

**City of Killeen Employee Benefits Trust**

Renewal Effective:

**10/1/2015**
**( Revised Apr 9, 2015 )**

Nation Care Renewal	Medical					Pharmacy \$10 / \$40 / \$100 \$0 Ded Unlimited	Nation Care Plan: 007997 RX50KOPM
	Plan Type	OV/SP	Coins	Ded	OOP Max		
In Area Active Employees Only	CCPOS	\$35 / \$60	30%	\$2,500	\$6,000		
4-Tier Option	Rates*					Rates*	Total
Single	\$423.55					Included in Medical	\$423.55
Employee & Spouse	\$1,000.06					Included in Medical	\$1,000.06
Employee & Child(ren)	\$610.67					Included in Medical	\$610.67
Family	\$1,164.24					Included in Medical	\$1,164.24

Nation Care Renewal	Medical					Pharmacy \$10 / \$40 / \$100 \$0 Ded Unlimited	Nation Care Plan: 007998 RX50KOPM
	Plan Type	OV/SP	Coins	Ded	OOP Max		
Out of Area Retirees Only	CCPOS	\$35 / \$60	30%	\$2,500	\$6,000		
4-Tier Option	Rates*					Rates*	Total
Single	\$385.05					Included in Medical	\$385.05
Employee & Spouse	\$909.14					Included in Medical	\$909.14
Employee & Child(ren)	\$555.16					Included in Medical	\$555.16
Family	\$1,058.40					Included in Medical	\$1,058.40

Nation Care Renewal	Medical					Pharmacy \$10 / \$30 / \$50 \$0 Ded Unlimited	Nation Care Plan: 010338 RX98KOPM
	Plan Type	OV/SP	Coins	Ded	OOP Max		
In Area Active Employees Only	CCPOS	\$30 / \$50	20%	\$1,000	\$3,000		
4-Tier Option	Rates*					Rates*	Total
Single	\$584.48					Included in Medical	\$584.48
Employee & Spouse	\$1,405.40					Included in Medical	\$1,405.40
Employee & Child(ren)	\$858.19					Included in Medical	\$858.19
Family	\$1,637.28					Included in Medical	\$1,637.28

Nation Care Renewal	Medical					Pharmacy \$10 / \$30 / \$50 \$0 Ded Unlimited	Nation Care Plan: 010339 RX98KOPM
	Plan Type	OV/SP	Coins	Ded	OOP Max		
Out of Area Retirees Only	CCPOS	\$30 / \$50	20%	\$1,000	\$3,000		
4-Tier Option	Rates*					Rates*	Total
Single	\$531.34					Included in Medical	\$531.34
Employee & Spouse	\$1,277.63					Included in Medical	\$1,277.63
Employee & Child(ren)	\$780.16					Included in Medical	\$780.16
Family	\$1,488.44					Included in Medical	\$1,488.44

• 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 out of area members. See link below:  
[http://www.aetna.com/docfind.jsp?site\\_id=mymeritain&langpref=en](http://www.aetna.com/docfind.jsp?site_id=mymeritain&langpref=en)

• Above rates include ACA Fees ( Transitional Reinsurance Program fee, Patient Centered Outcomes (PCOR) fee, and Insurer Fee).

• Above rates assumes benefits are on a calendar year basis and includes calendar year Deductible credit

• Above rates are net of Premium Tax.

• 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.

\_\_\_\_\_ 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 &amp; White Health Plan 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 understanding that the employer contribution is at least 100% toward the employee-only rate of the Base Plan. This quote assumes that contribution will continue. If the information is incorrect, please provide us with the current contribution strategy.

Marketing Representative: Rebecca Johnson

4/9/2015