



**RESOLUTION NO. 20161122-04**

**RESOLUTION AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE  
CONTRACT FOR HEALTH INSURANCE FOR EMPLOYEES**

**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**, the annual Contract for renewal of the health insurance for the employees of TexAmericas Center is now due; and

**WHEREAS**, TexAmericas Center has received several quotes from its insurance agent regarding a renewal and/or possible other policies for health insurance for the employees of TexAmericas Center; and

**WHEREAS**, TexAmericas Center may receive additional policy quotations prior to January 1, 2017 which would be considered;

**NOW, THEREFORE**, be it resolved as follows:

1. That Scott Norton, Executive Director/CEO shall be and he is hereby authorized to execute the proposed renewal policy offered by US Able Insurance Company at the proposed monthly rate of \$5,894.55 provided he determines that said renewal policy is the most cost effective for TexAmericas Center and in the best interest of the employees; and

2. That Scott Norton, Executive Director/CEO shall be and he is hereby authorized to review other insurance quotes received after the date of this meeting, and if said quote or quotes offer comparable coverages which are more cost effective for TexAmericas Center and its employees, to execute a contract with a new insurance company to provide the coverage for the employees of TexAmericas Center; and

3. That Scott Norton, Executive Director/CEO shall report to the Board his determinations and decisions with regard to the health insurance coverage at the next meeting of Board of Directors.

**PASSED AND APPROVED THIS 22<sup>nd</sup> day of November, 2016.**

  
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Denis Washington, Chairman of the Board

**ATTEST:**

  
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Melford Pierce, Secretary

# Health Benefit Comparison

Effective: January 1, 2017

Insurance Company	CURRENT GRANDFATHERED	OPTION 1 ACA PLAN	OPTION 2 ACA PLAN	OPTION 3 ACA PLAN
ACA Health Plan	USABLE Medical - \$3,400 PP/CO Plan	USABLE Medical - \$3,500 PP 80/60 PPO Plan	USABLE Medical - \$2,900 PP 70/50 PPO Plan	USABLE Medical - \$2,900 PP 70/50 PPO Plan
<b>ANNUAL DEDUCTIBLE</b>	Individual Family \$1,700 In, \$3,400 Out \$5,100 In, \$10,200 Out	Individual Family \$1,500 In, \$3,000 Out \$3,000 In, \$6,000 Out	Individual Family \$2,000 In, \$4,000 Out \$4,000 In, \$8,000 Out	Individual Family \$2,500 In, \$5,000 Out \$5,000 In, \$10,000 Out
<b>COINSURANCE PROVISION</b>	In Network 80% Out of Network 60%	80%	70%	70%
<b>MAXIMUM OUT-OF-POCKET</b>	Individual Family \$4,700 In/\$5,400 Out \$14,100 In/\$16,200 Out	Individual Family \$4,500 In/\$18,000 Out \$9,000 In/\$36,000 Out	Individual Family \$7,150 In/\$25,000 Out \$14,300 In/\$50,000 Out	Individual Family \$6,850 In/\$25,000 Out \$13,700 In/\$50,000 Out
4th Quarter Deductible Carry Forward Prior Quarter Out-of-Pocket Carry Forward	Yes No	Yes No	Yes No	Yes No
<b>Maximum Benefits</b>	<b>UNLIMITED</b>	<b>UNLIMITED</b>	<b>UNLIMITED</b>	<b>UNLIMITED</b>
In-Patient Copy	Ded - Coinsurance	Ded - Coinsurance	\$200 Copy	\$200 Copy
Out-Patient Copy	Ded - Coinsurance	Ded - Coinsurance	Ded + Coinsurance	Ded - Coinsurance
Hospital Confinement Charge	None	None	None	None
Out-Patient Services	Ded - Coinsurance	Ded + Coinsurance	\$100 Copy	\$100 Copy
Pre-Admission Review/Penalty	None - In Network	None - In Network	None - In Network	None - In Network
Maternity	As Any Illness	As Any Illness	As Any Illness	As Any Illness
Prescription Drug Card Benefit	Preferred Rx \$15 Gen/\$35 Name \$55	\$10 Gen \$40 Non-Pre Gen \$60 Name	\$15 Gen/\$10 Non-Pre Gen \$75 Name \$150 Non-Pre Name	\$10 Gen \$10 Non-Pre Gen \$75 Name \$150 Non-Pre Name
Mail Order Prescription Program	Same As Preferred Not Available	Same As Preferred Not Available	Same As Preferred Not Available	Same As Preferred Not Available
Physician's Office Visits (Including DX1)	Ded - Coinsurance	\$90 PCP \$90 Specialist \$30 Copy In-Network	\$40 PCP \$60 Specialist \$40 PCP \$60 Specialist \$100 Facility Copy	\$40 PCP \$60 Specialist \$40 PCP \$60 Specialist \$100 Facility Copy
Urgent Care	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance
Emergency Room	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance
Preventive Care/Wellness Benefits	100% For Routine Physical Exams, Tests and Immunizations.	100% For Routine Physical Exams, Tests and Immunizations.	100% For Routine Physical Exams, Tests and Immunizations.	100% For Routine Physical Exams, Tests and Immunizations.
Chiropractic	Ded - Coinsurance	\$90 Copy In-Network	\$60 Copy In-Network	\$60 Copy In-Network
Physical/Occupational Therapy	Ded - Coinsurance	\$30 Copy In-Network	\$60 Copy In-Network	\$60 Copy In-Network
PPO Network	35 Visits Per Year	35 Visits Per Year	35 Visits Per Year	35 Visits Per Year
Network Web Site	St. Michael & Walley - USABLE Life Connect PPO & PHCS <a href="http://www.usablelifecare.com/healthplan">www.usablelifecare.com/healthplan</a>	St. Michael & Walley - USABLE Life Connect PPO & PHCS <a href="http://www.usablelifecare.com/healthplan">www.usablelifecare.com/healthplan</a>	St. Michael & Walley - USABLE Life Connect PPO & PHCS <a href="http://www.usablelifecare.com/healthplan">www.usablelifecare.com/healthplan</a>	St. Michael & Walley - USABLE Life Connect PPO & PHCS <a href="http://www.usablelifecare.com/healthplan">www.usablelifecare.com/healthplan</a>
Medical/Nervous & Substance Abuse	Inpatient Treatment Outpatient Treatment	SAAI	SAAI	SAAI
Claims Paid From	Same As Any Illness	SAAI (Pre-Audit After 8th Visit)	SAAI (Pre-Audit After 8th Visit)	SAAI (Pre-Audit After 8th Visit)
	Table Rock, AR	Table Rock, AR	Table Rock, AR	Table Rock, AR

