

MEMORANDUM

TO: CountyChoice Silver Participant Counties  
FROM: Texas Association of Counties, Health & Employee Benefits Pool (TAC HEBP)  
RE: 2017 UnitedHealthcare Renewal Packet  
DATE: September 15, 2016

Thank you for your continued participation in the CountyChoice Silver program. The annual renewal process for UnitedHealthcare (UHC) retiree medical benefits is complete. In order to renew participation in the program, please sign the documents enclosed and return to TAC HEBP by October 17, 2016. Listed below are the following forms that must be signed and returned.

- 2017 Renewal Notice and Benefit Confirmation
- 2017 Member Contact Designation Form

TAC HEBP will mail a rate change letter to your retirees. UHC will mail each retiree an Annual Notification of Change (ANOC) as soon as Medicare provides 2017 benefit changes which should be released in late October.

If any portion of the premium is subsidized by the county, please inform retirees of their 2017 rate payment.

**Please note:** the Centers for Medicare and Medicaid Services (CMS) open enrollment dates are October 15<sup>th</sup> through December 7<sup>th</sup>. At this time retirees may disenroll from the UHC program, but cannot re-enroll. All open enrollment changes will be effective January 1, 2017.

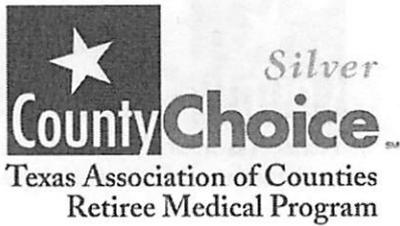
Please copy these documents for your records and email, fax or mail the signed documents back to:

TAC HEBP  
P.O. Box 2131  
Austin, TX 78768  
Fax: 512-481-8481

If you have any questions, please contact your Employee Benefits Specialist at 1-800-456-5974.

Employee Benefits Specialist by Territory

- Melissa Lopez - Northwest
- Maria Castillo - Northeast
- Jennifer Rehme - Southwest
- Lauren Henry - Southeast



**UnitedHealthcare  
2017 Renewal Notice and Benefit Confirmation**

Sr Supp Group: 4439 - Comal County  
PDP Group: 4415

Anniversary Date: 1/01/2017

Return to TAC by: 10/17/2016

Please initial and complete each section confirming your group's renewal. Fax to 1-512-481-8481 or email to jenniferr@county.org.

**RETIREE MEDICAL**

Current 2016 Rates: \$235.68

New Rates Effective 1/1/2017: \$244.71

\_\_\_\_\_ Initial to accept 2017 Retiree Medical Rates.

**RETIREE RX (Optional)**

Current 2016 Rates: \$206.34

New Rates Effective 1/1/2017: \$222.85

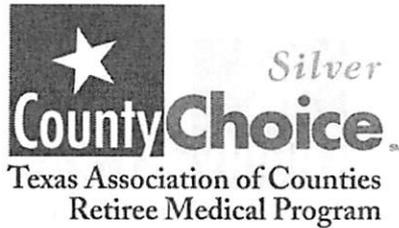
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**BILLING METHOD**

**Direct Bill** – The Employer pays \$0 premium. The bill is sent to the Retiree monthly.

\_\_\_\_\_ Initial to accept Billing Method.

- Rates effective from 1/1/2017 through 12/31/2017.
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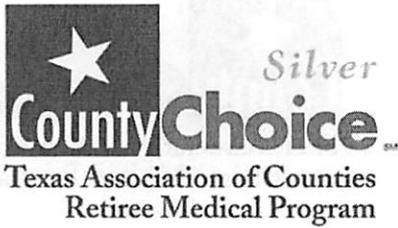
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**CountyChoice Silver**  
**UnitedHealthcare**  
**Member Contact Designations**

**Contracting Authority:** As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each category below:

**Name:**     \_Jerri Hettinger\_\_\_\_\_

**Title:**     \_Human Resources Director\_\_\_\_\_

**Address:**  \_1297 Church Hill Drive, Suite 206\_\_\_\_\_  
              \_New Braunfels, TX 78130\_\_\_\_\_

**Phone:**    \_830-643-5859\_\_\_\_\_

**Fax:**       \_830-620-3468\_\_\_\_\_

**Email:**     \_hettij@co.comal.tx.us\_\_\_\_\_

**Primary Contact: Main contact for daily matters pertaining to the retiree benefits.**

**Name:**     \_Deanna King\_\_\_\_\_

**Title:**     \_Benefits Specialist\_\_\_\_\_

**Address:**  \_1297 Church Hill Drive, Suite 206\_\_\_\_\_  
              \_New Braunfels, TX 78130\_\_\_\_\_

**Phone:**    \_830-643-5859\_\_\_\_\_

**Fax:**       \_830-620-3468\_\_\_\_\_

**Email:**     kingde@co.comal.tx.us\_\_\_\_\_

\_\_\_\_\_  
**Signature of County Judge or Contracting Authority**

\_\_\_\_\_  
**Date**

Sherman Krause, Comal County Judge  
Please PRINT Name and Title