



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Alternate Plan Proposal

Group: 15919 - Clay County

Effective Date: 12/01/2018

	Current Plan Year	Renewal Rates	Option 3
Plan:	400	400	400-G
Option:	RX-3A	RX-3A	RX-3A-G
Rates			
Employee Only	\$1,123.00	\$1,184.76	\$1,154.28
Employee + Child			\$1,374.38
Employee + Children	\$1,730.78	\$1,825.96	\$1,638.28
Employee + Spouse	\$2,117.10	\$2,233.54	\$2,175.38
Employee + Family	\$2,647.62	\$2,793.24	\$2,720.32
Medical Plan			
Deductible In/Out Network	\$250/500	\$250/500	\$300/600
Co-Insurance % In/Out	80/60	80/60	80/60
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800
Office Visit	\$20	\$20	\$25
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$90
Prescription Plan			
Prescription Card Co-Pay	10/20/35	10/20/35	10/25/40
Deductible	\$0	\$0	\$0

Proposal rates are based on the following information:

- 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.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 10/12/2018 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 400 G, Rx 3A-G

Fax the signed document to 1-512-481-8481.

Signature Kenneth Lygitt Date August 27 2018



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



2018 - 2019 Amended Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2018

Return to TAC by: 10/12/2018

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 G \$25 Copay, \$300 Ded, 80%, \$2400 OOP Max

RX Plan: Option 3A-G \$10/25/40, \$0 Ded

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

Tier	Current Rates	New Rates Effective 12/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,123.00	\$1,154.28	\$ 1154.28	\$	\$
Employee + Child		\$1,374.38	\$ 1154.28	\$ 220.10	\$
Employee + Children	\$1,730.78	\$1,638.28	\$ 1154.28	\$ 484.00	\$
Employee + Spouse	\$2,117.10	\$2,175.38	\$ 1154.28	\$ 1021.10	\$
Employee + Family	\$2,647.62	\$2,720.32	\$ 1154.28	\$ 1566.04	\$

KE

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 12/1/2018	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.202	\$0.242	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

AKL 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

AKL 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*

KEL Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

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

Please list changes and/or corrections below

Agency Name	Higginbotham	_____
Agency Address		_____
Number and Street	1300 10th Street	_____
City	Wichita Falls	_____
State	TX	_____
Zip	76301	_____
Broker Representative or Consultant's Name	Luann Yarberry	_____
Contact Phone Number	940-228-0338	_____
Contact Email Address	lyarberry@higginbotham.net	_____

KEL Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, 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 **10/12/2018** 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 Danja Bloodworth/Treasurer

Address 214 N Main
Henrietta, TX 76365-2800

Phone 940-538-5911

Fax 940-538-5991

Email Danja.Bloodworth@co.clay.tx.us

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Danja Bloodworth/Treasurer

Address 214 N Main
Henrietta, TX 76365

Phone 940-538-5911

Fax 940-538-5991

Email Danja.Bloodworth@co.clay.tx.us

HIPAA Secured Fax

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

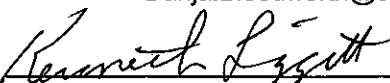
Name/Title Honorable Danja Bloodworth/Treasurer

Address 214 N Main
Henrietta, TX 76365

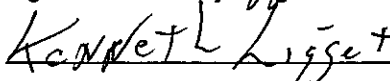
Phone 940-538-5911

Fax 940-538-5991

Email Danja.Bloodworth@co.clay.tx.us



Signature of County Judge or Contracting Authority

 County Judge

Please PRINT Name and Title

Date: 8-27-2016

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.