



May 20, 2021

Hon. Robert Newson
Hopkins County Judge
118 Church St.
Sulphur Springs, TX 75482

Dear Judge Newson:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Hopkins County's employee benefit renewal packet for your upcoming plan anniversary date.

We recognize that 2020 was a difficult year for many people and organizations, and the Pool was no exception. For over a decade, the Pool renewal has been below the national average for health plan rate increases (trend). This year, due to a surge in high-cost claimants as well as claims related to the COVID-19 pandemic, the Pool renewal average of 7.3% is at or slightly below the projected 2021 national combined medical and Rx trend (healthcare cost inflation) of 7.3 – 8.1%.

Renewal rates are set annually using a comprehensive actuarial process that determines the amount needed by the Pool to fund claims and operating costs for the coming year. We then evaluate each individual county or district based on a combination of the group's size, claims experience, age, and geographic area (healthcare claims vary significantly by geographic region). Based on this analysis, your group's renewal rate may be above or below the Pool average. Your renewal rates for Plan Year 2022 are enclosed, along with your TAC Employee Benefits and Wellness Consultants' contact information. Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request).

TAC HEBP understands how valuable healthcare benefits are for your employees and their families. We appreciate your partnership with the Pool, and want to continue helping Hopkins County offer this important benefit. Again, we thank you for your membership in the Pool and look forward to working with you during the upcoming plan year.

Sincerely,

A handwritten signature in black ink, appearing to read "Quincy Quinlan".

Quincy Quinlan, Director
Health and Benefits Services Department
Texas Association of Counties

cc: Kelly Kaslon



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Hopkins County's Renewal Rate change(s) for Plan Year 2022:

Health Plan: 7.7%

Dental Plan: Employee or Employer-paid options available

Life Plan(s): No change to current Basic Life rates. Please see enclosed information about our new Voluntary Life option.

Vision Plan: Employee or Employer-paid options available

NOTE: Deadline for returning signed renewal documents to TAC HEBP: June 30, 2021

Contact your TAC Employee Benefits Consultant right away if you:

- Want to discuss alternates, and/or to learn about the impact of changes to your plan
- Want information about other TAC HEBP employee benefit plans (Dental, Life, or Vision)
- Are considering changes to your personnel policies that will affect benefits (such as adding/dropping retiree benefits, changing waiting period, etc.)

Your Employee Benefits Consultant: Santos Trejo (santost@county.org) (800) 456-5974

- **Healthy County forms:** Your renewal packet includes Healthy County Contacts and CSI (County Specific Incentive) documents. Please review and make changes as needed to your Wellness contact information. Please complete both forms and return them with your renewal. Contact your TAC Wellness Consultant if you have any questions.
Your Wellness Consultant: Shameria Davis (shameriad@county.org) (800) 456-5974.
- **Employee Open Enrollment:** You have the option to allow employees to make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>.
- **Affordable Care Act Fees:** The HEBP Board voted to pay 2021 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.
- **Open Enrollment Toolkit:** This will be sent via email by July 23 and contains the forms and notices your group will need to process employee benefit renewals.
- **When It's Due for 2022:** Once your renewal benefit decision has been approved, complete Hopkins County's Renewal Notice and Benefits Confirmation (RNBC), print and initial/sign where indicated, and return to TAC HEPB via email, or fax to (512) 481-8481 on or before the date shown below.

ACTION REQUIRED: Please present the renewal, with Alternates if desired, to the Commissioners Court for a decision. Once the renewal plan has been selected, complete the RNBC form online, and return the initialed and signed RNBC to TAC no later than June 30, 2021.

NOTE: Submitting your RNBC after the due date will result in a delay in implementing your benefit plan renewal, including employee enrollment changes.

Renewal Attachments:

Renewal Letter

Renewal Documents

- Renewal Notice and Benefit Confirmation (RNBC)
- Alternate Health Plan Proposal (available by request for HRA or HSA plans)
- 12-month Claims Report
- High-Cost Claimant (HCC) Report
- Healthy County Wellness Contacts designation form
- Healthy County County-Specific Incentive (CSI) election form

Renewal Packet

Renewal Packet contents:

Renewal Checklist

Renewal Calendar

TAC HEBP Territory Map and Contacts

Voluntary Dental Plans

New Voluntary Life Option

Health Care Reform update memo for 2021-22

Employee Self-Service for Open Enrollment instructions

Alternate Plan Selection and Online RNBC completion instructions



2021 - 2022 Renewal Notice and Benefit Confirmation

Group: 94532 - Hopkins County

Anniversary Date: 10/01/2021

Return to TAC by: 06/30/2021

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 karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers 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 % rate increase is: 7.70%

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

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$675.92	\$727.96	\$ _____	\$ _____	\$ _____
Employee + Child(ren)	\$1,039.84	\$1,119.90	\$ _____	\$ _____	\$ _____
Employee + Spouse	\$1,614.68	\$1,739.00	\$ _____	\$ _____	\$ _____
Employee + Family	\$2,037.58	\$2,194.46	\$ _____	\$ _____	\$ _____

_____ 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 10/1/2021	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.164	\$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 10/1/2021	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.

_____ Initial to accept New Voluntary Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees
89 days - Day following waiting period

Elected Officials
Date of hire

_____ 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*

_____ 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 **06/30/2021** 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 mewsom@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: _____

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.



2021 - 2022 Alternate Plan Proposal

Group: 94532 - Hopkins County

Effective Date: 10/01/2021

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1500-NG	1500-NG	1520-NG	1520-NGS
Option:	RX-5B-NG	RX-5B-NG	RX-5B-NG	RX-5B-NG
Rates				
Employee Only	\$675.92	\$727.96	\$710.94	\$708.74
Employee + Child(ren)	\$1,039.84	\$1,119.90	\$1,093.58	\$1,090.16
Employee + Spouse	\$1,614.68	\$1,739.00	\$1,698.00	\$1,692.68
Employee + Family	\$2,037.58	\$2,194.46	\$2,142.66	\$2,135.92
Medical Plan				
Deductible In/Out Network	\$2500/7500	\$2500/7500	\$3000/7500	\$3000/7500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$4350/8000	\$4350/8000	\$4150/8000	\$4150/8000
Office Visit	\$40	\$40	\$40	\$40
Specialist Visit				\$50
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/50	10/30/50
Deductible	\$100	\$100	\$100	\$100

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 06/30/2021 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here _____.

