</td>
<td>1 Dedicated TFN For IEBP Non-Risk</td>
<td>1 Dedicated TFN For PEBA (small employer)</td>
<td>1 Dedicated TFN Per Large Employer</td>
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<td>Pre-Sales Landing Page</td>
<td>myconnectorplans.com/IEBP with IEBP Logo</td>
<td>myconnectorplans.com/EMP with IEBP Logo</td>
<td>myconnectorplans.com/PEBA with PEBA Logo</td>
<td>Custom with Employer Logo</td>
</tr>
<tr>
<td>Eligibility Roster File: Disability Retirees with Part B, Standard PEBA/IEBP RRA Parameters</td>
<td>IEBP Administer/58 fields</td>
<td>IEBP Administer/58 fields</td>
<td>PEBA Administer/58 fields</td>
<td>Employer Administer/58 fields</td>
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<tr>
<td>Education Kits</td>
<td>IEBP Logo</td>
<td>IEBP Logo</td>
<td>PEBA Logo</td>
<td>Employer Logo</td>
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<tr>
<td>Reporting</td>
<td>Reporting to IEBP Only*</td>
<td>Reporting to IEBP Only*</td>
<td>Reporting to PEBA Only*</td>
<td>Reporting to Employer Group</td>
</tr>
<tr>
<td>Post-65 Option</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Reporting to List Employer, as provided in the Roster File
UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

- UnitedHealthcare Pre Sixty-five Plan Options
  - The Connector Exchange offers Product Advisors and provides access to Multiple Carriers for individual plan options and selection. A sample of the carriers are: BC/BS, Coventry, Humana, Anthem, Empire, UnitedHealthcare, CIGNA, HSCS, Aetna, Kaiser Permanente
  - An individual selecting an “On Exchange Plan” may be Eligible for tax subsidies based on House Hold Income. (See definition below)
    - Connector Exchange Product Advisor Assistance
      - Federal Run Exchanges
      - State Run Exchanges
  - Patient Advocacy Service Center is available for the lifetime of the retiree as long as the members entered into the plan through the connector exchange and chose a carrier that was and is still offered in the connector exchange.
  - Once they transition to one of the carriers on the exchange they have this as a service. If the issue cannot be resolved by the carrier client service center identified on the back of the ID card, they can call to the toll free number for the Connector Exchange for assistance. This is available if the retiree has employer subsidy or not.
UnitedHealthcare Pre Sixty-five
Retiree Benefit Option Overview

- Enrollee/Retiree Questions
  - Do your prefer less premium or broader based of coverage
  - How often do you use the benefit plan
  - Which best describes you
    - One physician coordinating care
    - More flexibility
    - Network Status via zip code provider name, specialty
    - “Help Me” Functionality
  - Do you have ongoing prescriptions
    - Medication
    - Dose
    - The Rx coverage depends on the plan the individual selects. Every carrier has levels of plans to review with the participants. Some carriers are stronger in Rx than others. The tool has a look up function to identify how the drug is covered by a carrier. There are options with the top rated plans in each. The advisor will guide the retiree through this dialogue.
  - Disabled retirees are Medicare eligible and go through SelectQuote.
  - View Best Plan: Platinum, Gold, Silver, Bronze
  - View Runner Up Plan: Platinum, Gold, Silver, Bronze
Welcome, Connector Retirees

Your health insurance is changing. Connector has contracted with UnitedHealthcare® to assist you in finding a new health plan that best meets your needs. We're here to help you answer your questions and make this transition as easy for you as possible.

Please click on the button that best fits your situation

Retired and Under Age 65
Click here

Retired and Over Age 65
Click here
Welcome Page

Thank you for your interest.

If you are under age 65, you generally do not qualify for Medicare. We can help you find health insurance coverage for you and your eligible dependents. Dental and vision options may be available.

First time visitor?  
Click here

Already Registered

User I.D.  
Password

Forgot Password?

Complete then click here.

Questions? Call UnitedHealthcare at:

Custom TFN, 8 a.m. to 8 p.m. local time, 7 days a week.
Once you register, you will receive a verification email and your link to login. You will need to verify your registration before login.

User I.D.  
Password  
Verify Password  
Email Address  
Verify Email Address  
Your Security Question  

User I.D. Rules  
Password Rules  

Complete then click here to register.

