



2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 22946 - Tyler County

Anniversary Date: 11/01/2019

Return to TAC by: 09/20/2019

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, \$0 Ded

Your % rate increase is: 1.80%

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

Tier	Current Rates	New Rates Effective 11/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$748.36	\$761.82	\$	\$	\$
Employee + Child	\$985.92	\$1,003.66	\$	\$	\$
Employee + Child(ren)	\$1,159.46	\$1,180.32	\$	\$	\$
Employee + Spouse	\$1,423.42	\$1,449.04	\$	\$	\$
Employee + Family	\$1,780.68	\$1,812.72	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.

VOLUNTARY VISION

Voluntary Vision: Plan I

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 11/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$6.20	\$	\$6.20
Employee + Child(ren)	\$12.44	\$12.44	\$6.20	\$6.24	\$12.44
Employee + Spouse	\$11.80	\$11.80	\$6.20	\$5.60	\$11.80
Employee + Family	\$18.28	\$18.28	\$6.20	\$12.08	\$18.28

_____ Initial to accept Voluntary Vision Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: 2 x Ann Salary

	Current Rates	New Rates Effective 11/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.270	\$0.270	100%	0%
Basic AD&D	\$0.035	\$0.035	100%	0%

Coverage Volume per Retiree: \$10,000

Basic Retiree Life	\$3.250	\$3.250	100%	0%
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_____ Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Additional Voluntary Life Products Elected:

Voluntary Term Life

Voluntary Spouse Term Life Insurance

Voluntary Child Term Life Insurance

* Please see attachment for detail listing of Voluntary Life product rates.

_____ Initial to accept New Voluntary Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical Pre 65 Post 65

_____ Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

60 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 **09/20/2019** 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 Jacques L Blanchette/Judge
Address 100 West Bluff Street, Room 105
Woodville, TX 75979
Phone 409-283-2141
Fax 409-331-0028
Email judge@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 Jackie Skinner/County Auditor
Address 100 West Bluff Street, Room 110
Woodville, TX 75979
Phone 409-283-3652
Fax 409-283-6305
Email jskinner.aud@co.tyler.tx.us

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 Jackie Skinner/County Auditor
Address 100 West Bluff Street, Room 110
Woodville, TX 75979-5245
Phone 409-283-3652
Fax 409-283-6305
Email jskinner.aud@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.



2019 - 2020 Alternate Plan Proposal

Group: 22946 - Tyler County

Effective Date: 11/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	600	600	600-G2	1100-NG
Option:	RX-2A	RX-2A	RX-2A-G2	RX-2A-NG
Rates				
Employee Only	\$748.36	\$761.82	\$738.68	\$719.26
Employee + Child	\$985.92	\$1,003.66	\$973.04	\$947.36
Employee + Child(ren)	\$1,159.46	\$1,180.32	\$1,144.24	\$1,113.98
Employee + Spouse	\$1,423.42	\$1,449.04	\$1,404.66	\$1,367.42
Employee + Family	\$1,780.68	\$1,812.72	\$1,757.10	\$1,710.44
Medical Plan				
Deductible In/Out Network	\$250/500	\$250/500	\$340/680	\$750/1000
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2750/5500	\$3000/6000
Office Visit	\$25	\$25	\$30	\$25
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$100	\$150
Prescription Plan				
Prescription Card Co-Pay	5/20/35	5/20/35	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 09/20/2019 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

