



**City Of Killeen  
Renewal Effective:  
10/1/2017**

**Employee Benefit Trust - Exempt from Premium Tax**

2017 Nation Care - In Area Renewal	Medical					Pharmacy \$10 / \$40 / \$100	Plan: Active Employees - Mid Plan Buy Up PPO
	Plan Type PPO70	OV/SP \$30 / \$50	Coins 30%	Ded \$2,500	OOP Max \$6,600	\$50 Rx Deductible Unlimited	
4-Tier Option	Premium Tax Exempt Rates*					Rates*	Total
Single	\$462.94					Included in Medical	\$462.94
Employee & Spouse	\$1,093.06					Included in Medical	\$1,093.06
Employee & Child(ren)	\$667.46					Included in Medical	\$667.46
Family	\$1,272.50					Included in Medical	\$1,272.50

2017 Nation Care - In Area Renewal	Medical					Pharmacy \$10 / \$30 / \$50	Plan: Active Employees - High Plan Buy Up PPO
	Plan Type PPO70 HDHP	OV/SP \$30 / \$50	Coins 20%	Ded \$1,000	OOP Max \$3,600	\$50 Rx Deductible Unlimited	
4-Tier Option	Premium Tax Exempt Rates*					Rates*	Total
Single	\$638.84					Included in Medical	\$638.84
Employee & Spouse	\$1,536.10					Included in Medical	\$1,536.10
Employee & Child(ren)	\$938.00					Included in Medical	\$938.00
Family	\$1,789.54					Included in Medical	\$1,789.54

2017 Nation Care - In Area Renewal	Medical					Pharmacy Ded + 30%	Plan: Active Employees - Base Plan Buy Up PPO
	Plan Type PPO70 HDHP	OV/SP Ded + 30%	Coins 30%	Ded \$2,600	OOP Max \$6,600	Embedded Rx Deductible Unlimited	
4-Tier Option	Embedded Deductible Premium Tax Exempt Rates*					Rates*	Total
Single	\$416.66					Included in Medical	\$416.66
Employee & Spouse	\$983.76					Included in Medical	\$983.76
Employee & Child(ren)	\$600.72					Included in Medical	\$600.72
Family	\$1,145.26					Included in Medical	\$1,145.26

• Broker Commission: 0.00%

• NationCare plans are underwritten by National Health Insurance Company (NHIC).

\* This renewal assumes the Aetna network, named "Aetna Open Choice" will be utilized for our in-area members. See link below:  
[http://www.aetna.com/docfind/jsp/rdrIndex.jsp?site\\_id=mymeritain&langpref=en](http://www.aetna.com/docfind/jsp/rdrIndex.jsp?site_id=mymeritain&langpref=en)

• Above rates include Program fee, Patient Centered Outcomes (PCORI) fee.

• Above rates are only available to employees WITHIN the Scott & White Health Plan (SWHP) service area.

• 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: \_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

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.

Client Manager: 0

4/12/2017