Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Insurance Company of SCOTT&WHITE
PART OF BAYLOR SCOTT & WHITE HEALTH

City Of Killeen

Renewal Effective:

10/1/2017

Employee Benefit Trust - Exempt from Premium Tax

2017 Nation Care - Out of Area Renewal	Medical					Pharmacy $10 / $40 / $100 $50 Rx Deductible Unlimited	Plan: Retired Employees - Mid Plan
	Plan Type	OV/SP	Coins	Ded	OOP Max		
	PPO70	$30 / $50	30%	$2,500	$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 Nation Care - Out of Area Renewal	Medical					Pharmacy $10 / $30 / $50 $50 Rx Deductible Unlimited	Plan: Retired Employees - High Plan
	Plan Type	OV/SP	Coins	Ded	OOP Max		
	PPO70 HDHP	$30 / $50	20%	$1,000	$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 Nation Care - Out of Area Renewal	Medical					Pharmacy Ded + 30% Embedded Rx Deductible Unlimited	Plan: Retired Employees - Base Plan
	Plan Type	OV/SP	Coins	Ded	OOP Max		
	PPO70 HDHP	Ded + 30%	30%	$2,600	$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

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/rdIndex.jsp?site_id=mymeritain&langpref=en

*Above rates include ACA Fees (Patient Centered Outcomes (PCORI) fee and Insurer Fee).

Above rates are only available to employees OUTSIDE 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: _____ 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.

Client Manager: 0

4/12/2017