This benefit selection is for illustrative purposes only. The proposed plan is to be reviewed as an act of complete faith of the policy as it is written. The provisions of the actual policy will prevail. THIS ILLUSTRATION IS PROVIDED FOR INFORMATION ONLY AND DOES NOT REPRESENT A CONTRACT.



# Health Benefit Comparison

Effective: January 1, 2017

Insurance Company	CURRENT GRANDPATHERED PREFERRED 80/60 PPO Plan	OPTION 1 ACA PLAN HCS TEX - C022C/H 80/60 PPO Plan	OPTION 2 ACA PLAN HCS TEX - S610C/H 70/50 PPO Plan
<b>ANNUAL DEDUCTIBLE</b>	Individual Family \$1,700 In, \$3,400 Out \$5,100 In, \$10,200 Out	\$1,250 In, \$2,500 Out \$3,750 In, \$7,500 Out	\$2,275 In, \$4,550 Out \$6,825 In, \$13,650 Out
<b>COINSURANCE PROVISION</b>	In Network 80% Out of Network 60%	80% 60%	70% 50%
<b>MAXIMUM OUT-OF-POCKET</b>	Individual Family \$4,700 In/\$15,400 Out \$14,100 In/\$45,200 Out	\$3,500 In/\$7,000 Out \$10,500 In/\$21,000 Out	\$6,000 In/\$13,800 Out \$13,800 In/\$27,600 Out
<b>4th Quarter Deductible Carry Forward</b>	Yes	No	No
<b>Pre-Carrier Out-of-Pocket Carry Forward</b>	Yes	No	No
<b>Lifetime Maximum Benefit</b>	UNLIMITED	UNLIMITED	UNLIMITED
<b>In-Patient Copy</b>	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance
<b>In-Patient Services</b>	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance
<b>Hospital Confinement Charge</b>	None	None	None
<b>Out-Patient Copy</b>	Ded - Coinsurance	Ded - Coinsurance	\$,000 Copay
<b>Out-Patient Services</b>	Ded - Coinsurance	Ded - Coinsurance	Ded - Coinsurance
<b>Pre-Admission Review Penalty</b>	None - In Network	None - In Network	None - In Network
<b>Maternity</b>	As Any Illness	As Any Illness	As Any Illness
<b>Prescription Drug Card Benefit</b>	Preferred Rx Same As Preferred Rx	\$15 Gen \$35 Name \$55	\$0 \$10 Gen/\$50 Name \$100 \$100 Specialty \$5 \$13 Gen \$60 Name \$110 \$150 Specialty
<b>Mail Order Prescription Program</b>	Not Available	\$30 PCP \$70 Specialist 100% After \$75 Copay	\$10 PCP \$70 Specialist 100% After \$75 Copay
<b>Physician's Office Visits (including DX11)</b>	Ded - Coinsurance	\$30 PCP \$70 Specialist 100% After \$75 Copay	\$10 PCP \$70 Specialist 100% After \$75 Copay
<b>Urgent Care</b>	Ded - Coinsurance	20% Coinsurance After \$400 Copay	30% Coinsurance After \$500 Copay
<b>Emergency Room</b>	Ded - Coinsurance	100% For Routine Physical Exams, Tests and Immunizations	100% For Routine Physical Exams, Tests and Immunizations
<b>Preventive Care/Wellness Benefits</b>	100% For Routine Physical Exams, Tests and Immunizations	100% For Routine Physical Exams, Tests and Immunizations	100% For Routine Physical Exams, Tests and Immunizations
