

**TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL**

**2016 - 2017 Renewal Notice and Benefit Confirmation**

**Group: 36896 - Brown County**

**Anniversary Date: 10/01/2016**

**Return to TAC by: 08/01/2016**

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](mailto: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 \$25 Copay, \$500 Ded, 90%, \$2000 OOP Max

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

**Your % rate increase is:** 3.00%

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

Tier	Current Rates	New Rates Effective 10/1/2016	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$693.58	\$714.38	\$ 714.38	\$ 0	\$ 0
Employee + Child(ren)	\$1,742.14	\$1,794.40	\$ 1594.40	\$ 200.00	\$ 0
Employee + Spouse	\$1,742.14	\$1,794.40	\$ 1594.40	\$ 200.00	\$ 0
Employee + Family	\$1,742.14	\$1,794.40	\$ 1594.40	\$ 200.00	\$ 0

CRW Initial to accept Medical Plan and New Rates.

July 25, 2016  
(Exhibit # 4)



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**2016 - 2017 Alternate Plan Proposal**

Group: 36896 - Brown County

Effective Date: 10/01/2016

	Current Plan Year	Renewal Rates	Option 1
Plan:	700	700	700-G
Option:	RX-5B	RX-5B	RX-5B-G
<b>Rates</b>			
Employee Only	\$693.58	\$714.38	\$700.00
Employee + Child(ren)	\$1,742.14	\$1,794.40	\$1,757.22
Employee + Spouse	\$1,742.14	\$1,794.40	\$1,757.22
Employee + Family	\$1,742.14	\$1,794.40	\$1,757.22
<b>Medical Plan</b>			
Deductible In/Out Network	\$500/750	\$500/750	\$600/900
Co-Insurance % In/Out	90/70	90/70	90/70
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800
Office Visit	\$25	\$25	\$30
Emergency Room Hospital	\$90	\$90	\$90
<b>Prescription Plan</b>			
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/60
Deductible	\$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 08/01/2016 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 700 RX-5B

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

Signature E Roy West Date 07/25/2016

**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**

Agency Name: PAINTER & JOHNSON

Agency Address: 201 W ADAMS  
Number and Street

BROWNWOOD TX 76801  
City State Zip

Broker Representative or Consultant's Name: C. BART JOHNSON

Contact Phone Number: (325) 646-2959

Contact Email Address: \_\_\_\_\_

ERW Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- 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 **08/01/2016** 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** 200 South Broadway Street, Ste. 116  
Brownwood, TX 76801-3136

**Phone** 325-646-6033

**Fax** 325-646-6033

**Email** [treasurer@browncountytx.org](mailto:treasurer@browncountytx.org)

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**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** 200 South Broadway Street, Ste. 116  
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**HIPAA Secured Fax**

**PRIMARY CONTACT**

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** 200 South Broadway Street, Ste. 116  
Brownwood, TX 76801-3136

**Phone** 325-646-6033

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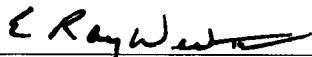
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Date: 07/25/2016

Signature of County Judge or Contracting Authority

E. RAY WEST III, 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.*

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

90 days - Day following waiting period

ERW

Initial to confirm.

**Elected Officials**

90 days - Day following waiting period