



July 1, 2016

Ms. Jerri D. Hettinger  
Comal County HR Director  
1297 Church Hill Drive, Suite 206  
New Braunfels, TX 78130

Dear Ms. Hettinger:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose the group health renewal packet for your upcoming plan anniversary date. Here are some highlights of your 2017 Plan Year renewal:

**Administration Fee:** Due to continued negotiation with BCBSTX, we are pleased to announce a reduction to the administration fee for groups with 500 and above employees which is reflected in the Comal County renewal.

**Benefit Year Alignment:** Your Benefit Year and Plan Year are now aligned. This means that your Deductible and Co-Insurance "start over" at the same time as your plan year.

**Prescription Plan Changes:** See attached notice regarding important changes affecting Comal County

**Benefits Value Advisor:** Due to little or no utilization, this service will no longer be offered after September 30. Open Enrollment materials will include online and telephonic tools for members to locate providers and get cost estimates.

**Affordable Care Act Fees:** The TAC HEBP Board voted to pay 2016 ACA fees on behalf of Comal County. Please see attached 'Health Care Reform Updates' document for details.

**Life/AD&D, STD/LTD:** No change to rates.

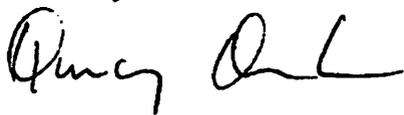
**Open Enrollment Toolkit:** This toolkit will be sent via email and contains the forms and notices your group needs to process employee benefit renewals.

**Questions and Concerns.** If you have questions about your renewal, are interested in the impact of changes to your plan, or are considering changes to your personnel policies that will affect benefits (e.g.; adding/dropping retiree benefits, changing waiting period, etc.), please be sure to discuss this in advance with your Employee Benefits Consultant, Ernesto Martinez so we can coordinate the changes with your renewal.

**ACTION REQUIRED:** Please present the renewal to the Commissioners Court for approval, complete and sign the enclosed Renewal Notice and Benefit Confirmation forms and return to TAC no later than August 1, 2016.

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 your county or district 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.

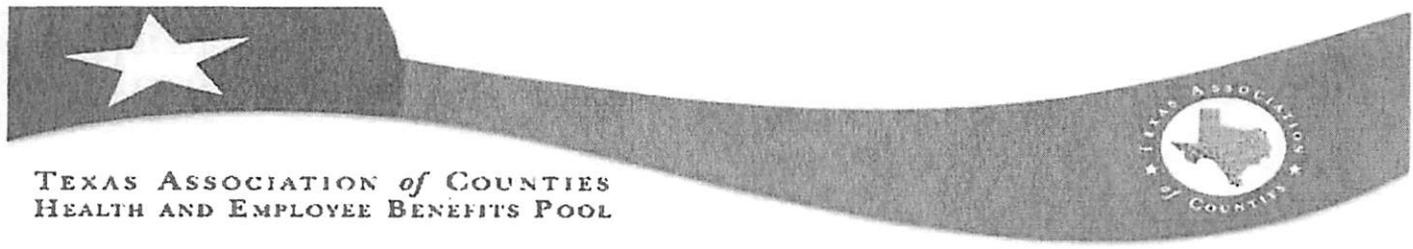
Sincerely,



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

**Enclosures:**

Renewal Checklist  
Renewal Calendar  
Renewal Notice and Benefit Confirmation (RNBC)  
2015-16 Plan Year Claims Reports  
Prescription Plan Changes  
Health Care Reform Updates for 2016-17 Plan Year  
Grandfathered Plan FAQs  
TAC HEBP Private Exchange Product Grid and FAQs  
HEBP Territory Map and Contact Info



## 2016 - 2017 Renewal Notice and Benefit Confirmation

Group: 39898 - Comal County

Anniversary Date: 10/01/2016

Return to TAC by: 08/01/2016

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 jenniferr@county.org.

For any plan or funding changes other than those listed below, please contact Jennifer Rehme at 1-800-456-5974.

### MEDICAL

Medical: Plan 800 \$25 Copay, \$500 Ded, 80%, \$2500 OOP Max      RX Plan: Option 2B \$5/20/35, \$100 Deductible

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

#### 2016 - 2017 Plan Year Funding Levels

Tier	Current Funding	New Funding Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$716.55	\$ 741.63	\$ 0	\$ 741.63
Employee + Children	\$716.55	\$ 741.63	\$ 188.64	\$ 930.27
Employee + Spouse	\$716.55	\$ 741.63	\$ 381.05	\$ 1122.68
Employee + Family	\$716.55	\$ 741.63	\$ 569.61	\$ 1311.24

\_\_\_\_\_ Initial to accept Medical Plan and New Rates.

