



2026 – 2027 Renewal Notice and Benefit Confirmation

Group: 274328 - Atascosa County Anniversary Date: 10/01/2026

Return to TAC by: 06/26/2026

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 erikc@county.org.

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

MEDICAL

Medical: Plan 1300-NGS \$30 Copay,\$1500 Ded,80%,\$3500 OOP Max, \$40 Sp Copay

RX Plan: 5A-NG \$10/30/50, \$0 Ded

Your % rate change is: 4.00%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,104.26	\$1,148.42	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Spouse	\$1,766.00	\$1,836.64	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Child(ren)	\$1,578.52	\$1,641.66	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Family	\$2,240.24	\$2,329.84	\$ _____	\$ _____	\$ _____	\$ _____

_____ **Initial to accept Medical 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

_____ **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

_____ **Initial to confirm Retiree Eligibility.**

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - 1st of the month following date of hire but
first of the month

Elected Officials

Date of Hire

_____ **Initial to confirm Waiting Period.**

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

Group processes 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.*

_____ **Initial to confirm COBRA Administration.**

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	Weldon P Cude	_____
Title	Judge	_____
Address	1 Courthouse Circle Dr	_____
	Jourdanton, TX 78026-	_____
Phone	8307693093	_____
Fax	8307692349	_____
Email	countyjudge@co.atascosa.tx.us	_____

BILLING CONTACT

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

Please list changes and/or corrections below.

Name	Tracy Barrera	_____
Title	Auditor	_____
Address	1 Courthouse Circle Drive Ste105	_____
	Jourdanton, TX 78026-	_____
Phone	8307693620	_____
Fax	8307691183	_____
Email	tbarrera@co.atascosa.tx.us	_____

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name	Kayla Fournier	_____
Title	HR Director	_____
Address	1 Courthouse Circle Drive, Ste. 3A	_____
	Jourdanton, TX 78026	_____
Phone	8306328845	_____
Fax	8305801527	_____
Email	kfournier@co.atascosa.tx.us	_____

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 Kayla Fournier
Title HR Director
Address 1 Courthouse Circle Drive
Jourdan, TX 78026-3406
Phone 8306328845
Fax 8305801527
Email kfournier@co.atascosa.tx.us

Name Tabitha Garza
Title Chief of Staff
Address 1 Courthouse Circle Drive, Ste. 101
Jourdan, TX 78026
Phone 8307693093
Fax
Email tgarza@co.atascosa.tx.us

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 Tracy Barrera
Title Auditor
Address 1 Courthouse Circle Drive, Ste. 105
Jourdan, TX 78026
Phone 8307693620
Fax 8307691183
Email tbarrera@co.atascosa.tx.us

Name
Title
Address

Phone
Fax
Email

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 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

PLAN INFORMATION

- RNBC must be received by 06/26/2026 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- 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.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

_____ **Initial to confirm Plan Information.**

RENEWAL CONFIRMATION SIGNATURE

Signature of County Judge or Contracting Authority

Date: _____

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.



2026 – 2027 Alternate Plan Proposal

Group: 274328 - Atascosa County

Effective Date: 10/01/2026

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	Plan 1300-NGS	Plan 1300-NGS	Plan 1400-NGS	Plan 1500-NGS	Plan 1520-NGS
Option:	RX-5A-NG	RX-5A-NG	RX-5A-NG	RX-5A-NG	RX-5A-NG
Rates					
Employee Only	\$1,104.26	\$1,148.42	\$1,100.38	\$1,060.24	\$1,039.60
Employee & Spouse	\$1,766.00	\$1,836.64	\$1,759.34	\$1,694.72	\$1,661.50
Employee & Child(ren)	\$1,578.52	\$1,641.66	\$1,572.64	\$1,514.98	\$1,485.30
Employee & Family	\$2,240.24	\$2,329.84	\$2,231.56	\$2,149.42	\$2,107.18

Medical Plan

Deductible In/Out Network	\$1500/4500	\$1500/4500	\$2000/6000	\$2500/7500	\$3000/7500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3500/7000	\$3500/7000	\$4000/8000	\$4350/8000	\$4150/8000
Office Visit	\$30	\$30	\$35	\$40	\$40
Specialist Visit	\$40	\$40	\$45	\$50	\$50
Emergency Room Hospital	\$150	\$150	\$150	\$150	\$150

Prescription Plan

Prescription Card Co-Pay	\$10/30/50	\$10/30/50	\$10/30/50	\$10/30/50	\$10/30/50
Deductible	\$0	\$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 06/26/2026 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 512-481-8481 or email to erikc@county.org.

Signature _____ Date _____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

- We would like to implement a CSI Program for the 2027 plan year.
- We are interested in learning more about the CSI Program.
- We are not interested in learning more about the CSI Program at this time.

