



**TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL**

2015 - 2016 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2015

Return to TAC by: 10/12/2015

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 MariaC@County.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo 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: 3.11%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2015	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$955.28	\$984.98	\$ 984.98	\$ 0	\$ 0
Employee + Child(ren)	\$1,469.36	\$1,515.06	\$ 984.98	\$ 530.08	\$ 0
Employee + Spouse	\$1,796.12	\$1,851.98	\$ 984.98	\$ 867.00	\$ 0
Employee + Family	\$2,244.88	\$2,314.70	\$ 984.98	\$ 1329.72	\$ 0

_____ Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	Current Rates	New Rates Effective 12/1/2015	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.202	\$0.202	100%	0%
Basic AD&D	\$0.030 <i>(4.6%)</i>	\$0.030	100%	0%

_____ Initial to accept New Basic Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

60 days - 1st of the month following date of hire but first of the month

Elected Officials

60 days - 1st 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

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: **Luann Yarberry**

Agency Name: HIGGINBOTHAM

Agency Address: 1300 10th St
Number and Street

Wichita Falls TX 76301
City State Zip

Broker Representative or Consultant's Name: LUANN YARBERRY

Contact Phone Number: 940-228-0338

Contact Email Address: lyarberry@higginbotham.net

_____ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- 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 **10/12/2015** 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.

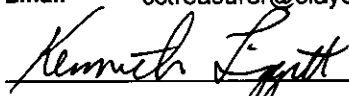
Name/Title Honorable Debra Alexander/Treasurer

Address 100 North Bridge Street
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Phone 940-538-5911

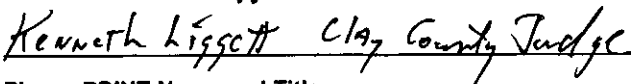
Fax 940-538-5991

Email cctreasurer@claycountytexas.com



Signature of County Judge or Contracting Authority

Date: 8-03-2015



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 EMPLOYER BENEFITS POOL

Large Claimant Summary

Claimants Over: \$10,000

Group Number: Clay County - 015919

Claims Paid: 5/1/2014 - 4/30/2015

Product Type: PPO

Claimant Number	Status	Medical Claims	Rx Claims	Total Paid Claims
1306216G	Active	\$140,686.11	\$12,553.80	\$153,239.91
1286587G	Active	\$106,046.50	\$2,822.60	\$108,869.10
1289145G	Active	\$38,795.83	\$7,512.21	\$46,308.04
1302918G	Active	\$20,537.01	\$11,751.59	\$32,288.60
1310617G	Active	\$20,193.64	\$4,641.71	\$24,835.35
1340485G	Active	\$8,885.30	\$14,770.20	\$23,655.50
1313833G	Active	\$16,606.17	\$4,213.79	\$20,819.96
1005384G	Active	\$18,816.41	\$942.82	\$19,759.23
1300898G	Active	\$16,614.32	\$1,015.89	\$17,630.21
1290329G	Active	\$13,531.78	\$1,120.56	\$14,652.34
1297911G	Active	\$11,393.40	\$3,056.90	\$14,450.30
1323539G	Active	\$1,608.95	\$11,170.34	\$12,779.29
1305381G	Active	\$8,218.59	\$4,524.70	\$12,743.29
1303810G	Active	\$10,029.62	\$2,490.90	\$12,520.52
1091638G	Active	\$11,586.01	\$3.18	\$11,589.19
Total for Large Claimants		\$443,549.64	\$82,591.19	\$526,140.83



TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12 Month Report - Medical

Group Number: Clay County - 015919

Claims Paid Through: 4/30/2015

Month / Year	Total	Total	Contribution	Paid	Paid	Total
	EES	Members		Medical	RX	
Apr-2015	66	77	\$67,954.08	\$27,507.45	\$10,984.29	\$38,491.74
Mar-2015	66	76	\$67,113.24	\$12,865.62	\$8,494.10	\$21,359.72
Feb-2015	67	77	\$68,068.52	\$8,202.40	\$13,125.60	\$21,328.00
Jan-2015	65	77	\$65,716.76	\$19,350.09	\$13,479.26	\$32,829.35
Dec-2014	66	80	\$67,186.12	\$40,004.10	\$13,611.52	\$53,615.62
Nov-2014	64	78	\$62,423.14	\$92,081.77	\$12,913.13	\$104,994.90
Oct-2014	65	82	\$64,538.96	\$72,651.95	\$10,355.19	\$83,007.14
Sep-2014	64	81	\$64,538.96	\$42,753.96	\$10,857.65	\$53,611.61
Aug-2014	64	81	\$63,638.60	\$56,031.12	\$9,483.67	\$65,514.79
Jul-2014	64	82	\$64,431.10	\$32,122.29	\$10,044.20	\$42,166.49
Jun-2014	63	81	\$63,530.74	\$56,252.52	\$16,150.20	\$72,402.72
May-2014	64	87	\$64,915.62	\$65,185.36	\$9,298.99	\$74,484.35
Total for 12 months			\$784,055.84	\$525,008.63	\$138,797.80	\$663,806.43