



REQUEST FOR PROPOSALS:

**RFP NO. 2013-14-15
GROUP HEALTH INSURANCE 2014**

Deadline: Friday, September 12, 2014 @ 3:00 PM CST
RFP Opening: Friday, September 12, 2014 @ 3:30 PM CST

Prepared by:
Veronica Ramirez
Human Resources Director
August 2014

Proposal Submission Date: September 12, 2014 at 3:00 p.m. CST

City of Weslaco

"The City on the Grow"



David Suarez, Mayor
John F. Cuellar, Mayor Pro-Tem, District 2
David R. Fox, Commissioner, District 1
Olga M. Noriega, Commissioner, District 3
Gerardo "Jerry" Tafolla, Commissioner, District 4
Lupe V. Rivera, Commissioner, District 5
Fidel Peña, Commissioner, District 6

Leonardo Olivares, City Manager

CITY OF WESLACO

Request for Sealed Proposals

The City of Weslaco hereby requests sealed proposals for the following:

Group Health Insurance

Sealed proposals addressed to Homer Rhodes, will be accepted at the Weslaco City Hall Purchasing Office, 255 S. Kansas Avenue, Weslaco, Texas 78596, until **3:00 p.m.** on **September 12, 2014**, at which time they will be opened and read aloud. Please mark envelope, "**Sealed Proposal**"

Group Health Insurance, RFP No.: 2013-14-15

Potential Respondents are advised that the proposal documents can be downloaded from the City of Weslaco web page address: www.weslacotx.gov, and may also be secured at the Weslaco City Hall Purchasing Office, 255 S. Kansas Avenue, Weslaco, Texas 78596, or by calling 956.447-2240. Be advised that if your company is contemplating on submitting a proposal this project you must contact the Purchasing Office, so that any changes/additions via addendum form can be forwarded to your company. (Please include your company name, address, e-mail, telephone and fax, and contact person). **No electronic proposals will be accepted.**

The City of Weslaco reserves the right to accept or reject any or all proposals, to waive any informalities, and to accept the proposal to be the best and most advantageous to the City and to hold proposals for a period of forty-five (45) days without taking action, for the purpose of reviewing the proposals and investigation of bidders' qualifications prior to proposal award. Proposals submitted past the aforementioned date and time will not be accepted.

City of Weslaco

A handwritten signature in black ink, appearing to read "Homer Rhodes".

Homer Rhodes,
Purchasing Office
hrhodes@weslacotx.gov

SECTION 1 BACKGROUND INFORMATION AND EXPECTATIONS

The City of Weslaco, Texas, is located in the center of the Rio Grande Valley in the County of Hidalgo. The City provides Group Health Insurance Benefits to approximately 280 full-time employees, three (4) retirees; three (3) Chamber of Commerce employees; and four (4) Weslaco Development Corporation employees. The City of Weslaco has an existing medical/health policy with AETNA Health Insurance, under a fully insured plan, which covers all full-time employees under a Preferred Provider Organization (PPO) plan. Plan expires on September 30, 2014.

Group Health Insurance

The City of Weslaco pays 100% of the employee-only cost for the Group Health insurance coverage. Employees are required to pay 100% of the cost for their dependents. As a benefit and as per state law, we allow our retirees to purchase medical/health insurance from our Group through COBRA. The current rate structure for the medical insurance is based on the following four-tier structure plans as indicated below: **SEE ATTACHED SUMMARY AND RATES OF CURRENT BENEFIT PLANS.**

EXPECTATIONS

The City of Weslaco desires to accept and review fully-insured plans that will provide Group Health coverage for its full-time employees, qualified retirees, dependents and C.O.B.R.A. participants. The proposals must have the same schedule of coverage as the current plan and include a wellness program. Alternate benefits may be considered.

Full-time employees and their dependents are eligible for coverage following the 90th day of employment.

Each bidder must provide a minimum 12-month rate guarantee. However, the Planholder reserves the right to accept a guarantee of less than or more than 12 months if it is in the Planholder's best interest.

Planholder reserves the right to reject any and all proposals and accept any proposal deemed advantageous to the Planholder. Any variance from the specifications must be stated in detail with complete reference to the specification provision from which the deviation is being made.

Each Bidder is expected to comply with the requirements and qualifications as outlined in these specifications. In addition, all qualified proposals will be evaluated based on the type of benefit incentives offered, availability of participating preferred providers and pharmacies and most important, the cost to the City. The City of Weslaco reserves the right to accept the proposal most

advantageous to the City. The contract for group health insurance will be effective on October 1, 2014, and run through September 30, 2015.

Any questions regarding these qualifications, or the current health benefits, are to be submitted in the format provided in the attached Appendix.

It is expected that the selected company provide and/or be responsible for the following (for each of the contracts mentioned above):

- Provide master plan documentation; employee handbooks; provide continuous review and updating of plan documents; provide review of changes suggested by the City of Weslaco and make appropriate recommendations; and upon request by the City provide on-site informational sessions with City employees to review benefits and changes;
- Assist in the design of the administrative procedures to implement the plan and the required enrollment and other relevant required forms, specifically, HIPAA notification, eligibility verification; claim forms; explanation of benefits; identification cards; communication material; and website plan maintenance; and
- Provide financial reports on a quarterly and annual basis to provide comprehensive analysis in managing the cost of the benefit plan.

The City requests samples of management reports used to monitor and evaluate the respective plan(s).

Please provide verification of your company's current computer system capabilities and advise if the City will be able to obtain reports electronically.

