

COBRA CONTINUATION OF COVERAGE (COC)

COBRA COC Initial Notice

Continuation of Coverage Rights under COBRA

Introduction

You're getting this notice because you have recently gained coverage under a group health plan (the Plan). This notice contains important information about your right to COBRA Continuation of Coverage (COC), which is a temporary extension of coverage under the Plan. **This notice explains COBRA Continuation of Coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.** When you become eligible for COBRA Continuation of Coverage, you may also become eligible for other coverage options that may cost less than COBRA Continuation of Coverage.

The right to COBRA Continuation of Coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA Continuation of Coverage can become available to you and other members of your family when your group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan booklet or contact TML MultiState IEBP, 1821 Rutherford Lane, Suite 300, Austin, Texas 78754 or by telephone (800) 282-5385.

You may have other options available to you when you lose group health coverage

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out of pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation of Coverage?

COBRA Continuation of Coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA Continuation of Coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA Continuation of Coverage may be required to pay for coverage depending on the policy of your employer.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of either one of the following qualifying events:

1. Your hours of employment are reduced; or
2. Your employment ends for any reason other than your gross misconduct.

If you're the spouse of the employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of any of the following qualifying events:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes entitled to Medicare benefits (under Part A, Part B and/or Part C); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of any of the following qualifying events:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes entitled to Medicare benefits (Part A, Part B and/or Part C);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the Plan as a "dependent child."

Any decision of whether an Employee was terminated because of gross misconduct will be made by the Employer. The employer may not change its decision of whether or not a termination was for gross misconduct more than the forty-fifth (45th) day after the date employment terminated or the date a COBRA Continuation of Coverage election notice was mailed to the employee, whichever is earlier. Any determination of gross misconduct shall be based on events prior to the termination.

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage for any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

Please note that COBRA Continuation of Coverage does not include any life benefits. If you had voluntary life coverage, you may convert it to an individual policy within thirty-one (31) days of your qualifying event. Contact your employer's human resources office for more information and conversion forms.

When is COBRA Continuation of Coverage available?

The Plan will offer COBRA Continuation of Coverage to qualified beneficiaries only after IEBP has been notified that a qualifying event has occurred. The employer must notify IEBP of the following qualifying events:

1. The end of employment or reduction of hours of employment;
2. Death of the employee;
3. Commencement of a proceeding in bankruptcy with respect to the employer; or
4. The employee's becoming entitled to Medicare benefits (under Part A, Part B and/pr Part C).

You must give notice of some Qualifying Events

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify IEBP within 60 days after the qualifying event occurs. You must provide notice to: TML MultiState IEBP, 1821 Rutherford Lane, Suite 300, Austin, Texas 78754 or by telephone (800) 282-5385.

How is COBRA Continuation of Coverage provided?

Once IEBP receives notice that a qualifying event has occurred, COBRA Continuation of Coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA Continuation of Coverage. Covered employees may elect COBRA Continuation of Coverage on behalf of their spouses, and parents may elect COBRA Continuation of Coverage on behalf of their children.

COBRA Continuation of Coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (Part A, Part B and/or Part C), your divorce or legal separation or a dependent child's losing eligibility as a dependent child, COBRA Continuation of Coverage lasts for up to a total of thirty-six (36) months. When the qualifying event is the end of the employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than eighteen (18) months before the qualifying event, COBRA Continuation of Coverage for qualified beneficiaries other than the employee lasts until thirty-six (36) months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months before the date on which his employment terminates, COBRA Continuation of Coverage for his spouse and children can last up to thirty-six (36) months after the date of Medicare entitlement, which is equal to twenty-eight (28) months after the date of the qualifying event (thirty-six (36) months minus eight (8) months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA Continuation of Coverage generally lasts for only up to a total of eighteen (18) months. There are three (3) ways in which this eighteen (18) month period of COBRA Continuation of Coverage can be extended.

Active Duty Reservists

If covered by the plan as an employee at the time of call to active duty, active duty reservists or guard members and their covered dependents can maintain eligibility on the Plan for up to twenty-four (24) months as prescribed by and subject to the terms and conditions of the Uniformed Services Employment and Reemployment Rights Act (USERRA). The date on which the person's absence begins is the qualifying event for COBRA Continuation of Coverage (COC) to be offered to the reservist or guard member.

