



MEMORANDUM

TO: Burnet County
FROM: Texas Association of Counties Health & Employee Benefits Pool
(TAC HEBP)
RE: 2019 Retiree Medical Program Renewal – UnitedHealthcare plan
DATE: October 12, 2018

The CountyChoice Silver (CCS) program renewal for 2019 is approaching. As a CCS participant using the UnitedHealthcare Medicare Supplement plan, Burnet County will have the ability to choose from several options for the coming year.

Your options are:

1. Continue offering your current plan, which is a Medicare Supplement plan, with or without a Part D prescription plan, *or*
2. Select a "Package" to offer your retirees. The Package option includes a Medicare Supplement plan which **can be combined with** a Part D prescription plan, and a Medicare Advantage plan which **includes** a Part D prescription plan. Retirees are able to choose which of these plans they wish to enroll in.

If you decide to offer a Package option, your retirees will be able to call UHC directly and receive information and support. They will make a plan selection over the telephone, and UHC will then send them their plan information and bill them appropriately, depending on which plan the retiree has chosen. For detailed information about the Package option and how Medicare Advantage plans work, please view the pre-recorded webinar presentation from the TAC website at: www.county.org/retiree

If you decide to continue offering your current plan, your retirees will be automatically re-enrolled for 2019 unless TAC HEBP is notified timely so that we can process the appropriate paperwork.

Rates and details about what each plan covers are included in the attachments to this email. Please note that **if you change your plan option, all enrolled retirees will move to the newly selected plan as of January 1, 2019.**

Once we receive your completed renewal paperwork, TAC HEBP will mail a renewal information letter to your retirees. In addition, each enrolled retiree will receive an Annual Notification of Change (ANOC) from UnitedHealthcare after Medicare provides 2019 benefit changes, which should be announced in late October.

Please note: Open Enrollment dates for the Centers for Medicare and Medicaid Services (CMS) are October 29th through December 15th. Retirees may drop their CCS coverage during this period, but once coverage is dropped they cannot re-enroll. All changes will be effective January 1, 2019.

For questions about plan benefits, renewal forms or enrollment, please contact your Employee Benefits Specialist, Maria Castillo (MariaC@county.org). You may contact them by phone at (800) 456-5974.

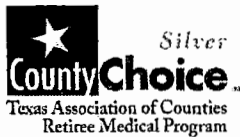
In order to continue participation in the program, please select your plan option, complete and sign the renewal documents listed below, and return to TAC HEBP by October 31, 2018.

- 2019 Renewal Notice and Benefit Confirmation
- 2019 Member Contact Designation Form

Please email, fax or mail the signed documents to:

TAC HEBP
P.O. Box 2131
Austin, TX 78768
Fax: 512-481-8481

We appreciate Burnet County's participation in the CountyChoice Silver program, and the continued opportunity to provide a stable, well-recognized Medicare supplement program for you to offer your retirees. Please let us know if you need any further information, or are interested in providing education about the CCS program to your current and future retirees.



**UnitedHealthcare Medicare Supplement
2018 Renewal Notice and Benefit Confirmation
Burnet County**

Medical Group # 4439

Rx Group # 4415

Anniversary Date: 1/1/2019

Return to TAC by: 10/31/2018

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective from 1/1/2019 – 12/31/2019.

MEDICAL PLAN

Current Plan: Medicare Supplement Plan F

Current Monthly Rate: \$ 268.48

☐ Renew and keep current plan.

Rate effective 1/1/2019: \$ 253.44

☐ Renew and change to Package _____

Rate effective 1/1/2019 (retiree choice):

Medicare Supplement \$ _____

Medicare Advantage \$ _____

_____ Initial here to accept 2019 Retiree Medical plan and rate

PRESCRIPTION DRUG PLAN

Current Plan: Rx Option 1

Current Monthly Rate: \$ 265.73

☐ Renew and keep current Rx option.

Rate effective 1/1/2019: \$ 252.91

☐ Renew and change to Package _____

Rate effective 1/1/2019:

Medicare Supplement: \$ _____

Medicare Advantage : N/A (included in Medical Plan rate)

_____ Initial here to accept 2019 Retiree Prescription Drug Plan and rate

BILLING METHOD

Direct Bill: Retiree pays 100% of premium and will be billed directly by UnitedHealthcare each month.