Questions? Call UnitedHealthcare at: Custom TFN, 8 a.m. to 8 p.m. local time, 7 days a week.
Welcome, Addison Lee

Here is your Retiree Reimbursement Arrangement (RRA): $195.83 (monthly)
For Eligible Retirees with Eligible Spouses: The RRA funding amount will be reduced if only the eligible retiree or only the eligible spouse enrolls through the Connector Model.
(Alternatively, you may be eligible for a tax credit based on your annual income.)

Note: If a former employer contributing savings option with a Retiree Reimbursement Arrangement (RRA) is selected, an enrollee cannot contribute to a Health Savings Account (HSA). Please consult your tax advisor for related questions.

This is who we believe you are trying to get coverage for.

To continue, please provide additional information for accurate plan quoting:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Tobacco Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison Lee</td>
<td>FEMALE</td>
<td>01/07/1957</td>
<td>Primary</td>
<td></td>
</tr>
</tbody>
</table>

Enter Annual Income: 20000
(What you expect to report on your next year's tax return)

Household Size: 1
(Number of people including yourself that you will claim on your tax return)

Questions? Call UnitedHealthcare at:

Custom TFN
8 a.m. to 8 p.m. local time, 7 days a week.

Get quote.
You are now ready to find the health plan right for you.
Tax Credit vs. Employer Contribution

Your options for maximizing your savings

Below you'll find options for your estimated monthly federal tax credit compared to your monthly employer contribution. It's important to note that you may choose only one. Accepting the monthly federal tax credit means you will not be eligible to receive your monthly employer contribution for this enrollment year.

Estimated Tax Credit: $438.00

Employer Contribution: $195.83

Apply Tax Credit

Apply Contribution

Attention: Selecting the monthly credit contribution from your former employer will prohibit you from contributing to a HSA should you choose an HSA eligible plan. Please consult your tax advisor for related questions.
Shopping Results

Showing 66 of 66 plans starting at $14.38 a month.
Quote results for 1 applicant in TX.
Savings Option: Employer Contribution.

Some plans listed below are available as both tax credit eligible and non-tax credit eligible. Since we have estimated that you may be eligible for a tax credit, we'll show you the tax credit eligible versions of those plans.

SORT PLANS BY Premium

Blue Cross and Blue Shield of Texas
Blue Advantage Bronze HMO™ 105 - Two $40 PCP Visits

Plan Type
Deductible
PCP Visit Copay
Max Out-Of-Pocket

HMO
$6,750
$40
$6,850

View
Continue

$452.38

YOUR MONTHLY PREMIUM

Blue Cross and Blue Shield of Texas
Blue Advantage Bronze HMO™ 105 - Two $40 PCP Visits

Plan Type
Deductible
PCP Visit Copay
Max Out-Of-Pocket

HMO
$6,750
$40
$6,850

View
Continue

$452.38

YOUR MONTHLY PREMIUM

TML MultiState
Intergovernmental Employee Benefits Pool

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## Compare Plans

If you are satisfied with one of these plans, click Continue.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Your Monthly Premium</th>
<th>Additional Details</th>
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</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield Basic™ 103, a Multi-State Plan</td>
<td><strong>$506.89</strong></td>
<td>Bronze Tier&lt;br&gt;Tax Credit Eligible&lt;br&gt;$6,250 Deductible&lt;br&gt;$6,850 Max Out-Of-Pocket</td>
</tr>
<tr>
<td>Bronze Compass Balanced HSA 5500</td>
<td><strong>$518.63</strong></td>
<td>Pediatric Dental Included&lt;br&gt;Tax Credit Eligible&lt;br&gt;$5,500 Deductible&lt;br&gt;$6,500 Max Out-Of-Pocket</td>
</tr>
<tr>
<td>Aetna Bronze HSA Eligible</td>
<td><strong>$522.79</strong></td>
<td>Bronze Tier&lt;br&gt;Tax Credit Eligible&lt;br&gt;$6,450 Deductible&lt;br&gt;$6,450 Max Out-Of-Pocket</td>
</tr>
</tbody>
</table>

**Additional Documents**
- Summary of Benefits
- Provider Directory
- Plan Brochure

**Competitive | MemberCentric | Affordable | Innovative**
Which do you prefer?

Pay less each month for your insurance premium or get better coverage and pay less money when you receive coverage?

