

2017 - 2018 Alternate Plan Proposal

Group: 94532 - Hopkins County

Effective Date: 10/01/2017

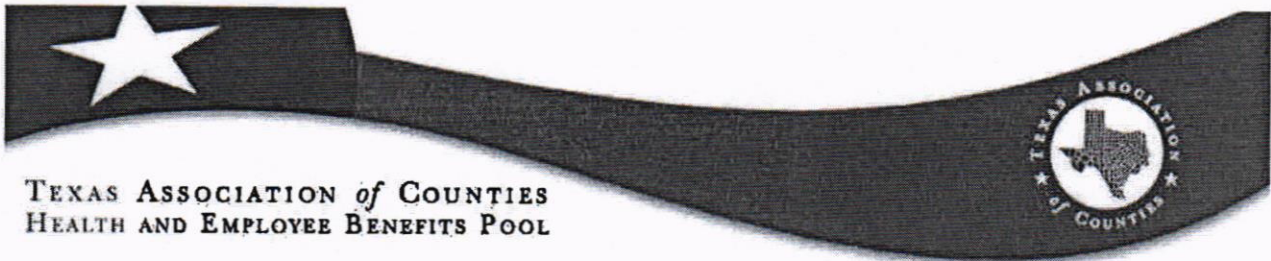
	Current Plan Year	Renewal Rates	Option 1 1200-G RX-5B-G2	Option 2 1200-G2
Plan:	1200	1200		
Option:	RX-5B	RX-5B		
Rates				
Employee Only	\$674.38	\$728.32	\$685.70	\$11.48
Employee + Child(ren)	\$1,038.42	\$1,121.48	\$1,055.48	\$11.48
Employee + Spouse	\$1,613.46	\$1,742.54	\$1,639.60	\$11.48
Employee + Family	\$2,036.50	\$2,199.42	\$2,069.32	\$11.48
Medical Plan				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1200/3600	\$1370/4110
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200
Office Visit	\$30	\$30	\$35	\$40
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$120	\$135
Prescription Plan				
Prescription Card Co-Pay	10/30/50	10/30/50	15/40/65	
Deductible	\$100	\$100	\$135	

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 1 1200-G, RX-5B-G2
 Fax the signed document to 1-512-481-8481.

Signature [Handwritten Signature] Date 7/10/17



**TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL**

Amended 2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 94532 - Hopkins County

Anniversary Date: 10/01/2017

Return to TAC by: 7/31/2017

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to MariaC@County.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo at 1-800-456-5974.

MEDICAL

Medical: Plan 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max 1200-G \$35 Copay, \$1200 Ded, 80%, \$3600 OOP Max

RX Plan: Option 5B \$10/30/50, \$100 Ded Rx 5B-G2 \$15/40/65, \$135 Deductible

Your % rate increase is: 8.00%

Your payroll deductions for medical benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$674.38	\$728.32 \$685.70	\$685.70	\$ 0	\$ n/A
Employee + Child(ren)	\$1,038.42	\$1,121.48 \$1,055.48	\$685.70	\$ 369.78	\$ n/A
Employee + Spouse	\$1,613.46	\$1,742.54 \$1,639.60	\$685.70	\$ 953.90	\$ n/A
Employee + Family	\$2,036.50	\$2,199.42 \$2,069.32	\$685.70	\$ 1383.62	\$ n/A

KW Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$10,000

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.137	\$0.137	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

RN Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products:

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
(Rates are monthly charges)			Coverage Volume:	SP \$10K/CH \$5K
Voluntary Dependent Life	\$3.320	\$3.320	0%	100%

* Please see attachment for detail listing of Voluntary Life product rates.

RN Initial to accept New Voluntary Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
89 days - Day following waiting period	Date of hire

RN Initial to confirm.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASYS

**County/Group is responsible for fulfilling COBRA notification process and requirements.*

BCBS COBRA Department processes COBRA

**BCBS COBRA Department administers via COBRA contract with the County/Group*

RW

Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name: n/a

Agency Address: _____
Number and Street

_____ City _____ State _____ Zip

Broker Representative or Consultant's Name: _____

Contact Phone Number: _____

Contact Email Address: _____

n/a

Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- Broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by **7/31/2017** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

TAC HEBP Member Contact Designation Hopkins County

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, 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 Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

Name/Title Honorable Robert Newson/County Judge

Address PO Box 288
Sulphur Springs, TX 75483-0288

Phone 903-438-4006

Fax 903-438-4007

Email rnewsom@hopkinscountytexas.org

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name/Title Kelly Kaslon/Court Administrator

Address PO Box 288
Sulphur Springs, TX 75483

Phone 903-438-4009

Fax 903-438-4113

Email kelly@hopkinscountytexas.org

HIPAA Secured Fax

PRIMARY CONTACT

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

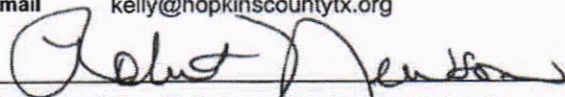
Name/Title Kelly Kaslon/Court Administrator

Address PO Box 288
Sulphur Springs, TX 75483

Phone 903-438-4009

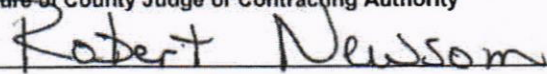
Fax 903-438-4113

Email kelly@hopkinscountytexas.org



Signature of County Judge or Contracting Authority

Date: 7/10/17



Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.