

BROWN COUNTY

BCBS/TAC

2018-2019 RENEWAL

**PAINTER AND JOHNSON
FINANCIAL**

July 2, 2018

*July 2, 2018
(Exhibit #1)*



June 22, 2018

Honorable Ernest West
Brown County County Judge
200 S Broadway St Ste 111
Brownwood, TX 76801-3136

Dear Judge West:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Brown County's employee benefit renewal packet for your upcoming plan anniversary date. We have some exciting news this year: ① Telemedicine through MDLive will be a part of your health benefit plan beginning on October 1, 2018; ② TAC HEBP is now offering a voluntary Vision plan; and ③ TAC HEBP is changing our pharmacy benefit manager. Please be sure to read through your entire packet for the details.

Here are some highlights of your 2018-19 Plan Year renewal:

Projected Combined Medical and Prescription Inflation for Plan Year 2019: 6.5%

The Pool has stayed below the national average for health plan rate increases (trend) for the past twelve years. This year, we are projecting a combined medical and Rx trend of 6.5%.

Brown County's Renewal Rate change(s):

Health Plan: +9.5%

Dental Plan: Not Applicable

Life Coverages: Not Applicable

Rates are set annually using a comprehensive process which determines the actuarial needs of the Pool for the coming year. We then evaluate each individual group based on a combination of the group's size, claims experience, age, and geographic area. Based on this analysis, your group's renewal rate may be above or below the trend rate.

Your Reserved Surplus Distribution from 2015 Fiscal Year: \$20,996

At the end of the 2016 and 2017 Fiscal Years, due to a significant spike in high claims the Pool did not recognize a surplus. However in 2016, your Board of Directors voted to reserve a portion of the surplus from Fiscal Year 2015 to be distributed over the next two years. Brown County will receive the remaining portion of this reserved surplus later this year, in the amount shown above. This amount includes two years of interest.

Deadline for returning signed renewal documents to TAC HEBP: July 31, 2018
Your Employee Benefits Consultant: Kathy Davenport (kathyd@county.org) (800) 456-5974

If you have questions about your renewal, are interested in the impact of changes to your plan, or are considering changes to your personnel policies that will affect benefits (e.g.; adding/dropping retiree benefits, changing waiting period, etc.), please be sure to discuss this in advance with your Employee Benefits Consultant so we can coordinate the changes with your renewal.

Other important items to note for the upcoming plan year:

- **Dental Plans:** There **will** be Open Enrollment for dental coverage this year.
- **Voluntary Vision plan:** If you are considering offering this new benefit, please contact your Employee Benefits Consultant as soon as possible.
- **Electronic Renewal:** Please complete your Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. Remember to print and sign the signature page, and return to TAC HEPB via email, or fax to (512) 481-8481.
- **Affordable Care Act Fees:** The HEBP Board voted to pay 2018 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 and contains the forms and notices your group will need to process employee benefit renewals.

ACTION REQUIRED: Please present the renewal to the Commissioners Court for approval, have your authorized OASys user complete the Renewal Notice and Benefit Confirmation (RNBC) forms online, and return the initialed and signed RNBC to TAC no later than July 31, 2018.

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

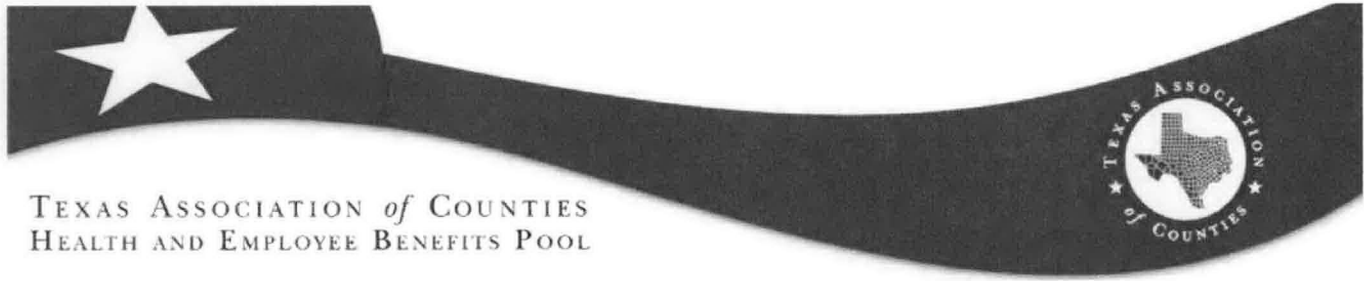
Sincerely,



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

Renewal Packet Enclosures:

- Renewal Notice and Benefit Confirmation (RNBC)
- Alternate Health Plan Proposal (if applicable)
- 2017-18 Plan Year Claims Reports
- Renewal Checklist
- Renewal Calendar
- Change to TAC HEBP pharmacy benefit manager
- MDLive (telemedicine) information sheet
- Voluntary Vision plan information sheet and election form
- Airrosti in-network benefit information sheet
- Health Care Reform updates for 2018-19
- TAC HEBP Territory Map and Contacts



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Renewal Notice and Benefit Confirmation

Group: 36896 - Brown County

Anniversary Date: 10/01/2018

Return to TAC by: 07/31/2018

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 MelissaL@County.org.

For any plan or funding changes other than those listed below, please contact Melissa Lopez at 1-800-456-5974.

MEDICAL

Medical: Plan 700-G \$30 Copay, \$600 Ded, 90%, \$2400 OOP Max

RX Plan: Option 5B-G \$10/30/60, \$100 Ded

Your % rate increase is: 9.50%

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

Tier	Current Rates	New Rates Effective 10/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$773.86	\$847.38	\$	\$	\$
Employee + Child(ren)	\$1,947.36	\$2,132.36	\$	\$	\$
Employee + Spouse	\$1,947.36	\$2,132.36	\$	\$	\$
Employee + Family	\$1,947.36	\$2,132.36	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

90 days - Day following waiting period

_____ Initial to confirm.

Elected Officials

90 days - Day following waiting period

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: **C. Bart Johnson**

Please list changes and/or corrections below

Agency Name	Painter & Johnson Financial
Agency Address	
Number and Street	201 W. Adams
City	Brownwood
State	TX
Zip	76801
Broker Representative or Consultant's Name	C. Bart Johnson
Contact Phone Number	325-646-2959
Contact Email Address	bartj@painterandjohnson.com

_____ 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 **07/31/2018** 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 Brown 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 Ann Krpoun, CIO/Treasurer

Address 613 N. Fisk Street, Suite 100
Brownwood, TX 76801-3136

Phone 325-646-6033

Fax 325-646-6033

Email treasurer@browncountytexas.org

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Ann Krpoun, CIO/Treasurer

Address 613 N. Fisk Street, Suite 100
Brownwood, TX 76801-3136

Phone 325-646-6033

Fax 325-646-6033

Email treasurer@browncountytexas.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 Honorable Ann Krpoun, CIO/Treasurer

Address 613 N. Fisk Street, Suite 100
Brownwood, TX 76801-3136

Phone 325-646-6033

Fax 325-646-6033

Email treasurer@browncountytexas.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

2018 - 2019 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2018

	Current Plan Year	Renewal Rates	Option 1
Plan:	700-G	700-G	700-G2 ✓
Option:	RX-5B-G	RX-5B-G	RX-5B-G2
Rates			
Employee Only	\$773.86	\$847.38	\$818.08
Employee + Child(ren)	\$1,947.36	\$2,132.36	\$2,056.94
Employee + Spouse	\$1,947.36	\$2,132.36	\$2,056.94
Employee + Family	\$1,947.36	\$2,132.36	\$2,056.94
Medical Plan			
Deductible In/Out Network	\$600/900	\$600/900	\$680/1020
Co-Insurance % In/Out	90/70	90/70	90/70
Co-Insurance Maximum	\$2400/4800	\$2400/4800	\$2750/5500
Office Visit	\$30	\$30	\$30 ✓
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$100
Prescription Plan			
Prescription Card Co-Pay	10/30/60	10/30/60	15/40/65 ✓
Deductible	\$100	\$100	\$135

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 07/31/2018 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 _____ Date _____



12 Month Medical

Post Date : Apr 2018

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Medical)