- Lower Premium
- Best Value
- Better Coverage

Help
The most important factors to consider when determining the right balance of premium versus out-of-pocket expenses are your personal financial situation and expected usage of the insurance.
Decision Support Tool

Personalize Your Plans

How often do you plan to visit a doctor in 2016?

- 1-2 times
- 3-4 times
- 5-11 times
- 12+ times

Help
Knowing the number of times you visit a doctor helps us determine which plan is the best fit for you.

If you know you are going to visit the doctor many times per year, it is likely in your best interest to pay more for the insurance so you pay less when you go for care.
Which best describes you?

- I am comfortable coordinating all of my care through one primary physician.
- I want flexibility of being able to visit various doctors without always needing a referral from one physician.

Help

Some health plans require you to coordinate all care through one primary doctor. You will select that physician after you enroll in your plan and your doctor may be required to refer you to other specialists before you can receive their care. This type of plan is typically considered to be less flexible, but could reduce your monthly insurance premium.
Decision Support Tool

Personalize Your Plans

Want to make sure your current primary care physician is covered by your plan?

Help
If you have a primary care physician that you prefer and want to make sure that doctor is in the network of the plan you select, please let us know. If you do not strongly favor sticking with your current doctor, do not select one and you will be able to select from a larger number of plan options.

shalla M Proctor, P.A.
Shalla H Sommers, Ms
Shalini Shalini Devluk OD, O.D.
Shalonda Shalonda Brooks, Phd
Shalin J Shah, Md

← Next →
Decision Support Tool

Personalize Your Plans

What additional benefits are important to you?

- Health Savings Account (HSA)
- Dental
- Vision
- Prescription Coverage

Do you have any ongoing prescriptions?

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labetalol</td>
<td>100mg tablet</td>
<td>/ 30 per month</td>
</tr>
</tbody>
</table>

Help
Each plan has its own unique set of benefits. Make sure to review plan details to learn what is and what is not covered before you enroll in a plan.

View Recommended plans
Decision Support Tool

Do you have any ongoing prescriptions?

- Trandate (generic: Labetalol hydrochloride)
- Labetalol
- Labetalol (generic: Labetalol hydrochloride)
- Labetalol hcl (generic: Labetalol hydrochloride)
- Labetalol hcl

View Recommended plans
Best Match Results

Showing 66 of 66 plans starting at $14.38 a month.
Quote results for 1 applicant in TX.
Savings Option: Employer Contribution.

Best Value
You visit various doctors (Dr. Stephanie C Jones and 1 other), 5-11 times per year
Additional Benefits: Prescription Coverage (Labetalol, 100mg tablet, 30x / month; Lipitor, 10mg tablet, 30x / month)

Some plans listed below are available as both tax credit eligible and non-tax credit eligible. Since we have estimated that you may be eligible for a tax credit, we'll show you the tax credit eligible versions of those plans.

Aetna
Aetna Silver $10 Copay
Plan Details

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Max Out-Of-Pocket</th>
<th>PCP Visit Copay</th>
<th>Out of Pocket Spend</th>
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</thead>
<tbody>
<tr>
<td>EPO</td>
<td>$1,000</td>
<td>$2,150</td>
<td>$5</td>
<td>$10,585</td>
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</table>

YOUR MONTHLY PREMIUM
$702.96

Continue

Competitive | MemberCentric | Affordable | Innovative
Best Match Results

Aetna Silver $10 Copay
Plan Details

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Max Out-Of-Pocket</th>
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<td>$2,150</td>
<td>$5</td>
<td>$10,585</td>
</tr>
</tbody>
</table>

Your Monthly Premium: $702.96
Continue

Summary of Best Match
This plan is rated best match because balancing your monthly payments and out of pocket expenses is important to you.

- Dr. Stephanie C Jones
- Dr. Jeffrey Martin Albert
- Labetalol
- Lipitor

Aetna Silver $10 Copay Memorial Hermann
Plan Details

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Max Out-Of-Pocket</th>
<th>PCP Visit Copay</th>
<th>Out of Pocket Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPO</td>
<td>$1,000</td>
<td>$2,150</td>
<td>$5</td>
<td>$10,805</td>
</tr>
</tbody>
</table>

Your Monthly Premium: $721.26
Continue

Summary of Runner Up
This plan is runner up because balancing your monthly payments and out of pocket expenses is important to you.

