



May 11, 2020

Hon. Rick Lewis  
Montague County Judge  
PO Box 475  
Montague, TX 76251-0475

Dear Judge Lewis:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Montague County's employee benefit renewal packet for your upcoming plan anniversary date. We are hopeful that by providing this information earlier than ever before, you will be able to allow your employees to make their open enrollment changes online through the Employee Self-Service portal, <https://mybenefits.county.org>. Please be sure to read through your entire packet for information about how to process your renewal, as well as information about the new EAP benefits included with your health plan.

Here are some highlights of your Plan Year 2020-21 (PY2021) renewal:

As it has been for over a decade, the Pool renewal for PY2021 is below the national average for health plan rate increases (trend). This year, we are projecting a national combined medical and Rx trend of 6.4%. Renewal rates are set annually using a comprehensive process which determines the actuarial needs of the Pool 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. Based on this analysis, your group's renewal rate may be above or below the trend rate.

***Montague County's Renewal Rate change(s):***

***Health Plan:*** + 2%

***Dental Plan:*** -3.3%

***Life and Vision:*** No change to Life or Vision Rates for PY2021

Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request). Please see the enclosed 'Alternate Plan instructions' document to learn how to view and select a plan that is not the same as your current benefit. Contact your Employee Benefits Consultant right away if you:

- Want to discuss other 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: Santos Trejo (santost@county.org) (800) 456-5974***

***Deadline for returning signed renewal documents to TAC HEBP: June 30, 2020***

**Other important items to note for the upcoming plan year:**

- **NEW: EAP Benefits:** Beginning on October 1, your employees will have access to an outstanding Employee Assistance Program (EAP) as a part of your TAC HEBP health plan. Please see the attached EAP Introduction document for more information.
- **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 be sure to complete both forms and return them with your renewal.
- **Affordable Care Act Fees:** The HEBP Board voted to pay 2020 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 15, and contains the forms and notices your group will need to process employee benefit renewals.
- **Easy Peasy Quick & Easy:** Once your renewal benefit decision has been approved, complete Montague County's Renewal Notice and Benefits Confirmation (RNBC) online through the OASys system. After the form has been entered online, please print and initial/sign where indicated, and return to TAC HEPB 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, 2020.

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

TAC HEBP understands how valuable medical coverage is for your employees and their families. We appreciate your partnership with the Pool, and want to continue helping Montague County offer this important benefit. Again, we thank you for your membership in the Pool and look forward to working with you for the upcoming plan year.

Sincerely,



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

cc: Jennifer Essary  
cc: Jennifer Fenoglio



## 2020 - 2021 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague 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 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

RX Plan: Option 4A \$10/25/40, \$0 Ded

Your % rate increase is: 2.00%

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	\$862.48	\$879.72	\$ 879.72	\$ 0	\$ 879.72
Employee + Child(ren)	\$1,356.06	\$1,383.18	\$ 879.72	\$ 503.46	\$ 1,383.18
Employee + Spouse	\$1,840.80	\$1,877.62	\$ 879.72	\$ 997.90	\$ 1,877.62
Employee + Family	\$2,334.38	\$2,381.06	\$ 879.72	\$ 1,501.34	\$ 2,381.06

   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: -3.30%

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	\$31.84	\$30.78	\$ 30.78	\$ 0	\$ 30.78
Employee + Child(ren)	\$65.80	\$63.62	\$ 30.78	\$ 32.84	\$ 63.62
Employee + Spouse	\$70.06	\$67.74	\$ 30.78	\$ 36.96	\$ 67.74
Employee + Family	\$103.98	\$100.54	\$ 30.78	\$ 69.76	\$ 100.54

   Initial to accept Dental Plan and New Rates.

**LIFE - BASIC**

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

Coverage Volume per Employee: \$20,000

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2020</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.202	\$0.202	100%	0%
Basic AD&D	\$0.027	\$0.027	100%	0%

h Initial to accept New Basic Life Rates.

