

#16,146



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2020 - 2021 Alternate Plan Proposal

Group: 39985 - Hunt County
Effective Date: 10/01/2020

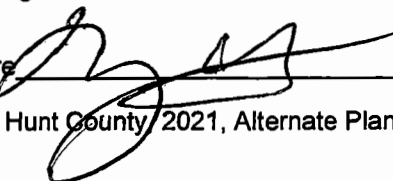
FILED FOR RECORD
3:52 o'clock
MAY 26 2020
JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	300-G	300-G	300-G2	800-NG
Option:	RX-2A-G	RX-2A-G	RX-2A-G2	RX-2A-NG
Rates				
Employee Only	\$939.32	\$939.32	\$932.62	\$900.00
Employee + Child	\$1,153.50	\$1,153.50	\$1,145.24	\$1,105.08
Employee + Child(ren)	\$1,385.22	\$1,385.22	\$1,375.28	\$1,326.98
Employee + Spouse	\$1,984.92	\$1,984.92	\$1,970.64	\$1,901.20
Employee + Family	\$2,018.76	\$2,018.76	\$2,004.24	\$1,933.60
Medical Plan				
Deductible In/Out Network	\$300/600	\$300/600	\$340/680	\$500/750
Co-Insurance % In/Out	90/70	90/70	90/70	80/60
Co-Insurance Maximum	\$1800/4200	\$1800/4200	\$2050/4800	\$2500/5000
Office Visit	\$25	\$25	\$25	\$25
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$100	\$100
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	10/25/45	5/20/35
Deductible	\$0	\$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 07/03/2020 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 May, 26, 2020



2020 - 2021 Renewal Notice and Benefit Confirmation

Group: 39985 - Hunt County

Anniversary Date: 10/01/2020

Return to TAC by: 07/03/2020

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 1-512-478-8753.

MEDICAL

Medical: Plan 300-G \$25 Copay, \$300 Ded, 90%, \$1800 OOP Max

RX Plan: Option 2A-G \$10/25/40, \$0 Ded

Your % rate increase is: 0.00%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$939.32	\$939.32	\$ 939.32	\$ -0-	\$ -0-
Employee + Child	\$1,153.50	\$1,153.50	\$ 939.32	\$ 214.18	\$ 214.18
Employee + Child(ren)	\$1,385.22	\$1,385.22	\$ 939.32	\$ 445.90	\$ 445.90
Employee + Spouse	\$1,984.92	\$1,984.92	\$ 939.32	\$ 1045.60	\$ 1045.60
Employee + Family	\$2,018.76	\$2,018.76	\$ 939.32	\$ 1079.44	\$ 1079.44

_____ 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: 2.30%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$26.46	\$27.06	\$ 27.06	\$ -0-	\$ 27.06
Employee + Family	\$71.44	\$73.08	\$ 27.06	\$ 46.02	\$ 73.08

_____ Initial to accept Dental Plan and New Rates.

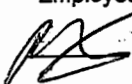
VISION

Vision: Plan I

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$ -0-	\$ 6.20	\$ 6.20
Employee + Child(ren)	\$12.44	\$12.44	\$ -0-	\$ 12.44	\$ 12.44
Employee + Spouse	\$11.80	\$11.80	\$ -0-	\$ 11.80	\$ 11.80
Employee + Family	\$18.28	\$18.28	\$ -0-	\$ 18.28	\$ 18.28

 Initial to accept Vision Plan and New Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical Pre 65 Post 65
Dental Pre 65 Post 65

 Initial to confirm.

WAITING PERIOD


Waiting period applies to all benefits.

Employees

Elected Officials

89 days - Day following waiting period

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 **07/03/2020** 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 Brittni Turner/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

Date: May 26, 2020


Signature of County Judge or Contracting Authority

Bobby W. Stovall, Hunt 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.



May 11, 2020

Hon. Bobby Stovall
Hunt County Judge
2507 Lee St Fl 2
Greenville, TX 75401

Dear Judge Stovall:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Hunt County's employee benefit renewal packet for your upcoming plan anniversary date. We are hopeful that by providing this information earlier than ever before, you will be able to allow your employees to make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>. Please be sure to read through your entire packet for information about how to process your renewal, as well as information about the new EAP benefits included with your health plan.

Here are some highlights of your Plan Year 2020-21 (PY2021) renewal:

As it has been for over a decade, the Pool renewal for PY2021 is below the national average for health plan rate increases (trend). This year, we are projecting a national combined medical and Rx trend of 6.4%. Renewal rates are set annually using a comprehensive process which determines the actuarial needs of the Pool 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. Based on this analysis, your group's renewal rate may be above or below the trend rate.

Hunt County's Renewal Rate change(s):

Health Plan: 0%

Dental Plan: +2.3%

Life and Vision: No change to Life or Vision Rates for PY2021

Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request). Please see the enclosed 'Alternate Plan instructions' document to learn how to view and select a plan that is not the same as your current benefit. Contact your Employee Benefits Consultant right away if you:

- Want to discuss other 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

Deadline for returning signed renewal documents to TAC HEBP: June 30, 2020