- Dr. Stephanie C Jones
- Dr. Jeffrey Martin Albert
- Labetalol
- Lipitor

How did we calculate this?
Calculation

Best Match

Aetna
Aetna Silver $10 Copay

5-11 times
DOCTOR VISITS
PER YEAR
N/A/year

Dr. Stephanie C Jones
Dr. Jeffrey Martin Albert

2
PRESCRIPTIONS
$2,150/year

Labetalol (100mg tablet, 30x/month)
Lipitor (10mg tablet, 30x/month)

$10,585
ANNUALIZED
PROJECTED SPEND
Considering your 2 prescriptions at a yearly cost of $2,150 and that you plan to visit a variety of specialists 5-11 times in 2016, we have generated an estimated annualized projected spend of $10,585 from:

- Prescription Drugs $2,359
- Annual Premium $8,435
## Your Shopping Cart

1 Applicant / Female / 59 / TX / Edit Your Information

### Your Selected Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Plan Type</th>
<th>Applicants</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Silver</td>
<td>Health</td>
<td>Addison Lee</td>
<td>$702.96</td>
</tr>
<tr>
<td>Aetna Silver</td>
<td></td>
<td></td>
<td>$264.96 / Month</td>
</tr>
</tbody>
</table>

Effective Date: 05/01/2016

Total Monthly Cost: $264.96

Back To Plans

Begin Online Enrollment
Edit Your Information

To get started, please tell us a bit about yourself...

You

We need some basic information to show available plans in your area.

Zip Code

77504

Date of Birth (MM/DD/YYYY)

Gender

01  /  07  /  1957

Male  Female

Have you used tobacco products 4 or more times per week in the past 6 months?

Yes  No

Anybody else?

If you want to include others on your insurance, add them here.

Add Spouse  Add Dependent

Continue
Qualifying Life Event

Let's find the right health plan for you

Under the Affordable Care Act, individual health plans won't be available to everyone again until Open Enrollment begins on Oct 15, 2016 7AM EST. However, you may still enroll if you recently experienced one of the following Qualifying Life Events or will soon.

Choose those that apply:

- [√] Lost or will be losing health coverage (see examples)

  Date of coverage loss (MM/DD/YYYY)

  03 / 01 / 2016

- [ ] Welcomed a child
- [ ] Moved permanently to a new county or state
- [ ] Got married
- [ ] Became a U.S. Citizen
- [ ] Released from prison
- [ ] Had another Qualifying Life Event (see examples)

If none of the above apply:

- [ ] No Qualifying Life Event yet, just window shopping

Continue
UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

- **Internet Enrollment Process**
  - URL Employer Co-Branded Site with UnitedHealthcare
  - Employer Eligibility Transfer Roster
    - Pre Sixty-five Connector Model Pre-populated Fields
      - First Name
      - Last Name
      - Social Security Number
      - Dependent Information
    - RRA Information
  - On Exchange/Off Exchange Options

- **On Exchange**
  - Household Income
    - Household Income
      - **Who/what is defined as “household”?**
      - Tax filers + tax dependents = household
      - For the Model, your household generally includes the tax filers plus their tax dependents. If you claim someone as a tax dependent, include them on your application, even if they’re not applying for insurance.
      - There are exceptions. Sometimes the model includes people you live with who aren’t in your tax household
      - The Model counts income for each of these people and considers them part of your household depending on things like their age and relationship to you, the type and amount of income they have, and more.
Internet Enrollment Process

On Exchange

- Household Income

Understanding Elements to Qualify for Federal Tax Credit, Individuals to include on the Application

- Yourself
- Your spouse
- Your Children living with you – even if they make enough money to file a tax return themselves
- Anyone you include on your tax return
  - as a dependent even if they don’t live with you
- Your unmarried partner
- only if one or both of these apply:
  - They are your dependent for tax purposes
  - They are the parent of your child
UnitedHealthcare Pre Sixty-five 
Retiree Benefit Option Overview