Post Date : Apr 2019

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)
 Rows : (Paid Date)
 Columns : (Metrics)
 Paid Date : Last 12 TimeMonths
 Coverage Type : (Medical)
 Group : (022946 - TYLER COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2018	112	144	\$92,683.82	\$126,071.89	\$16,588.75	\$142,660.64
Jun 2018	112	144	\$92,683.82	\$56,640.21	\$33,548.57	\$90,188.78
Jul 2018	109	139	\$90,776.00	\$30,744.44	\$45,725.85	\$76,470.29
Aug 2018	111	141	\$91,524.36	\$25,347.51	\$20,001.08	\$45,348.59
Sep 2018	110	142	\$91,524.36	\$32,801.31	\$60,973.17	\$93,774.48
Oct 2018	107	134	\$88,127.26	\$137,487.06	\$15,176.29	\$152,663.35
Nov 2018	108	135	\$89,313.12	\$55,240.61	\$12,526.15	\$67,766.76
Dec 2018	108	135	\$89,313.12	\$30,583.21	\$13,522.73	\$44,105.94
Jan 2019	103	130	\$83,088.68	\$60,558.36	\$15,298.28	\$75,856.64
Feb 2019	98	124	\$80,843.60	\$19,191.20	\$19,010.11	\$38,201.31
Mar 2019	105	133	\$82,340.32	\$23,200.51	\$11,713.05	\$34,913.56
Apr 2019	105	133	\$87,862.80	\$30,327.87	\$18,559.96	\$48,887.83
Total: Selected Filter(s)	107	136	\$1,060,081.26	\$628,194.18	\$282,643.99	\$910,838.17

HCC - No PHI

Post Date : Apr 2019

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

Group : (022946 - TYLER COUNTY/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
17080240642	Active	\$13,234.79	\$68,934.65	\$82,169.44
3040610749	Active	\$64,076.13	\$124.77	\$64,200.90
3470384178	Active	\$61,193.18	\$0.00	\$61,193.18
17030033188	Active	\$46,490.14	\$897.50	\$47,387.64
7040089285	Active	\$37,261.39	\$7,307.03	\$44,568.42
17913610630	Active	\$5,960.04	\$29,440.14	\$35,400.18
14890055082	Active	\$30,426.87	\$2,711.53	\$33,138.40
3430164460	Active	\$30,286.50	\$178.43	\$30,464.93
18411048605	Active	\$6,313.16	\$21,362.02	\$27,675.18
18960180270	Active	\$26,361.51	\$0.00	\$26,361.51
3055096322	Cobra	\$22,345.72	\$1,156.18	\$23,501.90
18240562794	Active	\$993.69	\$19,410.15	\$20,403.84
3051071306	Active	\$19,626.34	\$579.86	\$20,206.20
14060182669	Active	\$10,390.47	\$6,598.34	\$16,988.81
18270543764	Active	\$1,704.37	\$14,735.73	\$16,440.10
3040610788	Active	\$14,761.38	\$783.38	\$15,544.76
3049975099	Active	\$7,912.81	\$7,295.57	\$15,208.38
3040610801	Active	\$9,924.14	\$4,223.30	\$14,147.44
3040610741	Active	\$926.91	\$13,061.15	\$13,988.06
3120190238	Active	\$1,337.97	\$11,253.23	\$12,591.20
3060235890	Active	\$12,074.88	\$239.06	\$12,313.94
3240197865	Active	\$11,865.13	\$439.61	\$12,304.74
17560626902	Active	\$11,814.79	\$91.57	\$11,906.36
5680195996	Active	\$10,606.43	\$888.24	\$11,494.67



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Query Total	24	\$457,888.74	\$211,711.44	\$669,600.18
Report Total	24	\$457,888.74	\$211,711.44	\$669,600.18

County Specific Incentive Program (CSI)

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, 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.

YOUR COUNTY'S CSI FOR PLAN YEAR 2020

Our records indicate that your County or District does not currently have a County Specific Incentive. Make a selection below if you would like to learn more about implementing a County Specific Incentive. Also, please contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

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

We are interested in learning more about a County Specific Incentive Program.

We are not interested in learning more about a County Specific Incentive Design at this time.