If a fire fighter or police officer is called to active duty for any period, the employer must continue to maintain any health, dental, or life coverage received on the date the fire fighter or police officer was called to active military duty until the employer receives written instructions from the fire fighter or police officer to change or discontinue the coverage. Such instruction shall be provided no later than sixty (60) days following the Qualifying Event. If no such instruction is given, then coverage will terminate on the sixty-first (61st) day, which shall then become the Qualifying Event for COBRA Continuation of Coverage purposes. Eligibility will meet or exceed requirements of USERRA and/or regulatory compliance.

In administering this coverage, IEBP will follow the time guidelines of COBRA Continuation of Coverage under 42 U.S.C.A.300bb-1 *et seq.* To qualify for this coverage, the employee must give written notice to the employer within sixty (60) days of the qualifying event. The employer member must notify IEBP that an employee has been called to active duty and submit a copy of the employer member's active reservist policy to IEBP .

Disability extension of COBRA Continuation of Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify IEBP within sixty (60) days of that determination, you and your entire family may be entitled to receive up to an additional eleven (11) months of COBRA Continuation of Coverage for a total maximum of twenty-nine (29) months. The disability must start at some time before the sixtieth (60th) day of COBRA Continuation of Coverage and must last at least until the end of the eighteen (18) or twenty-four (24) month period of COBRA Continuation of Coverage. You may contact TML MultiState IEBP about a disability determination at 1820 Rutherford Lane, Suite #300, Austin, Texas 78754 or by telephone (800) 282-5385.

Second Qualifying Event extension of COBRA Continuation of Coverage

If your family experiences another qualifying event while receiving eighteen (18) or twenty-four (24) months of COBRA Continuation of Coverage, the spouse and dependent children in your family can get up to eighteen (18) additional months of COBRA Continuation of Coverage, for a maximum of thirty-six (36) months, if IEBP is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA Continuation of Coverage if the employee or former employee dies, becomes entitled to Medicare benefits (Part A, Part B and/or Part C) gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child. This extension is available only if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation of Coverage?

Yes. Instead of enrolling in COBRA Continuation of Coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA Continuation of Coverage. You can learn more about many of these options at www.healthcare.gov.

Adding Dependents

If you are a COBRA Continuation of Coverage participant, you have the same rights to add dependents to your COBRA Continuation of Coverage as an active covered employee. For example, you may add dependents to your COBRA Continuation of Coverage within thirty-one (31) days of marriage or sixty (60) days of the birth, adoption or placement for adoption of a child. Also, you may add dependents to your COBRA Continuation of Coverage during your employer's open enrollment. However, these dependents who were not covered under the Plan before your qualifying event occurred are not qualified beneficiaries and do not have individual COBRA Continuation of Coverage rights, except for children added within sixty (60) days of birth, adoption or placement for adoption. Children added to your COBRA Continuation of Coverage within sixty (60) days of birth, adoption or placement for adoption are qualified beneficiaries and have their own COBRA Continuation of Coverage rights.

If you have questions

Questions concerning your Plan or your COBRA Continuation of Coverage rights should be addressed to the contact or contacts identified below. State and local government employees seeking more information about their rights under COBRA Continuation of Coverage, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, can contact the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services at:

- http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html; or
- http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_qna.html

Keep Your Plan Informed of Address Changes

In order to protect your family’s rights, you should keep IEBP informed of any changes in addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and IEBP.

