



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## 2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 94532 - Hopkins 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 1500-NG \$40 Copay, \$2500 Ded, 80%, \$4350 OOP Max

RX Plan: Option 5B-NG \$10/30/50, \$100 Ded

Your % rate increase is: 0.80%

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	\$677.34	\$682.76	\$ 682.76	\$ 0	\$ N/A
Employee + Child(ren)	\$1,042.00	\$1,050.34	\$ 682.76	\$ 367.58	\$ N/A
Employee + Spouse	\$1,618.06	\$1,631.00	\$ 682.76	\$ 948.24	\$ N/A
Employee + Family	\$2,041.84	\$2,058.16	\$ 682.76	\$ 1375.40	\$ N/A

TK Initial to accept Medical Plan and New Rates.

**LIFE - BASIC**

Basic Life Products:  
(Rates are per thousand)

Coverage Volume per Employee: \$10,000

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.164	\$0.164	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

RW Initial to accept New Basic Life Rates.

**LIFE - VOLUNTARY**

Voluntary Life Products:

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
(Rates are monthly charges)			Coverage Volume:	SP \$10K/CH \$5K
Voluntary Dependent Life	\$3.320	\$3.320	0%	100%

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

RW Initial to accept New Voluntary Life Rates.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

**Elected Officials**

89 days - Day following waiting period

Date of hire

RW 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 Hopkins 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 Robert Newson/County Judge

**Address** PO Box 288  
Sulphur Springs, TX 75483-0288

**Phone** 903-438-4006

**Fax** 903-438-4007

**Email** [mewsom@hopkinscountytexas.org](mailto:mewsom@hopkinscountytexas.org)

### BILLING CONTACT

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

Please list changes and/or corrections below.

**Name/Title** Kelly Kaslon/Court Administrator

**Address** PO Box 288  
Sulphur Springs, TX 75483

**Phone** 903-438-4009

**Fax** 903-438-4113

**Email** [kelly@hopkinscountytexas.org](mailto:kelly@hopkinscountytexas.org)

**HIPAA Secured Fax**

### COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

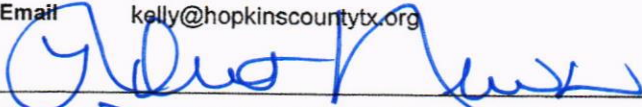
**Name/Title** Kelly Kaslon/Court Administrator

**Address** PO Box 288  
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**Phone** 903-438-4009

**Fax** 903-438-4113

**Email** [kelly@hopkinscountytexas.org](mailto:kelly@hopkinscountytexas.org)

  
\_\_\_\_\_  
Signature of County Judge or Contracting Authority

Date: 7-29-19

Robert Newson, 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.*



### 2019 - 2020 Alternate Plan Proposal

Group: 94532 - Hopkins County

Effective Date: 10/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1500-NG	1500-NG	1520-NG	1520-NGS
Option:	RX-5B-NG	RX-5B-NG	RX-5B-NG	RX-5B-NG
<b>Rates</b>				
Employee Only	\$677.34	\$682.76	\$666.86	\$664.80
Employee + Child(ren)	\$1,042.00	\$1,050.34	\$1,025.72	\$1,022.52
Employee + Spouse	\$1,618.06	\$1,631.00	\$1,592.62	\$1,587.62
Employee + Family	\$2,041.84	\$2,058.16	\$2,009.64	\$2,003.34
<b>Medical Plan</b>				
Deductible In/Out Network	\$2500/7500	\$2500/7500	\$3000/7500	\$3000/7500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$4350/8000	\$4350/8000	\$4150/8000	\$4150/8000
Office Visit	\$40	\$40	\$40	\$40
Specialist Visit				\$50
Emergency Room Hospital	\$150	\$150	\$150	\$150
<b>Prescription Plan</b>				
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/50	10/30/50
Deductible	\$100	\$100	\$100	\$100

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 \_\_\_\_\_

Fax the signed document to 1-512-481-8481.

Signature [Handwritten Signature] Date 7-29-19



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Specialist Visit				\$50
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<b>Prescription Plan</b>				
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/50	10/30/50
Deductible	\$100	\$100	\$100	\$100

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Please indicate the selected plan here 1500-NG1, RX-5B-NG1  
Fax the signed document to 1-512-481-8481.

Signature [Handwritten Signature] Date 7-29-19

**LIFE - BASIC**

**Basic Life Products:**  
(Rates are per thousand)

Coverage Volume per Employee: \$10,000

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89 days - Day following waiting period	Date of hire
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**Broker or Consultant Information**

Please confirm your broker or consultant's name, if applicable:

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Agency Address \_\_\_\_\_  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Broker  
Representative or  
Consultant's Name \_\_\_\_\_  
Contact Phone  
Number \_\_\_\_\_  
Contact Email  
Address \_\_\_\_\_

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