County or District Name: _____

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____

12-Month Medical Report

Post Date : Mar 2026

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

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Apr 2025 - Mar 2026]

Account : (000094500 - POOLED)

Coverage Type : (Medical)

Group : (274328 - ATASCOSA COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2025	376	598	\$479,446.10	\$258,413.80	\$71,129.36	\$329,543.16
May 2025	374	587	\$475,875.50	\$499,739.80	\$105,117.89	\$604,857.69
Jun 2025	376	590	\$479,164.12	\$186,445.65	\$135,251.20	\$321,696.85
Jul 2025	379	594	\$481,802.06	\$334,213.29	\$99,472.05	\$433,685.34
Aug 2025	382	597	\$485,059.46	\$313,712.44	\$131,887.79	\$445,600.23
Sep 2025	378	592	\$479,164.12	\$350,241.41	\$123,892.02	\$474,133.43
Oct 2025	375	588	\$485,120.78	\$425,363.04	\$127,455.08	\$552,818.12
Nov 2025	373	582	\$482,593.80	\$245,472.26	\$143,218.68	\$388,690.94
Dec 2025	379	583	\$486,161.62	\$340,100.92	\$128,206.43	\$468,307.35
Jan 2026	375	575	\$479,285.12	\$239,761.65	\$112,734.55	\$352,496.20
Feb 2026	375	586	\$482,254.66	\$215,459.29	\$117,727.56	\$333,186.85
Mar 2026	371	576	\$478,499.34	\$226,445.98	\$113,848.71	\$340,294.69
Total: Selected Filter(s)	376	587	\$5,774,426.68	\$3,635,369.53	\$1,409,941.32	\$5,045,310.85

HCC - No PHI

Post Date : Mar 2026

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (274328 - ATASCOSA COUNTY)

Paid Month : Last 12 Months [Apr 2025 - Mar 2026]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
19230255397	Active	\$149,966.66	\$171,337.92	\$321,304.58
20760598494	Active	\$228,055.78	\$7,699.12	\$235,754.90
21000309316	Active	\$220,800.94	\$0.00	\$220,800.94
19670842779	Active	\$111,267.24	\$5,519.48	\$116,786.72
19540324439	Active	\$115,055.82	\$30.20	\$115,086.02
19230255509	Active	\$103,733.25	\$1,111.93	\$104,845.18
19230255683	Active	\$103,021.19	\$960.11	\$103,981.30
19670490639	Active	\$780.31	\$94,862.16	\$95,642.47
20730013715	Active	\$894.67	\$93,964.52	\$94,859.19
19230255447	Active	\$81,595.04	\$5,038.43	\$86,633.47
19720166106	Active	\$31,057.11	\$47,447.36	\$78,504.47
19540018025	Active	\$8,143.83	\$67,128.99	\$75,272.82
19360239410	Active	\$65,747.10	\$3,793.31	\$69,540.41
20200142834	Active	\$1,825.84	\$66,696.42	\$68,522.26
19320557627	Active	\$60,030.99	\$0.00	\$60,030.99
19230255528	Active	\$1,946.58	\$54,040.49	\$55,987.07
18700186692	Active	\$49,016.50	\$4,766.65	\$53,783.15
19230255640	Active	\$23,580.17	\$29,127.48	\$52,707.65
19230255577	Active	\$30,266.95	\$16,861.50	\$47,128.45
18871165057	Active	\$919.79	\$44,688.79	\$45,608.58
20000003422	Active	\$45,051.96	\$453.04	\$45,505.00
19230255496	Active	\$40,758.12	\$3,871.34	\$44,629.46
19840037490	Active	\$41,045.02	\$42.94	\$41,087.96



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

19880136907	Active	\$20,201.92	\$18,188.10	\$38,390.02
20750010438	Active	\$36,934.27	\$267.81	\$37,202.08
20000441120	Active	\$20,539.46	\$16,407.14	\$36,946.60
20390448806	Active	\$33,964.70	\$812.60	\$34,777.30
20760208486	Active	\$32,356.24	\$1,644.34	\$34,000.58
19230255663	Active	\$24,700.98	\$9,267.41	\$33,968.39
19230255636	Active	\$33,544.63	\$52.20	\$33,596.83
20200556121	Active	\$29,267.87	\$4,076.47	\$33,344.34
20290581160	Active	\$32,043.34	\$35.96	\$32,079.30
20200142848	Active	\$22,233.97	\$9,483.42	\$31,717.39
19230255487	Active	\$31,228.79	\$0.00	\$31,228.79
19230255729	Active	\$8,400.46	\$22,400.92	\$30,801.38
20220194863	Active	\$30,575.95	\$49.13	\$30,625.08
20390124459	Active	\$29,654.73	\$65.54	\$29,720.27
19230255493	Active	\$29,496.47	\$37.16	\$29,533.63
10660356040	Active	\$28,744.73	\$91.90	\$28,836.63
19230255373	Active	\$28,379.17	\$427.02	\$28,806.19
20820986196	Active	\$28,158.86	\$479.42	\$28,638.28
20760208488	Active	\$27,826.56	\$515.88	\$28,342.44
19720153690	Active	\$27,700.06	\$109.20	\$27,809.26
16620481843	Active	\$2,344.06	\$24,491.40	\$26,835.46
20900160890	Active	\$26,160.50	\$65.19	\$26,225.69
16370105395	Active	\$23,887.10	\$2,266.71	\$26,153.81
17460128675	Active	\$3,536.03	\$20,186.63	\$23,722.66
19230255727	Active	\$5,388.60	\$17,818.85	\$23,207.45
20520181624	Active	\$11,991.28	\$10,743.73	\$22,735.01
20900160874	Active	\$22,432.91	\$4.61	\$22,437.52
19230255368	Active	\$9,155.14	\$12,970.69	\$22,125.83
19230255420	Active	\$4,437.05	\$17,685.36	\$22,122.41
19230255395	Active	\$14,162.52	\$7,496.59	\$21,659.11
19230384734	Active	\$21,142.36	\$2.34	\$21,144.70
19230384466	Active	\$20,793.83	\$121.16	\$20,914.99
19270009055	Active	\$7,376.01	\$13,369.10	\$20,745.11
20510215345	Active	\$20,048.85	\$142.41	\$20,191.26
20820474156	Active	\$17,337.38	\$2,110.12	\$19,447.50
19230255486	Active	\$638.23	\$18,761.70	\$19,399.93
20520471627	Active	\$19,335.83	\$0.00	\$19,335.83
21060610715	Active	\$19,215.83	\$0.00	\$19,215.83
19361012062	Active	\$5,144.13	\$13,975.55	\$19,119.68
20900532769	Active	\$10,924.05	\$8,057.70	\$18,981.75
20880167893	Active	\$18,780.45	\$145.30	\$18,925.75



