



### 2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 36896 - Brown County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

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-G2 \$30 Copay, \$680 Ded, 90%, \$2750 OOP Max, \$100 ER Copay

RX Plan: Option 5B-G2 \$15/40/65,\$135 Ded

Your % rate increase is: 6.50%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$818.08	\$871.26	\$	\$	\$
Employee + Child(ren)	\$2,056.94	\$2,190.64	\$	\$	\$
Employee + Spouse	\$2,056.94	\$2,190.64	\$	\$	\$
Employee + Family	\$2,056.94	\$2,190.64	\$	\$	\$

ML Initial to accept Medical Plan and New Rates.

#### VOLUNTARY VISION

Voluntary Vision: Plan I

Your % rate increase is: 0.00%

Your payroll deductions for voluntary vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$	\$6.20	\$6.20
Employee + Child(ren)	\$12.44	\$12.44	\$	\$12.44	\$12.44
Employee + Spouse	\$11.80	\$11.80	\$	\$11.80	\$11.80
Employee + Family	\$18.28	\$18.28	\$	\$18.28	\$18.28

ML Initial to accept Voluntary Vision Plan and New Rates.

July 15, 2019  
(Exhibit #8)

**RETIREE**

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical

Pre 65

Post 65

PBJ

Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

90 days - Day following waiting period

**Elected Officials**

90 days - Day following waiting period

PBJ

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*

 Initial to confirm COBRA Administration.

**PLAN INFORMATION**

**Broker or Consultant Information**

Please confirm your broker or consultant's name, if applicable: **C. Bart Johnson**

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

Please list changes and/or corrections below

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 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 **08/02/2019** 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: 7-15-19

**Signature of County Judge or Contracting Authority**

Paul D Hilly, 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.*



### 2019 - 2020 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	700-G2	700-G2	1100-NG	1200-NG
Option:	RX-5B-G2	RX-5B-G2	RX-5B-NG	RX-5B-NG
<b>Rates</b>				
Employee Only	\$818.08	\$871.26	\$850.40	\$831.74
Employee + Child(ren)	\$2,056.94	\$2,190.64	\$2,137.06	\$2,089.14
Employee + Spouse	\$2,056.94	\$2,190.64	\$2,137.06	\$2,089.14
Employee + Family	\$2,056.94	\$2,190.64	\$2,137.06	\$2,089.14
<b>Medical Plan</b>				
Deductible In/Out Network	\$680/1020	\$680/1020	\$750/1000	\$1000/3000
Co-Insurance % In/Out	90/70	90/70	80/60	80/60
Co-Insurance Maximum	\$2750/5500	\$2750/5500	\$3000/6000	\$3000/6000
Office Visit	\$30	\$30	\$25	\$30
Specialist Visit				
Emergency Room Hospital	\$100	\$100	\$150	\$150
<b>Prescription Plan</b>				
Prescription Card Co-Pay	15/40/65	15/40/65	10/30/50	10/30/50
Deductible	\$135	\$135	\$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 08/02/2019 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 700-62  
Fax the signed document to 1-512-481-8481.

Signature [Handwritten Signature] Date 7-15-19

## County Specific Incentive Program (CSI)

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, 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.

### YOUR COUNTY'S CSI FOR PLAN YEAR 2020

Our records indicate that your County or District does not currently have a County Specific Incentive. Make a selection below if you would like to learn more about implementing a County Specific Incentive. Also, please contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

Healthy County is available to assist in the process of designing, communicating, and tracking a County Specific Incentive. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

We are interested in learning more about a County Specific Incentive Program.

We are not interested in learning more about a County Specific Incentive Design at this time.

County/District: Brown County

Printed Name and Title: Paul D Lilly, County Judge

Signature: Paul D. Lilly Date: 7-15-19

Brown County TAC Plan Options & Differences

2019-2020 PLAN YEAR

PLAN	700-G2 (Current) Grandfathered	1100-NG Non-Grandfathered	1200-NG Non-Grandfathered
	6.5% Increase	3.95% Increase	1.6% Increase
Deductible	\$680/\$2040 Emp/Family	\$750/\$22250 Emp/Family	\$1000/\$3000 Emp/Family
Out of Pocket	\$2750/\$8250 Emp/Family	\$3000/\$9000 Emp/Family	\$3000/\$9000 Emp/Family
<b>COPAYS</b>			
Physician	\$30	\$25	\$30
MDLive	\$10	\$10	\$10
Urgent Care	\$30	\$25	\$30
ER	\$100	\$150	\$150
Coinsurance/Inpatient-Outpatient	90%/10%	80%/20%	80%/20%
Lab & Xray	100%/allowable	100%/allowable	100%/allowable
Preventive Care	100% aft \$30	100%	100%
<b>PRESCRIPTION</b>	<b>Deductible</b>	<b>Generic-Tier 1</b>	<b>Brand-Tier 2</b>
G2 (Current)	\$135/\$405 EO/Family	\$15/\$30 (MO) 30Days/90Days	\$40/\$80 (MO)
NG	\$100/\$300 EO/Family	\$10/\$20 (MO)	\$30/\$60 (MO)
(MO - Mail Order 90 Day Supply)			
(NP - Non-Preferred Brand)			
			<b>NP Brand-Tier 3</b>
			\$65/\$130 (MO)
			\$50/\$100 (MO)