



**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	\$ 955.28	\$ 0	\$ -0-
Employee + Child(ren)	\$1,384.88	\$1,469.36	\$ 955.28	\$ 514.08	\$ -0-
Employee + Spouse	\$1,692.86	\$1,796.12	\$ 955.28	\$ 840.84	\$ -0-
Employee + Family	\$2,115.82	\$2,244.88	\$ 955.28	\$ 1,289.60	\$ -0-

KL Initial to accept Medical Plan and New Rates.