



Renewal Notice and Benefit Verification Form

Manor

Original

Plan Year 01/01/2023 - 12/31/2023 (12 Months)

Important Notice: "If TML Health does not receive the fully executed renewal notice by the due date, it will result in an automatic renewal of current benefits at the new rates, with **CURRENT** employee contributions."

Medical

Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	Rates	Current	New
Coplay-500-4K ER-DAW1&2	80/50	\$500	\$1000	\$4000	\$30	EE Only:	\$586.68	\$692.28
						EE + Spouse:	\$1,190.96	\$1,405.34
						EE + Child(ren):	\$1,032.56	\$1,218.42
						EE + Family:	\$1,730.70	\$2,042.22

In Network Deductible applies towards In Network OOP.

Medical and Dental Plan Accumulators will be based on Calendar Year.

Monthly Employer Contribution Amounts

TML Health requires 60% employer contribution toward employee medical – Minimum employer contribution is \$415.37

Use this section for **Monthly Employer Contribution** for Active Employees Medical (**monetary values ONLY, no percentages**). Include EE Only amount in each tier.

Note: If providing a Defined Contribution (lump sum given to employees to purchase benefits) do not use this section. Skip to the defined contribution section below.

Plan	EE Only:	EE+Spouse:	EE+Child(ren):	EE+Family:
Coplay-500-4K ER-DAW1&2	\$ _____	\$ _____	\$ _____	\$ _____

Are there different contributions based on other factors (ex: hourly vs salary, department or location based)? If so, please explain here:

Defined Contribution

Use this section if providing a Defined Contribution (lump sum given to employees to purchase benefits).

Note: All Defined Contributions will be allocated as follows (if offered): Medical, Dental, Vision, & all Employee Paid Voluntary Products (ex: voluntary life, voluntary spouse life, voluntary AD&D...). Any left-over contribution dollars will then be applied to an employee's HRA or HSA (as applicable) depending on medical plan election.

1. Employer's **MONTHLY** Defined Contribution of \$ _____ equal to a full **ANNUAL** Defined Contribution of \$ _____ (monthly contribution x12).

2. Will employees receive this Defined Contribution if medical coverage is waived? No Yes (if yes, see 2a).

a. Will employee's receive the full monthly Defined Contribution or a partial amount? Full Partial \$ _____

3. Are there different contributions based on other factors (ex: hourly vs salary, department, location...)? If so please explain here:

Dental

Rates	Current (Dental III)	New (Dental III)
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

Use this section for **Monthly Employer Contributions** for Active Employees Dental (**monetary values ONLY, no percentages**). Include the EE Only amount in each tier, **enter \$0 if no contribution**.

Note: Not applicable for defined contribution plans.

EE Only \$ _____ EE + Spouse \$ _____ EE + Child(ren) \$ _____ EE + Family \$ _____

Vision

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

Note: Plan requires 100% Participation and is 100% EMPLOYER paid (not deducted from defined contribution if elected).

Additional Employee Life and AD&D

Age of Employee	Current Rate per \$1000	New Rate per \$1000
Under 30	0.041	0.041
30 - 34	0.052	0.052
35 - 39	0.091	0.091
40 - 44	0.129	0.129
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

Note: Plan is EMPLOYEE paid (will be applied to defined contribution if elected).

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

Current Rate	New Rate
\$2.76 per dependent unit	\$2.76 per dependent unit

Note: Plan is EMPLOYEE paid (will be applied to defined contribution if elected).

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

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

COBRA Administration (Continuation of Coverage)

COBRA Administration through TML Health? Yes

Benefit Waiting Period

30 days after date of hire

FSA, DCA, HRA, HSA & RRA

FSA Admin
Yes

DCA Admin
No

HRA Admin
No

HSA Admin
No

RRA Admin
No

Note: If employer accesses FSA and/or HRA, HSA, or RRA, one charge of \$3.70 per participant per month will be incurred and paid by EMPLOYER.

FSA/DCA Administration

Please explain your Flexible Spending Account (FSA) / Dependent Care Account (DCA) rules here:

- 1. Flexible Spending Account (unreimbursed health care)? No Yes
 - a. Will you utilize the IRS Maximum for FSA, or an Employer imposed Maximum? IRS Max Employer Max \$ _____
 - b. Will you offer a Grace Period or a Carry-Over? (You can only choose one per IRS mandates)
 - i. Grace Period? No Yes
 - ii. Carry-Over? No Yes Maximum carry-over amount (not to exceed the IRS maximum) \$ _____
- 2. Dependent Care (DCA)? No Yes

Required Annual Eligibility and Enrollment Information

Please provide the following information:

- 1. Total Full Time Employee Count: _____
- 2. Total Part Time Employee Count: _____
- 3. Total Employees with Medical Coverage: _____
- 4. Total Employees with Coverage Waiver: _____
- 5. Do you have an Ordinance or Resolution adopting Elected Official Benefit Coverage? No *Yes
- *If yes, please provide a current copy (required annually).
- 6. How will Open Enrollment and Qualifying Life Events be addressed (please check all that apply):
 - A. Employee Self Service (ESS) via TML Health Online
 - B. Employee enrollment by phone
 - C. Employer/Administrator enrollment via TML Health Online

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 date of hire or within thirty-one (31) days of the coverage effective date, whichever is later, regardless of whether the Employer has a waiting period or a waiting and orientation period. If an enrollment is not submitted within this timeline, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

Employer Member Additional Acknowledgements and Agreements

1. Employer Member acknowledges and agrees that its signature on this Renewal Notice and Benefit Verification Form indicates its binding selections for renewal services through TML Health.
2. Employer Member acknowledges that certain benefit service selections require completion and execution of additional forms and agreements and agrees that it will work with all due diligence and in good faith to complete, execute, and return all necessary forms and agreements to TML Health prior to the beginning of the Group's open enrollment.
3. Employer Member acknowledges that TML Health will only allow open enrollment for renewal services in good faith and without receiving all necessary signed benefit service forms and agreements if:
 - A. A signed Renewal Notice and Benefit Verification Form with all necessary Employer Member selections and information has been received; and
 - B. Employer Member has in good faith attempted but failed to approve and return the applicable benefit service forms and agreements timely.

Please sign by the due date and return this completed form via email to your Account Executive/Account Manager or TMLHealthMarketing@tmlhb.org.

741664745 _____ Tax ID Number	_____ Authorized Signature	_____ Date
_____ Printed Name	_____ Title	

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.

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.

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.