



RESOLUTION NO. 20141209-01

HEALTH INSURANCE CONTRACT WITH USABLE LIFE

WHEREAS, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

WHEREAS, TexAmericas Center has a health insurance policy for TexAmericas Center employees; and

WHEREAS, TexAmericas Center adopted a Personnel Policy Manual by **Resolution # 20140923-20** on September 23, 2014; and

WHEREAS, TexAmericas Center has sought, through a competitive process, bids to provide employee health insurance; and

WHEREAS, USABLE Life has submitted a satisfactory proposal and can provide employee health insurance starting January 1, 2015.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors that the Board of TexAmericas Center approves the employee health insurance plan per the attached and an Officer of the Board of Directors shall be and are hereby authorized execute the attached documents.

PASSED AND APPROVED THIS 9th day of December, 2014.


Denis Washington, Chairman of the Board

ATTEST:


Boyd Sartin, Secretary-Treasurer

Attached: Employee Health Insurance Plan



EMPLOYER APPLICATION

Renewal APPLICATION by: TexAmericas	
(hereinafter called "Policyholder")	
for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.	
GROUP INFORMATION	
Legal Name of Business:	
D/B/A: TexAmericas	
Street Address: 107 Chapel Lane	
City, State, Zip: New Boston , TX , 75570 County: Bowie	
Mailing Address: (if different from Street) 107 Chapel Lane	
City, State, Zip: New Boston , TX , 75570	
Telephone #: 903 223-9841	
Fax #: -	
Fed. Tax I.D #: 75-2804233	
Exec. Contact: <i>Scott Norton</i>	E-Mail: <i>scott.norton@texamericascenter.com</i>
Group Administrator: <i>Marla Byrd</i>	E-Mail: <i>marla.byrd@texamericascenter.com</i>
Primary SIC Code: 9611	SIC Description: Administration of General Economic Programs
Business Type: Corporation	
Agent: EDDIE DAINES	Agent's Lic #: 38245
Agent's Company: DAINES INSURANCE AND FINANCIAL SERVICES	Agent's Tax Id: 75-2966965

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BENEFIT SELECTION

PREFERRED PROVIDER ORGANIZATION (PPO) - USABLE PPO (TX)XXX - 2

REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: 1/1/2015

Waiting Period Note: Effective Date is first of the month following the Waiting Period.

Date of Open Enrollment December

If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.

Class	Class Description	Waiting Period	Contribution	
1	All Employees	30 Days	Employee 99 %	Dependent 0 %

Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above.

Mandated Mental Health Parity: YesPlease Indicate whether a HRA, or mechanisms utilized to reduce the employee's portion of health plan costs, is either in place or planned to be purchased. **Yes**

Lifetime Maximum:	Unlimited
Deductible:	\$1500 Family Deductible: 3
Coinsurance:	80%/60%
In-Network Calendar Year Coinsurance Max:	\$3000
Family Calendar Year Coinsurance Max:	3
Out-of-Network Calendar Year Coinsurance Max:	\$12000
Traditional Wellness	

Prescription Drug Rider Plan: \$15/\$35/\$55,/100% Value Formulary

Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.

PPO Optional Benefits:	
Copayment - Declined	Maternity - Elected
Supplemental Accidental Endorsement - Elected	
PHCS Network - Elected	

Term Life and AD&D through USABLE Life is not Provided

TEXAS MANDATED OFFER BENEFIT RIDERS

You Must Elect or Reject Each Rider:

Home Health Services - Reject	In Vitro Fertilization - Reject
Speech or Hearing Impairment - Reject	Developmental Delay - Reject

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RATES - USAbLe PPO (TX)XXX - 2

Four Tier Composite	Total Premium
Employee	\$379.05
Employee & Spouse	\$806.35
Employee & Child(r/en)	\$529.38
Family	\$993.97
Life / AD&D	\$0
STD	\$0

If there is an agent or broker involved in this coverage transaction they may receive compensation from USAbLe Mutual Insurance Company, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

Grandfather Status - Our records indicate that your health plan is grandfathered.