Group : (036896 - BROWN COUNTY OFFICIALS & EMPLOYEES/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2017	171	390	\$223,680.86	\$181,655.81	\$36,102.65	\$217,758.46
Jun 2017	171	385	\$219,377.68	\$275,783.75	\$49,361.28	\$325,145.03
Jul 2017	171	387	\$219,012.04	\$210,073.77	\$40,030.10	\$250,103.87
Aug 2017	172	389	\$219,726.42	\$151,275.58	\$44,026.37	\$195,301.95
Sep 2017	170	387	\$220,092.06	\$219,357.48	\$68,719.04	\$288,076.52
Oct 2017	178	413	\$248,481.14	\$309,312.23	\$20,744.65	\$330,056.88
Nov 2017	178	410	\$252,375.86	\$325,257.64	\$34,157.16	\$359,414.80
Dec 2017	179	412	\$253,923.58	\$189,432.76	\$56,891.04	\$246,323.80
Jan 2018	179	411	\$253,923.58	\$471,420.48	\$53,223.11	\$524,643.59
Feb 2018	178	407	\$253,923.58	\$292,998.87	\$47,920.54	\$340,919.41
Mar 2018	176	408	\$251,202.36	\$104,766.61	\$65,993.23	\$170,759.84
Apr 2018	174	403	\$248,481.14	\$395,018.63	\$84,459.75	\$479,478.38
Total: Selected Filter(s)	175	400	\$2,864,200.30	\$3,126,353.61	\$601,628.92	\$3,727,982.53



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

Post Date : Apr 2018

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

Group : (036896 - BROWN COUNTY OFFICIALS & EMPLOYEES/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
3040619933	Cobra	\$1,010,423.38	\$8,648.51	\$1,019,071.89
13720365036	Active	\$245,756.94	\$109,083.51	\$354,840.45
3058080774	Active	\$269,529.27	\$3,987.19	\$273,516.46
3060634338	Active	\$91,088.93	\$9,189.60	\$100,278.53
13720365035	Active	\$77,400.53	\$14,168.90	\$91,569.43
3062389851	Active	\$77,096.83	\$1,512.54	\$78,609.37
16240122892	Active	\$61,573.12	\$11,070.34	\$72,643.46
3150208003	Active	\$20,310.98	\$49,370.31	\$69,681.29
13720365033	Active	\$60,879.71	\$427.00	\$61,306.71
16000105114	Active	\$48,456.89	\$10,368.13	\$58,825.02
17890256100	Active	\$43,694.72	\$4,928.41	\$48,623.13
3040619803	Active	\$44,560.40	\$0.00	\$44,560.40
17740178706	Active	\$36,468.99	\$2,872.19	\$39,341.18
17810436983	Active	\$38,537.13	\$0.00	\$38,537.13
3280138729	Active	\$35,376.77	\$3,143.54	\$38,520.31
18340392500	Active	\$1,710.70	\$32,596.22	\$34,306.92
18240806000	Active	\$33,479.56	\$583.16	\$34,062.72
3150193760	Active	\$15,356.18	\$18,152.92	\$33,509.10
3040619783	Active	\$22,280.27	\$10,200.90	\$32,481.17
12750327911	Active	\$26,795.91	\$2,851.05	\$29,646.96
16000332552	Active	\$24,388.83	\$4,324.66	\$28,713.49
17130400266	Active	\$3,171.70	\$25,311.39	\$28,483.09
17130400174	Active	\$23,497.40	\$331.60	\$23,829.00
7040060389	Active	\$21,430.60	\$1,696.13	\$23,126.73



TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Detailed Report

10560125199	Active	\$10,537.78	\$10,478.86	\$21,016.64
16480083417	Active	\$16,952.62	\$2,609.48	\$19,562.10
18370651417	Active	\$18,997.87	\$0.00	\$18,997.87
17850393442	Active	\$16,781.45	\$345.55	\$17,127.00
4970153286	Active	\$603.23	\$16,429.63	\$17,032.86
3041839296	Active	\$16,964.54	\$5.28	\$16,969.82
17770241624	Active	\$16,547.52	\$72.37	\$16,619.89
3045518551	Active	\$12,319.48	\$4,126.94	\$16,446.42
3070522071	Active	\$1,482.42	\$14,779.27	\$16,261.69
18411251396	Active	\$15,471.72	\$265.75	\$15,737.47
17430334981	Active	\$15,712.59	\$0.00	\$15,712.59
3040619928	Active	\$13,940.37	\$1,195.32	\$15,135.69
3330140867	Active	\$3,015.84	\$11,933.01	\$14,948.85
16370181610	Active	\$12,042.54	\$1,474.92	\$13,517.46
10910031539	Active	\$12,266.26	\$400.84	\$12,667.10
17850393555	Active	\$3,854.03	\$8,626.73	\$12,480.76
18210441012	Active	\$11,971.22	\$45.77	\$12,016.99
11220398958	Active	\$11,791.55	\$0.00	\$11,791.55
3040619792	Active	\$10,417.28	\$571.38	\$10,988.66
5440187643	Active	\$6,245.58	\$4,685.73	\$10,931.31
16030234239	Active	\$4,020.37	\$6,696.84	\$10,717.21
3054239746	Active	\$5,003.05	\$5,638.53	\$10,641.58
13270527838	Active	\$10,381.46	\$61.95	\$10,443.41
16620488289	Active	\$4,731.35	\$5,400.09	\$10,131.44
Query Total	48	\$2,585,317.86	\$420,662.44	\$3,005,980.30
Report Total	48	\$2,585,317.86	\$420,662.44	\$3,005,980.30



Vision benefits made easy

Vision benefits should enhance your life, not complicate it. That's why Dearborn National[®] Vision Care is working with EyeMed to bring you vision benefits that deliver more.

Freedom of choice

Our vision benefit packages give employees the freedom to choose at any in-network provider.

- NO limiting frame towers
- NO unnecessary restrictions
- NO confusing formularies
- ANY frame
- ANY Lens
- ANY Contacts

Network

With the right combination of retail and independent doctors members will have access to providers with weekend and evening hours. Plus members can access their benefits, view their claims and request ID Cards from www.DearbornNational.com/Vision. Also benefits can be applied online at Glasses.com – providing access to a huge selection of frames and lenses with 3-D virtual try on technology. Members can shop right from their homes.

INDEPENDENT
PROVIDER
NETWORK




LENSCRAFTERS

PEARLE
VISION

sears
OPTICAL

 OPTICAL

 jcp optical



Voluntary Vision Insurance Benefit Summary

Eligibility: All Active Full-Time Employees Working 30 Hours or More Per Week

Dependent Definition: To age 26

Vision Plan: 12/12/24 \$130

Vision Care Service	Member Cost In-Network	Out of Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$30
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Exam Options:		
Standard Contact Lens Fit and Follow Up:	Up to \$40 for Standard; 10% off retail price for Premium	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$55
Lenticular	\$25 Copay	Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens	See table on page 2	Up to \$40
Lens Options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-reflective	See Below Table	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid in full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

Group Vision Insurance Benefit Summary *continued*

Progressive Price List*	Member Cost In-Network
Standard Progressive	\$75 Copay
Premium Progressives as Follows:	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member cost In-Network
Photochromic (plastic)	\$75
Polarized	80% of charge
<p>Dearborn National Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.</p>	
<p>*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands</p>	
<p>For a current listing of brands by tier, go to: www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf</p>	



Voluntary Vision Insurance Rates

Proposed Effective Date: October 1, 2018

	Monthly Cost
Employee Only	\$6.20
Employee and Spouse	\$11.80
Employee and Child(ren)	\$12.43
Family	\$18.28

Rate Guarantee Period: 48 months

IMPORTANT NOTES:

This proposal is subject to exclusions and limitations in the policy issued by us. In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the in force carrier's policy.

Membership must be received 30 days prior to the effective date.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: Changes in benefits, employee contributions, the number of eligible employees, or the imposition on any new taxes, fees or assessments by Federal or State regulatory agencies.

Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider location to determine which participating providers have agreed to the discounted rate.

Rates do not include broker commission.



Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
 2. Medical and/or surgical treatment of the eye, eyes or supporting structures;
 3. Any eye or Vision Examination, or any] corrective eyewear required by a Policyholder as a condition of employment ; safety eyewear
 4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
 5. Plano (non-prescription) lenses and/or contact lenses;
 6. Non-prescription sunglasses;
 7. Two pair of glasses in lieu of bifocals;
 8. Services or materials provided by any other group benefit plan providing vision care;
 9. Certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;
 10. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
 11. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.
-



Enrollment Maintenance:

All initial enrollees as of the effective date are eligible to enroll. The employer's standard waiting period will apply.

Underwriting Considerations for Group Vision

Employees must be legally working in the United States in order to be eligible for coverage. The Dearborn National insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees that are residents of Canada we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.

This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.

About Dearborn National

Dearborn National® Life Insurance Company offers a broad selection of insurance and financial products that cover many markets—Voluntary and Employer Paid Group Benefits and a wide array of Enhanced Product Services. We serve some of the largest companies and most recognized names in the United States.

A Strong Parent Company

Our parent company, Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, is the largest non-investor owned health care insurance provider in the United States and the fourth largest overall. HCSC offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries.

Strong Ratings

The ratings of the Dearborn National companies speak to our commitment to managing our business well and remaining financially strong. Benefit programs in this proposal are underwritten by Dearborn National® Life Insurance Company.

Dearborn National Life Insurance Company is rated A (Excellent) by A.M. Best Company and A by Standard and Poor's for financial strength in their most recent reports.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Vision Plan Election

Please complete each section confirming your county or district is offering the Voluntary Vision benefit plan, and complete the contribution schedule according to your group's funding levels. This is a voluntary benefit so there is no requirement for the employer to fund any amount toward the coverage. Fax to 1-512-481-8481 or email to your TAC HEBP Employee Benefits Specialist.

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays
Employee Only	\$ 6.20	\$ _____	\$ _____
Employee + Child(ren)	\$ 11.80	\$ _____	\$ _____
Employee + Spouse	\$ 12.43	\$ _____	\$ _____
Employee + Family	\$ 18.28	\$ _____	\$ _____

Your payroll deductions for vision benefits are: (check one) Pre Tax Post Tax

* Note: Rates shown do not include a broker commission.

Please have your county or district's authorized Contracting Authority as listed on your TAC HEBP Renewal Notice and Benefit Confirmation (RNBC) sign below to indicate that the TAC HEBP Voluntary Vision benefit plan will be offered to your employees beginning on your upcoming health plan anniversary date.

Signature

Name/Title

Date

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

FIX PAIN FAST!

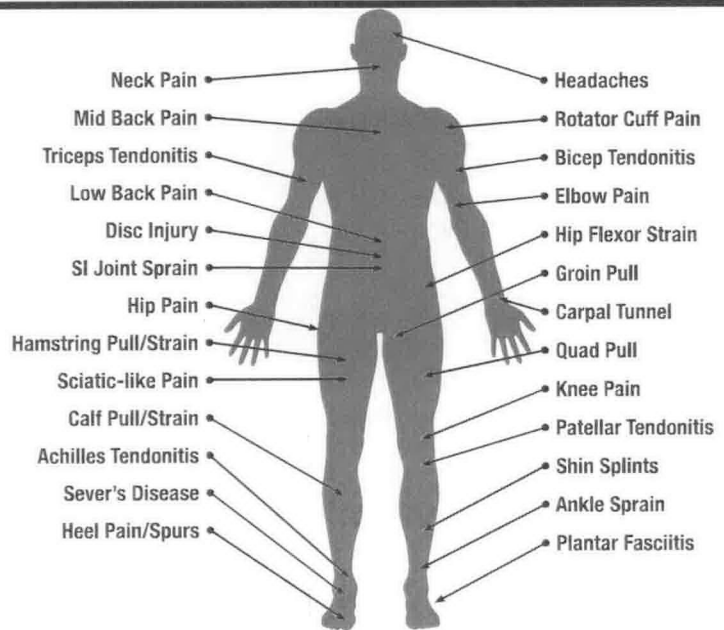
NEW HEALTH PLAN BENEFIT

For all employees and dependents on the health plans offered by
Texas Association of Counties

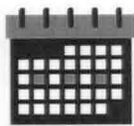
Effective 10/1/2018: Your copay for an Airrosti visit is the same cost as your primary care office visit copay (no deductible*).

Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury.

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).



Schedule Your Appointment Today!



3.2
visits average to complete injury resolution*

*Based on patient reported outcomes



10,000+

SURGERIES AVOIDED



40%
THE AVERAGE COST OF OTHER CARE



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Health Care Reform Updates for 2018 – 2019 Plan Year

Affordable Care Act (ACA) Related Legislation

As of the date of this printing, ACA regulations and requirements are still in effect. TAC HEBP is closely watching legislative efforts to modify or replace the ACA, and will provide education and guidance to our Pool members if and when changes affecting your plans and/or reporting requirements are forthcoming. We utilize outside sources as well as TAC staff to monitor and analyze this issue. The guidance in this document is based on the law as it currently exists. However, the update should not be regarded as legal advice. We encourage you to check with your county attorney for a thorough discussion of statutory interpretation issues.

Large Employer Coverage Mandates

Effective for plan years beginning on or after Jan. 1, 2016, employers with 50 or more full time equivalent employees must offer health coverage to at least 95% of employees who work an average of 30 hours per week or more. The coverage must meet minimum value (pay at least 60 percent of covered costs; all TAC plans comply with this requirement) and be considered affordable (employer cannot collect more than 9.56% of employee's W-2 Box 1 income for self-only coverage).

Measurement Periods

All groups should have defined a standard measurement period of between 3 and 12 months for tracking the hours of part-time and variable-hour employees. For plan years beginning on or after January 1, 2015, employees who work on average 30 hours per week or more during the preceding measurement period must be offered health coverage. The employee must be offered coverage for a period of time equal to or greater than the length of the measurement period but not less than 6 months. Coverage will start after a standard administrative period of not more than 90 days.

ACA Fees

ACA fees for this plan year are as follows: The Patient-Centered Outcomes Research Institute (PCORI) fee is to help fund research relating to patient-centered outcomes and evaluating risks and benefits of medical treatments, services, etc. In 2018, the fee is \$2.39 per member per year.

For the 2018-19 plan year, the HEBP Board of Directors has elected to pay these fees on behalf of all Pool members.

ACA Reporting

2018 is the fourth year of reporting requirements under the ACA. In January 2019, all employers with 50 or more full time equivalent employees must provide a form 1095C to every employee or ex-employee who worked full time for any month during calendar year 2018. (Full time for ACA purposes is 30 hours per week on average over the course of the employer's measurement period.) A copy of these forms must be provided to the IRS along with an informational transmittal form (1094C). The purpose of this reporting is to allow the IRS to determine whether the employer has satisfied the ACA Employer Mandate, and to determine whether employees and their dependents were eligible for subsidies when purchasing coverage through the Federal Exchange. TAC HEBP will continue offering ARTS (Affordable Care Act Reporting and Tracking Service) to our groups at no charge, which will enable them to produce the necessary forms. In addition to producing the required forms, ARTS will also track lookback measurement periods and perform affordability testing when applicable.

Your employees and any covered retiree or COBRA participant will also receive a form 1095B from TAC HEBP. The purpose of this form is to provide proof of health coverage that satisfies the ACA Individual Mandate, which is still in effect through the end of calendar year 2018.

Limits on Cost-sharing and Combined maximum out-of-pocket

Effective for plan years beginning on or after Jan. 1, 2014, **non-grandfathered** health plans are subject to limits on cost-sharing or out-of-pocket costs. For 2018-19, out-of-pocket expenses may not exceed **\$7,350** for self-only coverage and **\$14,700** for family coverage. Out-of-pocket costs which apply to these limits include medical plan co-payments, deductibles, and co-insurance AND prescription co-payments and deductibles.

Excise Tax delay

Implementation of an Excise Tax on health plans costing more than a federally-established threshold has been delayed until 2022. TAC HEBP will be monitoring this and any other ACA developments, and will update you if changes occur that might affect your health plan.

