



RESOLUTION NO. 20231128-08

SUPPLEMENTAL BENEFITS WITH MUTAL OF OMAHA

WHEREAS, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

WHEREAS, TexAmericas Center has a health insurance policy for TexAmericas Center employees; and

WHEREAS, TexAmericas Center adopted a Personnel Policy Manual by **Resolution #20140923-20** on September 23, 2014 with a Revision date of May 23, 2023 by **Resolution #20230523-04**; and

WHEREAS, TexAmericas Center has sought, through a competitive process, bids to provide employee supplemental benefits; and

WHEREAS, **MUTAL OF OMAHA** has submitted a satisfactory proposal and can provide employee supplemental benefits starting January 1, 2024.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors that the Board of TexAmericas Center approves supplemental benefits and the Executive Director/CEO shall be and is hereby authorized to execute any necessary documents.

PASSED AND APPROVED THIS 28th day of November, 2023.

A blue ink signature of Jim Roberts, consisting of a stylized 'J' and 'R' followed by a horizontal line.

Jim Roberts, Chairman of the Board

ATTEST:

A blue ink signature of Justin Powell, featuring a stylized 'J' and 'P' with a horizontal line underneath.
Justin Powell, Secretary

Attached: contract

Option 1	
Carrier	Mutual of Omaha
Eligibility	All Active Full-time Employees, working 30+ hours per week
Wellness Benefit	\$50 Per Insured Per Calendar Year
Cancer	100% Benefit: Cancer (Invasive) 50% Benefit: Bone Marrow Transplant 25% Benefit: Carcinoma in Situ, Benign Brain Tumor
Heart / Circulatory	100% Benefit: Heart Attack, Heart Transplant/Placement on UNOS, Stroke, ALS, Advanced Alzheimer's, Advanced Parkinson's 25% Benefit: Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery
Organ	100% Benefit: Major Organ Transplant/Placement on UNOS, End-Stage Renal Failure 25% Benefit: Acute Respiratory Distress Syndrome (ARDS)
Childhood / Developmental	100% Benefit: Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes
Employee Benefit	Issue Age
Minimum Amount	\$10,000
Maximum Amount	\$20,000
Guarantee Issue	\$20,000
Spouse Benefit	Spouse Rate Based on Employee Age
Minimum Amount	\$10,000
Maximum Amount	\$20,000 Not to Exceed 100% of Employee Election
Guarantee Issue	\$20,000
Child(ren) Benefit (To Age 26)	Child Cost Included With Employee Election
Guarantee Issue	50% of Employee Election

Option 1

Carrier		Mutual of Omaha	
Eligibility		All Active Full-time Employees, working 30+ hours per week	
Reoccurrence Benefit		100%	
Policy Maximum Benefit		400%	
Age Reductions		Age 70 - 50%	
Pre Existing Conditions		None	
Annual Enrollment		Yes	
Participation:			
Rate Guarantee		January 1, 2026	
Participation Required		5 Enrolled	
Rates:			
Rates Per \$10K Benefit:		Monthly (\$10K)	Per Pay (\$10K)
<30		\$3.60	\$1.66
30-39		\$6.40	\$2.95
40-49		\$14.00	\$6.46
50-59		\$30.10	\$13.89
60-69		\$63.80	\$29.45
70-79		\$119.00	\$54.92
Monthly Rates:		Included in Cost With Employee Election	

Carrier	Current / Renewal		Option 1	
	Transamerica		Mutual of Omaha	
Eligibility	All Active Full-time Employees, working 30+ hours per week		All Active Full-time Employees, working 30+ hours per week	
Coverage Type	24 Hour (On and Off The Job)		24 Hour (On and Off The Job)	
Express Benefit	N/A		\$100	
Wellness Benefit	\$100		N/A	
Emergency Treatment	\$150 Physician/Emergency Room		\$100 Physician \$225 Urgent Care \$300 Emergency Room	
X-Ray	N/A		\$75	
Emergency Transportation	\$240 (Ground) or \$1,200 (Air)		\$300 (Ground) or \$1,500 (Air)	
Hospital Admission	\$1,200 Per Accident		\$1,500 Per Accident	
Hospital Confinement	\$200 Per Day (Up to 365 Days)		\$300 Per Day (Up to 365 Days)	
ICU Confinement	\$600 Per Day (Up to 15 Days)		\$600 Per Day (Up to 15 Days)	
Rehabilitation Facility	N/A		\$200 Per Day (Up to 30 Days)	
Fractures	Up to \$6,000		Up to \$6,000	
Dislocations	Up to \$4,800		Up to \$6,000	
Accidental Death (Additional Riders Vary Depending on Type of Accident)	Employee: \$40,000 Spouse: \$40,000 Children: 50% Of Benefit		Employee: \$50,000 Spouse: \$25,000 Children: \$10,000	
Dismemberment, Surgery, Emergency Dental Work, Lacerations, Burns, Paralysis, Coma	Benefits Range from \$35 to \$40,000 depending on the type of injury		Benefits Range from \$75 to \$50,000 depending on the type of injury	
Portability	Available		Available	
Annual Enrollment	Yes		Yes	
Participation:				
Rate Guarantee	January 1, 2025		January 1, 2026	
Participation Required	5 Enrolled		5 Enrolled	
Monthly Rates:	Monthly	Per Pay	Monthly	Per Pay
Employee Only	\$25.09	\$11.58	\$12.55	\$5.79
Employee + Spouse	\$39.00	\$18.00	\$15.45	\$7.13
Employee + Children	\$30.90	\$14.26	\$19.50	\$9.00
Employee Family	\$45.91	\$21.19	\$22.96	\$10.60