

**2022-2023 Alternate Plan Proposal  
Group: Hopkins County**

Renewal Rates	Option 1 – BEN (HMO Plan)
Plan 1500 NG	Plan 1575 BEN
Rx Option 5B NG	Rx Option 5B NG

**Rates**

Employee Only	\$749.80	\$652.81
Employee + Child(ren)	\$1,153.50	\$1,004.30
Employee + Spouse	\$1,791.16	\$1,559.48
Employee + Family	\$2,260.28	\$1,967.92

**Medical Plan**

Deductible In/Out Network	\$2500/\$7500	\$2500/NA
Co-Insurance % In/Out	80/60	80/60
Co-Insurance Max In/Out	\$4350/\$8000	\$4350NA
Office Visit – Primary Care	\$40	\$40
Office Visit - Specialist	\$40	\$40
Emergency Room Hospital	\$150	\$150

**Prescription Plan**

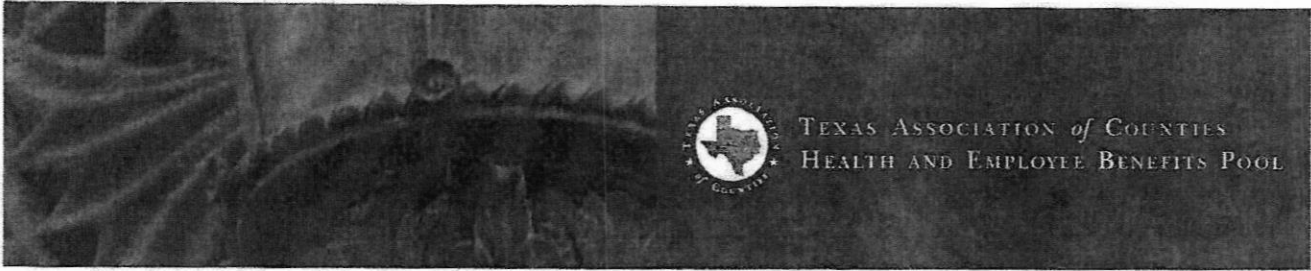
Prescription Card Co-Pay	\$10/30/50	\$10/30/50
Deductible	\$100	\$100

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 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.

Please indicate the selected plan here: Option 1-BEN HMO Plan  
 Fax the signed document to 1-512-481-8481.

Signature: [Signature] Date: 6-27-2022  
 Hopkins County, Plan Year 2023 Alternate Plan Proposal



**2022 - 2023 Amended Renewal Notice and Benefit Confirmation**

Group: 94532 - Hopkins County

Anniversary Date: 10/01/2022

**Return to TAC by: 06/30/2022**

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 1575-NG BEN \$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	New Rates Effective 10/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$652.81	\$ 652.81	\$ 0.00	\$
Employee + Child(ren)	\$853.66	\$ 803.46	\$ 50.20	\$
Employee + Spouse	\$1,559.48	\$ 886.73	\$ 672.75	\$
Employee + Family	\$1,672.73	\$ 948.00	\$ 724.73	\$

*[Signature]* Initial to accept Medical Plan and New Rates. **Employer contributions reflect the minimum contribution required for new rates to be effective.**

**LIFE - BASIC**

**Basic Life Products:**  
(Rates are per thousand)

Coverage Volume per Employee: \$10,000

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2022</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.164	\$0.164	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

RN Initial to accept New Basic Life Rates.

**LIFE - VOLUNTARY**

**Voluntary Life Products:**

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2022</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
(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*
- County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)  
*\*County/Group is responsible for fulfilling notification process and requirements*

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 **06/30/2022** 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

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**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**

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**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

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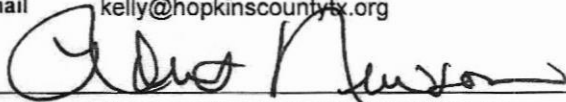
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Date: 7-8-2022

Signature of County Judge or Contracting Authority

Robert Newson, Hopkins County Judge

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.*