



June 23, 2017

Judge Daryl Melton
Sabine County Judge
PO Box 716
Hemphill, TX 75948

Dear Judge Melton:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose the group health renewal packet for your upcoming plan anniversary date. Here are some highlights of your 2017-18 Plan Year renewal (explanations below):

- 1) **Projected Pool needed amount for claims and operational expenses for Plan Year 2018: +7%**
- 2) **Sabine County Renewal Rate change(s):**
 - a. Health Plan: + 5.25%
 - b. Dental Plan: Not Applicable.
 - c. Life/AD&D, STD/LTD: No change to rates
- 3) **Your County's Reserved Surplus Distribution from 2015 Fiscal Year: \$11,227**
- 4) **Deadline for returning signed renewal documents to TAC HEBP: July 31, 2017**
- 5) **Your Employee Benefits Consultant: Rameshea Brandon (ramesheab@county.org);(800) 456-5974**

1) **Pool Performance.** The Pool has stayed below the national average for health plan rate increases for the past twelve years. This year, the needed amount for Plan Year 2018 pool-wide is increasing by 7%, which is consistent with projected medical and pharmacy cost trends at the state and national levels.

2) **Renewal Rates.** Rates are set annually using a comprehensive process which determines the actuarial needs of the Pool for the coming year. We then evaluate each individual group based on a combination of the group's size, claims experience over the past 12-36 months, average member age, and geographic area.

3) **Surplus Distribution.** At the end of 2016, due to a significant spike in high claims, the Pool did not recognize a surplus. Your Board of Directors voted, however, to reserve a portion of the surplus from 2015 operations, with half of the reserved amount to be distributed with the 2017 renewal and half with the 2018 renewal. The 2017 distribution includes 2% interest.

4) **Deadline to Return Renewal:** Please sign and return renewal signature page by this date.

5) **Questions and Concerns.** Because you are currently using a Grandfathered 'G' plan, we have included an alternate plan option, the 'G2', for you to consider. Adopting this plan would not alter your ACA grandfathered status. If you have questions about your renewal, are interested in the impact of changes to your plan, or are considering changes to your personnel policies that will affect benefits (e.g.; adding/dropping retiree benefits, changing waiting period, etc.),

please be sure to discuss this with your Employee Benefits Consultant so we can coordinate the changes with your renewal.

Other important items to note for the upcoming plan year:

Electronic Renewal: You will be completing your Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. After completing the form online, save and print it, sign the signature page (the last page of the form: "TAC HEBP Member Contact Designation"), and send it to TAC HEPB via email, or fax to (512) 481-8481.

Affordable Care Act Fees: The HEBP Board voted to pay 2017 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.

Dental Plans: There will not be Open Enrollment for dental coverage this year.

Open Enrollment Toolkit: This will be sent via email and contains the forms and notices your group will need to process employee benefit renewals.

ACTION REQUIRED: Please present the renewal to the Commissioners Court for approval, have your authorized OASys user complete the Renewal Notice and Benefit Confirmation forms online, and

scan and email or fax the signed document to TAC no later than July 31, 2017.

TAC HEBP understands how valuable medical coverage is for your employees and their families. We appreciate your partnership with the Pool, and want to continue helping Sabine County offer this important benefit. Again, we thank you for your membership in the Pool and look forward to working with you for the upcoming plan year.

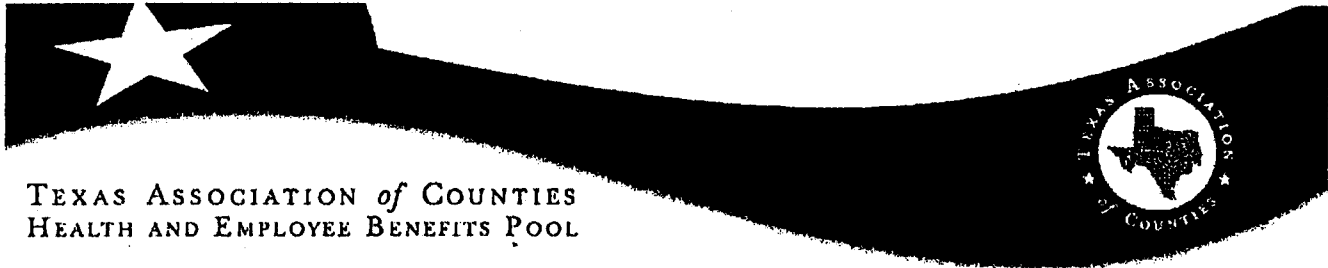
Sincerely,



Quincy Quinlan, Director
Health and Benefits Services Department
Texas Association of Counties

Enclosures:

- Renewal Checklist
- Renewal Calendar
- Renewal Notice and Benefit Confirmation (RNBC)
- 2016-17 Plan Year Claims Reports
- Health Care Reform Updates for 2017-18 Plan Year
- Grandfathered Plan FAQs
- HEBP Territory Map and Contact Info



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County

Anniversary Date: 10/01/2017

Return to TAC by: 7/31/2017

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 MariaC@County.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo at 1-800-466-6974.