- **Internet Enrollment Process**
  - On Exchange
    - Household Income
  - Understanding Elements to Qualify for Federal Tax Credit
    - **What is included as income?**
      - When you fill out a model application, you’ll need to estimate what your household’s income will be in the next year—the year you’ll be covered. If you’re not sure, make your best estimate:
      - **COUNTED AS INCOME**
        - Wages and salaries (W-2)
        - Tips
        - Net income from self-employment or business
        - Unemployment compensation
        - Social Security payments, including disability payments
        - Retirement of pension income, including IRA or 401(k) withdrawals
        - Investment income (dividends/interest)
        - Rental income
        - Other taxable income (prizes, awards, gambling winnings)
UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

Internet Enrollment Process

On Exchange

- Household Income

Understanding Elements to Qualify for Federal Tax Credit

- What is included as income?
  - When you fill out a model application, you’ll need to estimate what your household’s income will be in the next year—the year you’ll be covered. If you’re not sure, make your best estimate:
  - NOT INCLUDED AS INCOME
    - Child Support
    - Gifts
    - Supplemental Security Income (SSI)
    - Veterans’ disability payments
    - Workers’ compensation
    - Proceeds from loans (like student loans, home equity or bank loans)
Internet Enrollment Process

- **On Exchange**
  - Tax Subsidy 100%-400%

- **2016 Federal Poverty Level**
  - Every year, the perimeters of the Federal Poverty Level (FPL) increase based on the cost of living. Families need to understand where they fall on the FPL so they know whether they are eligible for Medicaid in their state or whether they are eligible for a federal Subsidy because they earn between 100 and 400 percent of the FPL, or whether they are eligible for a tax credit because they purchased a Silver plan and earn less than 250 percent of the FPL.
  - The following rates are updated for the 2016 calendar year. The 2016 Open Enrollment Period begins on **November 1st and closes on January 31, 2016.**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>250%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$15,654</td>
<td>$16,242</td>
<td>$29,425</td>
<td>$47,080</td>
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<td>2</td>
<td>$15,930</td>
<td>$21,186</td>
<td>$21,983</td>
<td>$39,825</td>
<td>$63,720</td>
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<tr>
<td>3</td>
<td>$20,090</td>
<td>$26,719</td>
<td>$27,724</td>
<td>$50,225</td>
<td>$80,360</td>
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<tr>
<td>4</td>
<td>$24,250</td>
<td>$32,252</td>
<td>$33,465</td>
<td>$60,625</td>
<td>$97,000</td>
</tr>
<tr>
<td>5</td>
<td>$28,410</td>
<td>$37,785</td>
<td>$39,205</td>
<td>$71,025</td>
<td>$113,640</td>
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<tr>
<td>6</td>
<td>$32,570</td>
<td>$43,318</td>
<td>$44,946</td>
<td>$81,425</td>
<td>$130,280</td>
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<tr>
<td>7</td>
<td>$36,730</td>
<td>$48,850</td>
<td>$50,687</td>
<td>$91,825</td>
<td>$146,920</td>
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<tr>
<td>8</td>
<td>$40,890</td>
<td>$54,383</td>
<td>$56,428</td>
<td>$102,225</td>
<td>$160,360</td>
</tr>
</tbody>
</table>
How to get Coverage under the Insurance Marketplace

START

Is Employer coverage available?

Is Employer coverage affordable ≤ to 9.5% of Box 1 on W2?

Does Employer coverage meet the minimum essential coverage benefit tier of actuarial equivalency to the 60/40 Plan ≤ $1,750/$3,500 network deductible, ≤ $5,000/$10,000 maximum OOP

If an individual is eligible for coverage under a spouse’s plan that meets minimum essential coverage, the individual cannot access exchange subsidies and/or premium tax credits.

START

Covered Individual does not have access to an affordable minimum actuarial equivalent essential coverage benefit plan.

Covered Individual is not eligible for Medicaid.

Family Income
- 0-133 FPL Medicaid
- 133-200 Basic Health Program Silver Plan/access to 95% federal subsidy
- 100-400 Insurance Marketplace
- Catastrophic Plan less than 30 years of age (actuarial equivalency to metal plans)

Covered Individual has access to insurance marketplace and may qualify for tax credits.

