PROPOSED HEALTH RELATED SERVICES CONTRACTS
August, 2009

November 1, 2009 - Third Party Administrator/Stop Loss Contracts with UnitedHealthcare
Reinsurance Contract - $225,000 Specific Stop Loss; Includes Rx
PAID/12 Contract
PPO and EPO Medical Plans
Network Access

November 1, 2009 - Contract with UHC/Medco
Prescription Benefit Management Services

November 1, 2009 - Contract with American Pharmacy Association Foundation
HealthMap Rx Patient Self-Management Program

November 1, 2009 - Contract with Ameritas
Dental Plan Third Party Administrator
Dental Network Access
Vision Plan

Self Funded Health Plan
FY 2010

Fiscal Year	Revenue - Cash	Designation from Benefits Fund Cash Ending Balance	Designation from General Fund Cash Ending Balance	Total Budgeted Revenue	%age Increase over Previous Year
2001-2002	$6,366,900.00	$935,000.00		$7,301,900.00	
2002-2003	$7,134,200.00	$180,000.00		$7,314,200.00	0.17%
2003-2004	$8,762,500.00	$865,000.00		$9,627,500.00	31.63%
2004-2005	$9,519,300.00	$2,340,000.00		$11,859,300.00	23.18%
2005-2006	$10,130,000.00	$3,485,000.00		$13,615,000.00	14.80%
2006-2007	$11,418,500.00	$3,040,000.00		$14,458,500.00	6.20%
2007-2008	$12,073,000.00	$3,380,000.00		$15,453,000.00	6.88%
2008-2009	**$12,532,500.00**	**$3,380,000.00**	$1,000,000.00	$16,912,500.00	9.44%
2009-2010	**$15,796,900.00**	**$1,025,000.00**	**$1,000,000.00**	**$17,821,900.00**	**5.38%**

Employer Contribution Rate	$ Increase over Previous Year	Percentage Increase over Previous Year	Average $ Increase per Year
$400.00			
$450.00	**$50.00**	**13.00%**	
$450.00	$0.00	0.00%	
$450.00	$0.00	0.00%	
$450.00	$0.00	0.00%	
$461.50	**$11.50**	**3.00%**	
$461.50	$0.00	0.00%	
$461.50	$0.00	0.00%	
$586.10	**$124.60**	**27.00%**	**$23.26**

Increased Amt $2,456,613.60

Fiscal Year				Total Budgeted Expenses	%age Increase over Previous Year
2008-2009				$16,914,346.00	
2009-2010				**$17,810,000.00**	**5.30%**

Williamson County Medical, Dental and Vision Plan Rates

2010 Rates go into effect on November 1, 2009.

Monthly County and Employee/Retiree Rates

	2009 Current Williamson County Contribution Rate	2009 Current Employee Rate	2010 Approved Williamson County Contribution Rate	2010 Approved Employee Rate	Amount of Increase to Employee Rate
PPO High Plan (w/o Vision)					
Employee	$461.50	$46.64	$586.10	$47.81	**$1.17**
Employee + Spouse	$461.50	$164.18	$586.10	$168.28	**$4.10**
Employee + Child(ren)	$461.50	$153.92	$586.10	$157.77	**$3.85**
Employee + Family	$461.50	$205.23	$586.10	$210.36	**$5.13**
PPO Low Plan (w/o Vision)					
Employee	$461.50	$17.76	$586.10	$18.20	**$0.44**
Employee + Spouse	$461.50	$107.51	$586.10	$110.20	**$2.69**
Employee + Child(ren)	$461.50	$97.73	$586.10	$100.17	**$2.44**
Employee + Family	$461.50	$146.60	$586.10	$150.27	**$3.67**
EPO/HMO (w/o Vision)					
Employee	$461.50	$67.52	$586.10	$74.27	**$6.75**
Employee + Spouse	$461.50	$262.48	$586.10	$288.73	**$26.25**
Employee + Child(ren)	$461.50	$246.08	$586.10	$270.69	**$24.61**
Employee + Family	$461.50	$328.10	$586.10	$360.91	**$32.81**
Dental Low Plan					
Employee	$0.00	$29.00	$0.00	$29.00	**$0.00**
Employee + Spouse	$0.00	$54.00	$0.00	$54.00	**$0.00**
Employee + Child(ren)	$0.00	$60.00	$0.00	$60.00	**$0.00**
Employee + Family	$0.00	$66.00	$0.00	$66.00	**$0.00**
Dental High Plan					
Employee	$0.00	$40.00	$0.00	$40.00	**$0.00**
Employee + Spouse	$0.00	$74.00	$0.00	$74.00	**$0.00**
Employee + Child(ren)	$0.00	$82.00	$0.00	$82.00	**$0.00**
Employee + Family	$0.00	$91.00	$0.00	$91.00	**$0.00**
Vision					
Employee	$0.00	$9.00	$0.00	$13.50	**$4.50**
Employee + Spouse	$0.00	$18.00	$0.00	$27.00	**$9.00**
Employee + Child(ren)	$0.00	$16.50	$0.00	$24.75	**$8.25**
Employee + Family	$0.00	$24.00	$0.00	$36.00	**$12.00**