County/District: _____

Printed Name and Title: _____

Signature: _____ Date: _____



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Plan Year 2020 Renewal Checklist

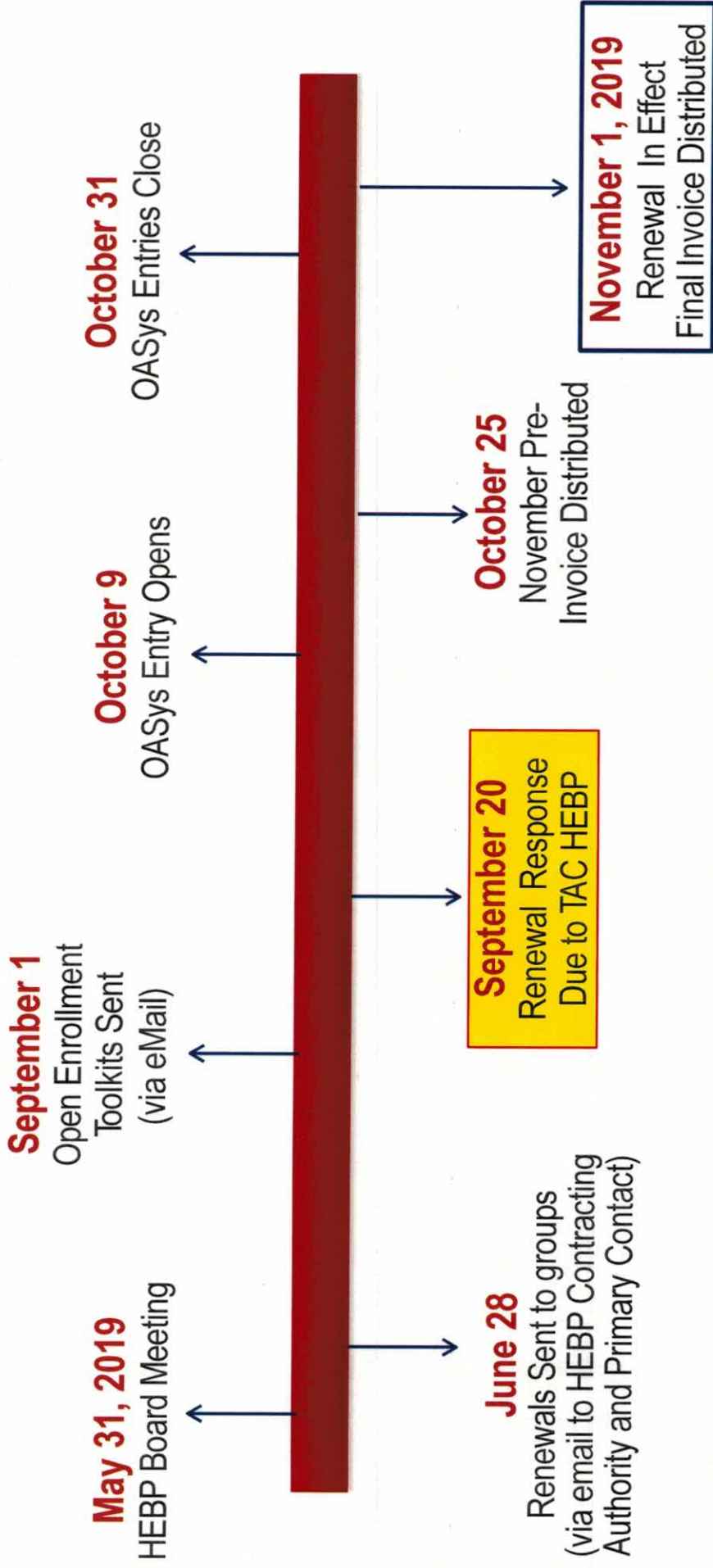
To renew your TAC HEBP medical and prescription drug, dental, life, and/or vision benefits, please refer to the enclosed calendar and the procedures listed below:

- 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 **September 20, 2019.**

NOTE: Returning your RNBC past the due date will result in a delay in implementing your Plan Year 2020 renewal, including employee open enrollment changes.

Please make copies of all documents for your records.

Key Renewal Dates: November 1 Anniversary Date



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