

# Alliance Alert

The Public Employee Benefits Alliance (PEBA) was created by a group of Texas Government leaders working together for over a year to develop strategies to manage the rising costs of healthcare benefits. PEBA was established in January 2006 and was created pursuant to Chapter 791 of the Texas government Code, the Purchasing Program Chapter 271 of the Texas Local government Code and all other applicable provisions of Texas Law. PEBA membership is open to all Texas local governments who pay an annual membership fee and execute a PEBA Participating Interlocal Agreement. However, local governments who are members of one of the political subdivision Pools will obtain automatic annual PEBA membership through the participating Pool. An additional per proposal fee will be established for proposal participation for all non-Pool members.

PEBA's mission is to support the individual members by providing: negotiation services to manage the spiraling cost of healthcare and related benefits, working together through the alliance procurement model to purchase healthcare and related benefits a competitive price, and provide contractual negotiations which will include vendor service accountability requirements. In order to accomplish this mission, PEBA makes a commitment to negotiate on behalf of the membership affordable, high-quality healthcare and related benefits and services.

**The Public Employee Benefits Alliance (PEBA) Board met on June 5, 2007 to review the responses received for the Accident Supplemental Benefit Proposal.** The Board made the decision to execute a PEBA Alliance agreement with Colonial effective 10/01/07. The Colonial Alliance agreement will be available to all active PEBA member groups who are current with their annual membership and proposal fees or are members of one of the Pools.

Below is an overview of the plan designs and pricing PEBA is offering through our Alliance with Colonial. **If you are interested in accessing this contract or want to obtain more details on this opportunity, contact PEBA at (512) 719-6768.**

## BENEFITS

Initial Care		Hospital Care	Plan 1 & 2	Plan 3
Ambulance	<b>\$100 per trip</b>	Hospital Admission		<b>\$250</b>
Air Ambulance	<b>\$500 per trip</b>	Hospital Confinement		<b>\$100 per day*</b>
Emergency Room Treatment	<b>\$150 per accident</b>		<b>\$400 per day**</b>	<b>\$200 per day**</b>
Initial Doctor's Office Visit	<b>\$50 per accident</b>	*up to 365 days per covered accident **up to 15 days per covered accident		

Common Accidental Injuries		Follow-Up Care	
Burn	<b>\$750-\$10,000</b>	Accident Follow-up Treatment	<b>\$50</b>
Concussion	<b>\$100</b>	Appliances	<b>\$100</b>
Dislocations	<b>\$100-\$4000</b>	Physical Therapy	<b>\$25 per treatment, up to 6 treatments</b>
Emergency Dental Work	<b>\$50-\$150</b>	Prosthetic Devices	<b>\$500 for one device \$1000 for more than one device</b>
Eye Injury	<b>\$200</b>		
Fractures	<b>\$50-\$5000</b>		
Torn Knee Cartilage	<b>\$500</b>		
Lacerations	<b>\$25-\$400</b>		
Ruptured Disc	<b>\$400</b>		
Tendon/Ligament/Rotator Cuff	<b>\$400-\$600</b>		

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Surgical Care		Transportation/Lodging Assistance At least 100 miles from insured's home	
Surgery	<b>\$1,000</b> (open abdominal or thoracic) <b>\$100 exploratory</b>	Transportation	<b>\$300 per trip for up to 3 trips</b> for insured
		Lodging (family member or companion)	<b>\$100 per night for up to 30 days</b>
Blood, Plasma and Platelets	<b>\$300</b>		

<b>*Accidental Death</b>	<b>Accidental Death</b>	<b>Common Carrier</b>
Named Insured	<b>\$25,000</b>	<b>\$50,000</b>
Spouse	<b>\$10,000</b>	<b>\$20,000</b>
Child(ren)	<b>\$5,000</b>	<b>\$10,000</b>

<b>Accidental Dismemberment</b>	
Loss of Finger/Toe/Hand/Foot/Sight of Eye	<b>\$750 to \$15,000</b>

<b>*Catastrophic Accident</b>	
Loss or loss of use of both arms or both legs; or loss or loss of use of one arm and one leg; or loss of both hands or both feet; or one hand and one foot; or sight of both eyes; or hearing of both ears; or ability to speak	<b>\$100,000 for named insured</b> <b>\$50,000 for spouse</b> <b>\$50,000 for child(ren)</b>

\* *Plan 3 does not include the above Accidental Death and Catastrophic Accident benefits.*

### Optional Riders

#### Off-Job Accident Disability Income Rider

- Employee: \$400-\$1500, sold in \$100 increments
- Spouse: \$400 - \$1000, sold in \$100 increments
- Issue Ages: 17-65
- Must be sold with a base accident plan
- 0 day elimination period
- 6 or 12 month benefit period
- Up to 40% of income
- Guaranteed Renewable to age 70