_____ Initial here to accept Billing Method

**CountyChoice Silver
UnitedHealthcare
Member Contact Designations**

CCS Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints a Contracting Authority of department head rank or above and agrees that TAC HEBP shall not be required to contact or provide notices to any other person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each section below:

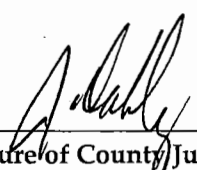
Name: _____
Title: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

CCS Primary Contact - Main contact for daily matters regarding retiree health benefits:

Name: _____
Title: _____
Address: _____

Phone: _____
Fax: _____
Email: _____



Signature of County Judge or Contracting Authority

Date

Please PRINT Name and Title

Rates Effective 1/1/19 - 12/31/19

Retiree Senior Supplement Medical Plans

Plan	Monthly Rate Plan Year 2019	Additional Deductible per Individual	Out-of-Pocket Maximum per Individual	Cost Sharing Information
Plan F	\$253.44	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A and B deductibles.
Plan F-1	\$235.42	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A deductible and 50% of Part B deductible.
Plan K	\$149.10	N/A	\$4,620	Plan pays 50% of Medicare-eligible expenses including Part A and B deductibles until member reaches maximum OOP, then plan pays 100%.

Senior Supplement Prescription Drug Plans (Medicare Part D)

Plan	Monthly Rate Plan Year 2019	Retail Copays	Mail Order Copays	Coverage in Gap
Rx Option 1	\$252.91	\$5/25/60/33%	\$10/50/120/33%	All Tiers
Rx Option 1-A	\$238.49	\$10/30/65/33%	\$20/60/130/33%	All Tiers
Rx Option 2	\$95.62	\$5/25/60/33%	\$10/50/120/33%	Tier 1 Generics Only

Rx Copay Tiers:

Tier 1: Preferred Generic
Tier 2: Preferred Brand Name*
Tier 3: Non-preferred Brand Name*
Tier 4: Specialty Drugs
* plus some non-preferred Generics

Package Plans:

County offers 1 Package, Retiree selects either Senior Supplement or Medicare Advantage plan

Package 1		Package 2		Package 3	
Medicare Advantage Plan 1	\$450.35	Medicare Advantage Plan 1	\$226.87	Medicare Advantage Plan 2	\$226.87
or		or		or	
Senior Supplement Plan F	\$253.44	Senior Supplement Plan K	\$149.10	Senior Supplement Plan F-1	\$235.42
Rx Drug Plan Option1	\$252.91	Rx Drug Plan Option 2	\$ 95.62	Rx Drug Plan Option1-A	\$238.49
	\$506.35		\$244.72		\$473.91



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

P.O. Box 2131 • Austin, Texas 78768-2131 • (512) 478-8753 • (800) 456-5974 • (512) 481-8481 Fax • www.county.org

Group Health Coverage • Retiree Medical • Dental Benefits • Pharmacy Benefits • Life Insurance • Disability Coverage

Rev.
10/2018

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 1

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan F	UnitedHealthcare® Group Medicare Advantage Plan 1
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays Part A & B Deductibles	N/A
Annual Medical Out of Pocket Maximum	N/A	N/A

Amounts/percentages listed below represent **member's** costs.

Primary Care Provider	0%	\$0 copay
Specialist	0%	\$0 copay
Routine Annual Physical	0%	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	0%	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	0%	\$0 copay

Lab Services	0%	\$0 copay
Outpatient X-ray Services	0%	\$0 copay
Diagnostic (MRIs, CT scans)	0%	\$0 copay

Inpatient hospital care (including mental health)	0%	\$0 copay
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Emergency care	0%	\$0 copay (Includes Worldwide Coverage)
Urgently needed services	0%	\$0 copay (Includes Worldwide Coverage)
Ambulance services	0%	\$0 copay

Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	100%	\$0 copay; limit 6 visits per year

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 1

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan F	UnitedHealthcare® Group Medicare Advantage Plan 1
Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction) Limited to one routine eye exam every 12 months	100%	\$0
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Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included

Prescription Drug Plan (no Rx deductible)	Rx Option 1 Formulary H	Custom Plan Formulary H
Coverage in the Gap	Full Gap Coverage	Full Gap Coverage
Tier 1 Preferred Generic	\$5/30 day -- \$10/90 day	\$5/30 day -- \$10/90 day
Tier 2 Preferred Brand	\$25/30 day -- \$50/90 day	\$25/30 day -- \$50/90 day
Tier 3 Non-Preferred Brand	\$60/30 day -- \$120/90 day	\$60/30 day -- \$120/90 day
Tier 4 Specialty Drug	33%	33%

