



TML Health Renewal Notice and Benefit Verification Form

Manor

Original

Plan Year 2020-2021 (12 Months)

Rates are subject to change if there is any legislation passed during the plan year affecting benefits. Supplemental benefits cannot be accessed without accessing the TML Health Medical Benefit Plan. This renewal notice contains proprietary and confidential information of TML Health.

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP*	Office Visit	Rates	Current	New
P85-50-35-DAW1&2	80/50	\$500	\$750	\$3500	\$30	EE Only:	\$534.58	\$566.66
						EE + Spouse:	\$1,085.20	\$1,150.32
						EE + Child(ren):	\$940.86	\$997.32
						EE + Family:	\$1,577.02	\$1,671.66

*In Network Deductible applies towards In Network OOP.

Monthly Employer Contribution Amounts

TML Health requires 60% employer contribution toward employee medical – Minimum employer contribution is \$340.00

Employer Contribution for Active Employees	Employee		Spouse		Child		Family	
	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
	\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %	

Dental III

Rates	Current	New
EE Only:	\$37.64	\$37.64
EE + Spouse:	\$77.26	\$77.26
EE + Child(ren):	\$81.22	\$81.22
EE + Family:	\$115.54	\$115.54

Vision Plan

No Vision Coverage

Basic Life and AD&D: Plan 8 (\$10,000)

	Current Rate	New Rate
Life:	\$0.194	\$0.194
AD&D:	\$0.040	\$0.040

Additional Employee Life and AD&D

<u>Age of Employee</u>	<u>Current Rate per \$1000</u>	<u>New Rate per \$1000</u>
Under 30	0.061	0.061
30 - 34	0.069	0.069
35 - 39	0.100	0.100
40 - 44	0.130	0.130
45 - 49	0.198	0.198
50 - 54	0.332	0.332
55 - 59	0.595	0.595
60 - 64	0.913	0.913
65 - 69	1.513	1.513
70 and over	2.431	2.431

Dependent Life: Plan 3 (\$10,000/\$2,000)

<u>Current Rate</u>	<u>New Rate</u>
\$2.76 per dependent unit	\$2.76 per dependent unit

Voluntary AD&D

No Voluntary AD&D Coverage

LTD

No LTD Coverage

STD

No STD Coverage

Pre-65 Retiree Medical

No Pre-65 Retiree Medical Coverage

Employer Contribution for Pre-65 Retirees	<u>Employee</u>		<u>Spouse</u>		<u>Child</u>		<u>Family</u>	
	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %	\$ _____	or _____ %

Pre-65 Retiree Dental

No Pre-65 Retiree Dental Coverage

Pre-65 Retiree Vision

No Pre-65 Retiree Vision Coverage

Basic & Additional Retiree Life

No Basic & Additional Retiree Life Coverage

Retiree Dependent Life

No Retiree Dependent Life Coverage

Continuation of Coverage (Cobra)

Yes

Benefit Waiting Period

30 days after date of hire

Flex, HRA, HSA & RRA

Flex Admin

HRA Admin

HSA Admin

RRA Admin

No

No

No

No

If employer accesses Flex and/or HRA, HSA or RRA, only one charge of \$3.70 per participant per month will be incurred.

Signature Section

The undersigned employer hereby acknowledges that for an employee to receive coverage, TML Health must receive enrollment information within thirty-one (31) days of the commencement of employment regardless of whether the Employer has a waiting or a waiting and orientation period. If an employee is not enrolled within thirty-one (31) days of hire, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

741664745

Tax ID Number

Authorized Signature

Date

Printed Name

Title

The entity named on this Rerate and Benefit Verification Form desires large claim information as specified in Article 21.49-15 of the Insurance Code in Section 2.(2), to be for individual claims that reach or exceed \$35,000 during the plan year. This information is considered confidential for purposes of Chapter 552 of the Local Government Code.

The rates are based on census information five months prior to plan year. If the census changes by more than 10%, TML Health reserves the right to revise rates due to census change and underwriting impact.

YOUR RENEWAL QUOTE INCLUDES PROPRIETARY INFORMATION THAT SHOULD NOT BE SHARED WITH OTHER COMPETITORS OR USED TO CIRCUMVENT THE REQUIREMENTS OF TEXAS COMPETITIVE BIDDING LAWS. IN THE EVENT YOU RECEIVE A RENEWAL QUOTE AND LATER DECIDE TO ISSUE AN RFP, THE RENEWAL QUOTE MAY NOT BE SHARED WITH ANY OTHER COMPETITORS AS DOING SO WOULD DISADVANTAGE TML HEALTH IN THE COMPETITIVE PROCESS. TML HEALTH ALSO RESERVES THE RIGHT TO REVISE PREVIOUSLY ISSUED RATES IN RESPONSE TO YOUR RFP.