**RETIREE**

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical             Pre 65                     Post 65  
Dental              Pre 65                     Post 65

h Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**  
89 days - Day following waiting period

**Elected Officials**  
Date of hire

h 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.

# TAC HEBP Member Contact Designation Montague 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 Ms. Jennifer Essary/Auditor

Address PO Box 56  
Montague, 76251-0056

Phone 940-894-6090

Fax 940-894-3110

Email jessarymca@gmail.com

## BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Jennifer Fenoglio/Treasurer

Address PO BOX 186  
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email j.fenoglio@co.montague.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 Jennifer Fenoglio/Treasurer

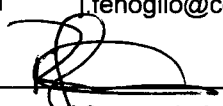
Address PO Box 186  
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email j.fenoglio@co.montague.tx.us

Signature of County Judge or Contracting Authority

  
Rick Lewis County Judge

Please PRINT Name and Title

Date: 26 May 2020

*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.*



### 2020 - 2021 Alternate Plan Proposal

Group: 94581 - Montague County

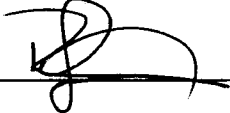
Effective Date: 10/01/2020

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1200	1200	1200-G2	1300-NG
Option:	RX-4A	RX-4A	RX-4A-G2	RX-4A-NG
<b>Rates</b>				
Employee Only	\$862.48	\$879.72	\$834.90	\$847.58
Employee + Child(ren)	\$1,356.06	\$1,383.18	\$1,312.30	\$1,332.36
Employee + Spouse	\$1,840.80	\$1,877.62	\$1,781.16	\$1,808.46
Employee + Family	\$2,334.38	\$2,381.06	\$2,258.56	\$2,293.24
<b>Medical Plan</b>				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1370/4110	\$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	\$30	\$30	\$40	\$30
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$135	\$150
<b>Prescription Plan</b>				
Prescription Card Co-Pay	10/25/40	10/25/40	15/30/50	10/25/40
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 1200 RX-4A  
Fax the signed document to 1-512-481-8481.

Signature  Date 26 May 2020

# PY 2021 12 Month Medical Report

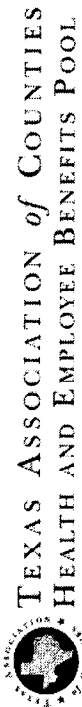
Post Date : Mar 2020

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 : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2019	94	118	\$85,394.90	\$30,188.36	\$11,298.33	\$41,486.69
May 2019	95	119	\$85,394.90	\$76,561.78	\$14,194.47	\$90,776.25
Jun 2019	95	119	\$85,394.90	\$29,119.02	\$11,294.84	\$40,413.86
Jul 2019	94	119	\$84,557.54	\$47,718.45	\$14,248.86	\$61,967.31
Aug 2019	94	119	\$83,720.18	\$39,890.31	\$9,362.25	\$49,252.56
Sep 2019	95	120	\$86,344.74	\$123,577.03	\$11,699.45	\$135,276.48
Oct 2019	96	121	\$88,703.36	\$81,462.07	\$9,470.17	\$90,932.24
Nov 2019	97	122	\$89,565.84	\$116,412.68	\$13,938.29	\$130,350.97
Dec 2019	96	122	\$87,840.88	\$57,691.00	\$7,569.29	\$65,260.29
Jan 2020	97	123	\$88,703.36	\$183,554.58	\$10,288.88	\$193,843.46
Feb 2020	97	123	\$89,565.84	\$46,624.80	\$13,469.62	\$60,094.42
Mar 2020	96	119	\$87,231.46	\$43,941.05	\$6,459.62	\$50,400.67
<b>Total: Selected Filter(s)</b>	<b>96</b>	<b>120</b>	<b>\$1,042,417.90</b>	<b>\$876,761.13</b>	<b>\$133,294.07</b>	<b>\$1,010,055.20</b>





