

**2020 - 2021 Renewal Notice and Benefit Confirmation**

Group: 94532 - Hopkins County

Anniversary Date: 10/01/2020

Return to TAC by: 07/03/2020

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 1-512-478-8753.

**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: -1.00%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$682.76	\$675.92	\$ 675.92	\$ 0	\$ N/A
Employee + Child(ren)	\$1,050.34	\$1,039.84	\$ 675.92	\$ 363.92	\$ N/A
Employee + Spouse	\$1,631.00	\$1,614.68	\$ 675.92	\$ 938.76	\$ N/A
Employee + Family	\$2,058.16	\$2,037.58	\$ 675.92	\$ 1361.66	\$ N/A

VB Initial to accept Medical Plan and New Rates.

**LIFE - BASIC**

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

Coverage Volume per Employee: \$10,000

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2020</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.164	\$0.164	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

W Initial to accept New Basic Life Rates.

**LIFE - VOLUNTARY**

**Voluntary Life Products:**

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2020</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
(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.

W Initial to accept New Voluntary Life Rates.

**WAITING PERIOD**

Waiting period applies to all benefits.

W **Employees**  
89 days - Day following waiting period  
Initial to confirm.

**Elected Officials**  
Date of hire

**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 **07/03/2020** 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** rnewsom@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

**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  
Sulphur Springs, TX 75483

**Phone** 903-438-4009

**Fax** 903-438-4113

**Email** kelly@hopkinscountytexas.org



Date: 7-13-2020

Signature of County Judge or Contracting Authority

Robert Newsom

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.*



TEXAS ASSOCIATION OF COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

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, earn 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.

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

## YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2020-2021 plan year, or if you would like to make modifications to your current design. If you select "Yes," your county or district's Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

- Yes, we would like to continue with the same CSI program for the 2020-2021 plan year.
- We are interested in making changes to our CSI program.

County or District Name: Hopkins County  
Printed Name and Title: Robert Newsom, County Judge  
Contracting Authority Signature: *Robert Newsom*  
Date: 7-13-2020



### 2020 - 2021 Alternate Plan Proposal

Group: 94532 - Hopkins County

Effective Date: 10/01/2020

	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	\$682.76	\$675.92	\$660.20	\$658.16
Employee + Child(ren)	\$1,050.34	\$1,039.84	\$1,015.48	\$1,012.32
Employee + Spouse	\$1,631.00	\$1,614.68	\$1,576.70	\$1,571.76
Employee + Family	\$2,058.16	\$2,037.58	\$1,989.56	\$1,983.32
<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 07/03/2020 in order to avoid a delay in implementation of benefits and/or late processing fees.

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

Signature [Handwritten Signature] Date 7-13-2020



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS BOARD

## HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Hopkins County

### WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

**Current Wellness Coordinator #1**

**Name:** Mrs. Kelly Kaslon

**Title:** Administration Manager

**Address:** 118 Church St  
Sulphur Springs, TX 75482-2602

**Email:** kelly@hopkinscountytexas.org

**Phone Number:** (903) 438-4009

**Fax Number:**

**Please list changes and/or corrections:**

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**Current Wellness Coordinator #2**

**Name:** Ms. Millie Duncan

**Title:** Human Resources

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

**Email:** millie@hopkinscountytexas.org

**Phone Number:** (903) 438-4094

**Fax Number:**

**Please list changes and/or corrections:**

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**WELLNESS SPONSOR**

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

**Current Wellness Sponsor  
Name:**

**Please list changes and/or corrections:**

**Title:**

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**Address:**

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**Email:**

\_\_\_\_\_

**Phone Number:**

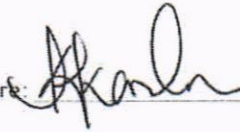
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**Fax Number:**

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**Contracting Authority Signature:**



**Date:**

7-13-2020