



May 20, 2021

Hon. 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 Sabine County's employee benefit renewal packet for your upcoming plan anniversary date.

We recognize that 2020 was a difficult year for many people and organizations, and the Pool was no exception. For over a decade, the Pool renewal has been below the national average for health plan rate increases (trend). This year, due to a surge in high-cost claimants as well as claims related to the COVID-19 pandemic, the Pool renewal average of 7.3% is at or slightly below the projected 2021 national combined medical and Rx trend (healthcare cost inflation) of 7.3 – 8.1%.

Renewal rates are set annually using a comprehensive actuarial process that determines the amount needed by the Pool to fund claims and operating costs for the coming year. We then evaluate each individual county or district based on a combination of the group's size, claims experience, age, and geographic area (healthcare claims vary significantly by geographic region). Based on this analysis, your group's renewal rate may be above or below the Pool average. Your renewal rates for Plan Year 2022 are enclosed, along with your TAC Employee Benefits and Wellness Consultants' contact information. Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request).

TAC HEBP understands how valuable healthcare benefits are 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 during the upcoming plan year.

Sincerely,

A handwritten signature in black ink, appearing to read "Quincy Quinlan".

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

cc: Tricia Jacks

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**Sabine County's Renewal Rate change(s) for Plan Year 2022:**

**Health Plan:** 7.5%

**Dental Plan:** 0%

**Life Plan(s):** No change to current Basic Life rates. Please see enclosed information about our new Voluntary Life option.

**Vision Plan:** No change to Vision Rates for PY2022

**NOTE: Deadline for returning signed renewal documents to TAC HEBP: June 30, 2021**

Contact your TAC Employee Benefits Consultant right away if you:

- Want to discuss 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**

- **Healthy County forms:** Your renewal packet includes Healthy County Contacts and CSI (County Specific Incentive) documents. Please review and make changes as needed to your Wellness contact information. Please complete both forms and return them with your renewal. Contact your TAC Wellness Consultant if you have any questions.  
**Your Wellness Consultant: Ashley Cureton (ashleyc@county.org) (800) 456-5974.**
- **Employee Open Enrollment:** You have the option to allow employees to make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>.
- **Affordable Care Act Fees:** The HEBP Board voted to pay 2021 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 July 23 and contains the forms and notices your group will need to process employee benefit renewals.
- **When It's Due for 2022:** Once your renewal benefit decision has been approved, complete Sabine County's Renewal Notice and Benefits Confirmation (RNBC), print and initial/sign where indicated, and return to TAC HEBP 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 June 30, 2021.

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

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## 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 Wellness Contacts designation form
- Healthy County County-Specific Incentive (CSI) election form

Renewal Packet

## Renewal Packet contents:

Renewal Checklist

Renewal Calendar

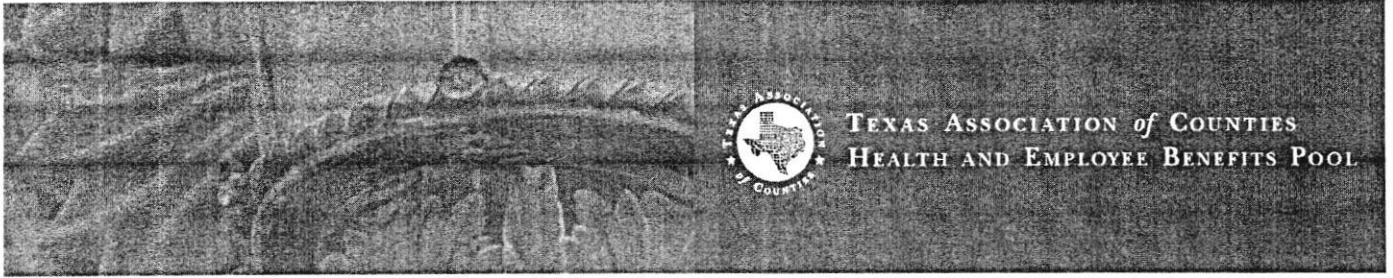
TAC HEBP Territory Map and Contacts

New Voluntary Life Option

Health Care Reform update memo for 2021-22

Employee Self-Service for Open Enrollment instructions

Alternate Plan Selection and Online RNBC completion instructions



## 2021 - 2022 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County

Anniversary Date: 10/01/2021

Return to TAC by: 06/30/2021

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 haileyg@county.org.