SECTION 2 GENERAL INFORMATION AND INSTRUCTIONS

Acceptance of Proposals

The City of Weslaco (hereafter referred to as the "City") reserves the right to reject any or all proposals or accept the proposals deemed most advantageous to the City. The City is not required to select the proposal with the lowest quote, but will take into consideration other factors such as ability to service the contract, past experience, financial ability, and other relevant criteria. The City also reserves the right to award the proposal to whichever company best serves the interests and needs of the City and its employees.

Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.

Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit an attached list of agent/agencies requesting consideration.

Each carrier/insurance company submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. They shall include an inventory list of products submitted attached to each proposal.

Proposal is to be based on exact duplication of the existing Plan of Benefits. Any deviations providing more benefits must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.

The amount of agent's commission and service work to be provided by the agent is to be included as part of the submitted proposal.

The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance contract is awarded and executed, all proposals will be available for public inspection.

Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

Guaranteed Rates

All contract rates will be guaranteed for 12 months beginning October 1, 2014. However, the City reserves the right to accept a rate guarantee of more than 12 months with the option to extend the contract on a year-to-year basis as may be permitted by applicable law and City Commission approval.

On the front of each envelope, the following words must appear on the lower, left-hand corner:

City of Weslaco – Proposal for Group Health Insurance

Time Frame

1. August 27, 2014 First publication. The specifications will be available at 2 p.m. for interested parties at the Purchasing Department or <http://www.weslacotx.gov/>
2. September 3, 2014 Second publication.
3. September 12, 2014 Sealed proposals are due at 3:00 pm at the Purchasing Department, 225 S. Kansas Ave., Weslaco, TX 78596
4. September 12, 2014 Sealed proposals will be publicly opened at 3:00 pm at City Hall, 225 S. Kansas Ave., Weslaco, TX 78596
5. September 16, 2014 Presentation to City Commission
6. Open Enrollment Initial enrollment **September 22nd – 26th, 2014**
7. October 1, 2014 Agreement effective date will be determined by the City Commission of the City of Weslaco

Order of Response

The company shall reference its proposal in the same order as provided in the specifications. Any company seeking to provide or underwrite insured programs for the City of Weslaco must respond appropriately to each section of these specifications, shall meet all condition and/or requirements indicated, and submit all certificates of insurance requested. The enclosed Proposal Response Form must be completely filled. Any exceptions or deviations from the requested insurance contracts must be completely filled. Any exceptions or deviations from the requested insurance contract must be clearly indicated in writing and must be attached to the Proposal Response Form. **ONE (1) ORIGINAL COPY (so marked) and THREE (3) COPIES OF YOUR PROPOSAL MUST BE SUBMITTED.**

Underwriting Data Provided to Insurers

The underwriting data and loss history included in these specifications have been assembled by the City of Weslaco. However, it shall be the responsibility of the successful company to review this information and work with the City to ensure all relevant exposures are included in the City's insurance program.

Compliance with Laws

All companies, agents, and brokers submitting insurance proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

Terms of Contract and Extension/Renewal Rights

The term of the contract for insurance shall be for not less than one year, subject to earlier termination as provided by law and by the terms of the contract. In addition, unless otherwise specified in the proposal, the award of this proposal shall include the right, at the option of the City of Weslaco, and contingent upon the agreement by both parties, to any change in premium costs or benefits to renew and extend this contract on a year-to-year basis as may be permitted by applicable law and City Commission approval, and as may be found to be in the best interest of the City of Weslaco; provided, that the maximum term of this contract and all renewals thereof shall be not more than four years before such contract must again be offered for competitive bidding.

The CITY reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the one year anniversary date. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.

The CITY reserves the right to terminate the agreement at any time for any or no reason. **If termination of agreement is necessary, NO termination penalties will be imposed.**

SECTION 3
QUALIFICATIONS OF COMPANIES, AGENTS, AND THIRD-PARTY
ADMINISTRATORS

1. All companies, agents, and brokers submitting proposals must be licensed by the State of Texas, and have a demonstrated level of good performance with municipalities, school district, or other public entities in Texas. Please provide a list of public entity references in Texas. Give the name, address and telephone number of contact person.
2. The company, agent, and/or broker must have an Errors and Omissions policy with a minimum limit of \$1,000,000. Please provide a certificate of insurance with your proposal.
3. The insurer must be recommended in the latest edition of A.M. Best's rating guide with a general policyholder's rating of A- or better. The agent and/or broker must furnish the City of Weslaco with the Best's policyholder rating for each company from which coverage is being quoted. Companies not rated must demonstrate their financial strength and stability by furnishing the appropriate financial statements.
4. The company or agency must have been in business for at least five years and must assign at least one account representative to service the City of Weslaco.
5. The agent and company must have a willingness to commit to specified levels of performance for service and quality.
6. The company must have an organization that has demonstrated the ability to deliver cost-effective service and efficient claims processing.
7. The company and agent must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from employees as well as City business representatives.
8. The company must have the capability to provide loss run reports on a monthly basis and/or upon request by the City of Weslaco.
9. The company must have a Claims Office in Texas, and have at least one full-time licensed account representative who is fluent in both English and Spanish on staff at said office.
10. The company must provide a complete copy of the proposed service contract.

SECTION 4 HEALTH INSURANCE QUESTIONNAIRE

All respondents must reply to questionnaire under each category for which they are providing a proposal. (Please reproduce these questions when supplying your answers.)

