



2019 - 2020 Alternate Plan Proposal

Group: 36227 - Sabine County

Effective Date: 10/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1400-NG	1400-NG	1500-NG	1520-NG
Option:	RX-3A-NG	RX-3A-NG	RX-3A-NG	RX-3A-NG
Rates				
Employee Only	\$695.00	\$695.00	\$671.28	\$655.82
Employee + Child	\$849.80	\$849.80	\$820.70	\$801.72
Employee + Child(ren)	\$1,084.64	\$1,084.64	\$1,047.38	\$1,023.08
Employee + Spouse	\$1,458.40	\$1,458.40	\$1,408.14	\$1,375.36
Employee + Family	\$1,793.80	\$1,793.80	\$1,731.88	\$1,691.50
Medical Plan				
Deductible In/Out Network	\$2000/6000	\$2000/6000	\$2500/7500	\$3000/7500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$4000/8000	\$4000/8000	\$4350/8000	\$4150/8000
Office Visit	\$35	\$35	\$40	\$40
Specialist Visit				
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	10/20/35	10/20/35	10/20/35	10/20/35
Deductible	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

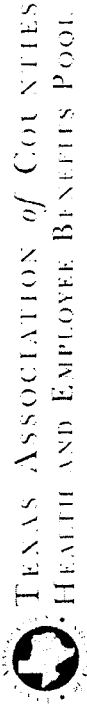
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 08/02/2019 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here _____.

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

Signature _____ Date _____

36227 - Sabine County, 2020, Alternate Plan Proposal



12 Month Medical

Post Date : Apr 2019

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

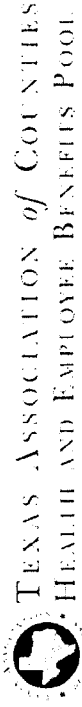
Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Medical)

Group : (036227 - SABINE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2018	64	84	\$49,613.00	\$11,183.88	\$6,376.96	\$17,560.84
Jun 2018	65	85	\$51,021.04	\$20,365.74	\$8,640.06	\$29,005.80
Jul 2018	65	85	\$51,021.04	\$15,441.48	\$5,675.65	\$21,117.13
Aug 2018	65	85	\$51,021.04	\$22,180.05	\$4,668.29	\$26,848.34
Sep 2018	65	85	\$51,021.04	\$54,649.04	\$4,432.07	\$59,081.11
Oct 2018	65	86	\$51,126.12	\$18,952.36	\$5,916.68	\$24,869.04
Nov 2018	64	85	\$50,431.12	\$50,684.84	\$4,187.41	\$54,872.25
Dec 2018	64	85	\$49,736.12	\$22,031.37	\$5,668.37	\$27,699.74
Jan 2019	61	82	\$47,651.12	\$39,606.09	\$7,964.16	\$47,570.25
Feb 2019	62	83	\$48,346.12	\$48,157.91	\$1,977.34	\$50,135.25
Mar 2019	61	81	\$48,111.28	\$7,244.21	\$7,431.59	\$14,675.80
Apr 2019	62	82	\$48,111.28	\$17,840.32	\$4,627.74	\$22,468.06
Total: Selected Filter(s)	64	84	\$597,210.32	\$328,337.29	\$67,566.32	\$395,903.61



HCC - No PHI

Post Date : Apr 2019

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

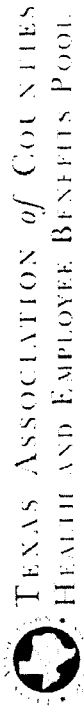
Group : (036227 - SABINE COUNTY/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
3040618624	Active	\$39,427.87	\$14,171.52	\$53,599.39
9270184435	Active	\$44,261.49	\$3,443.39	\$47,704.88
12190371640	Active	\$43,076.63	\$0.00	\$43,076.63
3040618619	Active	\$33,351.23	\$1,697.67	\$35,048.90
15140235926	Active	\$32,229.99	\$109.21	\$32,339.20
17461228189	Active	\$20,416.72	\$10.79	\$20,427.51
9880193376	Active	\$11,034.62	\$1,837.84	\$12,872.46
3055357087	Active	\$9,267.61	\$3,033.55	\$12,301.16
16400299840	Active	\$2,707.75	\$8,907.33	\$11,615.08
Query Total	9	\$235,773.91	\$33,211.30	\$268,985.21
Report Total	9	\$235,773.91	\$33,211.30	\$268,985.21



12 Month Dental

Post Date : Apr 2019

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Dental)

Group : (036227 - SABINE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Oct 2018	65	95	\$3,128.50	\$687.40
Nov 2018	64	93	\$3,064.22	\$1,702.10
Dec 2018	64	93	\$3,032.08	\$2,287.80
Jan 2019	61	89	\$2,903.52	\$642.00
Feb 2019	62	90	\$2,935.66	\$3,322.50
Mar 2019	61	92	\$3,022.58	\$3,795.30
Apr 2019	62	92	\$3,022.58	\$4,013.40
Total: Selected Filter(s)	63	92	\$21,109.14	\$16,450.50



June 12, 2019

Honorable Daryl Melton
Sabine County 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 Sabine County's employee benefit renewal packet for your upcoming plan anniversary date. We are excited to announce that for the first time, your employees will be able make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>. Please be sure to read through your entire packet for information about this update, changes to processing your renewal this year, and more.

