



2024-2025 Alternate Plan Proposal

Group: 36896 – Brown County

Effective Date: 10/01/2024

	Current Plan	Renewal Rates	Option 1	Option 2	Option 3
	Plan 1100 NG	Plan 1100 NG	Plan 1200 NG	Plan 1200 NGS	Plan 1300 NG
	Rx Option 5B NG	Rx Option 5B NG	Rx Option 5B NG	Rx Option 5B 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	\$1000/\$3000	\$1000/\$3000	\$1500/\$4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Max In/Out	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3500/\$7000
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

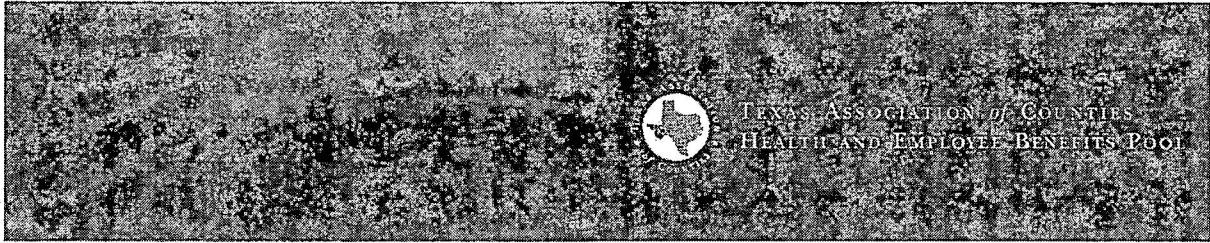
Quoted rates are based on the following information:

- 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: Plan 1100 NG
Email the signed document to your TAC Employee Specialist or fax to 1-512-481-8481.

Signature [Signature] Date: 6/25/24

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.

Medical

Medical: Plan 1100-NG \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max

RX Plan: 5B-NG \$10/30/50, \$100 Ded

Your % rate change is: 7.50%

Your payroll deductions for medical 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	\$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

SB

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.

Retiree Information

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 Post-65

Vision: Pre-65 Post-65

SB Initial to confirm.

Waiting Period

Waiting period applies to all benefits.

Employees

90 days - Day following waiting period

SB Initial to confirm.

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.

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@browncountytexas.gov	

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	3256463023	
Fax	3256466033	
Email	ann.krpoun@browncountytexas.gov	

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@browncountytexas.gov	


Date: 6/26/24

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.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

County/Group process 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*

County/Group processes TAC HEBP Continuation of Coverage on OASys

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

SB

Initial to confirm COBRA Administration.