Please confirm if you agree with the grandfathered status as indicated above.

Yes, I agree with the status as shown.

No, I disagree with the status as shown because _____

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EMPLOYEE INFORMATION

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform USABLE Mutual Insurance of proper employee counts for the purpose of determining payment priority between Medicare and USABLE Mutual Insurance. USABLE Mutual Insurance is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Eligible Employees = Full-Time employees who usually work 30 hrs/week

	ENROLLING	WAIVING	TOTAL
Eligible Employees who have satisfied their Waiting Period prior to effective date:	18	1	19
COBRA Continuees	0	0	0
Number of Life ONLY Contracts	0	0	0
Total (Enrolling & Waiving)	18	1	19
Part Time/Seasonal/Temporary Employees (not eligible for coverage):			0
Total # of Employees:			19

Minimum Number of Insured Employees. To meet large group enrollment guidelines a group must have at least fifty-one enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled for at least six consecutive months must be rated as a small group upon renewal.

Minimum Participation Requirements. Employees covered through other comprehensive major medical type coverage may be waived from the eligibility count. 75% of all eligible Employees without waivers must be insured.

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SIGNATURES

This Application is made and delivered in the State of Texas and is governed by the laws of Texas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Certificate of Insurance.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved by the home office of USABLE Mutual Insurance Company(not applicable for groups with 2-50 employees) and the premium is received. I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.

I understand the Life and Accidental Death & Dismemberment coverage is provided through a policy issued to the Trustee of the USABLE Life Group Insurance Trust, and I hereby renew participation in said trust, which is insured by USABLE Life. A copy of the trust policy is maintained in USABLE Life's home office in Little Rock, Arkansas and is subject to examination by participating employers.

1. Policyholder

Signed at TEXARKANA, TX, this 18 day of DECEMBER 2014
(City, State)

TEXAMERICAS CENTERS [full legal name of Policyholder]

By: [Signature]
Authorized Signature

Scott Norton
Printed Name

Executive Director / CEO
Title or Position

2. Agent

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that USABLE Mutual Insurance Company will have no liability until this application has been approved and the premium has been received.

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I will provide the applicant with a signed copy of this application.

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I have emailed the applicant a signed copy of this application.

USABLE MUTUAL
INSURANCE COMPANY

[Signature]
Agent Signature

38245 / 75-2966965
Insurance License # / Agency Fed. Tax ID #

EDDIE DAINES
Agent Printed Name

18 December 2014
Date



Date: 11/25/2014

Group Name: TexAmericas
107 Chapel Lane
New Boston, TX 75570

Group Number: 090050

Dear Group Administrator:

Please be advised that the current benefit you offer (USABLE PPO (TX)XXX - 2), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C)(ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an USABLE representative. We are happy to help you through the implementation of this new requirement.

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The Patient Protection and Affordable Care Act (PPACA) mandates a Summary of Benefits and Coverage (SBC) document be created for every health insurance plan. An SBC that applies to this plan(s) can be found online at usablelifegrouphhealth/esbc. After we receive and process your signed contract, you may access the SBC(s) for this plan by going to our SBC locator tool and entering the following unique identifier(s) into the SBC locator:

11191415233983

Groups with more than one plan type may have more than one link. You may download and electronic copy (PDF) of the appropriate SBC(s) to fulfill distribution requirements as mandated by the Patient Protection and Affordable Care Act (PPACA). A printed version is available by calling your group service representative.

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ATTESTATIONS

COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.¹

(Yes) (No) As an employer, are you currently obligated by law to comply with COBRA?

(Yes) (No) Do you want to use the services of Ceridian?

(Yes) (No) If yes, are you currently contracting directly with Ceridian?

1 COBRA Handbook 2009, ¶4.03[E][2], 26 CFR §54.4980B-2 Q/A 5(e).
2 42 CFR §411.170.

Medical Loss Ratio - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a ___ large employer small employer (check one).


L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.

5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.

Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.


Signature


Printed Name

18 DECEMBER 2014

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