



City Of Killeen
Renewal Effective:
10/1/2017

Employee Benefit Trust - Exempt from Premium Tax

2017 Renewal	Medical Benefits					Pharmacy Benefits \$10 / \$40 / \$100 \$50 Rx Deductible Unlimited	Plan: Active Employees - Mid Plan
	Plan Type POS70	OV/SP \$30 / \$50	Coins 30%	Ded \$2,500	OOP Max \$6,600		
4-Tier Option	Premium Tax Exempt Rates*					Rates*	Total
Single	\$420.86					Included in Medical	\$420.86
Employee & Spouse	\$993.70					Included in Medical	\$993.70
Employee & Child(ren)	\$606.80					Included in Medical	\$606.80
Family	\$1,156.82					Included in Medical	\$1,156.82

2017 Renewal	Medical Benefits					Pharmacy Benefits \$10 / \$30 / \$50 \$50 Rx Deductible Unlimited	Plan: Active Employees - High Plan
	Plan Type POS80	OV/SP \$30 / \$50	Coins 20%	Ded \$1,000	OOP Max \$3,600		
4-Tier Option	Premium Tax Exempt Rates*					Rates*	Total
Single	\$580.74					Included in Medical	\$580.74
Employee & Spouse	\$1,396.46					Included in Medical	\$1,396.46
Employee & Child(ren)	\$852.74					Included in Medical	\$852.74
Family	\$1,626.84					Included in Medical	\$1,626.84

2017 Renewal	Medical Benefits					Pharmacy Benefits Ded + 30% Embedded Rx Deductible Unlimited	Plan: Active Employees - Base Plan
	Plan Type CC POS HDHP	OV/SP Ded + 30%	Coins 30%	Ded \$2,600	OOP Max \$6,600		
4-Tier Option	Premium Tax Exempt Rates*					Rates*	Total
Single	\$378.78					Included in Medical	\$378.78
Employee & Spouse	\$894.32					Included in Medical	\$894.32
Employee & Child(ren)	\$546.10					Included in Medical	\$546.10
Family	\$1,041.16					Included in Medical	\$1,041.16

HMO, CC, and POS plans are underwritten by Scott & White Health Plan (SWHP).
 PPO plans are underwritten by the Insurance Company of Scott & White (ICSW).
 HMO and CC plans utilize the SWHP network and provide no out-of-network benefit.
 PPO members residing within the Scott & White service area will utilize the ICSW Network.
 PPO members residing outside the Scott & White service area will utilize the PHCS Network.

- Broker Commission: 0.00%
- *Above rates include ACA Fees (Patient Centered Outcomes (PCORI) fee, and Insurer Fee).
- Medical rates include coverage for durable medical equipment, diabetic supplies, and mandated mental health.
- We reserve the right to change any premium rate, including on a retrospective basis, when the terms of the Agreement are changed or our liability has been altered because of a change in state or federal law or a substantive change in the composition of the group.
- Please review the Summary of Benefits and Coverage (SBC) for a complete description of benefits.
- Above rates assumes benefits are on a calendar year basis

_____ I hereby accept these rates as presented.
 _____ I hereby accept these rates without the following riders: (use this option if applicable)

Signed: _____ Date: _____
 Name/Title

Please return this proposal with the signed GERA (Group Eligibility Requirements Attachment) to Scott & White Health Plan / Insurance Company of Scott and White in the envelope provided. If we do not receive a signed consent, your group will be assigned the rates and benefits as shown in this proposal.

*It is SWHP's / ICSW's understanding that the employer contribution is at least 0. This quote assumes that contribution will continue. If the information is incorrect, please provide us with the current contribution strategy.

Account Manager: 0

4/12/2017