



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

EXHIBIT

tabbies

9

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 336701 - Hopkins County Anniversary Date: 10/01/2025

Return to TAC by: 06/27/2025

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 512-481-8481 or email to cashah@county.org.

For any plan or funding changes other than those listed below, please contact Casha Hill at 800-456-5974.

MEDICAL

Medical: Plan 1500-NG \$40 Copay, \$2500 Ded, 80%, \$4350 OOP Max

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

Your % rate change is: 1.70%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$719.74	\$731.98	\$677.16	\$54.40	\$	\$
Employee & Spouse	\$1,721.48	\$1,750.74	\$913.50	\$831.24	\$	\$
Employee & Child(ren)	\$941.68	\$957.68	\$828.36	\$129.32	\$	\$
Employee & Family	\$1,846.60	\$1,877.98	\$975.02	\$902.96	\$	\$

Initial to accept Medical Plan and New Rates.

MEDICAL

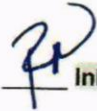
Medical: Plan 1575-NG \$40 Copay, \$2,500 Ded, 80%, \$4,350 OOP Max

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

Your % rate change is: 1.70%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$665.86	\$677.18	\$677.18	\$0	\$	\$
Employee & Spouse	\$1,590.66	\$1,617.70	\$912.50	\$704.20	\$	\$
Employee & Child(ren)	\$870.72	\$885.52	\$828.36	\$57.16	\$	\$
Employee & Family	\$1,706.16	\$1,735.16	\$915.02	\$760.14	\$	\$



Initial to accept Medical Plan and New Rates.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Alternate Plan Proposal

Group: 336701 - Hopkins County

Effective Date: 10/01/2025

Plan:	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Option:	Plan 1500-NG	Plan 1500-NG	Plan 1520-NG	Plan 1530-NG	Plan 4000-NG
	RX-5B-NG	RX-5B-NG	RX-5B-NG	RX-5B-NG	RX-5B-NG
Rates					
Employee Only	\$719.74	\$731.98	\$718.42	\$703.64	\$685.48
Employee & Spouse	\$1,721.48	\$1,750.74	\$1,717.84	\$1,681.90	\$1,637.80
Employee & Child(ren)	\$941.68	\$957.68	\$939.84	\$920.36	\$896.46
Employee & Family	\$1,846.60	\$1,877.98	\$1,842.66	\$1,804.08	\$1,756.74
Medical Plan					
Deductible In/Out Network	\$2500/7500	\$2500/7500	\$3000/7500	\$3500/7500	\$4000/8000
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$4350/8000	\$4350/8000	\$4150/8000	\$4650/8000	\$4700/9400
Office Visit	\$40	\$40	\$40	\$40	\$40
Specialist Visit					
Emergency Room Hospital	\$150	\$150	\$150	\$150	\$250
Prescription Plan					
Prescription Card Co-Pay	\$10/30/50	\$10/30/50	\$10/30/50	\$10/30/50	\$10/30/50
Deductible	\$100	\$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 06/27/2025 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1500-NG, 1515-NG

Fax the signed document to 512-481-8481 or email to cashah@county.org.

Signature [Signature] Date 6-24-25

LIFE – BASIC (EMPLOYER PAID)

Basic Life Products:

Coverage volume per employee: \$10,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.16	\$0.16	\$0.16

Basic AD&D

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.03	\$0.03	\$0.03

PO

Initial to accept New Basic Life Rates.

LIFE – VOLUNTARY (EMPLOYEE PAID)

	Current Rates	New Rates Effective 10/01/2025
Voluntary Dependent Life	\$3.32	\$3.32

PR

Initial to accept New Voluntary Dependent Life Rates.

WAITING PERIOD

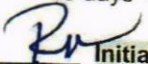
Waiting period applies to all benefits.

Employees

Elected Officials

89 days - Day following waiting period

Date of Hire



Initial to confirm Waiting Period.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ Group processes COBRA on OASys

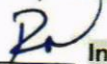
* Group is responsible for fulfilling COBRA notification process and requirements.

☒ BenefitConnect COBRA Department coordinates COBRA Administration

* WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.

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

* Group is responsible for fulfilling COBRA notification process and requirements.



Initial to confirm COBRA Administration.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name Honorable Robert Newson
Title County Judge
Address PO Box 288
Sulphur Springs, TX 75483-288
Phone 9034384006
Fax 9034384007
Email mewsom@hopkinscountytexas.org

BILLING CONTACT

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

Please list changes and/or corrections below.

Name Kelly Kaslon
Title Court Administrator
Address PO Box 288
Sulphur Springs, TX 75483
Phone 9034384009
Fax 9034384113
Email kelly@hopkinscountytexas.org

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name Kelly Kaslon
Title Court Administrator
Address PO Box 288
Sulphur Springs, TX 75483
Phone 9034384009
Fax 9034384113
Email kelly@hopkinscountytexas.org

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name Kelly Kaslon
Title Hopkins County Administrator
Address 118 Church St
Sulphur Springs, TX 75482-2602
Phone 9034384009
Fax
Email kelly@hopkinscountytexas.org

Name Vanessa Kaslon
Title Human Resources
Address PO Box 288
Sulphur Springs, TX 75483-0288
Phone 9034384094
Fax
Email vkaslon@hopkinscountytexas.org

Payroll Clerk

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name
Title
Address

Phone
Fax
Email

Name
Title
Address

Phone
Fax
Email



Initial to confirm Member Contact Designations.

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☒ Allow election changes on the ESS ☐ Do not allow election changes on the ESS

RM Initial to confirm ESS Elections.

PLAN INFORMATION

- RNBC must be received by 06/27/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- 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.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

RN Initial to confirm Plan Information.

RENEWAL CONFIRMATION SIGNATURE

Robert Newsom
Signature of County Judge or Contracting Authority

Date: 6-24-25

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.

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name
Broker
Representative
Address

n/A

Phone
Fax
Email

Agency Name
Consultant
Representative
Address

Phone
Fax
Email

____ Initial to confirm Broker or Consultant information

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address

PO Box 288
Sul. Spring TX 75483

RN

Initial to confirm Physical Mailing Address.