

# 14,729

**2017 - 2018 Renewal Notice and Benefit Confirmation**

Group: 39985 - Hunt 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 300-G \$25 Copay, \$300 Ded, 90%, \$1800 OOP Max

RX Plan: Option 2A-G \$10/25/40

Your % rate increase is: 7.50%

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	\$848.18	\$911.78	\$ 911.78	\$ -0-	\$ -0-
Employee + Child	\$1,041.54	\$1,119.66	\$ 911.78	\$ 207.88	\$ 207.88
Employee + Child(ren)	\$1,250.78	\$1,344.58	\$ 911.78	\$ 432.80	\$ 432.80
Employee + Spouse	\$1,792.28	\$1,926.70	\$ 911.78	\$ 1,014.92	\$ 1,014.92
Employee + Family	\$1,822.86	\$1,959.56	\$ 911.78	\$ 1,047.78	\$ 1,047.78

*[Signature]* Initial to accept Medical Plan and New Rates.

**DENTAL**

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Basic, 50% Major

Your % rate increase is: 3.80%

Your payroll deductions for dental 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	\$26.60	\$27.60	\$ 27.60	\$ -0-	\$ 27.60
Employee + Family	\$71.74	\$74.46	\$ 27.60	\$ 46.86	\$ 74.46

*[Signature]* Initial to accept Dental Plan and New Rates.

FILED FOR RECORD at 11:50 o'clock a M

JUL 25 2017

JENNIFER LINDENZWEIG  
County Clerk, Hunt County, TX  
By *[Signature]*



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL



2017 - 2018 Alternate Plan Proposal

Group: 39985 - Hunt County

Effective Date: 10/01/2017

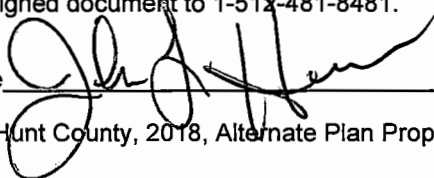
	Current Plan Year	Renewal Rates	Option 1
Plan:	300-G	300-G	300-G2
Option:	RX-2A-G	RX-2A-G	RX-2A-G2
<b>Rates</b>			
Employee Only	\$848.18	\$911.78	\$903.84
Employee + Child	\$1,041.54	\$1,119.66	\$1,109.90
Employee + Child(ren)	\$1,250.78	\$1,344.58	\$1,332.82
Employee + Spouse	\$1,792.28	\$1,926.70	\$1,909.82
Employee + Family	\$1,822.86	\$1,959.56	\$1,942.40
<b>Medical Plan</b>			
Deductible In/Out Network	\$300/600	\$300/600	\$340/680
Co-Insurance % In/Out	90/70	90/70	90/70
Co-Insurance Maximum	\$1800/4200	\$1800/4200	\$2050/4800
Office Visit	\$25	\$25	\$25
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$100
<b>Prescription Plan</b>			
Prescription Card Co-Pay	10/25/40	10/25/40	10/25/45
Deductible	\$0	\$0	\$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 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan: 300-G, Option: RX-2A-G

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

Signature  Date July 25, 2017

**RETIREE**

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical	<b>Pre 65</b>	<b>Post 65</b>	<b>Both</b>
Dental	<b>Pre 65</b>	<b>Post 65</b>	<b>Both</b>

AA Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

89 days - Day following waiting period

AA Initial to confirm.

**Elected Officials**

~~89 days - Day following waiting period~~

Date of Hire AA

## 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

DM

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.
- 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 Hunt 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 Delores K. Shelton, CIO/Treasurer

Address 2507 Lee Street, Room 106  
Greenville, TX 75401-1097

Phone 903-408-4171

Fax 903-408-4285

Email hctreasurer@huntcounty.net

## BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Ms. Cindy Hames/Payroll & Benefits Coord.

Address PO Box 1097  
Greenville, TX 75403-1097

Phone 903-408-4179

Fax 903-408-4285

Email hcpayroll@huntcounty.net

HIPAA Secured Fax

## COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

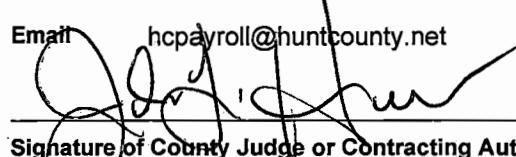
Name/Title Ms. Cindy Hames/Payroll & Benefits Coord.

Address PO Box 1097  
Greenville, TX 75403-1097

Phone 903-408-4179

Fax 903-408-4285

Email hcpayroll@huntcounty.net



Signature of County Judge or Contracting Authority

John L. Horn, Hunt County Judge

Date: July 25, 2017

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.*



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**TAC HEBP G2 Medical Plans (Grandfathered)**

\*

Plan	Office Visit Co-Pay	Deductible In/Out Network*	Co-Ins In/Out Network	Co-Ins Maximum In/Out Network*	ER Co-Pay
100-G2	\$20	\$0 / \$410	90 / 70	\$1350/\$4050	\$65
200-G2	\$25	\$130 / \$390	90 / 70	\$1350/\$4050	\$100
300-G2	\$25	\$340 / \$680	90 / 70	\$2050/\$4800	\$100
400-G2	\$25	\$340 / \$680	80 / 60	\$2750/\$5500	\$100
500-G2	\$30	\$340 / \$680	90 / 70	\$2050/\$4800	\$100
600-G2	\$30	\$340 / \$680	80 / 60	\$2750/\$5500	\$100
700-G2	\$30	\$680 / \$1020	90 / 70	\$2750/\$5500	\$100
800-G2	\$30	\$680 / \$1020	80 / 60	\$3400/\$6800	\$100
1100-G2	\$30	\$1030 / \$1370	80 / 60	\$4100/\$8200	\$135
1200-G2	\$40	\$1370 / \$4110	80 / 60	\$4100/\$8200	\$135
1300-G2	\$40	\$2060 / \$6180	80 / 60	\$4800/\$9600	\$135

**Prescription Drug Plans**

Plan Name	Retail	Mail
Option 1-G2	\$10/20/40	\$20/40/80
Option 2-G2	\$10/25/45	\$20/50/90
Option 3-G2	\$15/25/45	\$30/50/90
Option 4-G2	\$15/30/50	\$30/60/100
Option 5-G2	\$15/40/65	\$30/80/130

Groups may choose from the following Rx deductibles:

- A = \$ 0
- B = \$ 135
- C = \$ 340