



TEXAS ASSOCIATION *of* COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## 2014 - 2015 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2014

Return to TAC by: 10/10/2014

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 LisaM@county.org.

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

### MEDICAL

Medical: Plan 400 \$20 Copay, \$250 Ded, 80%, \$2000 OOP Max

RX Plan: Option 3A \$10/20/35

Your % rate increase is: 6.10%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2014	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$900.36	\$955.28	\$959.92	\$ -0-	\$ -0-
Employee + Child(ren)	\$1,384.88	\$1,469.36	\$959.92	\$ 509.44	\$ -0-
Employee + Spouse	\$1,692.86	\$1,796.12	\$959.92	\$ 836.20	\$ -0-
Employee + Family	\$2,115.82	\$2,244.88	\$959.92	\$ 1,284.96	\$ -0-

KL Initial to accept Medical 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 12/1/2014</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.280	\$0.202	100%	0%
Basic AD&D	\$0.035	\$0.030	100%	0%

K.L. Initial to accept New Basic Life Rates.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

90 days - Day following waiting period

K.L. Initial to confirm.

**Elected Officials**

90 days - Day following waiting period

## 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*

KL Initial to confirm COBRA Administration.

## PLAN INFORMATION

Please confirm your broker / consultant's name, if applicable: **Luann Yarberry**

KL Initial to confirm.

- 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 **10/10/2014** 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 Clay 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 Debra Alexander/Treasurer

**Address** 100 North Bridge Street  
Henrietta, TX 76365-2800

**Phone** 940-538-5911

**Fax** 940-538-5991

**Email** cctreasurer@claycountytexas.com

### BILLING CONTACT

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

Please list changes and/or corrections below.

**Name/Title** Honorable Debra Alexander/Treasurer

**Address** 100 North Bridge Street  
Henrietta, TX 76365

**Phone** 940-538-5911

**Fax** 940-538-5991

**Email** cctreasurer@claycountytexas.com

**HIPAA Secured Fax**

### PRIMARY CONTACT

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

Please list changes and/or corrections below.

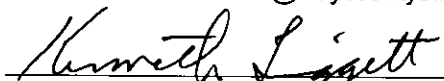
**Name/Title** Honorable Debra Alexander/Treasurer

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Henrietta, TX 76365

**Phone** 940-538-5911

**Fax** 940-538-5991

**Email** cctreasurer@claycountytexas.com

  
Signature of County Judge or Contracting Authority

Date: Aug 11, 2014

KENNETH LIGGETT CLAY CO. JUDGE  
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.*