# 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)

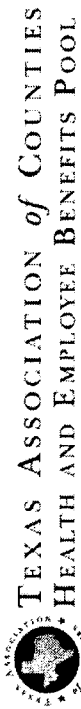
**Group :** (094581 - MONTAGUE COUNTY/ITAC)

**Paid Month :** Last 12 TimeMonths

**Service Category :** Exclude (Dental)

**Paid :** descending

Encrypted Member ID	Member	Status	Medical Paid	Pharmacy Paid	Paid
18990009322	Active		\$313,416.99	\$3,488.70	\$316,905.69
7490179759	Active		\$76,404.47	\$5,993.73	\$82,398.20
7490023280	Active		\$70,172.41	\$2,220.55	\$72,392.96
17850054024	Active		\$70,172.25	\$1,038.34	\$71,210.59
7490023277	Active		\$60,072.67	\$9,807.30	\$69,879.97
7490023321	Active		\$51,868.38	\$1,460.23	\$53,328.61
8380237023	Under 65 Retiree		\$495.97	\$40,758.16	\$41,254.13
4490129425	Active		\$24,329.50	\$172.20	\$24,501.70
7490023304	Active		\$22,422.37	\$1,024.29	\$23,446.66
9060335828	Active		\$2,954.55	\$14,379.78	\$17,334.33
17350008580	Active		\$15,333.71	\$34.75	\$15,368.46
19490491334	Under 65 Retiree		\$8,176.99	\$5,260.79	\$13,437.78
17350008581	Active		\$12,466.24	\$942.90	\$13,409.14
3063029470	Active		\$12,257.06	\$1,030.71	\$13,287.77
18000093144	Active		\$11,623.83	\$0.00	\$11,623.83
17600422167	Active		\$11,020.42	\$0.00	\$11,020.42
16520278890	Active		\$1,380.23	\$9,414.84	\$10,795.07
<b>Query Total</b>	<b>17</b>		<b>\$764,568.04</b>	<b>\$97,027.27</b>	<b>\$861,595.31</b>
<b>Report Total</b>	<b>17</b>		<b>\$764,568.04</b>	<b>\$97,027.27</b>	<b>\$861,595.31</b>



# 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 : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Apr 2019	99	147	\$4,029.88	\$2,203.84
May 2019	100	150	\$4,029.88	\$3,368.58
Jun 2019	101	151	\$4,130.34	\$3,613.86
Jul 2019	99	149	\$4,031.88	\$3,431.00
Aug 2019	99	148	\$3,964.18	\$1,446.38
Sep 2019	100	148	\$4,062.58	\$1,615.98
Oct 2019	101	150	\$4,192.20	\$1,645.56
Nov 2019	102	151	\$4,224.04	\$4,180.22
Dec 2019	101	150	\$4,160.36	\$3,854.60
Jan 2020	102	151	\$4,192.20	\$3,966.40
Feb 2020	102	151	\$4,224.04	\$3,573.79
Mar 2020	101	148	\$4,158.24	\$2,297.60
<b>Total: Selected Filter(s)</b>	<b>101</b>	<b>150</b>	<b>\$49,399.82</b>	<b>\$35,197.81</b>



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS PROGRAM

## 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 2020-2021 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: Montague County

Printed Name and Title: \_\_\_\_\_

Contracting Authority Signature: \_\_\_\_\_

Date: 5-26-2020



TEXAS ASSOCIATION of COUNTIES  
HEALTH CARE EMPLOYEE BENEFITS FUND

## HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

### Montague 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**

**Please list changes and/or corrections:**

**Name:**

---

**Title:**

---

**Address:**

---

**Email:**

---

**Phone Number:**

---

**Fax Number:**

---

---

#### 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**

**Please list changes and/or corrections:**

**Name:**

---

**Title:**

---

**Address:**

---

**Email:**

---

**Phone Number:**

---

**Fax Number:**

---

---

Contracting Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_