



2019 - 2020 Alternate Plan Proposal

Group: 39985 - Hunt County

15,659

Effective Date: 10/01/2019

	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	\$923.62	\$939.32	\$900.18	\$899.98
Employee + Child	\$1,134.22	\$1,153.50	\$1,105.30	\$1,105.06
Employee + Child(ren)	\$1,362.06	\$1,385.22	\$1,327.24	\$1,326.94
Employee + Spouse	\$1,951.74	\$1,984.92	\$1,901.60	\$1,901.18
Employee + Family	\$1,985.02	\$2,018.76	\$1,934.00	\$1,933.58
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

JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX

JUL 22 2019

FILED FOR RECORD
at 9:30 o'clock a.m.

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 08/02/2019 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 [Signature] Date July 15, 2019
39985 - Hunt County, 2020 Alternate Plan Proposal



2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 39985 - Hunt County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

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 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, \$0 Ded

Your % rate increase is: 1.70%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$923.62	\$939.32	\$ 939.32	\$ -0-	\$ -0-
Employee + Child	\$1,134.22	\$1,153.50	\$ 939.32	\$ 214.18	\$ 214.18
Employee + Child(ren)	\$1,362.06	\$1,385.22	\$ 939.32	\$ 445.90	\$ 445.90
Employee + Spouse	\$1,951.74	\$1,984.92	\$ 939.32	\$ 1045.60	\$ 1045.60
Employee + Family	\$1,985.02	\$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: -1.60%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$26.90	\$26.46	\$ 26.46	\$ -0-	\$ 26.46
Employee + Family	\$72.60	\$71.44	\$ 26.46	\$ 44.98	\$ 71.44

 Initial to accept Dental Plan and New Rates.

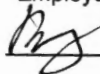
VOLUNTARY VISION

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 10/1/2019	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 Voluntary Vision Plan and New Rates.

SIGN HERE

RETIREE

Please check one for each benefit that applies.

Your company allows retiree coverage for:

- | | | |
|---------|--|---|
| Medical | <input checked="" type="checkbox"/> Pre 65 | <input type="checkbox"/> Post 65 |
| Dental | <input checked="" type="checkbox"/> Pre 65 | <input checked="" type="checkbox"/> Post 65 |

PLD Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

89 days - Day following waiting period

Elected Officials

Date of hire

PLD 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 **08/02/2019** 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 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 Brittini 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: July 15, 2019



Signature of County Judge or Contracting Authority

Bobby 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.



June 12, 2019

Honorable Bobby Stovall
Hunt County 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 excited to announce that for the first time, your employees will be able 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 this update, changes to processing your renewal this year, and more.

Here are some highlights of your Plan Year 2019-20 renewal:

Projected Combined Medical and Prescription Inflation for Plan Year 2019-20: 7.5%

The Pool has stayed below the national average for health plan rate increases (trend) for the past twelve years. This year, we are projecting a combined medical and Rx trend of 7.5%. 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, 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: + 1.7%

Dental Plan: -1.6%

Life and Vision: No changes to rates for Plan Year 2019-20

New this year: 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: August 2, 2019