\*Rates includes one child, increase by \$34.94 per each additional child enrolled on the plan

### LIFE - BASIC

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

Coverage Volume per Employee: \$45,000

	Current Rates	New Rates Effective 10/1/2015	Amount Employer Pays	Amount Employee/Retiree Pays (if applicable)
Basic Term Life	\$0.144	\$0.144	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

\_\_\_\_\_ Initial to accept New Basic Life Rates.

**DISABILITY**

**Disability Products:**

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2015</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic STD	\$0.2600	\$0.2600	100%	0%

\_\_\_\_\_ Initial to accept New Disability Rates.

**RETIREE**

Please circle one that applies for retiree medical benefits.

Your group allows retiree coverage for:

Medical:                      Pre 65      Post 65      Both

\_\_\_\_\_ Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

60 days – 1<sup>st</sup> of the month following date of hire, but first of the month

**Elected Officials**

60 days – 1<sup>st</sup> of the month following date of hire, but first of the month

\_\_\_\_\_ Initial to confirm.

**COBRA ADMINISTRATION**

Please indicate how your group manages COBRA administration:

Self-Administration on OASYS after COBRA TPA (AmeriFlex) advises of qualified COBRA enrollee(s).  
\*County/Group is responsible for fulfilling COBRA notification process and requirements.

BCBS  Other If "Other", please indicate COBRA Administrator: \_\_\_\_\_

\_\_\_\_\_ Initial to confirm COBRA Administration.

**PLAN INFORMATION**

**Broker or Consultant Information**

Please confirm your broker or consultant's name, if applicable: **Frank Witting**

Agency Name: Witting Insurance

Agency Address: 546 S. Castell Avenue  
Number and Street

New Braunfels TX 78130  
City State Zip

Broker Representative or Consultant's Name: Mr. Frank Witting

Contact Phone Number: 830-606-1000

Contact Email Address: frankwitting@sbcglobal.net

\_\_\_\_\_ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- Broker commission is included in the administration fee. Refer to Rate Exhibit.
- 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 **08/01/2016** 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 Comal 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 Group. 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. Jerri Hettinger, HR Director  
**Address** 1297 Church Hill Drive  
New Braunfels, TX 78130  
**Phone** 830-643-5859  
**Fax** 830-620-3468  
**Email** hettij@co.comal.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** Ms. Jerri Hettinger, HR Director  
**Address** 1297 Church Hill Drive  
New Braunfels, TX 78130  
**Phone** 830-643-5859  
**Fax** 830-620-3468  
**Email** hettij@co.comal.tx.us  
**HIPAA Secured Fax** 830-620-3468

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## PRIMARY CONTACT

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

Please list changes and/or corrections below.

**Name / Title** Ms. Jerri Hettinger, HR Director  
**Address** 1297 Church Hill Drive  
New Braunfels, TX 78130  
**Phone** 830-643-5859  
**Fax** 830-620-3468  
**Email** hettij@co.comal.tx.us

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\_\_\_\_\_  
**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.*



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## Comal County ASO AND STOPLOSS EXHIBIT HEALTH

Medical Plan: Plan 800 Rx 5/20/35 with \$100 Rx ded Group # 39898  
AD = 10/1/2016

Condition Management, Blue Care Connections: Included  
Benefits Value Advisor: Excluded this year  
Composite

10/1/2016 Annual \*

Assumed employee enrollment	586	586
Expected paid claims - medical	\$532.48	\$3,744,399
Expected paid claims - Rx	\$219.93	\$1,546,548
<b>Total Expected Paid Claims</b>	<b>\$752.41</b>	<b>\$5,290,947</b>

Base Administration Charge **	\$39.66	\$278,889
Condition Mgt. / Blue Care Connections Charge	\$3.60	\$25,315
Benefits Advisor Charge	\$0.00	\$0
Commission pass through	\$4.17	\$29,323

Stoploss Charges ***		
\$100,000 per Participant (medical only)	\$113.95	\$801,296
125% Aggregate (medical and Rx)	\$6.09	\$42,825
<b>Monthly Fixed Cost</b>	<b>\$167.47</b>	<b>\$1,177,649</b>

Maximum Claim Liability Factor\*\*\*\* \$940.51 \$6,613,666 \*\*\*\*

Projected Maximum Cost For Administration, Stoploss And Paid Claims \$1,107.98 \$7,791,315

Minimum funding amounts should include expected paid claims (EPC), administration, stoploss charges and estimated reserves; if actual paid claims exceed EPC, the County will be required to make additional funds available up to the Maximum Claim Liability.