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

19230384924	Active	\$893.92	\$17,927.82	\$18,821.74
3054986854	Active	\$6,789.37	\$11,847.45	\$18,636.82
19960040413	Active	\$2,657.63	\$15,880.65	\$18,538.28
19230255618	Active	\$15,784.94	\$2,149.53	\$17,934.47
21000460081	Active	\$17,766.17	\$4.80	\$17,770.97
19230255457	Active	\$6,102.24	\$11,261.01	\$17,363.25
19230255553	Active	\$17,345.08	\$0.00	\$17,345.08
20860168502	Active	\$17,210.14	\$117.28	\$17,327.42
20480493145	Active	\$16,816.42	\$167.51	\$16,983.93
19720318887	Active	\$16,508.85	\$48.30	\$16,557.15
19230255456	Active	\$16,232.39	\$63.79	\$16,296.18
19230255617	Active	\$16,089.01	\$188.39	\$16,277.40
18270523461	Active	\$15,967.90	\$10.60	\$15,978.50
20840071358	Active	\$15,729.03	\$75.44	\$15,804.47
3430161006	Active	\$13,218.48	\$2,576.23	\$15,794.71
20020011956	Active	\$15,720.29	\$0.00	\$15,720.29
19360955171	Active	\$14,903.39	\$80.87	\$14,984.26
20360222130	Active	\$3,280.73	\$11,377.76	\$14,658.49
19230255609	Active	\$2,741.94	\$11,655.86	\$14,397.80
19230255516	Active	\$2,857.45	\$11,335.25	\$14,192.70
19230459748	Active	\$12,854.55	\$173.81	\$13,028.36
20730013751	Active	\$1,031.50	\$11,870.41	\$12,901.91
20760598553	Active	\$12,674.23	\$226.40	\$12,900.63
20520181582	Active	\$12,625.59	\$175.33	\$12,800.92
20090192500	Active	\$982.31	\$11,648.02	\$12,630.33
20551138004	Active	\$12,237.37	\$372.00	\$12,609.37
19230255686	Cobra	\$9,702.88	\$2,775.84	\$12,478.72
20480420795	Active	\$12,074.68	\$320.86	\$12,395.54
19230255369	Active	\$12,260.24	\$0.00	\$12,260.24
20250142459	Active	\$346.20	\$11,641.07	\$11,987.27
19230255495	Active	\$3,329.13	\$8,560.32	\$11,889.45
19230255440	Active	\$9,582.07	\$2,267.64	\$11,849.71
16280118967	Active	\$2,611.18	\$9,216.62	\$11,827.80
19720400093	Active	\$4,519.64	\$7,060.53	\$11,580.17
19540132486	Active	\$834.37	\$10,563.36	\$11,397.73
20360083167	Active	\$4,834.58	\$6,399.07	\$11,233.65
20480159871	Active	\$11,159.35	\$0.00	\$11,159.35
19270418305	Active	\$10,973.26	\$0.00	\$10,973.26
20440463157	Active	\$10,143.66	\$632.70	\$10,776.36
19230255637	Active	\$3,027.34	\$7,602.15	\$10,629.49
19230384358	Active	\$5,300.02	\$5,046.47	\$10,346.49



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

20730159829	Active	\$10,170.78	\$50.44	\$10,221.22
19230384302	Active	\$1,007.77	\$8,996.80	\$10,004.57
Query Total	107	\$2,753,644.23	\$1,176,637.32	\$3,930,281.55