Health Insurance Administration

1. What year was your company established?
2. Is eligibility available online to Human Resources staff? Is online enrollment available with electronic data feed capabilities?
3. Will your company prepare and provide claim forms and ID cards at no additional cost to the City of Weslaco?
4. Provide the address of the claim office from which you propose to administer health claims? How long has this designated claim office been in operation?
5. How many claim processors will be appointed to service this account? Approximately how many years of experience do each have with medical claim processing?
6. Do you have on-line access to network provider listings and locations to assist members with provider selection?
7. Please verify that bilingual claims personnel will be available to employees who call your office for customer service and/or claims processing.
8. What are your claim office performance standards for claim accuracy and turn around time?
9. What standard claim reports will be provided, and at what frequency will they be made available to the City of Weslaco? Please provide a sample of these standard reports.
10. The company must provide the COBRA administration (Medical and Dental) to include COBRA eligibility notifications and tracking, and acceptance of COBRA payments and monitoring of payments. If there are any administrative fees for COBRA administration please list in proposal?
11. Will you offer assistance to the City in the administration of COBRA benefits? Please detail the type of assistance and/or COBRA administration duties you will provide?
12. Will you cover City of Weslaco employees insured under the current health insurance plan on a "no loss/no gain" basis?
13. Will you waive the "actively at work" clause?
14. Will you cover preexisting conditions in accordance with federal guidelines? Explain.

15. The successful company is expected to do the "take-over" enrollment and any annual enrollment thereafter. Will you provide knowledgeable personnel to explain benefit provisions, provide enrollment materials, and conduct employee benefit meetings for health and/or life insurance?
16. If selected, will you provide periodic on-site claims assistance for city employees?
17. The plan must cover retirees.
18. Contracted vendors will keep City of Weslaco supplied with needed enrollment materials, as well as current provider directories. Please supply sample of material.
19. The contracted vendor will provide an adequate supply of brochures, mail order supplies or whatever type of marketing material is used for City of Weslaco to be distributed to employees at no additional cost to the County. Please confirm.
20. City of Weslaco would like you to survey our employees quarterly (not all employees each time) to monitor the employee's satisfaction with your product and service. Please confirm.
21. What is the average turnaround time for supplying ID cards directly to participants?
22. City of Weslaco requires the right to approve any correspondence sent to our employees. Do you agree to the prior approval requirement?
23. Will you provide an onsite nurse/wellness coordinator at City of Weslaco's employee clinic? If so, what would you see their primary function?
24. Will you provide an onsite customer service representative?
25. Can your claim system accept "dummy" claims from the City of Weslaco's employee clinic to help track overall savings?
26. How will you work with City of Weslaco's employee clinic to help identify and refer participants to your disease management programs?
27. What innovative wellness programs have you created for other large government entities in the State of Texas?
28. What resources will you provide to City of Weslaco for their Health Fairs?
29. City of Weslaco holds an annual open enrollment, as well as a weekly new employee orientation. It may be required that the winning bidder presents their product to the employees and answer questions. Does this present any problem? Please specify.

30. Is electronic billing available? Reports on line? Is an interactive website available to HR staff and members?
31. Does your plan currently offer on-line access to claims and eligibility information? Is there a separate charge for this to the plan?

PPO / HMO

1. Name your PPO / HMO provider network and give a brief comprehensive history. Attach PPO / HMO directory.

Prescription Drug Program

1. Name your prescription drug program and give a brief history. Attach a list of participating pharmacies including independent and national chain pharmacies.
2. Give a brief description of program benefits and co-payments.

FORMS

VENDOR'S NOTICE OF INTENT TO SUBMIT A PROPOSAL

If you intend to submit a proposal for **Group Health Insurance RFP No.: 2013-14-15** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form to the address below prior to **September 5, 2014**, so that you may receive any addendums to the specifications should the need arise.

**Homer Rhodes
Buyer II
City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone :(956) 447-2240
Fax: (956) 969-8452
hrhodes@weslacotx.gov**

Name: _____ (print)	Signature: _____
Title: _____	Company/Agency: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	

RFP No.: 2013-14-15



"The City on the Grow"

**PROPOSAL RESPONSE FORM
GROUP HEALTH PLAN**

Name of Company: _____ Best Rating: _____

Address: _____ Phone: _____

Contact Person: _____ Year Founded: _____

FULLY-INSURED PLANS

Approximate Number of Covered Employees: 280

Group Health Plan	Number of Employees	Monthly Rate	Monthly Premium
Employee Only*		\$	\$
Spouse Only		\$	\$
Child(ren) Only		\$	\$
Spouse & Child(ren) Only		\$	\$
Estimated Monthly Cost:			\$

* The City pays 100% of the cost for employee only major medical coverage.

Prescription Drug Program	Number of Days	Co-Payment
Preferred Brand Name/Non-Preferred Brand Name:		\$
Generic:		\$

1. Describe PPO/HMO network experience statewide and locally. Enclose Directory.

City of Weslaco

**Group Health Plan
Proposal No. 2013-14-15**

Proposal Opening: September 12, @ 3:00 p.m.

Any and all questions concerning this proposal should be addressed on this form.