<b>Chiropractic</b>	Ded - Coinsurance	35 Visits Per Year Combined	35 Visits Per Year Combined
<b>Physical/Occupational Therapy</b>	As Visits Per Year	35 Visits Per Year Combined	35 Visits Per Year Combined
<b>PPO Network</b>	St. Michael & Walley - TSA/Id Life Connect PPO & PHCS <a href="http://www.stmic.com/plan/aca/plan1.htm">www.stmic.com</a>	St. Michael & Walley - Blue Choice <a href="http://www.bluechoice.com">www.bluechoice.com</a>	St. Michael & Walley - Blue Choice <a href="http://www.bluechoice.com">www.bluechoice.com</a>
<b>Network Web Site</b>	Same As Any Illness	Same As Any Illness	Same As Any Illness
<b>Mental/Nervous &amp; Substance Abuse</b>	Inpatient Treatment Outpatient Treatment	Ded - Coinsurance \$30 Copay Office Visits or Ded - Coinsurance	\$250 Copay / Month \$40 Copay Office Visits or Ded - Coinsurance
<b>Claims Paid From</b>	Little Rock, AR	San Angelo, TX	San Angelo, TX

This proposal is not to be considered as an offer or complete analysis of the plan or as a full disclosure of benefits. The provisions of the actual policy will prevail. THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED.

# Health Rate Comparison

Effective: January 1, 2017

Insurance Company:	CURRENT / RENEWAL GRANDFATHERED	OPTION 1 ACA PLAN	OPTION 2 ACA PLAN
AMV Best-Retire	USABLE Mutual 80/60 PPO Plan	HCBSTX - G692CHC 80/60 PPO Plan	HCBSTX - S610CHC 70/30 PPO Plan
Based On:	Employee Only 0 FE - Spouse 1 FE - Children 1 FE - Family 2 Wavers 11 Total Employees	\$1,250 Ded \$30/\$50 Copay \$15/\$30/\$45 Rx	\$2,275 Ded \$40/\$70 Copay \$0/\$10/\$50/\$100/\$150 Rx
<b>Medical Rates:</b>	<b>CURRENT</b>	<b>RENEWAL</b>	<i>Rates May Change Based On Final Enrollment</i>
Employee Only	\$451.29	\$601.09	\$572.57
Employee + Spouse	\$966.41	\$1,278.69	\$1,145.13
Employee + Children	\$634.46	\$839.48	\$1,145.13
Employee + Family	\$1,191.27	\$1,776.21	\$1,717.70
<b>Monthly Premium:</b>	<b>\$5,546.27</b>	<b>\$7,338.49</b>	<b>\$8,588.50</b>
<b>Employee Monthly Pay Period Deductions:</b>			
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$236.36	\$312.74	\$264.26
Employee + Children	\$83.16	\$110.03	\$264.26
Employee + Family	\$340.14	\$450.06	\$528.52
<b>Requirements:</b>			
Participation Required	75%	75%	75%
Contribution Required	50%	50%	50%
<b>Notes:</b>			
<b>Change in Total Premium</b>	<b>39,31%</b> Increase	<b>54,85%</b> Increase	<b>31,94%</b> Increase
<b>Monthly Employer Contribution Based On:</b>			
100% of Employee Cost	\$4,088.61	\$5,409.81	\$5,153.13
Employer Monthly Increase	NA	\$1,391.20	\$1,064.52
Estimated Annual Increase	NA	\$15,854.40	\$12,774.94
			\$4,390.56
			\$301.95
			\$3,623.40

