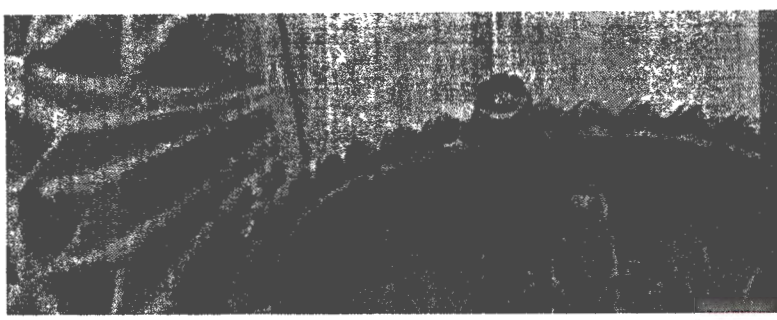

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2023 - 2024 Alternate Plan Proposal

Group: 94619 - Burnet County

Effective Date: 10/01/2023

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100	1100	1100-G2	1300-NG
Option:	RX-5A	RX-5A	RX-5A-G	RX-5A-G2
Rates				
Employee Only	$910.38	$961.36	$925.50	$899.16
Employee + Child	$1,154.58	$1,219.24	$1,173.62	$1,140.14
Employee + Child(ren)	$1,447.58	$1,528.64	$1,471.32	$1,429.24
Employee + Spouse	$1,455.76	$1,537.28	$1,479.62	$1,437.32
Employee + Family	$1,895.28	$2,001.42	$1,926.22	$1,871.02
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	10/30/60	15/40/65
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 6/30/2023 in order to avoid a delay in implementation of benefits and/or late processing fees.

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

Signature _____ Date 6-13-2023

2023- 2024 Vision Plan Election

BURNET COUNTY

Effective Date: 10/1/2023

Please complete each section confirming your county or district is offering a vision plan for the upcoming plan year and complete the contribution schedule according to your group's funding levels. Email the completed election form to your Employee Benefits Specialist or fax to (512) 481-8481, no later than 30 days prior to the effective date. Email or call your Employee Benefit Specialist at 1-800-456-5974 with any questions.

VISION PLAN (Select One)		
☑ Vision Premium Plan **Frequency:** 12/12/12 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 12 months, $0 Copay, $180 Allowance, 20% off balance over $180 **Lenses**: $10 Copay **Exam with Dilation:** $0 Copay	☐ Vision Value Plan **Frequency:** 12/12/24 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 24 months, $0 Copay, $130 Allowance, 20% off balance over $130 **Lenses**: $15 Copay **Exam with Dilation:** $10 Copay	☐ Vision Base Plan **Frequency:** 12/12/24 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 24 months, $0 Copay, $100 Allowance, 20% off balance over $100 **Lenses**: $25 Copay **Exam with Dilation:** $10 Copay

Your payroll deductions for vision benefits are:	☑ Pre-Tax ☐ Post-Tax	
Are retirees allowed on the vision plan?	☐ Yes ☑ No If yes, ☐ Pre-65 ☐ Post-65	
Does your group have a broker or consultant?	Broker: ☐ Yes ☑ No | Consultant: ☐ Yes ☑ No	
Broker/consultant's name, if applicable:		Broker Commission:

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays	Amount Retiree Pays
Employee Only	$7.86	$0.00	$7.86	$
Employee + Child(ren)	$15.78	$0.00	$15.78	$
Employee + Spouse	$14.98	$0.00	$14.98	$
Employee + Family	$23.22	$0.00	$23.22	$

*Note: Rates shown do not include a broker commission unless specified above.

Please have your county or district's authorized Contracting Authority as listed on your TAC HEBP Renewal Notice and Benefit Confirmation (RNBC) sign below to indicate that the TAC HEBP Vision benefit plan will be offered to your employees beginning on your upcoming health plan anniversary date.

Signature (County Judge or Contracting Authority)

Date: 6-13-2023

Joe Don Dockery, Senior Commissioner

Print Name and Title