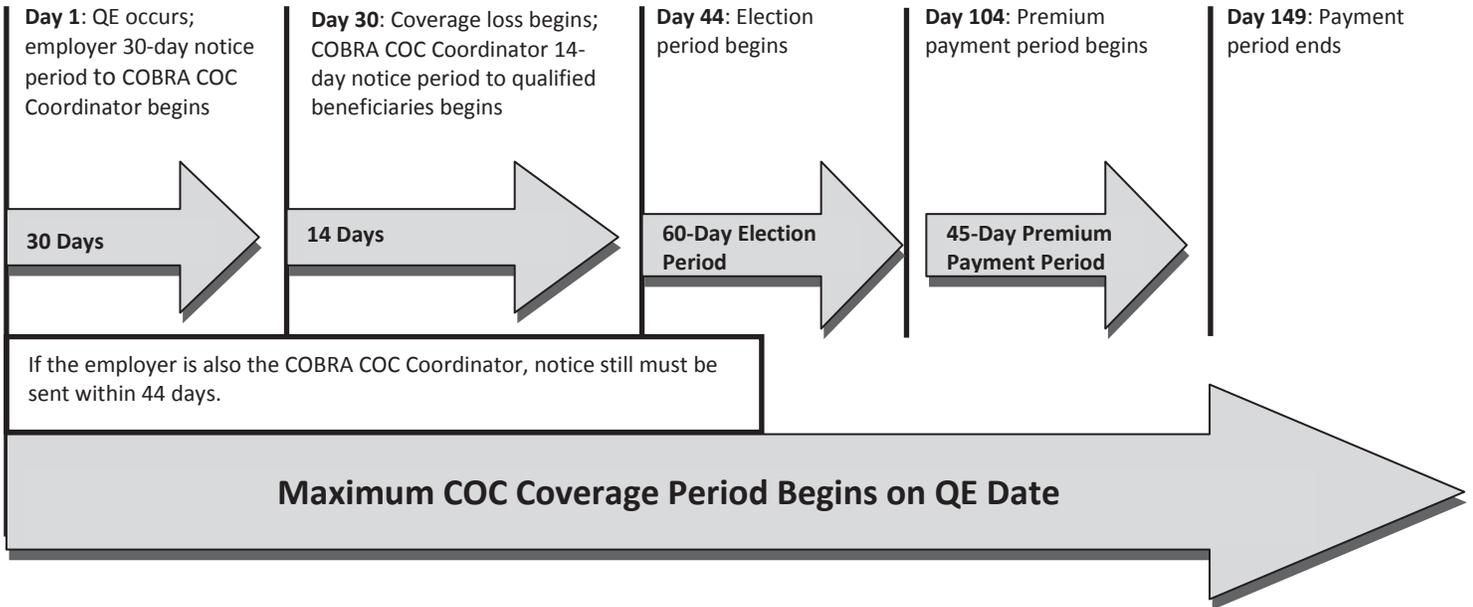
| Resource | Contact Information | Accessible Hours |
|--|--|--|
| TML MultiState Intergovernmental Employee Benefits Pool 1821 Rutherford Lane, Suite 300 Austin, Texas 78754 | | |
| Customer Care Helpline: | (800) 282-5385 | 8:30 AM - 5:00 PM Central |
| Secured Customer Care E-mail: | Visit www.iebp.org click on the “Login” button click on “Online Customer Care” under the “My Tools” menu | 8:30 AM - 5:00 PM Central |
| TML MultiState IEBP Internet Website: | www.iebp.org | Twenty-four (24) hours |
| Medical Notifications: | (800) 847-1213 | 8:30 AM - 5:00 PM Central |
| Prescription Authorizations: | (888) 871-4002 | |
| Professional Health Coaches: | (800) 818-2822 | 8:30 AM - 6:00 PM Central or Scheduled Appointment |
| Spanish Line: | (800) 385-9952 | |
| Where to Mail Paper Medical Claims: | TML MultiState IEBP PO Box 149190 Austin, Texas 78714-9190 | |
| Where to Mail Paper Prescription Claims: | Restat Patient Reimbursement 11900 W. Lake Park Drive Milwaukee, WI 53224 | |
| Telemedicine: | 1-800-Teladoc Teladoc.com | |
| After Hours and/or Weekend Medical and Mental Healthcare Emergencies: | Call 911 or immediately go to the emergency department. | |
| Cultural Sensitive Counties: Summary of Benefits and Coverage (SBC) and benefit declinations can be requested in Spanish in the following counties. County list may be updated midyear. | Visit www.iebp.org click on the “Login” button click on “Online Customer Care” under the “My Tools” menu | |
| Counties: Andrews Atascosa Bailey Bexar Brooks Cameron Camp Castro Cochran Collingsworth Concho Crane Crockett Crosby Culberson Dallam Dallas Dawson Deaf Smith Dimmit Duval Ector El Paso Floyd Frio Gaines Garza Gonzales Hale Hall Hansford Harris Hemphill Hidalgo Howard Hudspeth Jim Hogg Jim Wells Karnes Kinney Kleberg Lamb La Salle Limestone Lipscomb Lynn Maverick Midland Moore Navarro Nueces Ochiltree Parmer Pecos Potter Presidio Reagan Reeves San Patricio Sherman Starr Sterling Sutton Tarrant Terry Titus Travis Upton Uvalde Val Verde Ward Webb Willacy Winkler Yoakum Zapata Zavala | Year: 2013 | |