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

Signature _____ Date _____

12 Month Medical Report

Post Date : Mar 2021

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months

Coverage Type : (Medical)

Group : (094532 - HOPKINS COUNTY/ITAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2020	151	180	\$104,776.68	\$61,898.99	\$32,711.59	\$94,610.58
May 2020	151	180	\$105,459.44	\$132,920.30	\$37,020.50	\$169,940.80
Jun 2020	150	179	\$105,459.44	\$94,902.61	\$22,849.23	\$117,751.84
Jul 2020	149	178	\$104,776.68	\$283,364.34	\$34,410.54	\$317,774.88
Aug 2020	152	181	\$104,776.68	\$185,974.10	\$41,737.23	\$227,711.33
Sep 2020	150	179	\$104,776.68	\$32,802.01	\$32,797.77	\$65,599.78
Oct 2020	153	182	\$106,430.96	\$114,883.16	\$25,379.36	\$140,262.52
Nov 2020	154	182	\$107,106.88	\$64,170.58	\$27,300.68	\$91,471.26
Dec 2020	152	180	\$105,755.04	\$43,635.67	\$31,219.78	\$74,855.45
Jan 2021	151	176	\$104,715.20	\$71,750.16	\$28,614.14	\$100,364.30
Feb 2021	151	176	\$104,715.20	\$287,500.06	\$22,166.02	\$309,666.08
Mar 2021	151	176	\$104,351.28	\$63,530.16	\$22,293.17	\$85,823.33
Total: Selected Filter(s)	151	179	\$1,263,100.16	\$1,437,332.14	\$358,500.01	\$1,795,832.15

HCC - No PHI

Post Date : Mar 2021

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (094532 - HOPKINS COUNTY/TAC)

Paid Month : Last 12 Months

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
8380237018	Active	\$334,808.17	\$0.00	\$334,808.17
18990194647	Active	\$224,417.64	\$253.07	\$224,670.71
19360596551	Active	\$213,705.29	\$1,818.39	\$215,523.68
3430164564	Active	\$906.19	\$128,317.47	\$129,223.66
16580089441	Active	\$93,635.05	\$2,563.93	\$96,198.98
15340170142	Active	\$79,221.06	\$3,813.16	\$83,034.22
17850393200	Active	\$9,685.10	\$60,807.99	\$70,493.09
3430164334	Active	\$60,938.02	\$6,579.60	\$67,517.62
17380132754	Active	\$28,114.40	\$232.36	\$28,346.76
18070292931	Active	\$27,063.02	\$358.47	\$27,421.49
14560060582	Active	\$24,259.59	\$40.32	\$24,299.91
19270418534	Active	\$23,607.54	\$0.00	\$23,607.54
13420569279	Active	\$4,456.67	\$18,656.85	\$23,113.52
18640021253	Active	\$2,302.78	\$20,710.02	\$23,012.80
17130059770	Active	\$18,548.45	\$4,207.99	\$22,756.44
17030352337	Active	\$2,044.43	\$19,224.68	\$21,269.11
18770090144	Active	\$1,748.39	\$17,379.47	\$19,127.86
3430164257	Active	\$15,637.98	\$855.75	\$16,493.73
17810256342	Active	\$13,895.90	\$0.00	\$13,895.90
3430164137	Active	\$3,582.90	\$8,385.50	\$11,968.40
Query Total	20	\$1,182,578.57	\$294,205.02	\$1,476,783.59



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Hopkins County

WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

Current Wellness Coordinator #1

Please list changes and/or corrections:

Name: Mrs. Kelly Kaslon

Title: Administration Manager

Address: 118 Church St
Sulphur Springs, TX 75482-2602

Email: kelly@hopkinscountytx.org

Phone Number: (903) 438-4009

Fax Number:

WELLNESS SPONSOR

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

Current Wellness Sponsor

Please list changes and/or corrections:

Name:

Title:

Address:

Email:

Phone Number:

Fax Number:



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Current Wellness Coordinator #2

Name: Ms. Millie Duncan

Title: Human Resources

Address: PO Box 288
Sulphur Springs, TX 75483-0288

Email: millie@hopkinscountytexas.org

Phone Number: (903) 438-4094

Fax Number:

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: _____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

Hopkins County Current CSI

Our records indicate that Hopkins County currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2021-2022 plan year, or if you would like to make modifications to your current design. If you select "Yes," your county or district's Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

- Yes, we would like to continue with the same CSI program for the 2020-2021 plan year.
Current CSI: Annual Physical: Avoid the \$25 Monthly Health Benefits Contribution
Tobacco Certification: Avoid the \$25 Monthly Tobacco Contribution
- We are interested in making changes to our CSI program.

County or District Name: _____

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Plan Year 2022 Renewal Checklist

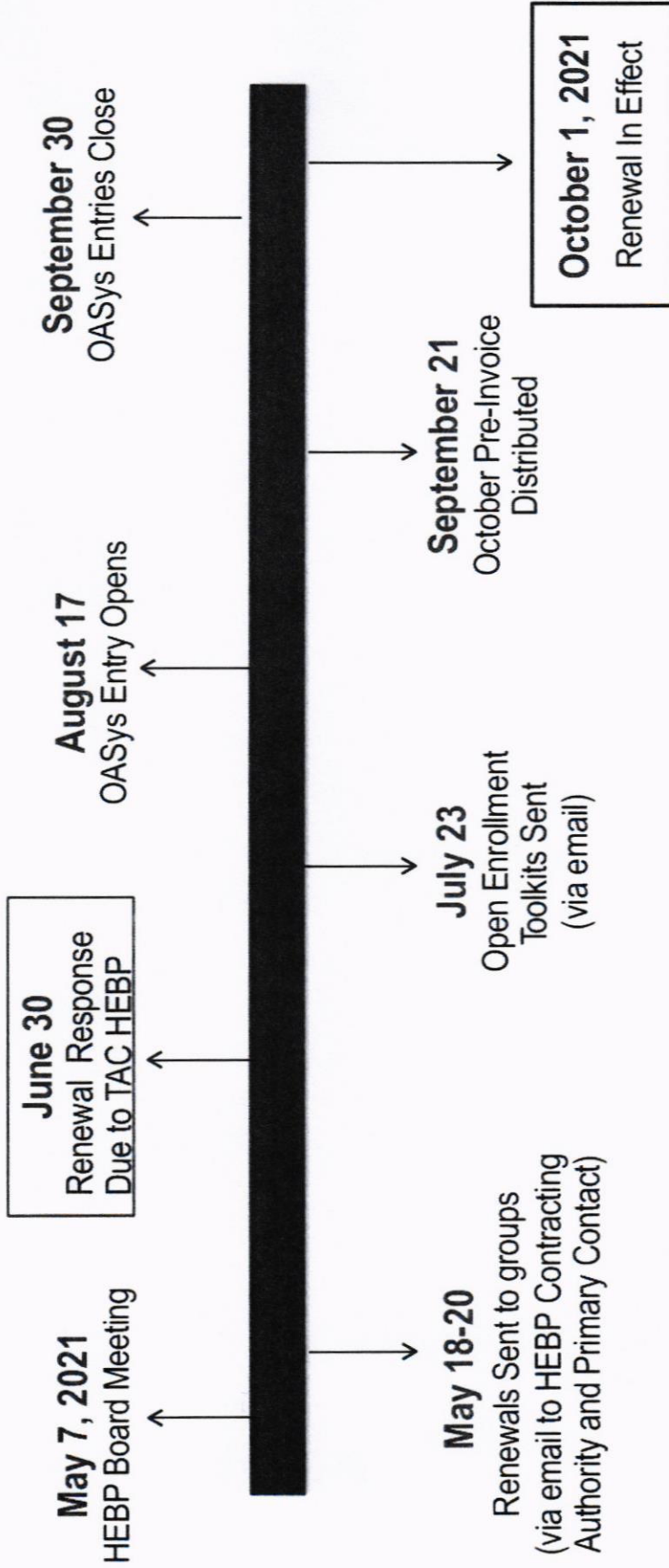
To renew your TAC HEBP medical and prescription drug, dental, life, and/or vision benefits, please refer to the enclosed calendar and the procedures listed below:

- 1.) **Print the Renewal Notice and Benefit Confirmation (RNBC) form with alternate plan options if applicable**, and other relevant documents from this Renewal Packet that your commissioners court or governing board may wish to review.
- 2.) **Have your commissioners court or governing board approve the renewal plan and rates.** If you are interested in an alternate plan, or making changes to your current benefits, please call your Employee Benefits Consultant at (800) 456-5974.
- 3.) **In OASys, complete the RNBC form, including alternate option selection if applicable.** Instructions are included in this Renewal Packet. Be sure to review all pages, and fill in the contribution amounts for all of your health and dental plans.
- 4.) **Print the completed RNBC form** and have your county judge or contracting authority initial and sign in the indicated spaces.
- 5.) **Return the signed Renewal Notice & Benefit Confirmation.** Please email or fax the signed form to your Employee Benefits Specialist at (512) 481-8481, no later than **June 30, 2021.**

NOTE: Returning your RNBC past the due date will result in a delay in implementing your Plan Year 2022 renewal, including employee open enrollment changes.

Please make copies of all documents for your records.

Plan Year 2022 Key Renewal Dates: October 1 Anniversary Date



Look at Commissioners Court /Board meeting dates now and plan to place renewal discussion on agenda(s) or schedule workshops

TEXAS ASSOCIATION of COUNTIES

HEBP Territory Map

Employee Benefits and Wellness Consultants

NORTHWEST

EMPLOYEE BENEFITS CONSULTANT
Kathy Davenport

WELLNESS CONSULTANT
Stacey Bruington

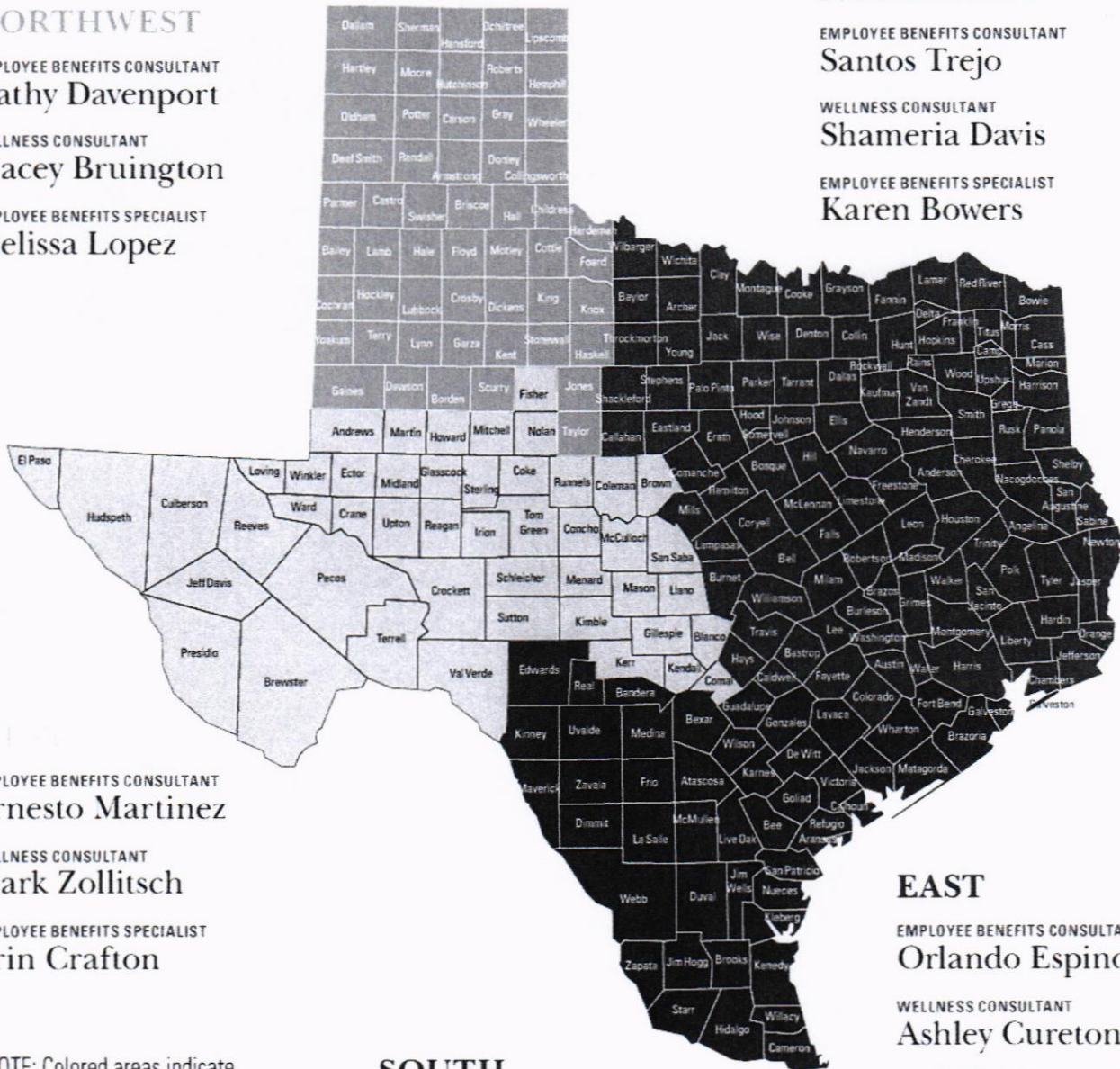
EMPLOYEE BENEFITS SPECIALIST
Melissa Lopez