Proposal Name: _____

Proposal Number: _____

Page#: _____ Section: _____ Paragraph: _____

Question: _____

Company: _____

Signature: _____

Date: _____

Phone: _____

Fax: _____

RFP NO. 2013-14-15
GROUP HEALTH INSURANCE 2014

ANTI-COLLUSION CERTIFICATION

By submission of this proposal, the Proposer certifies that:

1. This proposal has been independently arrived at without collusion with any other Proposer or with any competitor;
2. This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
3. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
4. The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Date Submitted:

Company Name:

Authorized Signature:

Type Signatory's Name:

Signatory's Title:

Company Address:

City/State/Zip Code:

Agent Name:

Agent Address:

Phone Number:

Fax Number:

CONFLICT OF INTEREST QUESTIONNAIRE

FORM
CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

Date Received

This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offensive under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

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A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.
NONE

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

NONE

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes NA No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes NA No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes NA No

D. Describe each employment or business relationship with the local government officer named in this section.

4 **COMPANY NAME, SIGNATURE OF BIDDER OR PROPOSER** **DATE**

Signature of person doing business with the governmental entity

Date

*THIS SAMPLE FORM IS ONLY TO BE USED IF THERE IS NO BUSINESS RELATIONSHIP WITH A CITY OR WITH A CITY OFFICIAL.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-9.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2. The United States or any of its agencies or instrumentalities.

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-929-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-9.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. **Interest, dividend, and barter exchange accounts opened before 1964 and broker accounts considered active during 1963.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and barter exchange accounts opened after 1963 and broker accounts considered inactive during 1963.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via email. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-966-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ⁴
5. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4)(b)(2)(A)	The grantor ⁴
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 9832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4)(b)(2)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to state, state, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3405, payors must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

EMPLOYEE CENSUS

8-21-201
 PAYROLL NO
 SEQUENCE

4 1:34 PM
 # : 01-CITY OF WESLACO
 : SORTED ALPHABETICA

EMPLOYEE STATUS: ACTIVE
 FULL/PART TIME: FULL REG

E
 ES
 ECH
 EF

GENDER	ZIP CODE	BIRTH DT	COVERAGE
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M	78516	1/13/1976	E
F	78570	4/22/1969	E
M	78539	5/6/1994	E
M	78538	1/8/1987	E
M	78550	8/14/1983	E
M	78570	8/25/1992	ES
M	78596	4/9/1971	E
M	78596	2/9/1981	EC
M	78596	2/2/1948	E
F	78596	10/14/1957	E
M	78596	9/23/1978	E
M	78570	3/14/1984	E
M	78596	10/18/1978	E
M	78596	12/23/1991	E
M	78596	8/30/1978	E
M	78596	1/23/1976	EF
M	78539	3/2/1981	EF
M	78596	12/30/1979	E
M	78570	5/13/1962	E
M	78596	3/29/1985	E
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M	78589	9/14/1975	E
M	78596	4/11/1987	EC
M	78596	12/1/1959	E
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F	78599	5/19/1979	E

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M	78596	8/26/1986	EC
M	78570	1/10/1977	EC
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M	78596	8/23/1988	E
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M	78596	3/22/1961	EC
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M	78570	5/24/1984	E
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M	78538	9/14/1976	E
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M	78579	8/1/1966	E
M	78596	8/19/1961	E
F	78501	7/1/1972	E
M	78570	5/25/1970	E
M	78596	5/6/1963	ES

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M	78501	4/20/1973	E
M	78596	8/21/1961	E
F	78596	6/3/1988	E
F	78596	3/9/1971	E
M	78577	8/31/1976	E
M	78596	10/16/1973	E
M	78570	11/13/1982	EC
M	78596	11/28/1980	EC
M	78572	12/22/1975	E
M	78596	3/28/1956	EF
M	78552	5/4/1983	E
M	78537	12/30/1980	EC
M	78596	2/9/1985	E
M	78592	12/21/1979	E
M	78577	7/28/1966	EF
F	78596	10/26/1979	EC
M	78570	1/16/1991	E
M	78537	3/4/1986	E
M	78596	2/2/1991	E

LOSS RUN REPORTS

Experience Exhibit

City of Weslaco
Effective October 01, 2012

Control Number - 802039

- This exhibit displays the historical experience used in the development of the rates.
- Claims displayed are incurred claims and have been adjusted and completed.
- Based on customer size by experience rating group, claims over a certain threshold are removed to normalize the claims experience in order to minimize large yearly fluctuations.
- Fully-insured HMO or QPOS experience is provided in those sites with an average of 100 or more employees during the experience period and where experience is used in the development of the renewal rates for that site.
- Claims experience includes National Advantage Program access fees (for savings achieved on covered claims with non-network providers and on high dollar, in-network facility claims).
- Effective with Rx claims incurred in 2011, Rx Claims & Adjusted Rx Claims are calculated by applying discounts from Average Wholesale Prices to enrollees' utilization, rather than using actual amounts paid.

All

Historical Experience

Month	Members	Premium	Total Medical FFS/Caps	Adjusted Med FFS/Caps	Rx Claims	Adjusted Rx Claims
May-11	475	\$107,397	\$66,374	\$66,374	\$15,074	\$15,074
Jun-11	473	105,921	42,312	42,312	10,258	10,258
Jul-11	469	104,257	110,434	110,434	12,437	12,437
Aug-11	464	102,880	47,623	47,623	10,515	10,515
Sep-11	450	100,635	70,200	70,200	13,906	13,906
Oct-11	439	102,094	42,851	42,851	11,149	11,149
Nov-11	444	103,259	73,393	73,393	14,106	14,106
Dec-11	440	102,058	83,759	83,759	16,306	16,306
Jan-12	442	102,297	70,336	70,336	14,577	14,577
Feb-12	437	101,965	111,307	111,307	16,058	16,058
Mar-12	433	102,286	56,007	56,007	13,329	13,329
Apr-12	441	103,622	58,379	58,379	13,995	13,995
TOTALS	5,407	\$1,238,671	\$832,975	\$832,975	\$161,710	\$161,710
Claims Over \$100,000 Threshold				\$0		N/A
Net Incurred Claims				\$832,975		\$161,710
Net Incurred Claims PMPM				\$154.05		\$29.91
Demographic Adjustment Factor				1.0000		1.0000
Net Adjusted Incurred Claims PMPM				\$154.05		\$29.91
Net Adjusted Medical and Rx Incurred Claims PMPM - Combined						\$183.96

