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2010

FORT BEND COUNTY FY ~~2009~~
COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 12/08/2009

Submitted By: Risk Management

Department:

Court Agenda Date: 12/15/2009

Phone Number: 281 341 8630

SUMMARY OF ITEM: CONSENT AGENDA ITEM:

1. Consider and approve Fort Bend County Employee Benefit Plan Document Addendum effective December 15, 2009
2. Consider and approve ratifying 2010 premiums for Retiree health coverage.

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☐ NO ☐

FUNDNG SOURCE: Accounting Unit:
 Activity (If Applicable):

Account Number:

DESCRIPTION OF LAWSOM ACCOUNT: _____

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to ospindon@co.fort-bend.tx.us

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor	(281-341-3774)	<input type="checkbox"/> Comm. Pct. 1	(281-342-0587)
<input type="checkbox"/> Budget Officer	(281-344-3954)	<input type="checkbox"/> Comm. Pct. 2	(281-403-8009)
<input type="checkbox"/> Facilities/Planning	(281-633-7022)	<input type="checkbox"/> Comm. Pct. 3	(281-242-9060)
<input type="checkbox"/> Purchasing Agent	(281-341-8642)	<input type="checkbox"/> Comm. Pct. 4	(281-980-9077)
<input type="checkbox"/> Information Technology	(281-341-4526)	<input type="checkbox"/> County Clerk	(281-341-8697)
<input type="checkbox"/> Other:		<input type="checkbox"/> County Atty	(281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

**FORT BEND COUNTY
EMPLOYEE BENEFIT PLAN
PLAN DOCUMENT**

July 7, 2009

ADDENDUM EFFECTIVE DECEMBER 15, 2009

The Fort Bend County Employee Benefit Plan Document (hereinafter "Plan"), bearing the date of July 7, 2009, is hereby amended as follows:

On December 15, 2009, the Fort Bend County Commissioners Court approved the Plan changes listed below, effective on December 15, 2009:

1) *ARTICLE II, PARTICIPATION IN HEALTH CARE BENEFITS*

A. EMPLOYEE PARTICIPATION (See Page 26 of 55 - changes to the following paragraphs only.)

2. Eligibility for Health Care Benefits

- b. All retirees eligible for retirement through the Texas County and District Retirement System (TCDRS) and under the age of 65 years, except employees retiring who are 65 years or older will continue coverage under the FBC Employee Benefit Plan until the first day of the next month.

5. Termination of Health Care Benefits

- d. If the employee terminates employment or retires, employee/retiree/dependent coverage under the FBC Employee Benefit Plan will be through the last day of the month of termination or retirement, unless the required contributions for Health Care Benefits are not current and then the benefits will terminate at the end of the month for which the last full month's contribution is made.

2) *ARTICLE II, PARTICIPATION IN HEALTH CARE BENEFITS*

B. DEPENDENT PARTICIPATION

2. Eligibility for Dependent's Health Care Benefits (See Page 28 of 55 - changes to the following paragraph only.)

In the event a husband and wife are both eligible to participate in the Plan as Employees, only one employee will be eligible to cover any Eligible Dependent children they might have. If the employee covering a dependent terminates his/her employment, the terminated employee and dependent(s) may be added to the existing coverage of the remaining employee, provided that there is no lapse in coverage and they must be added immediately (Article II, H). In the event that the dependent addition results in a change of benefit plan they shall be required to meet the deductible and co-insurance provisions of the new plan in which they will participate. Any deductible and co-insurance provisions previously met will be applied to the plan in which they will be participating. In the event that deductible credits or co-insurance credits do not satisfy the provisions of the new plan, the dependent will be required to meet the difference between their credits and the remaining amounts necessary to meet the new deductible and co-insurance amounts. If moving from a higher deductible and coinsurance plan to a lower deductible and coinsurance plan, should deductible and coinsurance credits exceed the requirements of the new plan, the credits will be considered to have satisfied the plan requirements and paid amounts exceeding new plan's deductible and coinsurance requirements will not be considered reimbursable.