MEDICAL

Medical: Plan 1100-G2 \$30 Copay, \$1030 Ded, 80%, \$4100 OOP Max

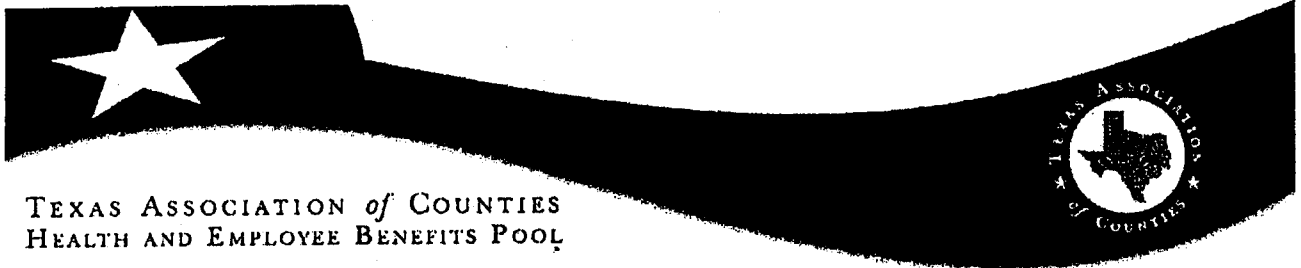
RX Plan: Option 3A-G2 \$15/25/45

Your % rate increase is: 5.25%

Your payroll deductions for medical benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$688.00	\$704.02	\$704.02	\$ 0.00	\$
Employee + Child	\$841.46	\$860.98	\$704.02	\$ 156.96	\$
Employee + Child(ren)	\$1,074.24	\$1,099.06	\$704.02	\$ 395.04	\$
Employee + Spouse	\$1,444.72	\$1,478.00	\$704.02	\$ 773.98	\$
Employee + Family	\$1,777.18	\$1,818.04	\$704.02	\$1114.02	\$

DM Initial to accept Medical Plan and New Rates.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Alternate Plan Proposal

Group: 36227 - Sabine County

Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1
Plan:	1100-G	1100-G	1100-G2
Option:	RX-3A-G	RX-3A-G	RX-3A-G2
Rates			
Employee Only	\$688.00	\$724.12	\$704.02
Employee + Child	\$841.46	\$885.64	\$860.98
Employee + Child(ren)	\$1,074.24	\$1,130.64	\$1,099.06
Employee + Spouse	\$1,444.72	\$1,520.56	\$1,478.00
Employee + Family	\$1,777.18	\$1,870.48	\$1,818.04
Medical Plan			
Deductible In/Out Network	\$900/1200	\$900/1200	\$1030/1370
Co-Insurance % In/Out	80/60	80/60	80/60
Co-Insurance Maximum	\$3600/7200	\$3600/7200	\$4100/8200
Office Visit	\$30	\$30	\$30
Specialist Visit			
Emergency Room Hospital	\$120	\$120	\$135
Prescription Plan			
Prescription Card Co-Pay	10/25/40	10/25/40	15/25/45
Deductible	\$0	\$0	\$0

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 1100-G2
Fax the signed document to 1-512-481-8481.

Signature *David Melton* Date 7/28/17

36227 - Sabine County, 2018, Alternate Plan Proposal

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$25,000

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (If applicable)
Basic Term Life	\$0.239	\$0.239	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

DM Initial to accept New Basic Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - Day following waiting period

Elected Officials

30 days - Day following waiting period

DM 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

DA Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name: _____

Agency Address: _____
Number and Street

City _____ State _____ Zip _____

Broker Representative or Consultant's Name: _____

Contact Phone Number: _____

Contact Email Address: _____

_____ 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.

TAC HEBP Member Contact Designation Sabine 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 Daryl Melton/Judge _____
Address PO Box 716 _____
 Hemphill, TX 75948-0716 _____
Phone 409-787-3543 _____
Fax 409-787-2044 _____
Email daryl.melton@co.sabine.tx.us _____

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name/Title Honorable Tricia Jacks/Treasurer _____
Address PO Box 597 _____
 Hemphill, TX 75948-0597 _____
Phone 409-787-2210 _____
Fax 409-787-4973 _____
Email sabcotreas@windstream.net _____
HIPAA Secured Fax _____

PRIMARY CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Tricia Jacks/Treasurer _____
Address PO Box 597 _____
 Hemphill, TX 75948-0597 _____
Phone 409-787-2210 _____
Fax 409-787-4973 _____
Email sabcotreas@windstream.net _____

Daryl Melton _____
 Signature of County Judge or Contracting Authority

Date: 7/28/17

Daryl Melton, 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.

36227 - Sabine County, 2017-2018 Renewal Notice and Benefit Confirmation

The State Of Texas §
 County Of Sabine §

I hereby certify that these documents were filed and duly recorded in the Commissioner Court Minutes of Sabine County, Texas.

Volume 3-m Page 197
 Janice McDaniel ~ County Clerk

By Yvonne Duffman
 Deputy



Vol 3-m PG 204