Premium Development

	Current Employees		
Emp Only	188	Current Monthly Amount Due	\$102,784
Emp + Spouse	10	Current Members	441
Emp + Child(ren)	51	Current Amount Due PMPM	\$233.07
Emp + Family	13		
TOTAL	262		

Experience Exhibit

City of Weslaco
Effective October 01, 2013

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- Claims experience includes National Advantage Program access fees (for savings achieved on covered claims with non-network providers and on high dollar, in-network facility claims).

All

Historical Experience

Month	Members	Premium	Total Medical FFS/Caps	Adjusted Med FFS/Caps	Rx Claims	Adjusted Rx Claims
May-12	441	\$102,606	\$80,272	\$80,272	\$13,926	\$13,926
Jun-12	436	101,803	45,322	45,322	12,198	12,198
Jul-12	432	100,273	44,244	44,244	16,984	16,984
Aug-12	431	100,139	35,643	35,643	17,773	17,773
Sep-12	430	99,792	52,987	52,987	10,858	10,858
Oct-12	445	110,739	26,113	26,113	22,235	22,235
Nov-12	440	109,472	75,459	75,459	13,754	13,754
Dec-12	442	109,643	66,564	66,564	18,607	18,607
Jan-13	440	109,330	43,868	43,868	23,409	23,409
Feb-13	433	109,244	41,065	41,065	16,978	16,978
Mar-13	429	108,671	46,246	46,246	18,259	18,259
Apr-13	442	111,005	70,740	70,740	21,901	21,901
TOTALS	5,241	\$1,272,717	\$628,523	\$628,523	\$206,882	\$206,882
Claims Over \$100,000 Threshold				\$0		N/A
Net Incurred Claims				\$628,523		\$206,882
Net Incurred Claims PMPM				\$119.92		\$39.47
Demographic Adjustment Factor				1.0000		1.0000
Net Adjusted Incurred Claims PMPM				\$119.92		\$39.47
Net Adjusted Medical and Rx Incurred Claims PMPM - Combined						\$159.40

Premium Development

	Current Employees		
Emp Only	172	Current Monthly Amount Due	\$110,427
Emp + Spouse	14	Current Members	439
Emp + Child(ren)	48	Current Amount Due PMPM	\$251.54
Emp + Family	16		
TOTAL	250		

Experience Exhibit

City of Weslaco
Effective October 01, 2014

Control Number - 802039

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- Claims experience includes National Advantage Program access fees (for savings achieved on covered claims with non-network providers and on high dollar, in-network facility claims).
- Effective with Rx claims incurred in 2011, Rx Claims & Adjusted Rx Claims are calculated by applying discounts from Average Wholesale Prices to enrollees' utilization, rather than using actual amounts paid.

All

Historical Experience

Month	Members	Premium	Total Medical FFS/Caps	Adjusted Med FFS/Caps	Rx Claims	Adjusted Rx Claims
May-13	439	\$110,427	\$62,492	\$62,492	\$20,387	\$20,387
Jun-13	434	108,529	102,875	102,875	15,495	15,495
Jul-13	433	107,640	55,399	55,399	15,886	15,886
Aug-13	443	110,430	47,402	47,402	18,703	18,703
Sep-13	438	109,159	46,535	46,535	14,345	14,345
Oct-13	444	114,956	73,875	73,875	21,875	21,875
Nov-13	453	118,386	64,458	64,458	17,411	17,411
Dec-13	467	123,339	66,268	66,268	18,765	18,765
Jan-14	486	127,628	55,579	55,579	32,387	32,387
Feb-14	485	127,136	236,957	236,957	31,926	31,926
Mar-14	481	126,114	80,507	80,507	29,855	29,855
Apr-14	475	124,627	42,277	42,277	32,963	32,963
TOTALS	5,478	\$1,408,371	\$934,624	\$934,624	\$269,998	\$269,998
Claims Over \$100,000 Threshold				\$43,014		N/A
Net Incurred Claims				\$891,610		\$269,998
Net Incurred Claims PMPM				\$162.76		\$49.29
Demographic Adjustment Factor				1.0051		0.9937
Net Adjusted Incurred Claims PMPM				\$163.59		\$48.98
Net Adjusted Medical and Rx Incurred Claims PMPM - Combined						\$212.57

Premium Development

	Current Employees		
Emp Only	178	Current Monthly Amount Due	\$124,117
Emp + Spouse	13	Current Members	472
Emp + Child(ren)	58	Current Amount Due PMPM	\$262.96
Emp + Family	19		
TOTAL	268		

CURRENT RATES AND BENEFIT SUMMARIES

The City of Weslaco

Health Insurance Election / Change Authorization Form Aetna Insurance Renewal • Effective 10/01/2013

Employee's Name (Print) _____ SS#: _____

Department Name: _____ Telephone #: _____

****Please be advised that the City of Weslaco will continue to contribute 100% of the Core Plan employee only cost for medical insurance, which is \$359.02 per month****