COBRA COC Flow Sheet

Coverage Period Measured from Qualifying Event Date

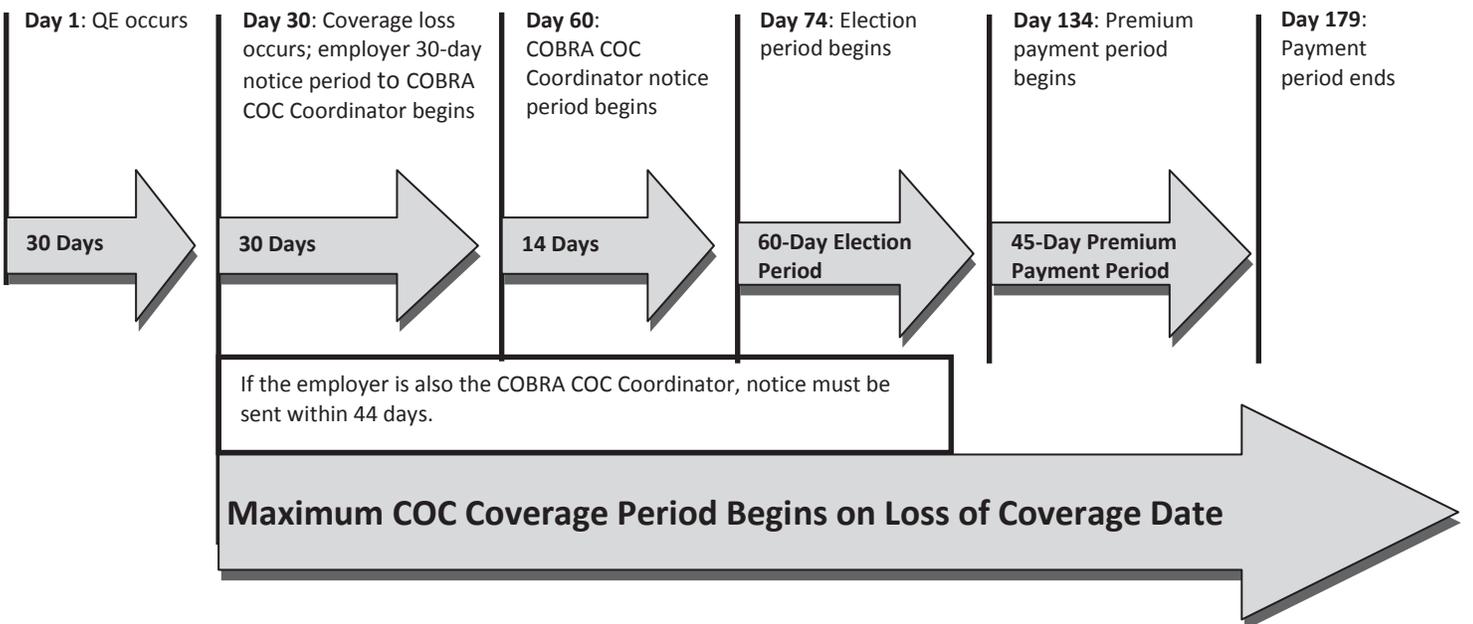
Benefits Subject to COBRA Continuation of Coverage (COC): Medical, HRA coverage that is in conjunction with Major Medical, Flex, EAP (health benefits only), Dental, Vision and Prescription
Benefits Not Subject to COBRA COC: Life, AD&D, PAI, LTD, STD, and EAP (non-health benefits)

Scenario 1: Qualifying Events: Covered Employee's Termination/Reduction in Hours/Death



Scenario 2: Loss of Coverage Occurs 30 Days after Qualifying Event, All Notice and Coverage Periods Measured from the Coverage Loss Date

Qualifying Events: Covered Employee's Termination/Reduction in Hours/Death



Components to Review when Assessing if COBRA Continuation of Coverage (COC) is an Eligible Benefit

“Triggering Event plus Loss of Coverage”

