



2020 - 2021 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County

Anniversary Date: 10/01/2020

Return to TAC by: 07/03/2020

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 karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers at 1-512-478-8753.

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 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$695.00	\$695.00	\$695.00	\$0.00	\$
Employee + Child	\$849.80	\$849.80	\$695.00	\$154.80	\$
Employee + Child(ren)	\$1,084.64	\$1,084.64	\$695.00	\$389.64	\$
Employee + Spouse	\$1,458.40	\$1,458.40	\$695.00	\$763.40	\$
Employee + Family	\$1,793.80	\$1,793.80	\$695.00	\$1098.80	\$

DM 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: -5.00%

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

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$31.62	\$30.04	\$30.04	\$0.00	\$
Employee + Child(ren)	\$85.52	\$81.24	\$30.04	\$51.20	\$
Employee + Spouse	\$63.24	\$60.08	\$30.04	\$30.04	\$
Employee + Family	\$117.16	\$111.30	\$30.04	\$81.26	\$

DM Initial to accept Dental Plan and New Rates.

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VISION

Vision: Plan I

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$6.20	\$0.00	\$
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	\$

Om Initial to accept Vision Plan and New Rates.

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LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$25,000

	Current Rates	New Rates Effective 10/1/2020	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%

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*

 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 **07/03/2020** 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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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

No Fax Number

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 treasurer@co.sabine.tx.us
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 treasurer@co.sabine.tx.us



Signature of County Judge or Contracting Authority

Date: 06/02/2020

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.

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2020 - 2021 Alternate Plan Proposal

Group: 36227 - Sabine County

Effective Date: 10/01/2020

	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	\$671.30	\$655.84
Employee + Child	\$849.80	\$849.80	\$820.72	\$801.76
Employee + Child(ren)	\$1,084.64	\$1,084.64	\$1,047.40	\$1,023.10
Employee + Spouse	\$1,458.40	\$1,458.40	\$1,408.16	\$1,375.40
Employee + Family	\$1,793.80	\$1,793.80	\$1,731.90	\$1,691.54
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 07/03/2020 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 _____

PY 2021 12 Month Medical Report

Post Date : Mar 2020

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
Apr 2019	63	83	\$48,111.28	\$17,840.32	\$4,627.74	\$22,468.06
May 2019	63	83	\$48,806.28	\$28,387.03	\$2,511.84	\$30,898.87
Jun 2019	63	82	\$47,956.48	\$21,165.60	\$6,489.84	\$27,655.44
Jul 2019	63	82	\$48,651.48	\$10,485.03	\$3,366.19	\$13,851.22
Aug 2019	63	83	\$48,651.48	\$57,504.55	\$4,328.79	\$61,833.34
Sep 2019	63	82	\$47,888.08	\$67,936.24	\$8,109.39	\$76,045.63
Oct 2019	64	83	\$48,583.08	\$24,173.54	\$5,775.94	\$29,949.48
Nov 2019	64	83	\$48,583.08	\$10,845.36	\$12,726.73	\$23,572.09
Dec 2019	64	83	\$48,583.08	\$20,461.41	\$862.15	\$21,323.56
Jan 2020	65	84	\$49,278.08	\$14,528.31	\$6,421.09	\$20,949.40
Feb 2020	65	84	\$49,973.08	\$13,431.95	\$6,861.28	\$20,293.23
Mar 2020	65	84	\$49,973.08	\$10,629.04	\$4,495.95	\$15,124.99
Total: Selected Filter(s)	64	83	\$585,038.56	\$297,388.38	\$66,576.93	\$363,965.31

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PY 2021 - No PHI HCC Report

Post Date : Mar 2020

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	\$56,424.01	\$20,635.13	\$77,059.14
3060746603	Active	\$58,776.15	\$4,689.94	\$63,466.09
3040618619	Active	\$39,599.66	\$538.12	\$40,137.78
17461228189	Active	\$21,616.80	\$58.84	\$21,675.64
13720300654	Active	\$1,887.04	\$13,217.26	\$15,104.30
16200384237	Active	\$13,847.39	\$49.73	\$13,897.12
15140235926	Active	\$10,473.75	\$100.56	\$10,574.31
11220003872	Active	\$9,394.35	\$651.53	\$10,045.88
Query Total	8	\$212,019.15	\$39,941.11	\$251,960.26
Report Total	8	\$212,019.15	\$39,941.11	\$251,960.26



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Renewal PY 2021 - 12 Month Dental Report

Post Date : Mar 2020

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
Apr 2019	63	93	\$2,990.44	\$4,013.40
May 2019	63	93	\$3,022.58	\$2,523.16
Jun 2019	63	93	\$2,990.44	\$1,633.38
Jul 2019	63	93	\$3,022.58	\$1,612.83
Aug 2019	63	94	\$3,022.58	\$1,199.00
Sep 2019	63	94	\$3,022.58	\$1,103.72
Oct 2019	65	99	\$3,154.24	\$1,066.12
Nov 2019	65	98	\$3,122.62	\$3,356.30
Dec 2019	65	98	\$3,122.62	\$1,884.20
Jan 2020	66	99	\$3,154.24	\$1,125.31
Feb 2020	66	99	\$3,185.86	\$1,735.80
Mar 2020	66	99	\$3,185.86	\$2,103.04
Total: Selected Filter(s)	64	96	\$36,996.64	\$23,356.26