PLEASE MAKE YOUR SELECTION FROM THE FOLLOWING CHOICES:

Core Plan (Plan 1)

- Deductible: \$1,500
- Coinsurance: 70% / 50%
- Coins. Stop Loss: \$5,000
- Office Visit Copay: \$35 Copay
- Specialist Copay: \$55 Copay
- Urgent Care Co-pay: \$75 Co-pay
- Emergency Rm.: \$250 Copay
- Rx Copay: \$15/35/60 (Mandatory Generics)
- MOD (90 day) 2X Rx Co-pay Mail Order Delivery (MOD)
- Life Time Max: Unlimited

Core Plan (Plan 1) Premiums:

Select (X)	Coverage Type	Employee's Monthly
<input type="checkbox"/>	Employee Only	\$0
<input type="checkbox"/>	Employee & Spouse	\$281.10
<input type="checkbox"/>	Employee & Children	\$175.55
<input type="checkbox"/>	Employee & Family	\$509.42

Buy-Up Plan (Plan 2)

- Deductible: \$2,500
- Coinsurance: 100% / 70%
- Coins. Stop Loss: \$0
- Office Visit Copay: \$20 Copay
- Specialist Copay: \$40 Copay
- Emergency Rm.: \$200 Copay
- Rx Copay: \$15/30/50 (Mandatory Generics)
- MOD (90 day) 2X Rx Co-pay Mail Order Delivery (MOD)
- Life Time Max: Unlimited

Buy-Up Plan (Plan 2) Premiums:

Select (X)	Coverage Type	Employee's Monthly
<input type="checkbox"/>	Employee Only	\$36.71
<input type="checkbox"/>	Employee & Spouse	\$345.38
<input type="checkbox"/>	Employee & Children	\$230.62
<input type="checkbox"/>	Employee & Family	\$598.65

Authorization

I authorize my employer to deduct from my earnings for my share of the payment for coverage.

Employee Signature: _____ Date: _____

Printed Name: _____ Telephone #: _____

IF YOU ARE MAKING CHANGES TO COVERAGE AND/OR CHANGING FROM ONE PLAN TO THE OTHER, AN AETNA CHANGE FORM MUST BE COMPLETED.

Should you have any questions, please contact Jeff Everitt & Associates, Inc. at 956-968-5954. Please note that any coverage(s) applied for will take effect October 1, 2013.



City of Weslaco
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**PLAN DESIGN & BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY**

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	\$2,500 Individual \$5,000 Family	\$7,500 Individual \$15,000 Family
<p>All covered expenses accumulate simultaneously toward both the preferred and non-preferred Deductible. Pharmacy expenses do not apply towards the Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.</p>		
Member Coinsurance	Covered 100%	30%
<p>Applies to all expenses unless otherwise stated.</p>		
Payment Limit (per calendar year)	\$4,000 Individual \$8,000 Family	\$13,500 Individual \$27,000 Family
<p>All covered expenses accumulate simultaneously toward both the preferred and non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Pharmacy expenses apply towards the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.</p>		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Payment for Non-Preferred	Not Applicable	Professional: 90% of Medicare Facility: 100% of Medicare
Primary Care Physician Selection	Optional	Not Applicable
Certification Requirements -	<p>Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.</p>	
Referral Requirement	None	None
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>1 exam every 12 months for members age 22 and older.</p>		
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22. The following immunizations will be covered at 100% when given to children through age 6: diphtheria; haemophilus influenza type b, hepatitis B; measles; mumps; pertussis; polio; rubella; tetanus and varicella and any other immunization that is required by law for the child.</p>		
Routine Gynecological Care Exams	Covered 100%; deductible waived	30%; after deductible
<p>One exam per calendar year. Includes routine tests and related lab fees.</p>		
Routine Mammograms	Covered 100%; deductible waived	30%; after deductible
Women's Health	Covered 100%; deductible waived	30%; after deductible



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Includes: Screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

Routine Digital Rectal Exam	Covered 100%; deductible waived	30%; after deductible
Prostate-specific Antigen Test	Covered 100%; deductible waived	30%; after deductible
Colorectal Cancer Screening	Covered 100%; deductible waived	30%; after deductible

For all members age 50 and over.

Coverage includes the following: Annual fecal occult blood test, Digital rectal exam and a flexible sigmoidoscopy every 5 years, Digital rectal exam and a double contrast barium enema every 5 years, and Digital rectal exam and a colonoscopy every 10 years.

Routine Eye Exams	Not Covered	Not Covered
Routine Hearing Screening	Covered 100%; deductible waived	30%; after deductible
Newborn Hearing Screening	\$40 copay; deductible waived	30%; deductible waived

1 in the first 30 days of life and follow-up diagnostic care until the age of 24 months

PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
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Office Visits to PCP	\$20 copay; deductible waived	30%; after deductible
Specialist Office Visits	\$40 copay; deductible waived	30%; after deductible
Pre-Natal Maternity	Covered 100%; deductible waived	30%; after deductible
E-visit to PCP	\$20 office visit copay; deductible waived	30%; after deductible

Includes services of an internist, general physician, family practitioner or pediatrician.

An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.

E-visit to Specialist	\$30 office visit copay; deductible waived	30%; after deductible
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An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.

Walk-in Clinics	\$20 office visit copay; deductible waived	30%; after deductible
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Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.

Allergy Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
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Diagnostic X-ray	\$20 copay; deductible waived	30%; after deductible
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If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.