Updated June 13, 2018

TEXAS ASSOCIATION *of* COUNTIES

Health and Benefits Services Department

NORTHWEST

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Kathy Davenport

WELLNESS CONSULTANT
Shameria Davis

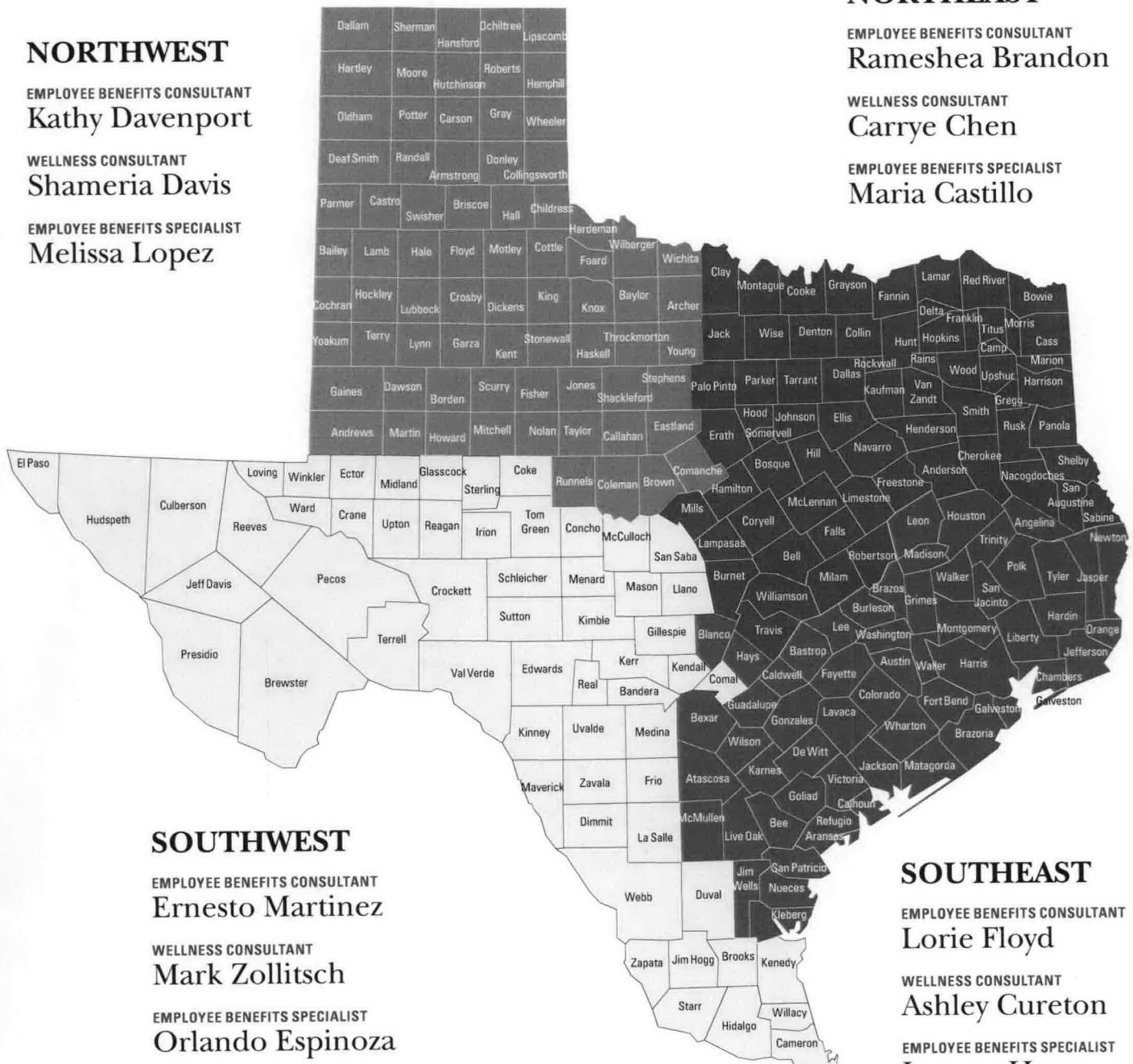
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