ALL EMPLOYEE CONTRIBUTIONS AND EMPLOYER CONTRIBUTIONS WILL BE BASED ON PARTICIPANTS AND PARTICIPATION IN THE PLAN ON THE EFFECTIVE DATE OF THE CHANGE. ANY EMPLOYER CONTRIBUTED SHOULD BE BASED ON ROBERT'S CURRENT STATUS. OTHER ACTION IS REQUIRED.

# Health Benefit Comparison

Effective: January 1, 2017

Insurance Company	CURRENT GRANDFATHERED	OPTION 1 ACA PLAN	OPTION 2 ACA PLAN
Medical Reimbursement	USMPF Medical 80% PPO PPO	United Healthcare - AMDR 80% PPO PPO PPO	United Healthcare - AMDR 80% PPO PPO PPO
<b>ANNUAL DEDUCTIBLE</b>	Individual Family \$1,700 In, \$3,400 Out \$5,100 In, \$10,200 Out	Individual Family \$1,000 In, \$5,000 Out \$3,000 In, \$15,000 Out	Individual Family \$2,000 In, \$5,000 Out \$6,000 In, \$15,000 Out
<b>COINSURANCE PROVISION</b>	In Network Out of Network 80% 60%	80% 50%	80% 50%
<b>MAXIMUM OUT-OF-POCKET</b>	Individual Family \$4,700 In/\$5,400 Out \$14,100 In/\$16,200 Out	Individual Family \$4,000 In/\$10,000 Out \$12,000 In/\$30,000 Out	Individual Family \$5,000 In/\$10,000 Out \$14,000 In/\$30,000 Out
4th Quarter Deductible Carry Forward Prior Carrier Out-of-Pocket Carry Forward	Yes No	No No	No No
<b>Lifetime Maximum Benefit</b>	<b>UNLIMITED</b>	<b>UNLIMITED</b>	<b>UNLIMITED</b>
In-Patient Copay	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance
In-Patient Services	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance
Hospital Confinement Charge	None	None	None
Out Patient Copay	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance
Out Patient Services	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance	Del + Coinsurance Del - Coinsurance
Pre-Admission Review Penalty	None - In Network As Any Illness	Yes \$250 As Any Illness	Yes \$250 As Any Illness
Maternity	As Any Illness	As Any Illness	As Any Illness
Prescription Drug Card Benefit	Preferred Rx \$15 Gen/\$35 Name/\$55	\$15 \$15 Tier 1 \$10 \$100 Tier 2 \$70 \$900 Tier 3 Same As Preferred	\$15 \$15 Tier 1 \$10 \$100 Tier 2 \$70 \$900 Tier 3 Same As Preferred
Mail Order Prescription Program	Same As Preferred Not Available	Same As Preferred 2.5x Above - 90 Days	Same As Preferred 2.5x Above - 90 Days
Physician's Office Visits (Including DXL)	Del - Coinsurance	\$25 PCP \$50 Specialist No PCP Copay for Children Under 19	\$25 PCP/\$50 Specialist No PCP Copay for Children Under 19
Urgent Care	Del + Coinsurance Del - Coinsurance	100% After \$75 Copay 20% Coinsurance After \$250 Copay	100% After \$75 Copay 20% Coinsurance After \$250 Copay
Emergency Room	Del + Coinsurance Del - Coinsurance	100% For Routine Physical Exams, Tests and Immunizations.	100% For Routine Physical Exams, Tests and Immunizations.
Preventive Care/Wellness Benefits	100% For Routine Physical Exams, Tests and Immunizations. Del - Coinsurance 35 Visits Per Year	100% For Routine Physical Exams, Tests and Immunizations. 35 Visits Per Year	100% For Routine Physical Exams, Tests and Immunizations. 35 Visits Per Year
Chiropractic	Del - Coinsurance 35 Visits Per Year	35 Visits Per Year	35 Visits Per Year
Physical/Occupational Therapy	Del - Coinsurance 35 Visits Per Year	35 Visits Per Year	35 Visits Per Year
PPO Network	St. Michael & Walley - USABLE Life Connect PPO & PHCS <a href="http://www.usablelifegranthealth.com">www.usablelifegranthealth.com</a> <a href="http://www.phcs.com">www.phcs.com</a>	St. Michael & Walley - LHC Choice Plus <a href="http://www.lhc.com">www.lhc.com</a>	St. Michael & Walley - LHC Choice Plus <a href="http://www.lhc.com">www.lhc.com</a>
Network Web Site	Same As Any Illness	Same As Any Illness	Same As Any Illness
Mental/Nervous & Substance Abuse	Inpatient Treatment Outpatient Treatment	Del + Coinsurance \$25 Copay	Del + Coinsurance \$25 Copay
Claims Paid From	Little Rock, AR	Charlotte, NC	Charlotte, NC