Here are some highlights of your Plan Year 2019-20 renewal:

Projected Combined Medical and Prescription Inflation for Plan Year 2019-20: 7.5%

The Pool has stayed below the national average for health plan rate increases (trend) for the past twelve years. This year, we are projecting a combined medical and Rx trend of 7.5%. 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, age, and geographic area. Based on this analysis, your group's renewal rate may be above or below the trend rate.

Sabine County's Renewal Rate change(s):

Health Plan: 0%

Dental Plan: -1.6%

Life and Vision: No changes to rates for Plan Year 2019-20

New this year: Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request). Please see the enclosed 'Alternate Plan instructions' document to learn how to view and select a plan that is not the same as your current benefit. Contact your Employee Benefits Consultant right away if you:

- Want to discuss other alternates, and/or to learn about the impact of changes to your plan
- Want information about other TAC HEBP employee benefit plans (Dental, Life, or Vision)
- Are considering changes to your personnel policies that will affect benefits (such as adding/dropping retiree benefits, changing waiting period, etc.)

Your Employee Benefits Consultant: Orlando Espinoza (orlandoe@county.org) (800) 456-5974

Deadline for returning signed renewal documents to TAC HEBP: August 2, 2019

Other important items to note for the upcoming plan year:

- **Dental Plans:** There will be Open Enrollment for dental coverage this year. The TAC HEBP board has voted to provide annual dental open enrollment going forward.
- **Healthy County 'CSI's:** Your Wellness Consultant can provide recommendations for a tailored County-Specific Incentive (CSI) program based on your claims. Please read and complete the attached 'Healthy County CSI' document and return it with your renewal.
- **Affordable Care Act Fees:** The HEBP Board voted to pay 2019 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.
- **Open Enrollment Toolkit:** This will be sent via email by August 2, and contains the forms and notices your group will need to process employee benefit renewals.
- **Online and On Time:** Once your renewal benefit decision has been approved, complete Sabine County's Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. After the form has been entered online, please print and initial/sign where indicated, and return to TAC HEPB via email, or fax to (512) 481-8481 on or before the date shown below.

ACTION REQUIRED: Please present the renewal, with Alternates if desired, to the Commissioners Court for a decision. Once the renewal plan has been selected, complete the RNBC form online, and return the initialed and signed RNBC to TAC no later than August 2, 2019.

NOTE: *Submitting your RNBC after the due date will result in a delay in implementing your benefit plan renewal, including employee enrollment changes.*

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

cc: treasurer@co.sabine.tx.us

Renewal Attachments:

Renewal Letter

Renewal Documents

- Renewal Notice and Benefit Confirmation (RNBC)
- Alternate Health Plan Proposal (available by request for HRA or HSA plans)
- 12-month Claims Report
- High-Cost Claimant (HCC) Report

Healthy County County-Specific Incentive (CSI) information sheet

Renewal Packet

Renewal Packet contents:

Renewal Checklist

Renewal Calendar

Alternate Plan Selection and Online RNBC completion instructions

Employee Self-Service for Open Enrollment election form

Health Care Reform update memo for 2019-20

TAC HEBP Territory Map and Contacts



2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine 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 MariaC@County.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo at 1-800-456-5974.

MEDICAL

Medical: Plan 1400-NG \$35 Copay, \$2000 Ded, 80%, \$4000 OOP Max

RX Plan: Option 3A-NG \$10/20/35, \$0 Ded

Your % rate increase is: 0.00%

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	\$695.00	\$695.00	\$	\$	\$
Employee + Child	\$849.80	\$849.80	\$	\$	\$
Employee + Child(ren)	\$1,084.64	\$1,084.64	\$	\$	\$
Employee + Spouse	\$1,458.40	\$1,458.40	\$	\$	\$
Employee + Family	\$1,793.80	\$1,793.80	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate increase is: -1.60%

Your payroll deductions for dental 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	\$32.14	\$31.62	\$	\$	\$
Employee + Child(ren)	\$86.92	\$85.52	\$	\$	\$
Employee + Spouse	\$64.28	\$63.24	\$	\$	\$
Employee + Family	\$119.06	\$117.16	\$	\$	\$

_____ Initial to accept Dental 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	\$	\$
Employee + Child(ren)	\$12.44	\$12.44	\$6.20	\$6.24	\$
Employee + Spouse	\$11.80	\$11.80	\$6.20	\$5.60	\$
Employee + Family	\$18.28	\$18.28	\$6.20	\$12.08	\$

_____ Initial to accept Voluntary Vision Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$25,000

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.287	\$0.287	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

_____ 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

_____ 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:

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.
- 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
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

COUNTY REPRESENTATIVE

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

Date: _____

Signature of County Judge or Contracting Authority

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.