Diagnostic Laboratory	Covered 100%; after deductible	30%; after deductible
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If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.



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Diagnostic Outpatient Complex Imaging	Covered 100%; after deductible	30%; after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	\$75 copay; deductible waived	30%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$200 copay; deductible waived	Same as preferred care.
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	Covered 100%; after deductible	Same as preferred care.
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Inpatient Maternity Coverage (includes delivery and postpartum care)	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Partial Hospitalization (for day/night care and treatment)	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
Crisis Stabilization Units/ Residential Treatment Centers (for children and adolescents)	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
Outpatient	\$40 copay; deductible waived	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
Member cost sharing is based on the type of service performed and the place of service where it is rendered		
Residential Treatment Facility	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
Outpatient	\$40 copay; deductible waived	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Convalescent Facility	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
Limited to 60 days per calendar year.		
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Home Health Care	Covered 100%; after deductible	30%; after deductible
Limited to 60 visits per calendar year.		



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Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.

Hospice Care - Inpatient	\$250 per confinement copay; after deductible	30% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Hospice Care - Outpatient	Covered 100%; after deductible	30%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Private Duty Nursing - Outpatient	Covered 100%; after deductible	30%; after deductible
Limited to 70 eight hour shifts per calendar year. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.		
Outpatient Short-Term Rehabilitation	\$40 copay; deductible waived	30%; after deductible
Includes Speech, Physical, and Occupational Therapy, limited to 60 visits per calendar year.		
Autism Behavioral Therapy	\$40 copay; deductible waived	30%; after deductible
Covered same as any other Outpatient Mental Health benefit		
Autism Applied Behavior Analysis	\$40 copay; deductible waived	30%; after deductible
Covered same as any other Outpatient Mental Health benefit with no age or visit limitations.		
Autism Physical Therapy	\$40 copay; deductible waived	30%; after deductible
Autism Occupational Therapy	\$40 copay; deductible waived	30%; after deductible
Autism Speech Therapy	\$40 copay; deductible waived	30%; after deductible
Spinal Manipulation Therapy	\$40 copay; deductible waived	30%; after deductible
Limited to 20 visits per calendar year.		
Durable Medical Equipment	Covered 100%; after deductible	30%; after deductible
Orthotics	Covered 100%; after deductible	30%; after deductible
Prosthetics	Covered 100%; after deductible	30%; after deductible
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered same as any other expense.
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived	Not Covered
Transplants	\$250 per confinement copay; after deductible Preferred coverage is provided at an IOE contracted facility only.	30% after \$1,000 per confinement deductible; after deductible Non-Preferred coverage is provided at a Non-IOE facility.
Bariatric Surgery	Not Covered	Not Covered
Out of Area Dependents	Coverage provided at the non-preferred	benefit level of the plan.
FAMILY PLANNING		
	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible

Diagnosis and treatment of the underlying medical condition.



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**PLAN DESIGN & BENEFITS
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Comprehensive Infertility Services	Not Covered	Not Covered
Advanced Reproductive Technology (ART)	Not Covered	Not Covered
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Tubal Ligation	Covered 100%; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Open Formulary; with mid year changes	
Retail	\$15 copay for generic drugs, \$30 copay for formulary brand-name drugs, and \$50 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	20% of submitted cost after the applicable preferred copay.
Mail Order	\$30 copay for generic drugs, \$60 copay for formulary brand-name drugs, and \$100 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery [®] .	Not Applicable

Choose Generics - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Plan Includes: Diabetic supplies.
 Oral fertility drugs included.
 Precert for growth hormones included. Expanded Precert included.
 Step Therapy included
 Formulary Generic FDA-approved Women's Contraceptives and certain over-the-counter preventive medications covered 100% in network.

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

****We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.**

- For doctors and other professionals the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.
- For hospitals and other facilities, the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.



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**PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY**

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that Aetna doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



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- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Durable medical Equipment
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

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City of Weslaco

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PLAN DESIGN & BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY



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**PLAN DESIGN & BENEFITS
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PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family	\$7,500 Individual \$15,000 Family
<p>All covered expenses accumulate simultaneously toward both the preferred and non-preferred Deductible. Pharmacy expenses do not apply towards the Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.</p>		
Member Coinsurance	30%	50%
<p>Applies to all expenses unless otherwise stated.</p>		
Payment Limit (per calendar year)	\$6,350 Individual \$12,700 Family	\$17,500 Individual \$35,000 Family
<p>All covered expenses accumulate simultaneously toward both the preferred and non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Pharmacy expenses apply towards the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.</p>		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Payment for Non-Preferred	Not Applicable	Professional: 90% of Medicare Facility: 100% of Medicare
Primary Care Physician Selection	Optional	Not Applicable
<p>Certification Requirements - Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.</p>		
Referral Requirement	None	None
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>1 exam every 12 months for members age 22 and older.</p>		
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	30%; after deductible
<p>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22. The following immunizations will be covered at 100% when given to children through age 6: diphtheria; haemophilus influenza type b, hepatitis B; measles; mumps; pertussis; polio; rubella; tetanus and varicella and any other immunization that is required by law for the child.</p>		
Routine Gynecological Care Exams	Covered 100%; deductible waived	30%; after deductible
<p>One exam per calendar year. Includes routine tests and related lab fees.</p>		
Routine Mammograms	Covered 100%; deductible waived	30%; after deductible
Women's Health	Covered 100%; deductible waived	30%; after deductible



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Includes: Screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

Routine Digital Rectal Exam	Covered 100%; deductible waived	30%; after deductible
Prostate-specific Antigen Test	Covered 100%; deductible waived	30%; after deductible
Colorectal Cancer Screening	Covered 100%; deductible waived	30%; after deductible

For all members age 50 and over.

Coverage includes the following: Annual fecal occult blood test, Digital rectal exam and a flexible sigmoidoscopy every 5 years, Digital rectal exam and a double contrast barium enema every 5 years, and Digital rectal exam and a colonoscopy every 10 years.

Routine Eye Exams	Not Covered	Not Covered
Routine Hearing Screening	Covered 100%; deductible waived	30%; after deductible
Newborn Hearing Screening	\$55 copay; deductible waived	50%; deductible waived

1 in the first 30 days of life and follow-up diagnostic care until the age of 24 months

PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
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Office Visits to PCP	\$35 copay; deductible waived	50%; after deductible
Includes services of an internist, general physician, family practitioner or pediatrician.		
Specialist Office Visits	\$55 copay; deductible waived	50%; after deductible
Pre-Natal Maternity	Covered 100%; deductible waived	50%; after deductible
E-visit to PCP	\$30 office visit copay; deductible waived	50%; after deductible

An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.

E-visit to Specialist	\$30 office visit copay; deductible waived	50%; after deductible
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An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.

Walk-in Clinics	\$35 office visit copay; deductible waived	50%; after deductible
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Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.

Allergy Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
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Diagnostic X-ray	\$35 copay; deductible waived	50%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.		

Diagnostic Laboratory	30%; after deductible	50%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.		



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Diagnostic Outpatient Complex Imaging	30%; after deductible	50%; after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	30% after \$75 copay; deductible waived	50%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	30% after \$200 copay; deductible waived	Same as preferred care.
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	30%; after deductible	Same as preferred care.
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Inpatient Maternity Coverage (includes delivery and postpartum care)	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses	30%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery	30%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Partial Hospitalization (for day/night care and treatment)	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
Crisis Stabilization Units/ Residential Treatment Centers (for children and adolescents)	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
Outpatient	\$55 copay; deductible waived	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
Member cost sharing is based on the type of service performed and the place of service where it is rendered		
Residential Treatment Facility	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
Outpatient	\$55 copay; deductible waived	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Convalescent Facility	30% after \$250 per confinement copay; after deductible	50%; after deductible

Limited to 60 days per calendar year.

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.



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Home Health Care Limited to 60 visits per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	30%; after deductible	50%; after deductible
Hospice Care - Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	30% after \$250 per confinement copay; after deductible	50% after \$1,000 per confinement deductible; after deductible
Hospice Care - Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	30%; after deductible	50%; after deductible
Private Duty Nursing - Outpatient Limited to 70 eight hour shifts per calendar year. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	30%; after deductible	50%; after deductible
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy, limited to 20 visits per calendar year.	\$55 copay; deductible waived	50%; after deductible
Spinal Manipulation Therapy Limited to 20 visits per calendar year.	\$55 copay; deductible waived	50%; after deductible
Autism Behavioral Therapy Covered same as any other Outpatient Mental Health benefit	\$55 copay; deductible waived	50%; after deductible
Autism Applied Behavior Analysis Covered same as any other Outpatient Mental Health benefit with no age or visit limitations.	\$55 copay; deductible waived	50%; after deductible
Autism Physical Therapy	\$55 copay; deductible waived	50%; after deductible
Autism Occupational Therapy	\$55 copay; deductible waived	50%; after deductible
Autism Speech Therapy	\$55 copay; deductible waived	50%; after deductible
Durable Medical Equipment	30%; after deductible	50%; after deductible
Orthotics	30%; after deductible	50%; after deductible
Prosthetics	30%; after deductible	50%; after deductible
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered same as any other expense.
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived	Not Covered
Transplants	30% after \$250 per confinement copay; after deductible Preferred coverage is provided at an IOE contracted facility only.	50% after \$1,000 per confinement deductible; after deductible Non-Preferred coverage is provided at a Non-IOE facility.
Bariatric Surgery	Not Covered	Not Covered
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan.	
FAMILY PLANNING	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible

Diagnosis and treatment of the underlying medical condition.



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Comprehensive Infertility Services	Not Covered	Not Covered
Advanced Reproductive Technology (ART)	Not Covered	Not Covered
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible.
Tubal Ligation	Covered 100%; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible.
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Open Formulary; with mid year changes	
Retail	\$15 copay for generic drugs, \$35 copay for formulary brand-name drugs, and \$60 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	20% of submitted cost after the applicable preferred copay.
Mail Order	\$30 copay for generic drugs, \$70 copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery [®] .	Not Applicable

Choose Generics - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Plan Includes: Diabetic supplies.

Oral fertility drugs included.

Precert for growth hormones included. Expanded Precert included

Step Therapy included

Formulary Generic FDA-approved Women's Contraceptives and certain over-the-counter preventive medications covered 100% in network.

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

****We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.**

- For doctors and other professionals the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.
- For hospitals and other facilities, the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.



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Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that Aetna doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



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- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Durable medical Equipment
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
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- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
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**REQUEST
FOR
PROPOSALS**

GROUP HEALTH INSURANCE 2014

Proposal No. 2013-14-15

**City of Weslaco
255 S. Kansas
Weslaco, Texas 78596**

Proposal Submission Date: September 12, 2014 at 3:00 p.m. CST