



**COMMISSIONERS COURT  
COMMUNICATION**

COURT ORDER NUMBER 144955

PAGE 1 OF 5

DATE: 4/2/2025

**SUBJECT: CONSIDERATION OF A DIRECTION TO ADMINISTER SELF-FUNDED  
HIGH DEDUCTIBLE HEALTH PLAN HEALTH SAVINGS ACCOUNT  
PREVENTIVE DRUG PROGRAM**

**\*\*\* CONSENT AGENDA \*\*\***

**COMMISSIONERS COURT ACTION REQUESTED**

It is requested that the Commissioners Court consider approving a Direction to Administer Self-Funded High Deductible Health Plan Health Savings Account (HDHP-HSA) Preventive Drug Program.

**BACKGROUND**

Tarrant County has a self-funded group health plan administered by Health Care Service Corporation (HCSC) as the Claims Administrator. The plan is designed to comply with Internal Revenue Service (IRS) regulations for a High Deductible Health Plan (HDHP) under Section 223 of the Internal Revenue Code.

IRS regulations allow specific preventive care claims to be covered before a participant meets the required minimum deductible. Tarrant County proposes to add a preventive drug benefit to its HDHP, ensuring coverage for selected drug categories before the deductible is satisfied. This coverage will apply without considering how the drug is prescribed unless the participant opts out by notifying HCSC. The drug categories available under this benefit may change over time.

HCSC will administer the HDHP-HSA Preventive Drug Benefit pursuant to the provisions of the Administrative Services Agreement and any renewals thereof between Tarrant County and HCSC.

**FISCAL IMPACT**

There is no fiscal impact associated with this action.

SUBMITTED BY	Human Resources	PREPARED BY:	Glorimar Lugo Ortiz
		APPROVED BY:	Roxie Held

# **DIRECTION TO ADMINISTER SELF-FUNDED HDHP-HSA PREVENTIVE DRUG PROGRAM**

Employer has at least one self-funded group health plan administered by Health Care Service Corporation (HCSC) as Claims Administrator which has a benefit design intended to comply with Internal Revenue Service (IRS) regulations and guidelines (Regulations) qualifying the plan as a High Deductible Health Plan (HDHP) under the Health Savings Account (HSA) provisions of section 223 of the Internal Revenue Code (Code). IRS Regulations allow certain qualifying preventive care claims to be covered before the required minimum deductible is satisfied. As part of the plan’s design, Employer desires to include a benefit to its high deductible group health plan administered by HCSC under which coverage would be available for the selected drug categories listed below, prior to satisfaction of the otherwise required deductible and without regard to how the identified drug is prescribed in a particular instance, unless the plan participant notifies HCSC otherwise (the HDHP-HSA Preventive Drug Benefit). Category offerings are subject to change.

1. Employer directs that the following drug categories be administered within the HDHP-HSA Preventive Drug Benefit. Please check all that apply:

### **Standard Offering\***

**X** Selection includes all standard offering categories as indicated in the chart

Anti-Coagulants/Anti-Platelets	Diabetes Medications - GLP1 Orals & Other Injectables	Diabetes Supplies	Osteoporosis
Bowel Prep Medications	Diabetes Medications - Hypoglycemic Agents	Fluoride Supplements (Fluoride)	Respiratory (Asthma/COPD)
Breast Cancer - Primary Prevention	Diabetes Medications - Insulin Only	High Blood Pressure (Antihypertensives)	Smoking Cessation (Tobacco Cessation)
Contraceptives	Diabetes Medications - Oral Only	High Cholesterol Orals (Lipid Lowering)	Vaccines
Depression - Selective Serotonin Reuptake Inhibitors (SSRIs)			

*Note: By choosing this option, routine updates including the addition or removal of HSA drug categories will automatically apply*

### **Standard Offering - custom selections\***

- |  |   |
|--|---|
| <input type="checkbox"/> Anti-Coagulants/Anti-Platelets<br><input type="checkbox"/> Bowel Prep Medications<br><input type="checkbox"/> Breast Cancer - Primary Prevention<br><input type="checkbox"/> Contraceptives<br><input type="checkbox"/> Depression - Selective Serotonin Reuptake Inhibitors (SSRIs)<br><input type="checkbox"/> Diabetes Medications - GLP1 Orals & Other Injectables<br><input type="checkbox"/> Diabetes Medications - Hypoglycemic Agents<br><input type="checkbox"/> Diabetes Medications - Insulin Only | <input type="checkbox"/> Diabetes Medications – Oral Only<br><input type="checkbox"/> Diabetic Supplies<br><input type="checkbox"/> Fluoride Supplements (Fluoride)<br><input type="checkbox"/> High Blood Pressure (Antihypertensives)<br><input type="checkbox"/> High Cholesterol Orals (Lipid Lowering)<br><input type="checkbox"/> Osteoporosis<br><input type="checkbox"/> Respiratory (Asthma/COPD)<br><input type="checkbox"/> Smoking Cessation (Tobacco Cessation)<br><input type="checkbox"/> Vaccines |
|--|---|

\* Diabetes Medications – GLP1 Orals & Other Injectables will be a standard offering upon generic approval

