



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

2018 - 2019 Alternate Plan Proposal

Group: 94532 - Hopkins County

Effective Date: 10/01/2018

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	1200-G	1200-G	1200-G2	1500-NG	HSA 300
Option:	RX-5B-G2	RX-5B-G	RX-5B-G2	RX-5B-NG	RX-1A
Rates					
Employee Only	\$685.70	\$733.70	\$695.44	\$677.34	\$544.48
Employee + Child(ren)	\$1,055.48	\$1,129.36	\$1,070.08	\$1,042.00	\$836.10
Employee + Spouse	\$1,639.60	\$1,754.36	\$1,661.86	\$1,618.06	\$1,296.76
Employee + Family	\$2,069.32	\$2,214.16	\$2,097.22	\$2,041.84	\$1,635.66
Medical Plan					
Deductible In/Out Network	\$1200/3600	\$1200/3600	\$1370/4110	\$2500/7500	\$5000/10000
Co-Insurance % In/Out	80/60	80/60	80/60	80/60	100/70
Co-Insurance Maximum	\$3600/7200	\$3600/7200	\$4100/8200	\$4350/8000	\$5000/10000
Office Visit	\$35	\$35	\$40	\$40	ATD
Specialist Visit					
Emergency Room Hospital	\$120	\$120	\$135	\$150	ATD
Prescription Plan					
Prescription Card Co-Pay	15/40/65	10/30/60	15/40/65	10/30/50	100% of the allowable after the deductible
Deductible	\$135	\$100	\$135	\$100	\$0

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 07/31/2018 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 2 - 1500 NG, Rx 5B NG, \$100 deductible

Fax the signed document to 1-512-481-8481.

Signature [Signature] Date 8-6-18



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



2018 - 2019 Amended Renewal Notice and Benefit Confirmation

Group: 94532 - Hopkins County

Anniversary Date: 10/01/2018

Return to TAC by: 07/31/2018

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 1500-NG \$40 Copay, \$2500 Ded, 80%, \$4350 OOP Max

RX Plan: Option 5B-NG \$10/30/50,\$100 Ded

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

Tier	Current Rates	New Rates Effective 10/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$685.70	\$677.34	\$	\$	\$
Employee + Child(ren)	\$1,055.48	\$1,042.00	\$	\$	\$
Employee + Spouse	\$1,639.60	\$1,618.06	\$	\$	\$
Employee + Family	\$2,069.32	\$2,041.84	\$	\$	\$

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 10/1/2018	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.137	\$0.164	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

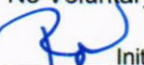
 Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products:

	Current Rates	New Rates Effective 10/1/2018	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%

No Voluntary Life Rates Changes Plan Year 2019.

 Initial to accept New Voluntary Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

 **Employees**
89 days - Day following waiting period
Initial to confirm.

Elected Officials
Date of hire

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*

 PJ Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

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

Agency Name _____
Agency Address _____
Number and Street _____
City _____
State _____
Zip _____
Broker _____
Representative or
Consultant's Name _____
Contact Phone _____
Number _____
Contact Email _____
Address _____

_____ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, 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 **07/31/2018** 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

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

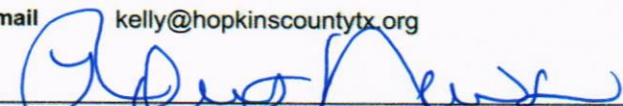
Name/Title Kelly Kaslon/Court Administrator

Address PO Box 288
Sulphur Springs, TX 75483

Phone 903-438-4009

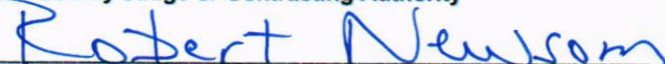
Fax 903-438-4113

Email kelly@hopkinscountytexas.org



Date: 8-6-18

Signature of County Judge or Contracting Authority



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.