3) *ARTICLE II, PARTICIPATION IN HEALTH CARE BENEFITS*

C. LATE ENTRANTS/FAMILY STATUS CHANGE/DEPENDENT DELETION (See Page 29 of 55 – changes to the following paragraph only.)

All late entrants are required to satisfy the waiting period (90-days) and have a physical exam performed by a licensed physician. At the time of the physical exam, the late entrant application must be signed and dated by the physician (original must be submitted to Risk Management, a fax or scanned email will not be accepted).

This form is available in Risk Management. The physical exam will be at your expense. If approved as a new participant in the Plan, the earliest date that a late entrant's coverage may take effect will be the first day of the month following 90-days after the late entrant's waiting period begins. The Plan reserves the right to approve or deny any late entrant applicant. If additional information is received by the Plan after the late entrant's acceptance that would disqualify the late entrant from coverage, the Plan will have the right to terminate coverage back to the original effective date and the employer will refund any contribution that was already made towards said coverage. The employee will be responsible for paying all claims paid by the Plan on behalf of the ineligible person.

4) *DENTAL BENEFITS*

TYPE I SERVICES: PREVENTATIVE AND EMERGENCY EXPENSES (See Page 50 of 55 - changes to the following paragraph only.)

- (1) Routine oral examinations and prophylaxis (scaling and cleaning of teeth, must be used not more than once each in any period of 180 consecutive days, with a window of 150 to 210 days allowed).

**FORT BEND COUNTY
2010 CONTINUATION OF COVERAGE
COUNTY SUBSIDIZED RETIREE PREMIUMS**

PREMIUM RATES		MONTHLY
MEDICAL COVERAGE		
<i>FBCEB Plan A</i>		
Retiree Only		\$49.96
Retiree's Spouse Only		\$211.25
Retiree's Child(ren) Only		\$105.64
Retiree & Child(ren)		\$155.60
Retiree & Spouse		\$261.21
Retiree & Family		\$366.86
<i>FBCEB Plan B</i>		
Retiree Only		\$0.00
Retiree's Spouse Only		\$101.25
Retiree's Child(ren) Only		\$50.67
Retiree & Child(ren)		\$50.67
Retiree & Spouse		\$101.25
Retiree & Family		\$151.92
<i>Medicare Supplement (CCS)</i>		
Retiree Only		\$0.00
Retiree's Spouse Only		\$101.25
Retiree & Spouse		\$101.25
DENTAL COVERAGE		
<i>FBCEB Dental Plan</i>		
Retiree Only		\$11.79
Retiree & Child(ren)		\$47.66
Retiree & Spouse		\$34.12
Retiree & Family		\$69.99
COMPBENEFITS		
<i>CompDent (DHMO)</i>		C.O.B.R.A.
<i>VisionCare</i>		C.O.B.R.A.

NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan.

**FORT BEND COUNTY
2010 CONTINUATION OF COVERAGE
NON-SUBSIDIZED RETIREE PREMIUMS**

PREMIUM RATES		MONTHLY
MEDICAL COVERAGE		
<i>FBCEB Plan A</i>		
Retiree Only		\$837.54
Retiree's Spouse Only		\$1,002.05
Retiree's Child(ren) Only		\$894.33
Retiree & Child(ren)		\$945.29
Retiree & Spouse		\$1,053.01
Retiree & Family		\$1,160.76
<i>FBCEB Plan B</i>		
Retiree Only		\$786.57
Retiree's Spouse Only		\$889.85
Retiree's Child(ren) Only		\$838.25
Retiree & Child(ren)		\$838.25
Retiree & Spouse		\$889.85
Retiree & Family		\$941.54
<i>Medicare Supplement (CCS)</i>		
Retiree Only 65-69		\$148.92
Retiree Only 70-74		\$178.50
Retiree Only 75-79		\$244.80
Retiree Only 80+		\$263.16
Retiree's Spouse Only 65-69		\$148.92
Retiree's Spouse Only 70-74		\$178.50
Retiree's Spouse Only 75-79		\$244.80
Retiree's Spouse Only 80+		\$263.16
Retiree & Spouse 65-69		\$148.92
Retiree & Spouse 70-74		\$178.50
Retiree & Spouse 75-79		\$244.80
Retiree & Spouse 80+		\$263.16
Widow(er) 65-69		\$148.92
Widow(er) 70-74		\$178.50
Widow(er) 75-79		\$244.80
Widow(er) 80+		\$263.16

NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan.