



June 23, 2017

Honorable Jacques Blanchette
Tyler County Judge
100 W Bluff St Rm 110
Woodville, TX 75979

Dear Judge Blanchette:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose the group health renewal packet for your upcoming plan anniversary date. Here are some highlights of your 2017-18 Plan Year renewal (explanations below):

- 1) **Projected Pool needed amount for claims and operational expenses for Plan Year 2018: +7%**
- 2) **Tyler County Renewal Rate change(s):**
 - a. Health Plan: + 5.5%
 - b. Dental Plan: Not Applicable.
 - c. Life/AD&D, STD/LTD: Not Applicable
- 3) **Your County's Reserved Surplus Distribution from 2015 Fiscal Year: \$28,930**
- 4) **Deadline for returning signed renewal documents to TAC HEBP: September 15, 2017**
- 5) **Your Employee Benefits Consultant: Lorie Floyd (lorief@county.org);(800) 456-5974**

1) **Pool Performance.** The Pool has stayed below the national average for health plan rate increases for the past twelve years. This year, the needed amount for Plan Year 2018 pool-wide is increasing by 7%, which is consistent with projected medical and pharmacy cost trends at the state and national levels.

2) **Renewal Rates.** 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 group based on a combination of the group's size, claims experience over the past 12-36 months, average member age, and geographic area.

3) **Surplus Distribution.** At the end of 2016, due to a significant spike in high claims, the Pool did not recognize a surplus. Your Board of Directors voted, however, to reserve a portion of the surplus from 2015 operations, with half of the reserved amount to be distributed with the 2017 renewal and half with the 2018 renewal. The 2017 distribution includes 2% interest.

4) **Deadline to Return Renewal:** Please sign and return renewal signature page by this date.

5) **Questions and Concerns.** Because you are currently using a grandfathered plan, we have included 2 alternate plan options for you, the 'G' and 'G2' plans. Both of these are grandfathered plans, so adopting one of them would not change your ACA grandfathered status. If you have questions about your renewal, are interested in the impact of changes to your plan, or are considering changes to your personnel policies that will affect benefits (e.g.;

adding/dropping retiree benefits, changing waiting period, etc.), please be sure to discuss this with your Employee Benefits Consultant so we can coordinate the changes with your renewal.

Other important items to note for the upcoming plan year:

Electronic Renewal: You will be completing your Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. After completing the form online, save and print it, sign the signature page (the last page of the form: "TAC HEBP Member Contact Designation"), and send it to TAC HEPB via email, or fax to (512) 481-8481.

Affordable Care Act Fees: The HEBP Board voted to pay 2017 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.

Dental Plans: There will not be Open Enrollment for dental coverage this year.

Open Enrollment Toolkit: This will be sent via email and contains the forms and notices your group will need to process employee benefit renewals.

ACTION REQUIRED: Please present the renewal to the Commissioners Court for approval, have your authorized OASys user complete the Renewal Notice and Benefit Confirmation forms online, and

scan and email or fax the signed document to TAC no later than September 15, 2017.

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

Sincerely,



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

Enclosures:

- Renewal Checklist
- Renewal Calendar
- Renewal Notice and Benefit Confirmation (RNBC)
- 2016-17 Plan Year Claims Reports
- Health Care Reform Updates for 2017-18 Plan Year
- Grandfathered Plan FAQs
- HEBP Territory Map and Contact Info



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 22946 - Tyler County

Anniversary Date: 11/01/2017

Return to TAC by: 9/15/2017

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 LaurenH@County.Org.

For any plan or funding changes other than those listed below, please contact Lauren Henry at 1-800-456-5974.

MEDICAL

Medical: Plan 600 \$25 Copay, \$250 Ded, 80%, \$2000 OOP Max

RX Plan: Option 2A \$5/20/35

Your % rate increase is: 5.50%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 11/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$709.36	\$748.36	\$	\$	\$
Employee + Child	\$934.52	\$985.92	\$	\$	\$
Employee + Child(ren)	\$1,099.02	\$1,159.46	\$	\$	\$
Employee + Spouse	\$1,349.22	\$1,423.42	\$	\$	\$
Employee + Family	\$1,687.86	\$1,780.68	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.



2017 - 2018 Alternate Plan Proposal

Group: 22946 - Tyler County

Effective Date: 11/01/2017

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	600	600	600-G	600-G2
Option:	RX-2A	RX-2A	RX-2A-G	RX-2A-G2
Rates				
Employee Only	\$709.36	\$748.36	\$720.70	\$713.14
Employee + Child	\$934.52	\$985.92	\$949.34	\$939.36
Employee + Child(ren)	\$1,099.02	\$1,159.46	\$1,116.36	\$1,104.60
Employee + Spouse	\$1,349.22	\$1,423.42	\$1,370.40	\$1,355.96
Employee + Family	\$1,687.86	\$1,780.68	\$1,714.26	\$1,696.14
Medical Plan				
Deductible In/Out Network	\$250/500	\$250/500	\$300/600	\$340/680
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800	\$2750/5500
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$90	\$100
Prescription Plan				
Prescription Card Co-Pay	5/20/35	5/20/35	10/25/40	10/25/45
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 9/15/2017 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 _____

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical **Pre 65** **Post 65** **Both**

_____ Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

Elected Officials

60 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.
- 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 **9/15/2017** 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 Tyler 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 Sue Saunders/County Treasurer

Address 100 West Bluff Street, Room 105
Woodville, TX 75979-5245

Phone 409-283-3054

Fax 409-283-3054

Email ssaunders.cotreas@co.tyler.tx.us

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Sue Saunders/County Treasurer

Address 100 West Bluff Street, Room 105
Woodville, TX 75979

Phone 409-283-3054

Fax 409-283-3054

Email ssaunders.cotreas@co.tyler.tx.us

HIPAA Secured Fax

PRIMARY CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Sue Saunders/County Treasurer

Address 100 West Bluff Street, Room 105
Woodville, TX 75979-5245

Phone 409-283-3054

Fax 409-283-3054

Email ssaunders.cotreas@co.tyler.tx.us

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.