NORTHEAST

EMPLOYEE BENEFITS CONSULTANT
Santos Trejo

WELLNESS CONSULTANT
Shameria Davis

EMPLOYEE BENEFITS SPECIALIST
Karen Bowers



EMPLOYEE BENEFITS CONSULTANT
Ernesto Martinez

WELLNESS CONSULTANT
Mark Zollitsch

EMPLOYEE BENEFITS SPECIALIST
Erin Crafton

EAST

EMPLOYEE BENEFITS CONSULTANT
Orlando Espinoza

WELLNESS CONSULTANT
Ashley Cureton

EMPLOYEE BENEFITS SPECIALIST
Hailey Gajewski

SOUTH

EMPLOYEE BENEFITS CONSULTANT
Clarissa Martinez

WELLNESS CONSULTANT
Biral Patel

EMPLOYEE BENEFITS SPECIALIST
Heather Hanson

NOTE: Colored areas indicate the five **EBC/WC/EBS** regions.

- East ■ Northeast
- Northwest ■ West
- South

(800) 456-5974
county.org





TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Now available: TAC HEBP Voluntary Dental*

Voluntary Dental Plan Options

Plan Benefits	Plan I	Plan II	Plan III	Plan IV
Maximum Annual Benefit	\$2,000.00	\$1,500.00	\$1,000.00	\$750.00
Preventive Care	100%	100%	80%	80%
Basic Care	80%	80%	80%	80%
Major Services	50%	50%	50%	0%
Annual Deductible <i>(waived for preventive care)</i>	\$50.00	\$50.00	\$75.00	\$75.00
If selected, Orthodontic Lifetime Maximum <i>(up to age 26)</i>	50% up to \$2,000.00	50% up to \$1,500.00	50% up to \$1,000.00	Not Available

- Groups may select either a 2-rate or 4-rate structure.
- Orthodontics coverage is optional per group, not per individual family.

*** Voluntary Dental plans do not require any employer contribution
(100% employee-paid)**

To request a price quote, contact your Employee Benefits Specialist

Texas Association of Counties - Basic Voluntary Life Coverage

SUPPLEMENTAL LIFE & AD&D (\$10K Increment Based Plan)

Supplemental Life & AD&D Benefits	Guidelines	
Eligibility	All Full-time employees working at least 20 hrs/wk	
Employee Benefit		
Minimum	\$20,000	
Maximum	Lesser of 5 x Basic Annual Earnings or \$500,000	
Increments of	\$10,000	
Guaranteed Issue Amount*	\$150,000	
Spouse Benefit		
Minimum	\$10,000	
Maximum	\$250,000	
Increments of	\$5,000	
Guaranteed Issue Amount	\$30,000	
Dependent Child(ren) Benefit	Choice of: \$2,500, \$5,000, \$7,500 or \$10,000	
Guaranteed Issue Amount	All Amounts	
Benefit Reduction	Age	% of Original Benefit
	65	65%
	70	40%
	75	25%
Waiver of Premium	Included	
Portability	Included	
Rates per \$1,000	Employee Rate	Spouse Rate
Under age 25	\$0.070	\$0.070
Age 25-29	\$0.080	\$0.080
Age 30-34	\$0.100	\$0.100
Age 35-39	\$0.110	\$0.110
Age 40-44	\$0.150	\$0.150
Age 45-49	\$0.260	\$0.260
Age 50-54	\$0.460	\$0.460
Age 55-59	\$0.660	\$0.660
Age 60-64	\$0.950	\$0.950
Age 65-69	\$1.660	\$1.660
Age 70 and over	\$2.650	\$2.650
Dependent Child Rate (per \$1,000)	\$0.200	
PAI Rate (per \$1,000)	Employee \$0.05 Spouse \$0.057 Child \$0.066	

* In order for coverage to be offered on a guaranteed issue basis employee participation in the plan must be 20% or greater. No broker commission is included in rates; may be added at request of employer.



Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.



Texas Association of Counties - Basic Voluntary Life Coverage

SUPPLEMENTAL LIFE & AD&D (Salary Based Plan)

Supplemental Life & AD&D Benefits	Guidelines	
Eligibility	All Full-time employees working at least 20 hrs/wk	
Employee Benefit		
Minimum	\$20,000	
Maximum	Lesser of 5 x Basic Annual Earnings or \$500,000	
Increments of	1 times Base Annual Earning	
Guaranteed Issue Amount*	\$150,000	
Spouse Benefit		
Minimum	\$10,000	
Maximum	\$250,000	
Increments of	\$5,000	
Guaranteed Issue Amount	\$30,000	
Dependent Child(ren) Benefit		
Guaranteed Issue Amount	Choice of: \$2,500, \$5,000, \$7,500 or \$10,000	
	All Amounts	
	Age	% of Original Benefit
Benefit Reduction	65	65%
	70	40%
	75	25%
Waiver of Premium	Included	
Portability	Included	
Rates per \$1,000	Employee Rate	Spouse Rate
Under age 25	\$0.070	\$0.070
Age 25-29	\$0.080	\$0.080
Age 30-34	\$0.100	\$0.100
Age 35-39	\$0.110	\$0.110
Age 40-44	\$0.150	\$0.150
Age 45-49	\$0.260	\$0.260
Age 50-54	\$0.460	\$0.460
Age 55-59	\$0.660	\$0.660
Age 60-64	\$0.950	\$0.950
Age 65-69	\$1.660	\$1.660
Age 70 and over	\$2.650	\$2.650
Dependent Child Rate (per \$1,000)	\$0.200	
PAI Rate (per \$1,000)	Employee \$0.05 Spouse \$.057 Child \$.066	

* In order for coverage to be offered on a guaranteed issue basis employee participation in the plan must be 20% or greater. No broker commission is included in rates; may be added at request of employer.



Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.



Basic Voluntary Life Insurance – Definitions

Basic Voluntary Life coverage is issued with no underwriting, so all plan elements are fixed (i.e. benefit amounts and provisions cannot be customized).

- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Benefit Reduction:** Benefit amount reduces to 65% of original coverage at age 75.
- **Guaranteed Issue:** This amount of coverage is available with no health questions.
- **Portability:** If you leave your job or your hours are reduced, you may lose your eligibility for Group Term Life Insurance coverage through your employer. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company (age limitations may apply).
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Affordable Care Act (ACA) Update for 2021 – 22 Plan Year

ACA Related Legislation

As of the date of this printing, ACA regulations and requirements are still in effect. TAC HEBP continues to monitor legislative efforts to modify the ACA, and will provide education and guidance to our Pool members if and when changes affecting your plans and/or reporting requirements are forthcoming. We utilize outside sources as well as TAC staff to monitor and analyze this issue. The guidance in this document is based on the law as it currently exists. However, the update should not be regarded as legal advice. We encourage you to check with your county attorney for a thorough discussion of statutory interpretation issues.

Large Employer Coverage Mandates

Effective for plan years beginning on or after Jan. 1, 2016, employers with 50 or more full time equivalent employees must offer health coverage to at least 95% of employees who work an average of 30 hours per week or more. The coverage must meet minimum value (pay at least 60 percent of covered costs; all TAC plans comply with this requirement) and be considered affordable (employer cannot collect more than 9.83% of employee's W-2 Box 1 income for self-only coverage).

Measurement Periods

Employers should have defined a standard measurement period of between 3 and 12 months for tracking the hours of part-time and variable-hour employees. For plan years beginning on or after January 1, 2015, employees who work on average 30 hours per week or more during the preceding measurement period must be offered health coverage. The employee must be offered coverage for a period of time equal to or greater than the length of the measurement period but not less than 6 months. Coverage will start after a standard administrative period of not more than 90 days.

ACA Fees

ACA fees for this plan year are as follows: The Patient-Centered Outcomes Research Institute (PCORI) fee is to help fund research relating to patient-centered outcomes and evaluating risks and benefits of medical treatments, services, etc. This fee was originally set to end after 2019, but has been reinstated. For 2020, the fee was \$2.66 per member per year, payable in July, 2021.

For the 2021-22 plan year, the HEBP Board of Directors has elected to pay these fees on behalf of all Pool members.

ACA Reporting

2021 is the seventh year of reporting requirements under the ACA. In January 2022*, all employers with 50 or more full time equivalent employees must provide a form 1095C to every employee or former employee who worked full time for any month during calendar year 2020. (Full time for ACA purposes is 30 hours per week on average over the course of the employer's measurement period.)

** Historically, each year the IRS has extended this deadline to the end of March.*

A copy of these forms must be provided to the IRS along with an informational transmittal form (1094C). The purpose of this reporting is to allow the IRS to determine whether the employer has satisfied the ACA Employer Mandate, and to determine whether employees and their dependents were eligible for subsidies when purchasing coverage through the Federal Exchange.

TAC HEBP will continue offering ARTS (Affordable Care Act Reporting and Tracking Service) to counties and districts who utilize our health plans at no charge, which will enable them to produce the necessary forms. In addition to producing the required forms, ARTS will also track lookback measurement periods and perform affordability testing when applicable.

Your employees and any covered retiree or COBRA participant may also be issued a form 1095B from TAC HEBP. The 1095B provides proof of individual coverage for employees and their enrolled dependents. Although penalties were eliminated for the ACA Individual Mandate as of 1/1/2019, the IRS has not eliminated the requirement for producing and filing these forms. **For 2021, TAC HEBP will provide 1095B forms to employees only upon request.** The forms will still be filed with the IRS as required.

Limits on Cost-sharing and Combined maximum out-of-pocket

Effective for plan years beginning on or after Jan. 1, 2014, **non-grandfathered** health plans are subject to limits on cost-sharing or out-of-pocket costs. For 2021-2022, out-of-pocket expenses may not exceed **\$8,550** for self-only coverage and **\$17,100** for family coverage. Out-of-pocket costs which apply to these limits include medical plan co-payments, deductibles, and co-insurance AND prescription co-payments and deductibles.

Excise Tax

Implementation of an Excise Tax on health plans costing more than a federally-established threshold, a provision of the ACA as originally adopted, has been revoked by Congress as of this time. TAC HEBP will be monitoring this and any other ACA developments, and will update you if changes occur that might affect your health plan.

Updated April 15, 2021



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ATTENTION County and District Benefits Administrators:

The TAC-HEBP **Employee Self-Service (ESS) Portal** is available for employees to enter their Open Enrollment elections

- Employees can make their Open Enrollment elections through the portal during the annual open enrollment window period.
- Employees can make address and phone number changes through the portal throughout the year. Changes will be posted to OASys in real time.

NOTE: OASys will produce a weekly report for admin users listing any changes that have been entered by an employee.

✚ Employees can access their Resource Guides and Benefit Booklets through the portal. As always, they will have a direct sign-on into the BCBS and Navitus sites to review their claims, search for providers, and take advantage of all the resources there. We'll also post helpful tips and informational videos from time to time during the year.

✚ TAC HEBP can add links for your other benefit providers to the portal, so employees can use this as a '1-stop shop' for accessing information about all the benefits available to them.

✚ The portal will require enhanced sign-on security with multi-factor authentication. This requires members to register with an email address or cell phone number. Once they register, this information will be saved to their OASys record.

EMPLOYEE SELF-SERVICE (ESS) PORTAL: MYBENEFITS.COUNTY.ORG

Responses to common questions regarding ESS functionality:

- Employees are not required to use the self-service portal to enter their open enrollment changes. Many of our groups have been asking for this functionality for some time, but it is up to each county to decide how they would like to keep up with employee's benefit elections.
- The ESS Portal is the same portal (*mybenefits.county.org*) we've used for several years. Employees can directly access BCBS and Navitus, with links to their Wellness programs, TCDRS etc.
- TAC values every member and employee, and respects their privacy. Personal contact information is important to us and our claims administrators (BCBSTX and Navitus) so that members can be reached with information about their benefits and assistance in using them. TAC will not sell or share email addresses with any other entity.
- Employees who don't have (or don't want to provide) an email address are encouraged to set up a free email account (gmail, Yahoo, Hotmail etc.) just for this purpose. They never have to access the account again if they don't want to.

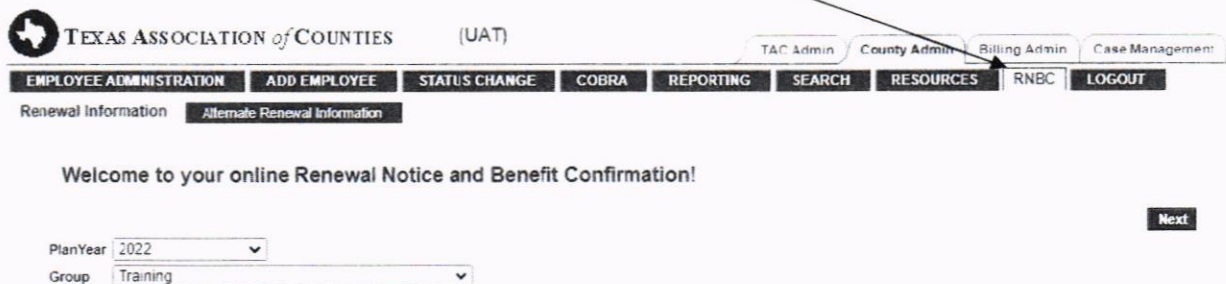
RENEWAL NOTICE AND BENEFIT CONFIRMATION (RNBC) ALTERNATE PLAN SELECTION and ONLINE COMPLETION INSTRUCTIONS

Thank you for using OASys to view alternate plan options and completing your
Renewal Notice and Benefit Confirmation (RNBC) *online and on time!*

**NOTE: If you do not want to view alternate renewal plans,
please skip to Section III on page 4 of this document.**

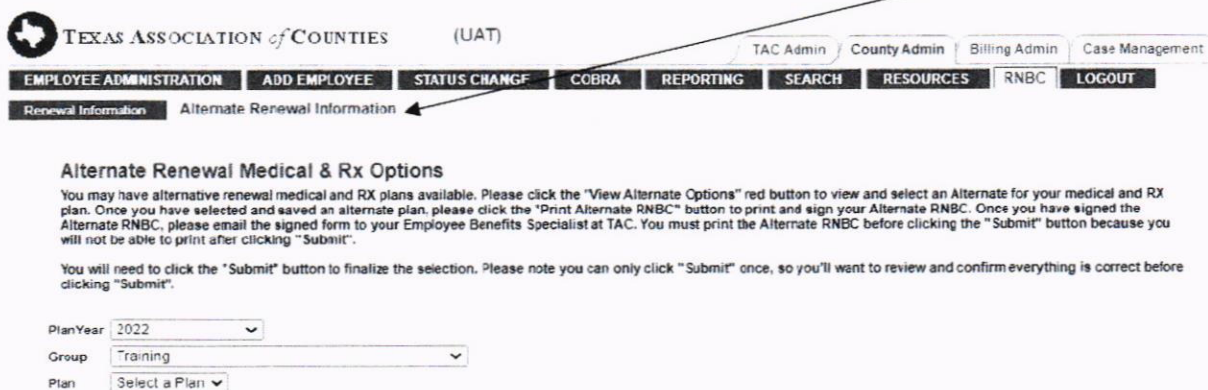
I. To view alternate renewal Medical and Rx Options (Alternate RNBC)

Log onto OASys and click on the RNBC tab.



The screenshot shows the OASys login page for the Texas Association of Counties (UAT). The navigation menu includes: EMPLOYEE ADMINISTRATION, ADD EMPLOYEE, STATUS CHANGE, COBRA, REPORTING, SEARCH, RESOURCES, RNBC (highlighted), and LOGOUT. Below the menu, there are tabs for Renewal Information and Alternate Renewal Information. A 'Next' button is visible on the right. The form fields show PlanYear: 2022 and Group: Training.

Click the 'Next' button, then click on the 'Alternate Renewal Information' tab.



The screenshot shows the 'Alternate Renewal Medical & Rx Options' page. The navigation menu is the same as the previous screenshot, but the 'RNBC' tab is now selected. Below the menu, there are tabs for Renewal Information and Alternate Renewal Information (highlighted). The page contains instructions: 'You may have alternative renewal medical and RX plans available. Please click the "View Alternate Options" red button to view and select an Alternate for your medical and RX plan. Once you have selected and saved an alternate plan, please click the "Print Alternate RNBC" button to print and sign your Alternate RNBC. Once you have signed the Alternate RNBC, please email the signed form to your Employee Benefits Specialist at TAC. You must print the Alternate RNBC before clicking the "Submit" button because you will not be able to print after clicking "Submit".' Below this, it says: 'You will need to click the "Submit" button to finalize the selection. Please note you can only click "Submit" once, so you'll want to review and confirm everything is correct before clicking "Submit".' The form fields show PlanYear: 2022, Group: Training, and Plan: Select a Plan.

Plan Year will default to 2022 (PY2022), and you will see your Group's name. Use the dropdown menu for 'Plan' to select a plan, then click the red "View Alternate Options" button tab on the right side of the window.

The screen will then populate with a side by side comparison of highlights for your Current Plan, your Renewal Plan and up to 3 alternative plans.

NOTE: If no Alternate Options are listed, or if you would like to see different plan options, contact your TAC Employee Benefits Specialist (EBS) for assistance.

 **TEXAS ASSOCIATION of COUNTIES** (UAT)

TAC Admin County Admin Billing Admin Case Management

EMPLOYEE ADMINISTRATION ADD EMPLOYEE STATUS CHANGE COBRA REPORTING SEARCH RESOURCES RNBC LOGOUT

Renewal Information Alternate Renewal Information

Alternate Renewal Medical & Rx Options

You may have alternative renewal medical and RX plans available. Please click the "View Alternate Options" red button to view and select an Alternate for your medical and RX plan. Once you have selected and saved an alternate plan, please click the "Print Alternate RNBC" button to print and sign your Alternate RNBC. Once you have signed the Alternate RNBC, please email the signed form to your Employee Benefits Specialist at TAC. You must print the Alternate RNBC before clicking the "Submit" button because you will not be able to print after clicking "Submit".

You will need to click the "Submit" button to finalize the selection. Please note you can only click "Submit" once, so you'll want to review and confirm everything is correct before clicking "Submit".