- \* This annual projection is based on the current enrollment; the actual results will differ.
- \*\* Costs associated with special services or custom materials provided will be supplemental billed separate and apart from the Administrative Charges outlined in this exhibit.
- \*\*\* If the specific (indiv.) stoploss limit is changed, the stoploss charge & Liability Factors will be adjusted.
- \*\*\*\* This annual aggregate amount is based on the current enrollment; in no event will the group's Claim Liability be less than \$6,282,983

### TERMINATION

Run-Off Administration	\$0.00	\$0
Run-Off Liability Factor	\$677.57	\$1,191,168
<b>Total</b>		<b>\$1,191,168</b>

Upon termination, the run-off factors above will be multiplied times the total of all memberships actually exposed during each of the three months immediately preceding contract termination and the result will be the obligation of the group; the TOTAL above is based on the current enrollment. (The Run-Off Administration amount (if applicable) is due and payable whether or not BCBSTX processes the run-off claims.)

The rates above are effective for twelve months contingent upon:

- 1) The effective date will be not be later than 10/01/16
- 2) The County paying 100% of the employee - only cost for all lines of coverage
- 3) A minimum enrollment of 566 employees with 43% carrying dependent coverage
- 4) A monthly enrollment of no fewer than 557 employees
- 5) No additional taxes being imposed and no increase in existing taxes
- 6) The maximum medical and prescription drug claims for each participant applying to the aggregate stoploss is \$100,000
- 7) Prescription drug claims are not subject to the specific stoploss insurance.
- 8) The aggregate stoploss insurance shall apply to the medical and prescription drug claims subject to the levels identified above.
- 9) Basis of stop loss: both aggregate and specific stop loss are on a 24 / 12 basis.
- 10) Caremark is the administrator of the prescription drug program. Rx administration costs included in the expected claims above. (\$.00 per electronic claim, \$1.50 per paper claim.)
- 11) The County is required to fund bank account for medical and Rx claims.

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

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

## Comal County 2016 Health Renewal Funding with a 3.50 % rate increase

2015/2016					
		Increase	Monthly rate	Monthly Total	Annual Total
Employee	586		\$ 716.55	\$ 419,898.30	\$ 5,038,779.60
Spouse	33		\$ 368.16	\$ 12,149.28	\$ 145,791.36
Child	153		\$ 182.26	\$ 27,885.78	\$ 334,629.36
Family	65		\$ 550.35	\$ 35,772.75	\$ 429,273.00
Xtra Child	164		\$ 33.76	\$ 5,536.64	\$ 66,439.68
					\$ 6,014,913.00

2016/2017						
103.50%		Increase	Monthly rate	Monthly Total	Annual Total	Cost increase per EE per PP
Employee	586	\$ 25.08	\$ 741.63	\$ 434,594.74	\$ 5,215,136.89	\$ 11.58
Spouse	33	\$ 12.89	\$ 381.05	\$ 12,574.50	\$ 150,894.06	\$ 5.95
Child	153	\$ 6.38	\$ 188.64	\$ 28,861.78	\$ 346,341.39	\$ 2.94
Family	65	\$ 19.26	\$ 569.61	\$ 37,024.80	\$ 444,297.56	\$ 8.89
Xtra Child	164	\$ 1.18	\$ 34.94	\$ 5,730.42	\$ 68,765.07	\$ 0.55
					\$ 6,225,434.96	

Enrollment	Members
No Coverage	
Employee Only	586
Employee + Spouse	33
Employee + Child(ren)	153
Employee + One Child	65
Employee + Two Children	71
Employee + Three Children	13
Employee + Four Children	4
Employee + Family	65
Employee + Spouse + One Child	29
Employee + Spouse + Two Children	21
Employee + Spouse + Three Children	12
Employee + Spouse + Four Children	2
Employee + Spouse + Five Children	1
Total	837

# Comal County's Health Insurance Fund Balance

