



Fexas Association of Countins HEALTH AND EMPLOYEE BENEFITS POOL

# 2024-2025 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2024

	(Current Plan)	Now Renewal Rates	Option 1	Option 2	Option 3 Plan 1300 NG
	Plan 1100 NG	Plan 1100 NG	Plan 1200 NG	Plan 1200 NGS	Fian 1500 NG
	Rx Option 5B NG				
Rates					
Employee Only	\$1,174.90	\$1,263.02	\$1,231.10	\$1,225.04	\$1,186.92
Employee + Child(ren)	\$2,952.64	\$3,174.08	\$3,092.52	\$3,077.02	\$2,979.60
Employee + Spouse	\$2,952.64	\$3,174.08	\$3,092.52	\$3,077.02	\$2,979.60
Employee + Family	\$2,952.64	\$3,174.08	\$3,092.52	\$3,077.02	\$2,979.60
Medical Plan Deductible In/Out Network	\$750/\$1000	(\$750/\$1000 80/60	\$1000/\$3000 80/60	\$1000/\$3000 80/60	\$1500/\$4500 80/60
Co-Insurance % In/Out	80/60 \$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3500/\$7000
Co-Insurance Max In/Out Office Visit – Primary Care	\$25	\$25	\$30	\$30	\$30
Office Visit - Specialist	\$25	\$25	\$30	\$40	\$30
Emergency Room Hospital	\$150	\$150	\$150	\$150	\$150
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
Quoted rates are based	on the following i	nformation:	/		

Quoted rates are based on the following information:

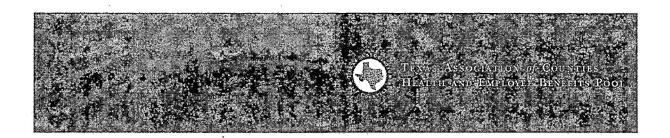
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates include broker commission.
- Rates based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/28/2024 to avoid a delay in implementation of benefits and/or late processing . fees.

Please indicate the selected plan here:  $\frac{Plan 1100NG}{Employee}$  Specialist or fax to 1-512-481-8481.

Signature

36896 - Brown County, Plan Year 2025 Alternate Plan Proposal

Date: <u>6/25/24</u> June 24, 2024 (Exhibit # 5)



# 2024 - 2025 Renewal Notice and Benefit Confirmation

Group: 36896 - Brown County Anniversary Date: 10/01/2024

Return to TAC by: 06/28/2024

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 5124818481 or email to erinc@county.org.

For any plan or funding changes other than those listed below, please contact Erin Crafton at 8004565974.

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You	ur % rate	chang	e is: 7.	50%												
You	Ir payroll	deducti	ons for	media	al be	nefits a	re: Pre	Tax								

Tier	Current Rates	New Rates Effective 10/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,174.90	\$1,263.02	\$1,263.02	\$	\$1,063.02	\$200.00
Employee & Spouse	\$2,952.64	\$3,174.08	\$2,974.08	\$200.00	\$	\$3,174.08
Employee & Child(ren)	\$2,952.64	\$3,174.08	\$2,974.08	\$200.00	\$	\$3,174.08
Employee & Family	\$2,952.64	\$3,174.08	\$2,974.08	\$200.00	\$	\$3,174.08

 $\overline{50}$  Initial to accept Medical Plan and New Rates.

# Vision

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$	\$4.58	\$	\$4.58
Employee & Spouse	\$8.72	\$8.72	\$	\$8.72	\$	\$8.72
Employee & Child(ren)	\$9.18	\$9.18	\$	\$9.18	\$	\$9.18
Employee & Family	\$13.52	\$13.52	\$	\$13.52	\$	\$13.52

SB Initial to accept Vision Plan and New Rates.

36896 - Brown County, 2024-2025 Renewal Notice and Benefit Confirmation

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## Retiree Information

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Please indicate how your group manages retiree coverage.

Pre-65 🗹 Post-65 🗆

Your group allows retiree coverage for:

Medical: Pre-65 ☑ Post-65 □

Vision:

 $\underline{SB}$  Initial to confirm.

Waiting Period

Waiting period applies to all benefits.

Employees

90 days - Day following waiting period

 $\underline{$  Initial to confirm.

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**Elected Officials** 

Date of Hire

## **TAC HEBP Member Contact Designation**

## 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 Group. 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.

Email	ann.krpoun@browncountytx.gov	
Phone Fax	Brownwood, TX 76801 3136 3256466302 3256466033	
Name / Title Address	Honorable Ann Krpoun, CIO / Treasurer 613 N. Fisk Street, Suite 100	

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	3256463023	
Fax	3256466033	
Email	ann.krpoun@browncountytx.gov	
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#### 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	3256466302		
Fax	3256466033		
Email	ann.krpoun@browncountytx.gov		
2	ma Bata		1/20/24
	- Juli	Date:	6/2010

Signature of County Judge or Contracting Authority Shane Britten, 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.

36896 - Brown County, 2024-2025 Renewal Notice and Benefit Confirmation

## COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☑ County/Group process COBRA on OASYS

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\*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

County/Group processes TAC HEBP Continuation of Coverage on OASys
County/Croup to manage the for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula formula for fulfilling CORRA patification process and provide the formula formula for fulfilling CORRA patification process and provide the formula formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula formula for fulfilling CORRA patification process and provide the formula formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and provide the formula for fulfilling CORRA patification process and proces

\* County/Group is responsible for fulfilling COBRA notification process and requirements

Initial to confirm COBRA Administration.

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## PLAN INFORMATION

### **Broker or Consultant Information**

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

Agency Name	Painter & Johnson Financial	Filler - understadingen is
Address	201 W. Adams	••••••••••••••••••••••••••••••••••••••
City, State, Zip	Brownwood, TX 76801	
Broker Rep or Consultant's Name:	C. Bart Johnson	
Contact Phone Number:	325-646-2959	
Contact Email Address:	bartj@painterandjohnson.com	<u></u>

<u>SU</u>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, dental, and vision.
- 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 2024-06-25 20:21:18 in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

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## PHYSICAL MAILING ADDRESS

Please confirm your group's physical mailing address information:

Address 613 N. Fisk Street, Suite 100

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Brownwood, TX 76801 3136

36896 - Brown County, 2024-2025 Renewal Notice and Benefit Confirmation