2019 PLAN COST		
Medical and Rx	\$506.35	\$450.35
Medical Only	\$253.44	n/a - Rx included

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 2

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan K	UnitedHealthcare® Group Medicare Advantage Plan 2
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays 50% of Medicare Part A and Part B deductibles	N/A
Annual Medical Out of Pocket Maximum	\$4,620	\$2,400

Amounts/percentages listed below represent **member's** costs until Annual Medical Out of Pocket Maximum is reached

Primary Care Provider	50%	\$10 copay
Specialist	50%	\$20 copay
Routine Annual Physical	\$0	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	50%	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	50%	\$25 copay

Lab Services	50%	\$10 copay
Outpatient X-ray Services	50%	\$10 copay
Diagnostic (MRIs, CT scans)	50%	\$25 copay

Inpatient hospital care (including mental health)	0%	\$500 per admit
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Emergency care (waived if admitted)	50%	\$90 copay (Includes Worldwide Coverage)
Urgently needed services (waived if admitted to hospital)	50%	\$35 copay (Includes Worldwide Coverage)
Ambulance services	50%	\$100 copay

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 2

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan K	UnitedHealthcare® Group Medicare Advantage Plan 2
Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	100%	\$20 copay; limit 6 visits per year

Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction) Limited to one routine eye exam every 12 months	100%	\$0
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Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included

Prescription Drug Plan (no Rx deductible)	Rx Option 2 Formulary G	Custom Plan Formulary H
Coverage in the Gap	Tier 1 only Gap Coverage	Tier 1 only Gap Coverage
Tier 1 Preferred Generic	\$5/30 day -- \$10/90 day	\$5/30 day -- \$10/90 day
Tier 2 Preferred Brand	\$25/30 day -- \$50/90 day	\$25/30 day -- \$50/90 day
Tier 3 Non-Preferred Brand	\$60/30 day -- \$120/90 day	\$60/30 day -- \$120/90 day
Tier 4 Specialty Drug	33%	33%

2019 PLAN COST		
Medical and Rx	\$244.72	\$226.87
Medical Only	\$149.10	n/a - Rx included

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 3

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan D	UnitedHealthcare® Group Medicare Advantage Plan 2
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays 100% of Medicare Part A and 50% of Part B deductible	N/A
Annual Medical Out of Pocket Maximum	N/A	\$2,400

Amounts/percentages listed below represent **member's** costs until Annual Medical Out of Pocket Maximum is reached

Primary Care Provider	0%	\$10 copay
Specialist	0%	\$20 copay
Routine Annual Physical	0%	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	0%	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/ language therapy)	0%	\$25 copay

Lab Services	0%	\$10 copay
Outpatient X-ray Services	0%	\$10 copay
Diagnostic (MRIs, CT scans)	0%	\$25 copay

Inpatient hospital care (including mental health)	0%	\$500 per admit
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Emergency care (waived if admitted)	0%	\$90 copay (Includes Worldwide Coverage)
Urgently needed services (waived if admitted to hospital)	0%	\$35 copay (Includes Worldwide Coverage)
Ambulance services	0%	\$100 copay

County Choice Silver Retiree Health Plans for 2019 - PACKAGE 3

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan D	UnitedHealthcare® Group Medicare Advantage Plan 2
Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	Some services not covered by Medicare	\$20 copay; limit 6 visits per year

Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction) Limited to one routine eye exam every 12 months	100%	\$0
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Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included

Prescription Drug Plan (no Rx deductible)	Rx Option 1-A Formulary H	Custom Plan Formulary H
Coverage in the Gap	Full Gap Coverage	Tier 1 only Gap Coverage
Tier 1 Preferred Generic	\$10/30 day -- \$20/90 day	\$5/30 day -- \$10/90 day
Tier 2 Preferred Brand	\$30/30 day -- \$60/90 day	\$25/30 day -- \$50/90 day
Tier 3 Non-Preferred Brand	\$65/30 day -- \$130/90 day	\$60/30 day -- \$120/90 day
Tier 4 Specialty Drug	33%	33%

2019 PLAN COST		
Medical and Rx	\$473.91	\$226.87
Medical Only	\$235.42	n/a - Rx included