For any plan or funding changes other than those listed below, please contact Hailey Gajewski 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: 7.50%

Your payroll deductions for medical benefits are:

**Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$695.00	\$747.12	\$747.12	\$	\$
Employee + Child	\$849.80	\$913.54	\$747.12	\$166.42	\$
Employee + Child(ren)	\$1,084.64	\$1,165.98	\$747.12	\$418.86	\$
Employee + Spouse	\$1,458.40	\$1,567.78	\$747.12	\$820.66	\$
Employee + Family	\$1,793.80	\$1,928.34	\$747.12	\$1,181.22	\$

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: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$30.04	\$30.04	\$30.04	\$	\$
Employee + Child(ren)	\$81.24	\$81.24	\$30.04	\$51.20	\$
Employee + Spouse	\$60.08	\$60.08	\$30.04	\$30.04	\$
Employee + Family	\$111.30	\$111.30	\$30.04	\$81.26	\$

DM Initial to accept Dental Plan and New Rates.

**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 10/1/2021	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	\$

DM Initial to accept Vision Plan and New Rates.

**LIFE - BASIC**

**Basic Life Products:**  
(Rates are per thousand)

Coverage Volume per Employee: \$25,000

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2021</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
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

DM Initial to confirm.

**Elected Officials**

30 days - Day following waiting period

**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*

Am 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 **06/30/2021** 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 409-787-4973

Email daryl.melton@co.sabine.tx.us

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### 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

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### 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

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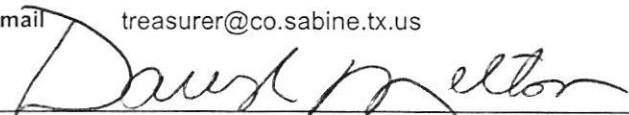
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Date: 6/28/21

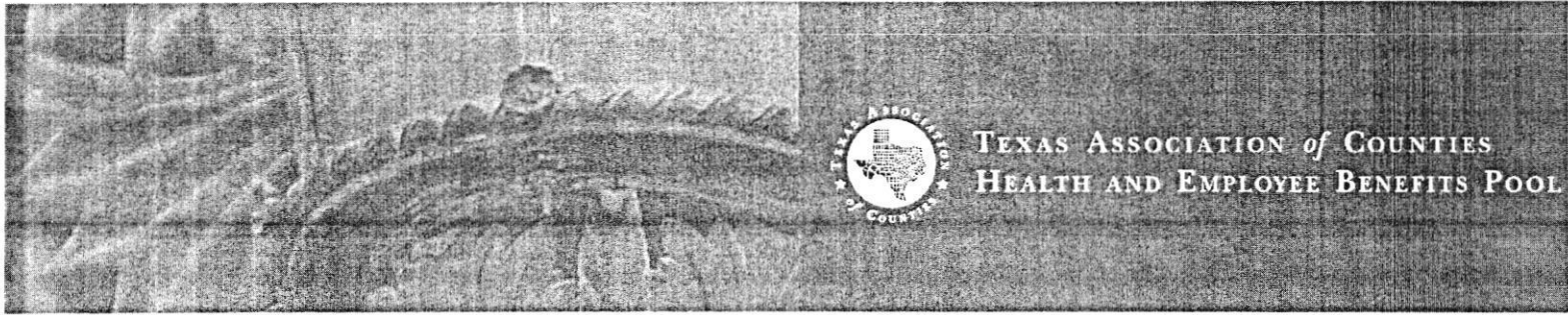
Signature of County Judge or Contracting Authority

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.*





## 2021 - 2022 Alternate Plan Proposal

Group: 36227 - Sabine County

Effective Date: 10/01/2021

	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
<b>Rates</b>				
Employee Only	\$695.00	\$747.12	\$721.52	\$704.82
Employee + Child	\$849.80	\$913.54	\$882.14	\$861.68
Employee + Child(ren)	\$1,084.64	\$1,165.98	\$1,125.80	\$1,099.62
Employee + Spouse	\$1,458.40	\$1,567.78	\$1,513.64	\$1,478.34
Employee + Family	\$1,793.80	\$1,928.34	\$1,861.66	\$1,818.18
<b>Medical Plan</b>				
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
<b>Prescription Plan</b>				
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 06/30/2021 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Current Plan 1400-NG RX-3A-NG

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

Signature *David Melton* Date 6/28/21