

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	700	700	700-G	700-G2
Option:	RX-5B	RX-5B	RX-5B-G	RX-5B-G2
Rates				
Employee Only	\$714.38	\$788.96	\$773.86	\$745.26
Employee + Child(ren)	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Employee + Spouse	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Employee + Family	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Medical Plan				
Deductible In/Out Network	\$500/750	\$500/750	\$600/900	\$680/1020
Co-Insurance % In/Out	90/70	90/70	90/70	90/70
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800	\$2750/5500
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$90	\$100
Prescription Plan				
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/60	15/40/65
Deductible	\$100	\$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 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 1
Fax the signed document to 1-512-481-8481.

Signature [Signature] Date 7-24-17

JULY 24, 2017
(EXHIBIT #2)

**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

PRIMARY CONTACT

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

Please list changes and/or corrections below.

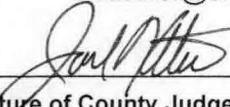
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Signature of County Judge or Contracting Authority

Date: 7-24-17

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.

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

JJK

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 and Johnson Financial

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: bartj@painterandjohnson.com

JJK

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 **7/31/2017** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

90 days - Day following waiting period

Elected Officials

90 days - Day following waiting period

JK

Initial to confirm.