



TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 36896 - Brown County Anniversary Date: 10/01/2025

Return to TAC by: 06/27/2025

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 512-481-8481 or email to cassiev@county.org.

For any plan or funding changes other than those listed below, please contact Cassie Villarreal at 800-456-5974.

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: 10.70%

Your payroll deductions for medical benefits are: Pre Tax

| Tier | Current Rates | New Rates Effective 10/01/2025 | New Amount Employer Pays | New Amount Employee Pays | New Amount Employer Pays for Retiree (if applicable) | New Amount Retiree Pays (if applicable) |
|-----------------------|---------------|--------------------------------|--------------------------|--------------------------|--|---|
| Employee Only | \$1,263.02 | \$1,398.16 | \$1398.16 | \$ 0 | \$1198.16 | \$200 |
| Employee & Spouse | \$3,174.08 | \$3,513.70 | \$3313.70 | \$200 | \$ | \$3513.70 |
| Employee & Child(ren) | \$3,174.08 | \$3,513.70 | \$3313.70 | \$200 | \$ | \$3513.70 |
| Employee & Family | \$3,174.08 | \$3,513.70 | \$3313.70 | \$200 | \$ | \$3513.70 |

SB

Initial to accept Medical Plan and New Rates.

June 23, 2025
(Exhibit #8)

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 10/01/2025 | 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 | \$ _____ | \$ <u>4.58</u> | \$ _____ | \$ <u>4.58</u> |
| Employee & Spouse | \$8.72 | \$8.72 | \$ _____ | \$ <u>8.72</u> | \$ _____ | \$ <u>8.72</u> |
| Employee & Child(ren) | \$9.18 | \$9.18 | \$ _____ | \$ <u>9.18</u> | \$ _____ | \$ <u>9.18</u> |
| Employee & Family | \$13.52 | \$13.52 | \$ _____ | \$ <u>13.52</u> | \$ _____ | \$ <u>13.52</u> |

SB

Initial to accept Vision Plan and New Rates.

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☐ Allow election changes on the ESS ☒ Do not allow election changes on the ESS

SB

Initial to confirm ESS Elections.

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 Retiree Eligibility.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

Elected Officials

90 days - Day following waiting period

Date of Hire

SB Initial to confirm Waiting Period.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☒ Group process COBRA on OASys

* Group is responsible for fulfilling COBRA notification process and requirements.

☐ BenefitConnect COBRA Department coordinates COBRA administration

* WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

* Group is responsible for fulfilling COBRA notification process and requirements.

SB Initial to confirm COBRA Administration.

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☒ Broker ☐ Consultant

Agency Name Painter & Johnson Financial
Broker C. Bart Johnson
Representative
Address 201 W. Adams
Brownwood, TX 76801
Phone 325-646-2959
Fax
Email bartj@painterandjohnson.com

Agency Name
Consultant
Representative
Address

Phone
Fax
Email

ASB

Initial to confirm Broker or Consultant information

 7-21-25

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address

Initial to confirm Physical Mailing Address.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

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

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name Courtney Parrott
Title CEA-FCH
Address 605 Fisk Ave
Brownwood, TX 76801-2840
Phone 3256460386
Fax
Email courtney.parrott@ag.tamu.edu

Name Amanda Bundick
Title Court Coordinator
Address 2308 Elizabeth Drive
Brownwood, TX 76801
Phone 3259980543
Fax
Email amanda.bundick@yahoo.com

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name
Title
Address

Phone
Fax
Email

Name
Title
Address

Phone
Fax
Email

SB

Initial to confirm Member Contact Designations.

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to as an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.
2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.
3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.
4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.
5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.
6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.
7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.
9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.
10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.
11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162, and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.
12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Printed Name of Contracting Authority

Signature of Contracting Authority

Date