Semi-Monthly Pay Period Employee Rates

	2009 Current Employee PP Rates	2010 Approved Employee PP Rates	Amount of Increase Per Pay Period
PPO High Plan (w/o Vision)			
Employee	$23.32	$23.91	**$0.59**
Employee + Spouse	$82.09	$84.14	**$2.05**
Employee + Child(ren)	$76.96	$78.89	**$1.93**
Employee + Family	$102.62	$105.18	**$2.56**
PPO Low Plan (w/o Vision)			
Employee	$8.88	$9.10	**$0.22**
Employee + Spouse	$53.76	$55.10	**$1.34**
Employee + Child(ren)	$48.87	$50.09	**$1.22**
Employee + Family	$73.30	$75.14	**$1.84**
EPO/HMO (w/o Vision)			
Employee	$33.76	$37.14	**$3.38**
Employee + Spouse	$131.24	$144.37	**$13.13**
Employee + Child(ren)	$123.04	$135.35	**$12.31**
Employee + Family	$164.05	$180.46	**$16.41**
Dental Low Plan			
Employee	$14.50	$14.50	**$0.00**
Employee + Spouse	$27.00	$27.00	**$0.00**
Employee + Child(ren)	$30.00	$30.00	**$0.00**
Employee + Family	$33.00	$33.00	**$0.00**
Dental High Plan			
Employee	$20.00	$20.00	**$0.00**
Employee + Spouse	$37.00	$37.00	**$0.00**
Employee + Child(ren)	$41.00	$41.00	**$0.00**
Employee + Family	$45.50	$45.50	**$0.00**
Vision			
Employee	$4.50	$6.75	**$2.25**
Employee + Spouse	$9.00	$13.50	**$4.50**
Employee + Child(ren)	$8.25	$12.38	**$4.13**
Employee + Family	$12.00	$18.00	**$6.00**

Calculation of Effect on FY2010 Gross Pay

	Lowest	Average	Highest
Annual Salary	$22,553.86	$43,242.14	$139,000.00
Gross Pay Amount Per Pay Period	$867.46	$1,663.16	$5,346.15
- Mandatory 7% Retirement Contribution	$60.72	$116.42	$374.23
Gross Pay Amount Per Pay Period after Retirement	$806.74	$1,546.74	$4,971.92
Pay Period Pre-Tax Rate Increase			
EPO - Employee & Family	$16.41	$16.41	$16.41
Rate Increase as a Percentage of Post Retirement Gross Pay	2.03%	1.06%	0.33%
Pre-Tax Pay Amount	$790.33	$1,530.33	$4,955.51

Williamson County
January 1, 2010

	Choice Plus PPO High Plan		Choice Plus PPO Low Plan		Choice Plan EPO/HMO	
Plan Design Changes						
January 1, 2010 Effective Date						
	Current	1/1/10	Current	1/1/10	Current	1/1/10
Benefits (In / Out of Network)	Plan Design	Plan Design	Plan Design	Plan Design	Plan Design	Plan Design
	In Netwk/Out of Netwk	In Netwk/Out of Netwk	In Netwk/Out of Netwk	In Netwk/Out of Netwk	In Network	In Network
Individual Deductible	$600 / $1,200	$750 / $1,500	$1,000 / $2,000	$1,250 / $2,500	$150	$300
Family Deductible	$1,800 / $3,600	$2,250 / $4,500	$3,000 / $9,000	$3,750 / $7,500	$450	$900
Coinsurance (eligible expenses after deductible)	10% / 30%	10% / 40%	20% / 40%	No Change	10%	10%
Individual Out of Pocket	$2,000 / $8,000	$2,500 / $10,000	$3,000 / $10,000	No Change	$1,000	$1,500
Family Out of Pocket	$6,000 / $24,000	$7,500 / $30,000	$9,000 / $30,000	No Change	$3,000	$4,500
(out of pocket does not include deductible)						
Hospital Services						
Deductible-Coinsurance	$600-10% / $1,200-30%	$750-10% / $1,500-40%	$1,000-20% / $2,000-40%	$1,250-20% / $2,500-40%	$150-10%	$300-10%
Inpatient	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance
Outpatient Surgery	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance
Outpatient Diagnostic & Therapeutic Services	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance	deductible & coinsurance
Emergency Room	$150 Copay then 10%	$225 copayment	$150 Copay then 20%	$225 copayment	$150 Copay then 10%	$225 copayment
Physician Services						
Physician Office Visits - Primary	$25 copayment	No Change	$25 copayment	No Change	$25 copayment	No Change
Physician Office Visits - Specialist	$40 copayment	No Change	$40 copayment	No Change	$40 copayment	No Change
Other Services						
Preventive Care - In Network only ($400 max)	No Copayment $400 max	No Change	No Copayment $400 max	No Change	$25 PCP / $40 Specialist	No Change
Urgent Care Facility	$40 copayment	No Change	$40 copayment	No Change	$40 copayment	No Change
Outpatient Diagnostic Services: Lab / Xray (in network only)	100% (deductible waived)	No Change	100% (deductible waived)	No Change	100% (deductible waived)	No Change
Prescription Drug Copays						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30 days)	$10/$30/$50	$10/$30/$50	$10/$30/$50	$10/$30/$50	No Change	No Change
Mail Order Pharmacy (90 days)	$20/$60/$100	$20/$60/$100	$20/$60/$100	$20/$60/$100	No Change	No Change