Premium Tax Credit Access

Subsidy Breakdown for Uninsured Adults (19-64) by Income Level

<table>
<thead>
<tr>
<th>Gross Income Range/Yr (% of FPL)</th>
<th>Gross Income Range/Yr ($)</th>
<th>Subscriber Percentage Premium Cap/Yr (% of Income)</th>
<th>Subscriber Dollar Premium Cap/Yr Amount</th>
<th>Subscriber Monthly Premium Amount</th>
<th>Total Gross Income/Mo</th>
<th>Estimated Number of Adult Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 to 133</td>
<td>$11,490 - $15,282</td>
<td>2%</td>
<td>$230 - $306</td>
<td>$19 - $25</td>
<td>$958 - $1,274</td>
<td>3.3 million*</td>
</tr>
<tr>
<td>133 to 150</td>
<td>$15,397 - $17,235</td>
<td>3 - 4%</td>
<td>$462 - $689</td>
<td>$38 - $57</td>
<td>$1,283 - $1,436</td>
<td>2.4 million*</td>
</tr>
<tr>
<td>150 to 200</td>
<td>$17,350 - $22,980</td>
<td>4 - 6.3%</td>
<td>$694 - $919</td>
<td>$58 - $77</td>
<td>$1,446 - $1,915</td>
<td>3.3 million</td>
</tr>
<tr>
<td>200 to 250</td>
<td>$23,095 - $28,725</td>
<td>6.3 - 8.05%</td>
<td>$1,455 - $2,312</td>
<td>$121 - $193</td>
<td>$1,925 - $2,394</td>
<td>2.6 million</td>
</tr>
<tr>
<td>250 to 300</td>
<td>$28,840 - $34,470</td>
<td>8.05 - 9.5%</td>
<td>$2,322 - $3,275</td>
<td>$193 - $273</td>
<td>$2,403 - $2,873</td>
<td>6.1 million</td>
</tr>
<tr>
<td>300 to 400</td>
<td>$34,585 - $45,960</td>
<td>9.5%</td>
<td>$3,286 - $4,366</td>
<td>$274 - $364</td>
<td>$2,882 - $3,830</td>
<td>1.7 million</td>
</tr>
</tbody>
</table>

Sources: Marwood Analysis, 2012 U.S. Census Data, 2013 Urban Institute, 2013 Kaiser Family Foundation
| * Adjusted to account for state Medicaid expansions

** Advance Premium Tax Credit: reconciliation over underpayment on tax returns

** Exemptions include incarcerated individuals, Native Americans who access care through Indian healthcare, illegal immigrants, and people with religious objections to insurance coverage.

In 2012 employees paid $951 on average towards cost of single coverage in an employer plan and $4,316 of a family of four.
“Off Exchange Plans” often broader Networks

- **Bronze Plan**
  - Lowest Premiums
  - 60% Plan Cost Sharing
  - Catastrophic Coverage

- **Silver Plan**
  - Low Premiums
  - 70% Plan Cost Share
  - Baseline plan for federal subsidy

- **Gold Plan**
  - Competitive Premiums
  - 80% Plan Cost Share

- **Platinum Plans**
  - Highest Premiums
  - 90% Plan Cost Share

<table>
<thead>
<tr>
<th>State</th>
<th>Geographic Area</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Blue Cross</td>
<td>Harris County</td>
<td>$406-$609</td>
<td>$531-$772</td>
<td>$645-$955</td>
<td>N/A</td>
</tr>
<tr>
<td>Texas UHC</td>
<td>Harris County</td>
<td>$477-$526</td>
<td>$560-$583</td>
<td>$624-$636</td>
<td>$698</td>
</tr>
<tr>
<td>Texas Humana</td>
<td>Harris County</td>
<td>$520-$692</td>
<td>$624-$723</td>
<td>$750-$889</td>
<td>$951-$1139</td>
</tr>
<tr>
<td>Texas Other?</td>
<td>Harris County</td>
<td>$400-$627</td>
<td>$526-$809</td>
<td>$631-$899</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# TML MultiState IEBP On/Off Exchange Footprint