1. Employer Requirement - Not all employers must comply with COBRA COC. It is required for an employer that has 20 or more employees on 50% of its typical business days during the preceding calendar year.
2. Qualified Beneficiaries - To be eligible for COBRA COC an individual must be a qualified beneficiary (QB). This is the employee, the employee’s spouse or employee’s dependent child who was covered by the group health plan on the day before the qualifying event. A natural born or adopted child added to COBRA COC within 60 days of birth, adoption, or placement for adoption is also a qualified beneficiary.
3. Qualifying Event - Certain events cause individuals to lose health coverage. These are referred to as qualifying events and determine the length of time coverage is offered under COBRA COC.
4. Termination of employment - The employee’s employment is voluntarily or involuntarily terminated with the employer, other than gross misconduct.
5. Reduction in hours - The number of hours the employee is working has been reduced below the level required to be eligible for the health plan.
6. Divorce or legal separation - The employee divorces or legally separates from a spouse. COBRA COC is offered to the spouse and dependents, not the employee.
7. Death of the employee - The employee’s death is an event for the covered spouse and dependents.
8. Dependent ceases to be a dependent - Under the plan terms, a dependent is no longer eligible for coverage.
9. Medicare entitlement - A covered employee becomes entitled to benefits under Medicare (this is rarely a qualifying event due to the Medicare Secondary Payer [MSP] rules).
10. Bankruptcy - An employer’s bankruptcy under Title 11, but only regarding health coverage for retirees and their families.
11. Active Duty Reservists - If covered by the plan as an employee at the time of call to active duty, active duty reservists or guard members and their covered dependents can maintain eligibility on the Plan for up to twenty-four (24) months as prescribed by and subject to the terms and conditions of the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Components to Review that are Not COBRA Eligible Benefits

1. Terminating a health plan - If an employer no longer continues health coverage due to a group contract ending or the insurer stopping the contract because of lack of payment, this will cause the employees to lose coverage, but does not create a qualifying event for the employees covered under the plan.
2. Changing provider contracts - An employer changes an insurer or third-party administrator and beneficiaries lose coverage due to plan limitations.
3. Terminating coverage for a class of employees - If an employer terminates a health plan for a specific group or class of employees, but still maintains a plan for other employees, this does not meet the requirements for a qualifying event.
4. Voluntary removal - A qualifying event does not occur when an employee voluntarily drops coverage on himself or any dependents either at open enrollment or anytime during the plan year.
5. Turning age 65 - When an employee removes himself or a spouse from the group health plan because of turning age 65 and enrolling in Medicare, this does not qualify as a COBRA COC qualifying event. MSP rules generally prohibit a plan subject to COC from terminating coverage due to Medicare entitlement.
6. Failing to meet performance goals - Some plans require employees to meet certain performance goals in order to be eligible for health plans coverage. A loss of coverage due to an employee failing to meet those goals would not constitute a qualifying event.
7. Failing to notify the plan within 60 days - When an employee or dependent fails to notify the plan administrator of a qualifying event, such as a divorce or dependent ceasing to be a dependent, within the 60-day notification period, the employer is not required to offer COBRA COC.
8. Legal Separation - Legal separation is only considered a qualifying event when the plan explicitly states that it causes a loss of coverage. While most plans include divorce in the list of events, few include legal separation.
9. Family and Medical Leave Act (FMLA) - Employers are required to maintain coverage during FMLA under the same conditions as before the leave, including the same arrangements for payments of coverage. IF the employee fails to pay their portion of contributions during the leave, the employer can remove the employee from the plan.
10. Plan Fraud - An employer can terminate health plan coverage for an employee for cause, such as fraud.
11. Gross misconduct - When an employee is terminated for gross misconduct, the employee, covered spouse and dependent children are not entitled to COBRA COC benefits. However, the term gross misconduct is not defined by COBRA COC law, regulations or other guidance. Employers should be cautious when dealing with this option, even if an employee appears to have acted in a manner that constitutes gross misconduct.

COBRA COC Qualifying Event Form

TML MultiState IEBP Admin COC

Instructions for Benefit Administrator

Please complete the form below and fax to your Member Service Representative at **(512) 719-6565**.

* **Important:** This notice must be sent to your Member Service Representative within one business day of a qualifying event via fax. Please mail the original to: TML MultiState IEBP | PO Box 140167 | Austin, Texas 78714-0167

MEMBER INFORMATION

Group Name _____ Date _____
Contact _____ Phone _____

EMPLOYEE INFORMATION

Employee Name _____ Employee ID/Social Security # _____

NOTICE INFORMATION

Please send a COBRA Continuation of Coverage notice to: Employee Dependent

Name _____
Address _____
City, State, Zip _____
Date of Qualifying Event _____

QUALIFYING EVENT - PLEASE CHECK ONE:

- | | |
|--|---|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Reduction in Hours |
| <input type="checkbox"/> Death of EE | <input type="checkbox"/> Dependent no longer eligible |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Employee Medicare entitlement |
| <input type="checkbox"/> Retiree with no Retiree Coverage* | <input type="checkbox"/> Employee called to Active Duty |

* If you do not have Retiree coverage - coverage will be terminated.