Print Alternate RNBC Submit

PlanYear

Group

Plan

MEDICAL & RX OPTIONS					
Benefit	Current Plan	Renewal Plan	Alternate Option 1	Alternate Option 2	Alternate Option 3
Medical	700	700	700-G2	1100-NG	
Rx	RX-3A	RX-3A	RX-3A-G2	RX-3A-NG	
MEDICAL & RX RATES					
Tier	Current Rates	Renewal Rates	Alternate Option 1	Alternate Option 2	Alternate Option 3
Employee Only	\$554.58	\$554.58	\$537.76	\$523.72	
Employee + Child(ren)	\$862.80	\$862.80	\$836.44	\$814.44	
Employee + Spouse	\$1,162.50	\$1,162.50	\$1,125.88	\$1,097.14	
Employee + Family	\$1,471.74	\$1,471.74	\$1,425.56	\$1,388.84	
Medical Plan					
Plan Benefits	Current Plan	Renewal Plan	Alternate Option 1	Alternate Option 2	Alternate Option 3
Deductible In/Out Network	\$500/750	\$500/750	\$680/1020	\$750/1000	

Prescription Plan					
Plan Benefits	Current Plan	Renewal Plan	Alternate Option 1	Alternate Option 2	Alternate Option 3
Prescription Card Co-Pay	10/20/35	10/20/35	15/25/45	10/20/35	
Deductible	\$0	\$0	\$0	\$0	
Please select an alternate plan and choose which plan to replace with the alternate.			<input type="checkbox"/>	<input type="checkbox"/>	

You can print the screen by clicking the red "Print Alternate Options" button. This will open another screen in PDF format that you can save to your computer or print on paper for review.

If you request additional Alternate Options from your EBS, they will be updated on this screen. Please note that only 3 Alternate Options will be viewable at one time, so if you are considering more than three, you will need to print the first 3 options before you request more.

II. To select an alternate renewal Medical and Rx option for your plan renewal

After you have reviewed your Alternate Options and the commissioners court or governing body has approved an Alternate Option as your plan and rates for PY2022, you will need to select the correct plan on the RNBC Alternate Renewal Information tab.

Repeat the steps from Section I to get to the Alternate Renewal Information screen.

Beneath the Prescription Plan information, you will select an alternate option. (You may need to scroll to the bottom of the screen to see this.)

Prescription Plan					
Plan Benefits	Current Plan	Renewal Plan	Alternate Option 1	Alternate Option 2	Alternate Option 3
Prescription Card Co-Pay	10/20/35	10/20/35	15/25/45	10/20/35	
Deductible	50	50	50	50	
Please select an alternate plan and choose which plan to replace with the alternate.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Click on the box beneath the Alternate your group has chosen, to place a checkmark in the box. Then click on the green checkmark on the far left.

<input checked="" type="checkbox"/>	Please select an alternate plan and choose which plan to replace with the alternate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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The screen will refresh, and you will see the Alternate that you have chosen has a faded/greyed out checkmark. Verify this is the correct choice.

<input type="checkbox"/>	Please select an alternate plan and choose which plan to replace with the alternate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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After you confirm that the correct box is checked, click the red "Print Alternate RNBC" button (close to the top on the right side of the screen). This will allow you to print your newly chosen RNBC either to paper or save it as a PDF.

Once you are certain that you have selected the correct Alternate and printed it, click "Submit" button close to the top on the right side of the screen. NOTE: you cannot print the Alternate RNBC after clicking the Submit button.

Print Alternate RNBC **Submit**

Clicking the red "Submit" button has updated your plan choice in OASys, but you will need to finalize your renewal information via the Renewal Information tab to complete the renewal process *online and on time*. Please proceed to Section III.

III. Completing your Plan Year 2022 (PY2022) RNBC online

Log onto OASys and click on the red RNBC tab.



Welcome to your online Renewal Notice and Benefit Confirmation!

Next

PlanYear: 2022
Group: Training

Click the 'Next' button, then click on the 'Renewal Information' tab.

Plan Year will default to 2022, and you should see your group's name in the Group box.

Click the red "Next" button on the right to begin completing your PY2022 RNBC.

Step 1: Rate Information



Step 1: Rate Information

Please complete New Amount Employer Pays and New Amount Employee Pays for each Benefit and Status your group offers. Click on each drop down box to review various status categories and benefits (medical and dental) for each status type (actives & elected officials, retirees) then click "View Data". Once you have entered the rates for each benefit and status, click the green check mark to save the entries. Once all amounts are entered, click "Next" to continue.

Previous Next

PlanYear: 2022
Group: Training
Status: Active and Elected
Benefit: 1 - Medical
Plan: Plan 700
View Data

Benefit	Plan	% Rate Increase
Medical	Plan 700 \$23 Copay, \$500 Ded, 90%o, \$2000 OOP Max	0.00 %
Prescription Drug	3A \$10/20/\$5, \$0 Ded	

- Select a Status from the drop down box. You will need to complete the contribution amounts for each status applicable to your group (Active and Elected, Retiree, COBRA or Continuation of Coverage).
- Select a Benefit from the drop down below the Status type. You only need to complete contribution amounts for the Medical and Dental Benefits.
- Select a plan from the Plan box. If your group has more than one Medical or Dental plan, you will need to complete the contribution amounts for each Status and Plan.
- Once you have made your selections, click on the red "View Data" button and the Rate information for that Status, Benefit and Plan will appear.



Step 1: Rate Information

Please complete New Amount Employer Pays and New Amount Employee Pays for each Benefit and Status your group offers. Click on each drop down box to review various status categories and benefits (medical and dental) for each status type (actives & elected officials, retirees) then click "View Data". Once you have entered the rates for each benefit and status, click the green check mark to save the entries. Once all amounts are entered, click "Next" to continue.

Previous PlanYear 2022 Group County Status Active and Elected Benefit Medical Plan Plan 700 View Data Next

Table with 3 columns: Benefit, Plan, % Rate Increase. Row 1: Medical, Plan 700 \$25 Copay, \$500 Ded, 90%, \$2000 OOP Max, 0.00 %.

Table with 6 columns: Tier, Current Rates, New Rates Effective 10/1/2021, New Amount Employer Pays, New Amount Employee Pays. Rows for Employee Only, Employee + Child(ren), Employee + Spouse, Employee + Family.

- e. To update each tier (Employee Only, EE+Children, EE+Spouse, EE+Family), click on the notepad icon next to the push pin. This will open up the 'New Amount Employer Pays' and 'New Amount Employee Pays' boxes so that you can enter your new contributions for PY2022.

Table with 3 columns: Benefit, Plan, % Rate Increase. Row 1: Medical, Plan 700 \$25 Copay, \$500 Ded, 90%, \$2000 OOP Max, 0.00 %.

Table with 6 columns: Tier, Current Rates, New Rates Effective 10/1/2021, New Amount Employer Pays, New Amount Employee Pays. Row 1: Employee Only, \$554.58, \$554.58, \$500.00, \$500.00.

