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# TEXAS POLITICAL SUBDIVISIONS

JOINT SELF INSURANCE FUND

"Complete Workers' Comp and Property/Casualty Solutions"

P.O. Box 803356 • Dallas, Texas 75380-3356

800-588-0013 • 972-361-6300 • [www.tpspool.org](http://www.tpspool.org)

Quality Since 1983

## Successful Partner Credit

TPS appreciates all of our Members, especially those who have been loyal to our program.

But the biggest reason for our success is Members like you, who truly act as partners with TPS in working to control your claims losses through good supervision, good training, loss control programs, and maintaining safe work environments.

Our Board of Trustees has decided to replace our old program of mailing Dividend checks to Members with our new *Successful Partner Credit* program. This credit is based on your loyalty to TPS and your outstanding claims loss ratio, which together grant you special status.

You will see the credit applied directly to your renewal price as a reduction in your total price for coverage.

Again, we appreciate all that you do, and we are always here to assist you in any way that we can.

Sincerely,

Randal M. Beach  
Executive Director / CEO

### Board of Trustees

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**Executive  
Director/CEO**

Randal M. Beach

August 15, 2014

Tom Green County  
113 W. Beauregard  
San Angelo, Texas

Honorable Judge Steve Floyd

Events of the past several years have brought many changes and challenges to the international insurance market. These changes in the market have affected the ability of all brokers to locate insurance coverage at a scope and cost of insurance placed in prior years. In addition, insurance carriers have suffered significant losses that may jeopardize their financial stability.

As a matter of policy, USI endeavors to obtain quotations and indications from insurance companies who meet or exceed the USI minimum guidelines for A. M. Best Ratings of companies. Due to the current insurance market conditions, USI has increased its minimum standard for insurers to A-.

You have instructed us to proceed and bind Workers Compensation coverage with Texas Political Subdivisions Joint Self Insurance Fund effective October 1, 2014. This entity does not have a rating from A.M. Best because it is a self insurance fund. This does not meet our minimum standard of A- from the A.M. Best Company, a recognized publisher of information concerning insurers based on many factors including financial stability. An insurance company's financial conditions, can of course, affect its ability to pay claims.

Please sign below and return to us to acknowledge your agreement to placement with Texas Political Subdivisions Self Insurance Fund. If you would prefer to explore possible placement with another carrier, please contact our office immediately. Please be advised that another carrier may have more restrictive terms, increased premiums, increased deductibles, or other terms not present with your current carrier.

Very truly yours,

Marshall Huling

AGREED:

Tom Green County



By: 8-26-14 Date: \_\_\_\_\_

Stephen C. Floyd, County Judge

TEXAS POLITICAL SUBDIVISIONS JOINT SELF-INSURANCE FUND

**PROPOSAL**

**Tom Green County**

**Rating Period**

October 1, 2014

to

October 1, 2015

COVERAGE for RATING PERIOD	LIMIT of LIABILITY	TOTAL ANNUAL CONTRIBUTION
Workers' Compensation Injury or Illness - Each Employee	Statutory	\$ 124,623
Employers' Liability Bodily Injury by Accident - Each Accident Bodily Injury by Disease - Each Employee Bodily Injury by Disease - Interlocal Agreement	\$1,000,000 \$1,000,000 \$1,000,000	Included
Annual Contribution:		\$ 124,623
Successful Partner Credit:		\$ (4,125)
<b>Total Annual Contribution</b>		<b>\$ 120,498</b>
<b>Renewable for Three Years</b>		

**Payment Options:**

TPS's Proposal offers a monthly pay plan as follows:	Deposit	\$17,692
	Each Installment	\$9,346
	Number of Installments	11
TPS's Proposal offers a quarterly pay plan as follows:	Deposit	\$36,378
	Each Installment	\$28,040
	Number of Installments	3
TPS's Annual Pay Plan :	Single Payment	\$120,498