* If you have Retiree coverage - you need to submit a "Request for Change" form.

NON-QUALIFYING EVENT INFORMATION

If the individual was terminated due to gross misconduct, the termination is not a qualifying event. Please inform IEBP that termination was due to gross misconduct by checking this box.

FAMILY MEMBERS COVERED - PLEASE CHECK ONE:

Spouse Children

Did the Employee participate in Flex? Yes No

COBRA COC Enrollment Form

Employer _____

Please Note: COBRA Continuation of Coverage does not include any Life/AD&D/PAI/LTD/STD/EAP benefits.
Life Insurance may be converted to an individual policy within 31 days of loss of coverage.

| | | | |
|---|-----------------------|------------|-------------------------|
| | | | |
| Subscriber Identification #/Social Security # | Participant Last Name | First Name | MI |
| | | | Coverage Effective Date |

Select Coverage

Medical

Dental

Vision

Flex

HRA

Mailing Address _____

Street City

State Zip Code Phone E-mail

If participant is not the Employee, please complete: _____

Employee Social Security # Employee Name

Qualifying Event: Termination of Employment Divorce Date of Qualifying Event _____

Reduction in Hours Dependent No Longer Eligible Military Call-Up

Dependent/Spouse Coverage Information

▶ Only the dependents listed below will have the coverage selected.
▶ The term dependent will not include any person who is eligible for coverage as an employee. Children may be covered under only one Employee's plan.

Relation to Employee Code:
s = spouse | nc = natural child | ac = adopted child | sc = step child | fc = foster child
gc = grandchild | lg = legal guardian/conservator | co = court ordered health coverage

| Select Coverage | Last Name | First Name | MI | Sex | Birth Date | Social Security # | Lives with Employee | Relation Code | Disabled | Other Coverage* | IEBP Effective Date |
|--|-----------|------------|----|-----|------------|-------------------|---|---------------|----------|-----------------|---------------------|
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Notes: | | | | | | | | | | | |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Notes: | | | | | | | | | | | |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Notes: | | | | | | | | | | | |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Notes: | | | | | | | | | | | |

* If dependent/spouse has other coverage, state Carrier: _____ Effective Date: _____

- Are you, your spouse or your children who are covered under an IEBP health plan also covered under another medical, dental or vision plan? Yes No
- Are the above covered dependents required by court order or decree to be covered under another medical, dental or vision plan? Yes No If yes, please submit legal document.
- If yes, please complete the following information:
 Policyholder Name: _____ Policyholder DOB: _____ Effective date of coverage: _____
 Policyholder ID number: _____ Health plan ID number: _____ Health plan phone number: _____
 Medicare (HIC) number: _____ Health plan name: _____
 Health plan address: _____
 Type of benefits: Medical Dental Vision Prescription Other _____
 Type of plan: Medicare Medicaid HMO Employer plan Individual plan Other _____
 List all covered family members: _____

I hereby request the coverage indicated provided that I am or become eligible and certify that the above information is correct.

Employee Signature _____ Date _____

Please return this form to your employer.

COBRA COC Fee Structure

The following chart details the current plan rate basis. Whether you administer your own COBRA Continuation of Coverage or if IEBP does, this chart can help to answer questions on how rates are determined. The COBRA Continuation of Coverage rate is 102% of the active employee or dependent rate for 18-month, 24-month and 36-month qualifying events. The COBRA Continuation of Coverage rate is 150% of the active employee or dependent rate for extended COC eligibility due to disability after the initial 18 or 24 months of COBRA Continuation of Coverage eligibility.