### **Non-Standard Categories**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Antianginal (Anti-Angina)<br><input checked="" type="checkbox"/> Anti-Coagulants Preferred Brand<br><input checked="" type="checkbox"/> Anti-Platelets Preferred Brand<br><input checked="" type="checkbox"/> Diabetes Medications - GLP1 Oral & Other Injectables Preferred Brands<br><input checked="" type="checkbox"/> Diabetes Medications - Oral Only Preferred Brands (SGLT2, DPP4, DPP4+SGLT2)<br><input checked="" type="checkbox"/> Diabetic Supplies- Continuous Glucose Monitors & Associated Supplies | <input checked="" type="checkbox"/> Diabetic Supplies- Insulin Pumps & Associated Supplies<br><input checked="" type="checkbox"/> High Cholesterol Injectables PCSK-9s (Lipid Lowering - Injectable)<br><input checked="" type="checkbox"/> Prenatal Vitamins<br><input checked="" type="checkbox"/> Respiratory - Respiratory Devices & Supplies (Spacers)<br><input checked="" type="checkbox"/> Transplant (Anti-Rejection) |
|--|--|

### Custom Categories

- |   |  |
|---|--|
| <input type="checkbox"/> Anaphylaxis Agents                                 | <input checked="" type="checkbox"/> Heparin/Low Molecular Weight Heparin |
| <input checked="" type="checkbox"/> Antiarrhythmics                         | <input type="checkbox"/> HIV/AIDS  |
| <input checked="" type="checkbox"/> Anticonvulsants                         | <input checked="" type="checkbox"/> HIV PrEP                             |
| <input checked="" type="checkbox"/> Anti-Malarials                          | <input type="checkbox"/> Influenza Agents                                |
| <input checked="" type="checkbox"/> Antipsychotics                          | <input checked="" type="checkbox"/> Lipid Lowering - Other               |
| <input checked="" type="checkbox"/> Asthma - Specialty                      | <input checked="" type="checkbox"/> Mental Health                        |
| <input type="checkbox"/> Autoimmune   | <input type="checkbox"/> Migraine Prophylaxis CGRPs Injectable           |
| <input type="checkbox"/> Autoimmune - Specialty                             | <input type="checkbox"/> Migraine Prophylaxis CGRPs Oral                 |
| <input checked="" type="checkbox"/> Breast Cancer - Secondary Prevention    | <input checked="" type="checkbox"/> Multiple Sclerosis - Specialty       |
| <input type="checkbox"/> Estrogen   | <input checked="" type="checkbox"/> Substance Use Disorder               |
| <input type="checkbox"/> Gastrointestinal Ulcer                             | <input type="checkbox"/> Substance Use Disorder - Naloxone               |
| <input type="checkbox"/> Gout   | <input type="checkbox"/> Thyroid Agents                                  |
| <input checked="" type="checkbox"/> Hemophilia - Specialty                  | <input type="checkbox"/> Weight Loss Agents (Traditional, non-GLP1)      |
| <input checked="" type="checkbox"/> Hereditary Angioedema (HAE) - Specialty | <input type="checkbox"/> Weight Management Agents (GLP1 + combos)        |

2. In connection with its direction to add the HDHP-HSA Preventive Drug Benefit and in instructing HCSC to administer it, Employer acknowledges and agrees that:
- a. The drug categories listed above may have uses which may be either to treat disease or for a preventive purpose;
  - b. HCSC does not provide legal or tax advice to Employer and no services or materials provided by HCSC should be construed as legal or tax advice and are not intended or written to be used, and cannot be used or relied upon, for the purpose of avoiding tax penalties;
  - c. The HDHP-HSA Preventive Drug Benefit is a plan design decision of Employer in its role as plan sponsor; and
  - d. HCSC shall have no responsibility to advise Employer's employees and/or dependents to seek individual advice from an independent tax advisor regarding any tax consequences of specific health benefit plans, products or services, including the HDHP.
  - e. Providing the HDHP-HAS Preventive Drug Benefit is a plan design decision of Employer and Employer will indemnify HCSC against, and hold HCSC harmless from, any and all loss, damage, fine, penalty, tax, charge, liability, cost, and expense, including without limitation, attorneys' fees and disbursements, that may be incurred by, imposed upon, paid by or asserted against HCSC which is related to or arises from the HDHP-HSA Preventive Drug Benefit. Notwithstanding any other provision herein, Employer's obligation hereunder to indemnify and hold harmless HCSC is only to the extent permitted by the laws and Constitution of the State of Texas, and only to the extent the Texas Legislature waives Employer's existing immunity. Nothing in this indemnification provision requires that the Employer incur any debt, assess or collect funds, or create a sinking fund.
  - f. Any and all indemnification as set forth in subparagraph (e) is in addition to the applicable section in the parties' executed Administrative Services Agreement.

HCSC will administer the HDHP-HSA Preventive Drug Benefit pursuant to the provisions of the Administrative Services Agreement, and any renewals thereof, between Employer and HCSC (the "ASA").

**Agreed (Signature):** \_\_\_\_\_

**Employer (Print):** Tarrant County \_\_\_\_\_

**Name (Print):** Tim O'Hare \_\_\_\_\_

**Title (Print):** County Judge \_\_\_\_\_

**This** 2nd **day of** April , 2025

**Agreed (Signature):** \_\_\_\_\_

**HCSC (Print):** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Title (Print):** \_\_\_\_\_

**This** \_\_\_\_\_ **day of** \_\_\_\_\_ , \_\_\_\_\_

**Last modified 3/2025**