TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2021 - 2022 Renewal Notice and Benefit Confirmation

Group: 94619 - Burnet 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 1100 $25 Copay, $750 Ded, 80%, $3000 OOP Max
RX Plan: Option 5A $10/30/50, $0 Ded

Your % rate increase is: 6.50%

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	$825.92	$879.60	$ 879.60	$ 0.00	$
Employee + Child	$1,047.46	$1,115.54	$ 879.60	$ 235.94	$
Employee + Child(ren)	$1,313.28	$1,398.64	$ 879.60	$ 519.04	$
Employee + Spouse	$1,320.70	$1,406.54	$ 879.60	$ 526.94	$
Employee + Family	$1,719.44	$1,831.20	$ 879.60	$ 951.60	$

_____ Initial to accept Medical Plan and New Rates.

DENTAL

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

Your % rate increase is: 5.80%

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	$27.84	$29.44	$ 29.44	$ 0.00	$
Employee + Child(ren)	$52.26	$55.28	$ 29.44	$ 25.84	$
Employee + Spouse	$60.96	$64.50	$ 29.44	$ 35.06	$
Employee + Family	$87.10	$92.14	$ 29.44	$ 62.70	$

_____ Initial to accept Dental Plan and New Rates.

TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2021 - 2022 Alternate Plan Proposal

Group: 94619 - Burnet County

Effective Date: 10/01/2021

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	**1100**	**1100**	**1100-G2**	**1300-NG**
Option:	**RX-5A**	**RX-5A**	**RX-5A-G2**	**RX-5A-NG**
Rates				
Employee Only	$825.92	$879.60	$841.10	$828.24
Employee + Child	$1,047.46	$1,115.54	$1,066.58	$1,050.22
Employee + Child(ren)	$1,313.28	$1,398.64	$1,337.14	$1,316.60
Employee + Spouse	$1,320.70	$1,406.54	$1,344.70	$1,324.02
Employee + Family	$1,719.44	$1,831.20	$1,750.54	$1,723.58
Medical Plan				
Deductible In/Out Network	$750/1000	$750/1000	$1030/1370	$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	$3000/6000	$3000/6000	$4100/8200	$3500/7000
Office Visit	$25	$25	$30	$30
Specialist Visit				
Emergency Room Hospital	$120	$120	$135	$150
Prescription Plan				
Prescription Card Co-Pay	10/30/50	10/30/50	15/40/65	10/30/50
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 _____.
Fax the signed document to 1-512-481-8481.

Signature_____ Date_____

TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Frequently Asked Questions about Grandfathered Health Benefit Plans

1) What is a "grandfathered plan"?

Grandfathered health plans under the Patient Protection and Affordable Care Act (ACA) are those existing without major changes to their provisions since March 23, 2010, the date of the ACA's enactment.

2) What makes a non-grandfathered plan different?

*Grandfathered plans do not have to comply with several ACA requirements, including those listed below, which Non-grandfathered plans **must** comply with:*

- Provide coverage for preventive care without member cost-sharing (no co-pays, deductibles, or coinsurance) when using an in-network provider. There are over 60 services included in this requirement, including annual wellness visits for all ages, age and gender appropriate immunizations and screenings, and contraceptive services for women. A full listing can be found at *http://www.healthcare.gov/what-are-my-preventive-care-benefits*
- Limitations on out-of-pocket maximum amounts
- External review of appeals: a member who contests the denial of a service recommended by his/her medical provider can request an appeal by a federally appointed external review board; the cost of this appeal is charged to the plan
- Coverage for out-of-network emergency services at no additional cost over in-network cost
- Coverage of routine costs associated with clinical trials

3) What causes a plan to lose grandfathered status?

Changing the balance of employer and employee share of costs as follows:

- Increase co-pays by more than $5 or a percentage equal to medical inflation plus 15%, whichever is greater.

  Example: if the plan had a $20 office visit co-pay in March of 2010, it could be increased to $25 without losing grandfathered status

- Increase deductible or maximum out-of-pocket amount by more than a percentage equal to medical inflation plus 15%, whichever is greater.

  Example: if the plan had a $500 deductible and a $2500 out-of-pocket maximum in March of 2010, it could increase the deductible to $600 and the out-of-pocket maximum to $3100 without losing grandfathered status (note that these are non-standard amounts for TAC HEBP plans)

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_____ Initial to accept Dental Plan and New Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
89 days - Day following waiting period	Date of hire

_____ 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:

Sign Here

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
Burnet 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 James N. Oakley/Judge
Address	220 South Pierce Street Burnet, TX 78611-2200
Phone	512-756-5400
Fax	512-715-5217
Email	joakley@burnetcountytexas.org

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title	Mrs. Sara Ann Luther/HR Director
Address	133 E Jackson St Burnet , TX 78611
Phone	512-756-5489
Fax	512-715-5259
Email	sluther@burnetcountytexas.org
HIPAA Secured Fax	

512-756-5487

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name/Title	Mrs. Sara Ann Luther/HR Director
Address	133 E Jackson St Burnet, TX 78611
Phone	512-756-5489
Fax	512-715-5259
Email	sluther@burnetcountytexas.org

512-756-5487

Date: 6/8/21

Signature of County Judge or Contracting Authority

James Oakley, Burnet County Judge

Please PRINT Name and Title

SIGN HERE

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 Benefit Pool in Texas.

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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Deductible	$0	$0	$0	$0

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Please indicate the selected plan here Plan 1100, RX-5A.
Fax the signed document to 1-512-481-8481.

Signature _____ Date 6/8/21

Sign Here

Healthy County Together. Better. Stronger.

Texas Association of Counties

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Burnet County

WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

Current Wellness Coordinator
Name: Ms. Connie Haines

Title: Courthouse Communications Clerk

Address: 220 S Pierce St
Burnet, TX 78611

Email: chaines@burnetcountytexas.org

Phone Number: (512) 756-5420

Fax Number:

Please list changes and/or corrections:

WELLNESS SPONSOR

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

Current Wellness Sponsor
Name: Hon. James Oakley

Title: Judge

Address: 220 S Pierce St Rm 1
Burnet, TX 78611-2200

Email: joakley@burnetcountytexas.org

Phone Number: (512) 756-5400

Fax Number:

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: 6/8/21

Sign Here

Healthy County Together. Better. Stronger.

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 on the Healthy County energized by Sonic Boom portal.

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 2021-2022 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: Burnet County

Printed Name and Title: James Oakely, Burnet County Judge

Contracting Authority Signature: _____

Date: 6/8/21

Sign Here