## Bronze Plan Options

<table>
<thead>
<tr>
<th>State</th>
<th>Region</th>
<th>County</th>
<th># of Retirees</th>
<th># of plans</th>
<th>2nd Lowest</th>
<th>Avg</th>
<th># of plans</th>
<th>2nd Lowest</th>
<th>Avg</th>
<th># of plans</th>
<th>2nd Lowest</th>
<th>Avg</th>
<th># of plans</th>
<th>2nd Lowest</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>15</td>
<td>Anderson</td>
<td>368</td>
<td>13</td>
<td>$458</td>
<td>$567</td>
<td>7</td>
<td>$601</td>
<td>$643</td>
<td>6</td>
<td>$737</td>
<td>$790</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>4</td>
<td>Andrews</td>
<td>104</td>
<td>13</td>
<td>$458</td>
<td>$567</td>
<td>7</td>
<td>$601</td>
<td>$643</td>
<td>6</td>
<td>$737</td>
<td>$790</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>16</td>
<td>Angelina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>11</td>
<td>Aransas</td>
<td>291</td>
<td>17</td>
<td>$436</td>
<td>$530</td>
<td>9</td>
<td>$573</td>
<td>$620</td>
<td>8</td>
<td>$701</td>
<td>$755</td>
<td>1</td>
<td>$949</td>
<td>$949</td>
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<td>Archer</td>
<td>183</td>
<td>13</td>
<td>$570</td>
<td>$694</td>
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<td>$750</td>
<td>$801</td>
<td>6</td>
<td>$918</td>
<td>$984</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Retiree Reimbursement Arrangement and Strategy

Health Reimbursement Accounts
Migrating to Retiree Reimbursement Account
RRA – Features and Benefits

- **IEBP/PEBA standards**: RRA account funds can be used for the following eligible expenses:
  - Premiums, and
  - Other IRS 213(d) health care related expenses
- Funds roll from year to year
- IEBP account contributions and disbursements are tax free for retirees
- Flexible retiree reimbursement options including direct deposit
- Online retiree account access
- IEBP reporting and retiree education
- HRA rollover funds to RRA

- **Flexibility**
- **Tax Advantage**
- **Retiree Friendly**
- **Anytime Access**
- **Convenience**
RRA – What’s included?

Initial setup of IEBP RRA Plan and retiree reimbursement accounts

Management of initial/on-going account allocations

• Standard contribution file format supports frequency of IEBP defined contribution
• Federal law prohibits use of the RRA subsidy for premiums if you are accepting a plan with a Federal or State Based premium subsidy.

Employer services

• Establishment of RRA claims funding bank account and banking process management
• Scheduled standard employer reports for IEBP(RRA account balance, enrollment, banking)

Premiums and IRS 213(d) Claims Reimbursement

• Claims for reimbursement can be submitted by fax, mail, or web portal
• Reimbursement via direct deposit to retiree bank account or paper check
• Management of other administrative functions including questions and appeal process

Retiree education and communication

• Welcome Kit containing RRA claim forms, website, phone numbers, etc.
• Retiree website access for account balance and individual account administration
• RRA credits are not taxable
• Employees are not taxed when they receive reimbursement from RRA for eligible medical expenses
• Submission of RRA expenses
  • Employees will receive an RRA kit
  • Completion of claim form
Political Subdivision Standards

- Retiree Premium
  - Split Billing
    - TMRS
    - Employer
    - Retiree
  - Retiree Payment
    - Refunds from Employer and TMRS if appropriate

- Retiree Reimbursement Accounts
  - Premium
  - Time of Services Eligible Merchant Codes and Expenses
  - RRA dollars roll from year to year

- Death of Retiree
  - Funds return to Employer not dependents
  - Forfeit Option on RRA application
Political Subdivision Standards

- Optum Notional Account
  - Imprest
    - Claims reimbursed daily/debit card Friendly
    - Employer Funding
      - Imprest Pre-fund week
      - Funding Friday
  - Non-Imprest
    - Claims reimbursed weekly

- One time rollover from employer current HRA account
- Employer Option of ongoing funding for RRA
  - Monthly NOT Annually
IEBP Pre-65 Offering
IEBP Employer Group (Risk & Non-Risk)