Member: Tom Green County

Effective: 10/1/2014  
Expiration: 10/1/2015

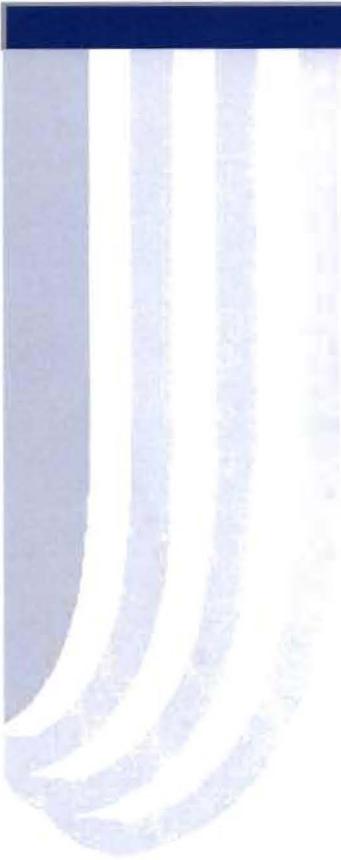
**Guaranteed Cost**

(1) Total Manual Contribution Before Adjustment (Column Total)	357,721	(5) Line 3 X Factor on Line 4 = Standard Contribution	251,764
(2) Increased Employers Liability Factor	1.02	(6) Fund Factor	0.495
(3) Line 1 X Factor on Line 2 = Adjusted Manual Contribution	364,875		
(4) Experience Modifier	0.69		
		Basic Contribution:	124,623
		Successful Partner Credit:	(\$4,125)
		<b>Total Contribution:</b>	<b>\$ 120,498</b>

**Renewable for Three Years**

**Options:**

- TPS Guaranteed Cost Quote offers a monthly pay plan as follows:  
Initial installment of \$17,692  
with 11 monthly installments of \$9,346
- TPS Guaranteed Cost Quote offers a quarterly pay plan as follows:  
Initial installment of \$36,378  
with 3 quarterly installments of \$28,040
- TPS Annual Pay Plan : \$120,498



A Renewal for

**TOM GREEN COUNTY**

Issued on: August 12, 2014



Vision Services		V1008	
<b>Legal Entity</b>	UnitedHealthcare Insurance Company Primary Plan		
	<b>In Network</b>	<b>Out of Network</b>	
<b>Plan Options</b>	Voluntary		
Contribution	Exam with Materials		
Product Type	Full Network		
Network Type			
Exam Co-pay	\$10	Not Applicable	
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$25	Not Applicable	
Service Frequency	12/12/24/12		
Exams/ Lenses/ Frames/Contacts			
<b>Eye Examination</b>			
Exam	100%	Up to \$40	
<b>Lenses</b>			
Single Vision	100%	Up to \$40	
Lined Bifocal	100%	Up to \$60	
Lined Trifocal	100%	Up to \$80	
Lenticular	100%	Up to \$80	
<b>Frames</b>			
Retail Frame Allowance	Up to \$130	Up to \$45	
Discount on Frame Coverage at participating providers	30%	Not Applicable	
<b>Elective Contact Lenses</b>			
Covered Selection Contacts	Up to 4 boxes	Up to \$105	
Non-Selection Contacts	Up to \$105	Up to \$105	
Necessary Contact Lenses	100%	Up to \$210	
<b>Lens Options</b>			
Covered-in-full Lens Options	Standard Scratch-Resistant Coating	Not Applicable	
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers.		
<b>Value Services</b>			
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in-network surgeon.		
<b>Assumed Enrollment and Rates</b>	<b>Current</b>	<b>Renewal</b>	
Employee	159	\$5.13	\$5.13
Employee + One	32	\$9.45	\$9.45
Employee + Family	60	\$14.81	\$14.81
	251		
Monthly Premium	\$2,006.67	\$2,006.67	
Annual Premium	\$24,080.04	\$24,080.04	
<b>Renewal Action</b>	0.0%		
Participation Requirements	No Participation Requirement		
Dependent Children Coverage	To Age 26		
Contract Basis	Fully Insured		
Exclusions and Limitations	Standard		
Broker Commissions	10%		
Rate Guarantee	36 months		

## Lens Option Price Protection

The list below outlines the maximum out of pocket charge a member may pay for particular non-covered lens options in-network, which reflect discounts of 20 to 60% of retail charges. In some cases members may pay less!

Type	Cost
Polycarbonate	\$30
Photochromic	\$65
Scratch Warranty	\$10
Edge Coat (Polished Edges)	\$13
High Index 1.60-1.67	\$60
Solid Tint	\$13
Gradient Tint	\$15
UV Coating	\$16
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250

*Prices reflected are subject to change.*

## General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Assumed contract situs is Texas.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 8322 SIC Code.
- Rates may increase on renewal in accordance with the terms of the policy.

## Vision Assumptions

The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

Quote assumes a complete product replacement.

Rates listed above are not included in quoted Medical rates (if applicable).

Rates listed above assume plan designs quoted. Rates may change, if plan design changes.

**Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.**

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.