| COVERAGE | Composite Rate | 3 Way Rates | 4 Way Rates |
|--|-----------------------|----------------------|---------------------|
| An employee alone | EE Rate | EE Rate | EE Rate |
| A spouse alone | SP Rate | SP Rate | SP Rate |
| A child alone >26 years | Dep. Only Rate | 1 Dep. Only Rate | Dep. Only Rate |
| A child alone <26 years | Dep. Only Rate | 1 Dep. Only Rate | Child Only Rate |
| An employee and spouse | EE + Dep. Rate | EE + 1 Dep. Rate | EE + Spouse Rate |
| An employee, spouse and 1 or more children | EE + Dep. Rate | EE + 2 Dep. Rate | EE + Family Rate |
| An employee and 1 child | EE + Dep. Rate | EE + 1 Dep. Rate | EE + Child Rate |
| An employee and 2 or more children | EE + Dep. Rate | EE + 2 Dep. Rate | EE + Child Rate |
| A spouse and 1 child | Family Rate | Spouse + 1 Dep. Rate | Spouse + Child Rate |
| A spouse and 2 or more children | Family Rate | Spouse + 2 Dep. Rate | Spouse + Child Rate |
| Two or More Children | Dep. Only Rate | 2 Dep. Only Rate | Child Only Rate |

NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS
Deduction Schedule
 Effective 01/01/2015 - 12/31/2015

Insurance Premiums

| | Monthly Actual Cost | Monthly Employee Cost | Monthly P/T (30) EE 10% Cost | Monthly P/T (20) EE 25% Cost | Semi Wkly F/T EE Premium | Semi Wkly P/T (30) EE Premium | Semi Wkly P/T (20) EE Premium |
|-----------------------|---------------------------|-----------------------------|------------------------------------|------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|
| Medical Plan | | | | | | | |
| Employee | \$ 529.34 | No Cost | \$ 52.92 | \$ 132.34 | No Cost | \$ 26.46 | \$ 66.17 |
| Spouse | \$ 709.18 | \$ 354.58 | \$ 354.58 | \$ 354.58 | \$ 177.29 | \$ 177.29 | \$ 177.29 |
| Child(ren) | \$ 411.72 | \$ 205.86 | \$ 205.86 | \$ 205.86 | \$ 102.93 | \$ 102.93 | \$ 102.93 |
| Family | \$ 870.92 | \$ 435.46 | \$ 435.46 | \$ 435.46 | \$ 217.73 | \$ 217.73 | \$ 217.73 |
| Alternate Plan | \$ 529.34 | No Cost | \$ 52.92 | \$ 132.34 | No Cost | \$ 26.46 | \$ 66.17 |
| Dental Plan | | | | | | | |
| Employee | \$ 32.26 | No Cost | \$ 3.22 | \$ 8.06 | No Cost | \$ 1.61 | \$ 4.03 |
| Spouse | \$ 33.96 | \$ 16.98 | \$ 16.98 | \$ 16.98 | \$ 8.49 | \$ 8.49 | \$ 8.49 |
| Child(ren) | \$ 37.36 | \$ 18.68 | \$ 18.68 | \$ 18.68 | \$ 9.34 | \$ 9.34 | \$ 9.34 |
| Family | \$ 66.78 | \$ 33.38 | \$ 33.38 | \$ 33.38 | \$ 16.69 | \$ 16.69 | \$ 16.69 |
| Vision Plan | | | | | | | |
| Employee | \$ 9.00 | No Cost | \$ 0.90 | \$ 2.24 | No Cost | \$ 0.45 | \$ 1.12 |
| Family | \$ 18.00 | \$ 18.00 | \$ 18.00 | \$ 18.00 | \$ 9.00 | \$ 9.00 | \$ 9.00 |
| Dependent Life | \$ 2.76 | \$ 2.76 | \$ 2.76 | \$ 2.76 | \$ 1.38 | \$ 1.38 | \$ 1.38 |

Optional Life Coverage - Maximum is 3 times annual salary or \$300,000 (whichever is less)

| <u>Age of Employee</u> | <u>Cost Per Thousand</u> |
|------------------------|--------------------------|
| Under 30 | \$0.061 |
| 30-34 | \$0.069 |
| 35-39 | \$0.100 |
| 40-44 | \$0.130 |
| 45-49 | \$0.198 |
| 50-54 | \$0.332 |
| 55-59 | \$0.595 |
| 60-64 | \$0.913 |
| 65-69 | \$1.513 |
| 70 & over | \$2.431 |

NOTE: Coverage is effective on your date of hire and ends the last day of the month of termination. Regular part-time employees working at least 30 hours per week are eligible for insurance by paying 10% of premiums Regular part-time employees working at least 20 hours per week are eligible for insurance by paying 25% of premiums.

Long-term Care

Deductions taken on the first check of the month.

Pre-paid Legal

Deductions taken on the first check of the month.