RRA Option
- IEBP Plan Design: RRA $3.70
- Optum Plan Design: 1 Benefit Plan Design to be determined with Susan Smith (Admin Fee $3.75 Per Retiree Per Month)
- Contribution Amounts: Variable (Can vary by retiree/member)
- Contract: Directed to & Signed by IEBP
- Funds for RRA: Tax ID & claim funding for IEBP (a group can only be attached to one funding file)
  - IEBP will facilitate the funding and be the client of record with Optum
  - Optum will pull from the one bank account (one imprest bank account) – No Exceptions

Roll Over of HRA transfers to RRA

Roster File: 58 column roster file directly from IEBP to URS
- IEBP to work with employer groups to obtain retiree information for file
  - Use employer subgroup (field 54) to document the employer, if needed
- IEBP to send updated monthly roster file as Pre-65 actives retiree and/or additional groups onboard, etc.
Retiree Reimbursement Experience
How retirees get reimbursed

Retiree incurs an expense that is eligible for reimbursement from the RRA.

Retiree submits a claim for reimbursement. Claim includes supporting documentation detailing the expense.

Claim is processed (approved) and reimbursement is issued.

Retiree receives reimbursement via paper check in the mail or direct deposit. Direct deposit is the fastest way for reimbursements to be received.

Retirees can submit their requests for reimbursement online or via traditional paper form, or by requesting Recurring Premium Reimbursement.*

*Depending on RRA plan design, Auto-Premium Reimbursement may be available.
Eligibility Rules

Multi-Carrier Connector Model
UnitedHealthcare Pre Sixty-five
Retiree Benefit Option Overview

- Pre Sixty-five Connector Model
  - Enrollment 10 minutes timeframe
    - Privacy
    - Application per Employer Eligibility File
    - Health Status ONLY tobacco Use (Load)
    - Guarantee Issue
  - Every Page is toll free number 8-8 local time 7 days a week for access to enrollment advisor

- Open Enrollment January 2017 Plan Year
  - October Call Centers Open
  - November Reminder Postcard #1
  - December Reminder Postcard #2

- Special Enrollment Period Compliance
  - Specified Period of time when eligible participant can enroll
  - Unless plan access is terminated; On-Exchange Subsidy option is not available
  - Retiree must be experiencing a Qualifying Event
UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

- On/Off Exchange Qualifying Event Enrollment Period/Enrollment Period within 60 days of qualifying event
  - Voluntary or Involuntary Termination of Employment
  - Loss of Minimum Essential Coverage
    - Age 26
    - Divorce
  - Loss of Access to Medical Plan
    - Affordable Rates
    - Change in Eligibility Requirements
  - Birth/Adoption of a Child
  - Placement in Foster Care
  - Court Ordered Coverage
  - Marriage or Divorce
  - Permanent Move from another state
- Multi-Carrier Plan Availability
- System pings to [healthcare.gov](http://healthcare.gov) for verification
- Disabled Retirees with Part B
Significant Action Steps

- Employer to obtain information about the On/Off Exchange footprint
- Pre/Post Retiree Cost Projections for Employer Plan Access
- Loss Ratio Review of Pre/Post Retirees
- Obtain On/Off Exchange Network Footprint
- Develop definition of Retiree who may have access to employer benefit offerings
  - Employer Plan Actual Cost
  - Employer Plan Blended utilization and Manual Costs
  - Offering of IEBP Metal Plans
  - Offering of On/Off Connector Multi-Carrier Benefit Option
- Develop Retiree Migration Wheel
- Review of Employer’s Retiree Benefit Documents
  - Policy and Procedures
  - Ordinance or Resolution
Significant Action Steps

- Identify if Employer will shared costs for Pre/Post Retiree Benefits
- **April**: Execute FAQs for Employer Upper Management and Council
- Review and Execute Optum Agreement
- Discussion regarding Retiree Split Billings
- Discussion regarding Optum Roster Requirements for Retiree Reimbursement Arrangement
- Retiree Town Hall Meeting
- **July 31**: RRA Roster with Employer Census to Optum
  - Identify Disabled Retirees
- **July**: Retiree Education Meetings
- Open Enrollment begin in October for 2017 Plan Year
- **November**: Retiree Enrollment Reminder Notice #1
- **December 1**: ID card distribution begins
- **December**: Retiree Enrollment Reminder Notice #2
Have a Great Day!

Your Time is Appreciated