#### Sickness and Off-Job Accident Disability Income Rider

- Employee: \$400-\$1500, sold in \$100 increments
- Spouse: \$400 - \$1000, sold in \$100 increments
- Issue Ages: 17-65
- Must be sold with a base accident plan
- 0/7, 7/7 0/14 and 14/14 day elimination periods
- 6 or 12 month benefit period
- Up to 40% of income
- Pre-existing condition limitation of 12 months
- Guaranteed Renewable to age 70

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## **Sickness Hospital Confinement Rider**

- \$100 per day
- Pays if an insured is confined as an overnight resident bed patient in a hospital because of covered sickness
- Must be sold with a base accident plan
- 0 day elimination period
- 30 day benefit period
- Pre-existing condition limitation of 12 months
- Rider is guaranteed renewable for life

## **Health Screening Rider**

- \$50 per calendar year for one person per policy for one of 18 health screening tests
- Must be sold with a base accident plan
- 30 day waiting period
- Rider is guaranteed renewable for life

## **Special Features**

- Benefits are paid directly to the insured unless they specify otherwise.
- Benefits are paid as a lump sum.
- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Benefits are level for employee, spouse and children except for accidental death and catastrophic accident benefits.
- Base coverage is guaranteed renewable for life as long as premiums are paid when they are due.
- Coverage is portable. An employee can take this coverage with him if he changes jobs or leaves your company.
- Spouse and/or dependent children can purchase coverage without the employee having to purchase coverage. Premiums are payroll deducted through employee's paycheck.
- Spouse can purchase optional accident only disability rider or accident/sickness disability rider coverage.
- The spouse's signature is not required on the application.
- Coverage is worldwide.

## **Eligibility Requirements**

### **Accident Plans 1, 2 & 3**

- Permanent benefit-eligible employees between the ages of 0-80, working 20 hours per week.
- Employee's spouse between the ages of 0-80.
- Child(ren) between the ages of 0-24.

### **Optional Riders**

- Disability Income Riders: Permanent benefit-eligible employees and spouses between the ages of 17-65, working 20 or more hours per week.
- Sickness Hospital Confinement Rider: Permanent benefit eligible employees between the ages of 0-67. Spouse must be age 0-67. Child(ren) must be age 0-24.
- Health Screening Rider: Permanent benefit eligible employees between the ages of 0-80. Spouse must be age 0-80. Child(ren) must be age 0-24.

Health questions apply to the Sickness and Off-Job Accident Disability Income Rider and the Sickness Hospital Confinement Rider.

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**Premium Information**

Premiums are not age banded and do not vary based on job classification.

- Premium levels are available for Employee, Spouse or Child as the Named Insured, Employee/Spouse, One-Parent and Two-Parent family coverage.

<p><b>Accident Care Rates PLAN 1</b>                  Named Insured* \$18.00                  Employee and Spouse \$24.00                  One-Parent Family \$30.00                  Two-Parent Family \$36.00                  *Employee, Spouse or Child</p>	<p><b>Accident Care Rates PLAN 2</b>                  Named Insured* \$15.00                  Employee and Spouse \$21.00                  One-Parent Family \$27.00                  Two-Parent Family \$33.00                  *Employee, Spouse or Child</p>	<p><b>Accident Care Rates PLAN 3</b>                  Named Insured* \$12.00                  Employee and Spouse \$18.00                  One-Parent Family \$22.00                  Two-Parent Family \$28.00                  *Employee, Spouse or Child</p>
<p><b><u>ACCIDENT CARE OPTIONAL RIDER RATES</u></b></p>		
<p><b>Off-Job Accident Disability Rider</b>                  0 Day Elimination Period-6 month benefit period: \$0.90                  0 Day Elimination Period-12 month benefit period: \$1.20                  Monthly Premium Per \$100 of Monthly Benefit Rates apply to employee or spouse.</p>		
<p><b>Sickness &amp; Off-Job Accident Disability Rider</b>                  Elimination period- 0/7: 7/7: 0/14: 14/14                  6 Month Benefit Period- \$4.75: \$4.50: \$3.70: \$3.15                  12 Month Benefit Period- \$5.75: \$5.50: \$4.60: \$3.90                  Monthly Premium Per \$100 of Monthly Benefit Rates apply to employee or spouse.</p>		
<p><b>Sickness Hospital Confinement Rider</b>                  Named Insured* \$4.00                  Employee &amp; Spouse \$8.00                  One-Parent Family \$6.00                  Two-Parent Family \$10.00                  *Employee, Spouse or Child</p>		
<p><b>Health Screening Rider</b>                  Named Insured* \$1.75                  Employee &amp; Spouse \$2.50                  One-Parent Family \$1.75                  Two-Parent Family \$2.50                  *Employee, Spouse or Child</p>		