Amount Employer Pays + Amount Employee Pays does not equal the new rate for at least one medical, dental or vision plan. Please review the medical, dental and vision rates and make updates as needed.

- f. Enter the Employer and Employee contribution amounts, then click the green checkmark on the left to save them. The system will automatically calculate to ensure that the "New Amount Employer Pays" plus the "New Amount Employee Pays" totals to the "New Rates Effective" amount.
- g. Continue to the next tier and repeat steps e and f until you have entered the PY2022 contributions for each tier.
- h. Repeat steps a through f for each Plan and Status type for your Medical and Dental plans, if your County or District offers multiple plan options.
- i. Once all contributions have been entered, click the red Next button on the right to proceed to Step 2. (If you receive an error message, please make sure that you have entered the contribution rates for EACH Status type and EACH benefit. The system will not allow you to move forward until contributions for every Plan, Status, and Benefit have been entered.)

Step 2: Contact Information

Step 2: Contact Information
Please review your contact information by clicking on the Contact Type drop down box to select a contact type then click "View Data". You will need to update information for each Contact Type as needed. Once you have reviewed and updated all contact information, please click Next to continue.

Previous Next

Plan Year: 2022
Group: 100000
Contact Type: Contracting Authority

View Data

- Here you will update your group's contacts. To begin, select the Contracting Authority from the Contact Type drop down box and click on the "View Data" button.
- The information shown is current OASys data for your group. Please review it carefully. To make any changes, click on the red "Edit" button and enter updated contact information, then click the red "Save" button to save your updates.
- Complete this process for the Contracting Authority, Primary Contact and Billing Contact. If you have a broker or consultant, please also review and update their information by selecting this option from the Contact Type drop down box.
- Once all contacts have been reviewed and updated, click on the red "Next" button on the right to proceed to Step 3.

Step 3: Waiting Periods

Step 3: Waiting Periods
Please click "View Data" to review your waiting period information for active employees and elected officials. If your group would like to change either or both waiting periods, please contact your Employee Benefits Specialist for instructions.

Previous Next


Plan Year: 2022
Group: 100000

View Data

- To view your current waiting periods for active Employees and Elected Officials, click on the red "View Data" button.
- NOTE: you cannot change your waiting period via OASys. If your group would like to change their waiting period, please contact your TAC HEBP Employee Benefits Specialist for instructions. TAC will need written confirmation of any waiting period changes.
- Click on the red "Next" button on the right to proceed to Step 4.

Step 4: Retiree Information

- If your group covers retirees on any TAC HEBP plans, click the red "View Data" button. You may include Pre and Post 65 retirees in medical, dental, and/or vision coverages if your active employees are offered these plans.
- Please update the information by clicking on the notepad icon and then clicking on the correct box designating Pre or Post 65 eligibility for each applicable type of coverage. Click on the green checkmark to save. If you are changing the way your group covers retirees on any of these plans, please make your EBS aware.
- Click the red "Next" button on the right to proceed to Step 5.

 TEXAS ASSOCIATION of COUNTIES (UAT)

TAC Admin County Admin Billing Admin Case Management

EMPLOYEE ADMINISTRATION ADD EMPLOYEE STATUS CHANGE COBRA REPORTING SEARCH RESOURCES RNEC LOGOUT

Renewal Information Alternate Renewal Information

Step 4: Retiree Information

Please click "View Data" to review your pre-65 and post-65 retiree eligibility information and make updates as needed. Once you have reviewed and updated all retiree information, please click Next to continue.

[Previous](#) [Next](#)

Plan Year: 2022
Group: Training

[View Data](#)

	Benefit	Pre 65 Eligibility	Post 65 Eligibility
<input checked="" type="checkbox"/> <input type="checkbox"/>	Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dental		
<input type="checkbox"/>	Vision		

Step 5: COBRA Information

- Click on the red View Data button and the system will display the option you currently use for COBRA administration.
- If your group processes your own or uses a third party to administer COBRA, the OASys button (left side of screen) should be checked.
- If your group contracts with the BCBS COBRA Administration department the BCBS COBRA radial button should be checked.
- To update this information, click on the notepad icon, select the correct button, and click on the green checkmark to save. If your group is changing how you process COBRA, please make your EBS aware.

TEXAS ASSOCIATION of COUNTIES (UAT)

TAC Admin County Admin Billing Admin Case Management

EMPLOYEE ADMINISTRATION ADD EMPLOYEE STATUS CHANGE COBRA REPORTING SEARCH RESOURCES RNBC LOGOUT

Renewal Information Alternate Renewal Information

Step 5: COBRA Information

Please click "View Data" to review your COBRA administration information and make updates as needed. Once you have reviewed and updated all COBRA information, please click Submit to continue.

Previous

PlanYear 2022

Group Triang

View Data

<input checked="" type="checkbox"/>	<input type="checkbox"/>	County/Group processes COBRA on OASYS *County/Group is responsible for fulfilling COBRA notification process and requirements	<input type="checkbox"/>	BCBS COBRA Department processes Cobra *BCBS COBRA Department administers via COBRA contract with the County/Group
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Submit

You're nearly finished! Click on the red "Submit" button to proceed.

If Steps 1-5 were completed successfully, the system will confirm:



Complete!

You have successfully completed your renewal information. Please click the "Print RNBC" button to print and sign your RNBC. Once you have signed the RNBC, please email the signed form to your Employee Benefits Specialist at TAC.

Print RNBC

Congratulations!!

The final step is to print your RNBC and secure the necessary initials and signatures, then send the document to TAC HEBP.

- a. Click on the "Print RNBC button" and a completed version of your PY2022 RNBC document will appear.
- b. Please print the completed RNBC document and review it a final time for accuracy. NOTE: Zero dollar amounts will show as blank on your RNBC; this is fine. Have your Contracting Authority initial where indicated and sign at the bottom of the 'Contact Information' page. If you find an error or need to change something once you have completed the process, please contact your Employee Benefits Consultant or your Employee Benefits Specialist.
- c. Scan and email or fax the signed copy to your Employee Benefits Specialist at TAC HEBP:

Erin Crafton: erinc@county.org
Hailey Gajewski: haileyg@county.org
Heather Hanson: heatherh@county.org
Karen Bowers: karenb@county.org
Melissa Lopez: melissal@county.org
TAC HEBP Secure Fax: (512) 481-8481

Thank you for completing your RNBC online. We look forward to another wonderful year of working with you.