



2023 - 2024 Renewal Notice and Benefit Confirmation

Group: 336701 - Hopkins County

Anniversary Date: 10/01/2023

Return to TAC by: 6/30/2023

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 1575-NG \$40 Copay, \$2,500 Ded, 80%, \$4,350 OOP Max

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

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$652.81	\$652.80	\$ 652.80	\$ 0	\$
Employee + Child(ren)	\$853.66	\$853.66	\$ 403.46	\$ 50.20	\$
Employee + Spouse	\$1,559.48	\$1,559.48	\$ 886.73	\$ 672.75	\$
Employee + Family	\$1,672.73	\$1,672.72	\$ 948.00	\$ 724.74	\$

_____ 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 10/1/2023	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%

_____ Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products:

	Current Rates	New Rates Effective 10/1/2023	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.

_____ Initial to accept New Voluntary Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

89 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*

County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

**County/Group is responsible for fulfilling notification process and requirements*

_____ Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

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

Agency Name n/A

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 **6/30/2023** 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 mnewsom@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: _____

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.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Hopkins County

WELLNESS COORDINATOR #1

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

Please list changes and/or corrections:

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:

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

Please list changes and/or corrections:

Name:

Title:

Address:

Email:

Phone Number:

Fax Number:



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Hopkins County

WELLNESS COORDINATOR #2

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

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:

Vanessa Kaslon
Payroll
PO Box 288
Sulphur Springs TX 75482
vkaslon@hopkinscountytexas.org
903-438-4094

Contracting Authority Signature: _____

Date: _____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Hopkins County

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 online or via mobile app.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that Hopkins County 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 2023-2024 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 2023-2024 plan year.

Current CSI >

Annual Physical: Avoid the \$25 Monthly Health Benefits Contribution
Tobacco Certification: Avoid the \$25 Monthly Tobacco Contribution

- We are interested in making changes to our CSI program.

County or District Name: Hopkins County

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____