

#16,799



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2021 - 2022 Alternate Plan Proposal

Group: 39985 - Hunt County

Effective Date: 10/01/2021

FILED FOR RECORD
at 10:30 o'clock
JUN 14 2021
BY 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	\$1,023.86	\$1,016.52	\$980.84
Employee + Child	\$1,153.50	\$1,257.32	\$1,248.30	\$1,204.38
Employee + Child(ren)	\$1,385.22	\$1,509.88	\$1,499.02	\$1,446.22
Employee + Spouse	\$1,984.92	\$2,163.56	\$2,147.98	\$2,072.14
Employee + Family	\$2,018.76	\$2,200.44	\$2,184.58	\$2,107.46
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 06/30/2021 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 June 8, 2021



2021 - 2022 Renewal Notice and Benefit Confirmation

Group: 39985 - Hunt County

Anniversary Date: 10/01/2021

Return to TAC by: 06/30/2021

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 1-800-456-5974.

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: 9.00%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$939.32	\$1,023.86	\$ 1,023.86	\$ -0-	\$ -0-
Employee + Child	\$1,153.50	\$1,257.32	\$ 1,023.86	\$ 233.46	\$ 233.46
Employee + Child(ren)	\$1,385.22	\$1,509.88	\$ 1,023.86	\$486.02	\$ 486.02
Employee + Spouse	\$1,984.92	\$2,163.56	\$ 1,023.86	\$1,139.70	\$ 1,139.70
Employee + Family	\$2,018.76	\$2,200.44	\$ 1,023.86	\$1,176.58	\$ 1,176.58

 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: 6.80%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$27.06	\$28.90	\$ 28.90	\$ -0-	\$ 28.90
Employee + Family	\$73.08	\$78.04	\$ 28.90	\$ 49.14	\$ 78.04

 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 10/1/2021	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

MS Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

Elected Officials

— 89 days - Day following waiting period

Date of hire

MS 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 **06/30/2021** 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: June 8, 2021


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 20, 2021

Hon. Bobby W. 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 recognize that 2020 was a difficult year for many people and organizations, and the Pool was no exception. For over a decade, the Pool renewal has been below the national average for health plan rate increases (trend). This year, due to a surge in high-cost claimants as well as claims related to the COVID-19 pandemic, the Pool renewal average of 7.3% is at or slightly below the projected 2021 national combined medical and Rx trend (healthcare cost inflation) of 7.3 – 8.1%.

Renewal rates are set annually using a comprehensive actuarial process that determines the amount needed by the Pool to fund claims and operating costs 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 (healthcare claims vary significantly by geographic region). Based on this analysis, your group's renewal rate may be above or below the Pool average. Your renewal rates for Plan Year 2022 are enclosed, along with your TAC Employee Benefits and Wellness Consultants' contact information. Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request).

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

Sincerely,

A handwritten signature in black ink, appearing to read "Quincy Quinlan".

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

cc: Hon. Brittni Turner
cc: Cindy Hames



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Hunt County's Renewal Rate change(s) for Plan Year 2022:

Health Plan: 9%

Dental Plan: 6.8%

Life Plan(s): Please see enclosed information about our new Voluntary Life option.

Vision Plan: No change to Vision Rates for PY2022

NOTE: Deadline for returning signed renewal documents to TAC HEBP: June 30, 2021

Contact your TAC Employee Benefits Consultant right away if you:

- Want to discuss 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

- ***Healthy County forms:*** Your renewal packet includes Healthy County Contacts and CSI (County Specific Incentive) documents. Please review and make changes as needed to your Wellness contact information. Please complete both forms and return them with your renewal. Contact your TAC Wellness Consultant if you have any questions.
Your Wellness Consultant: Shameria Davis (shameriad@county.org) (800) 456-5974.
- ***Employee Open Enrollment:*** You have the option to allow employees to make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>.
- ***Affordable Care Act Fees:*** The HEBP Board voted to pay 2021 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.
- ***Open Enrollment Toolkit:*** This will be sent via email by July 23 and contains the forms and notices your group will need to process employee benefit renewals.
- ***When It's Due for 2022:*** Once your renewal benefit decision has been approved, complete Hunt County's Renewal Notice and Benefits Confirmation (RNBC), print and initial/sign where indicated, and return to TAC HEBP via email, or fax to (512) 481-8481 on or before the date shown below.

ACTION REQUIRED: Please present the renewal, with Alternates if desired, to the Commissioners Court for a decision. Once the renewal plan has been selected, complete the RNBC form online, and return the initialed and signed RNBC to TAC no later than June 30, 2021.

NOTE: Submitting your RNBC after the due date will result in a delay in implementing your benefit plan renewal, including employee enrollment changes.