



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Dear TAC HEBP ASO Member:

As you are aware, the U.S. Supreme Court recently ruled in the case Obergefell v. Hodges that "same-sex couples may exercise the right to marry." Analyzing the Pool's benefits booklets, as set out below, led to the conclusion that the Pool will cover eligible spouses, regardless of gender.

The benefits booklets issued by the Pool discuss who may receive coverage in two sections. In the "WHO GETS BENEFITS" section, the booklets state:

"... if you apply for coverage, you may include your Dependents. Subject to the terms of this section, eligible Dependents are: 1. Your spouse; A detailed description of Dependent is in the DEFINITIONS section of this Benefit Booklet."

In the DEFINITIONS section, the benefits booklets provide that "Dependent means your spouse"

Thus, spouses of employees and officials who are eligible for coverage are also eligible for coverage by the Pool. The benefits booklets do not define the term "spouse." In view of the Supreme Court's ruling, the term spouse now encompasses the same-sex married partner of an employee or official who is eligible for coverage.

As a self-funded plan, it is your decision whether to cover same-sex spouses on your health plan. If your decision is not to cover and you use the pool's benefit booklet template, we will modify the language as requested by you. We recommend managing requests to add same-sex spouses like any other qualifying event. The pool is handling as follows:

Primary subscribers of coverage (employee or retiree) who experience a qualifying event, such as marriage, have 31 days to submit a written application to their employer they want to add or drop dependents to their coverage because of a qualifying event. Any primary subscriber that marries their same-sex partner now has this same opportunity.

Please confirm if your health plan will allow same-sex spouses onto coverage by completing the attached form and returning it to your TAC Employee Benefits Specialist.

If you have any questions, please contact me at (800) 456-5974.

Sincerely,

Rob Ressmann
Operations Manager, Health & Benefits Services



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ASO Same-Sex Spouse Election Form

_____ Yes, our self-funded health plan will cover same-sex spouses

_____ No, our self-funded health plan will not cover same-sex spouses

County or County Entity: _____

Contracting Authority (printed): _____

Contracting Authority Signature: _____

Date: _____

Please return via email, fax, or regular mail to your TAC Employee Benefits Specialist.

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