THIS BENEFIT IS NOT ELIGIBLE FOR ROLL-OVER. THE PROVISIONS OF THE ANNUAL POLICY WILL APPLY. THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT CONSTITUTE AN OFFER OF INSURANCE. THE PROVISIONS OF THE ANNUAL POLICY WILL APPLY.

# Health Rate Comparison

Effective: January 1, 2017

Insurance Company		CURRENT / RENEWAL GRANDFATHERED	OPTION 1 ACA PLAN	OPTION 2 ACA PLAN
A.M. Best Rating		USAAHE Mutual 80/60 PRO Plan A	United Healthcare - AMDR 80/50 Premier PRO PLAN A	United Healthcare - AMDS 80/50 Premier PRO PLAN A
Based On:	Employee Only 0 PE + Spouse 1 PE + Children 1 EE + Family 2 Widewers 11 Total Employees	\$1,700 Ded \$15/\$85/\$55 Rx	\$1,000 Ded \$25/\$50 Copay \$15/\$40-\$100/\$70-\$300 Rx	\$2,000 Ded \$25/\$50 Copay \$15/\$40-\$100/\$70-\$300 Rx
<b>Medical Rates:</b>			<i>Rates May Change Based On Final Enrollment</i>	
Employee Only		<b>CURRENT</b>	<b>RENEWAL</b>	
Employee + Spouse		\$451.29	\$601.09	\$375.52
Employee + Children		\$966.41	\$1,278.69	\$1,151.04
Employee + Family		\$634.46	\$839.48	\$1,151.01
Monthly Premium:		\$1,191.27	\$1,576.21	\$1,726.56
<b>Total Monthly Premium</b>		<b>\$5,546.97</b>	<b>\$7,338.49</b>	<b>\$8,632.80</b>
<b>Employee Monthly Pay Period Deductions:</b>				
Employee Only		\$0.00	\$0.00	\$0.00
Employee + Spouse		\$236.36	\$312.71	\$265.62
Employee + Children		\$83.16	\$110.03	\$265.62
Employee + Family		\$340.11	\$450.06	\$531.25
<b>Requirements:</b>				
Participation Required		75%	75%	75%
Contribution Required		50%	50%	50%
<b>Change in Total Premium</b>		<b>39.31% Increase</b>		
<b>Monthly Employer Contribution Based On:</b>				
<b>100% of Employee Cost</b>		\$4,088.61	\$5,409.81	\$5,179.68
<b>Employer Monthly Increase</b>		NA	\$1,391.20	\$1,091.07
<b>Estimated Annual Increase</b>		NA	\$15,854.40	\$13,092.84
<b>Change in Total Premium</b>		<b>55.65% Increase</b>		
<b>Monthly Employer Contribution Based On:</b>				
<b>100% of Employee Cost</b>		\$4,088.61	\$5,179.68	\$4,964.58
<b>Employer Monthly Increase</b>		NA	\$1,391.20	\$875.97
<b>Estimated Annual Increase</b>		NA	\$15,854.40	\$10,511.64

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