

Item 26
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TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2019

Return to TAC by: 10/11/2019

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 % rate increase is: 5.50%

Your payroll deductions for medical benefits are: Pre Tax

| Tier | Current Rates | New Rates Effective 12/1/2019 | New Amount Employer Pays | New Amount Employee Pays | New Amount Retiree Pays (if applicable) |
|-----------------------|---------------|-------------------------------|--------------------------|--------------------------|---|
| Employee Only | \$1,154.28 | \$1,217.76 | \$1,217.76 | \$ | \$ |
| Employee + Child | \$1,374.38 | \$1,449.96 | \$1,217.76 | \$232.20 | \$ |
| Employee + Child(ren) | \$1,638.28 | \$1,728.38 | \$1,217.76 | \$510.62 | \$ |
| Employee + Spouse | \$2,175.38 | \$2,295.02 | \$1,217.76 | \$1,077.26 | \$ |
| Employee + Family | \$2,720.32 | \$2,869.94 | \$1,217.76 | \$1,652.18 | \$ |


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 12/1/2019 | Amount Employer Pays | Amount Employee/ Retiree Pays (if applicable) |
|-----------------|----------------------|--------------------------------------|-----------------------------|--|
| Basic Term Life | \$0.242 | \$0.242 | 100% | 0% |
| Basic AD&D | \$0.030 | \$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

 Initial to confirm.

Elected Officials

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

Ø 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

 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 | |
| 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 |

Please list changes and/or corrections below

 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 **10/11/2019** 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.

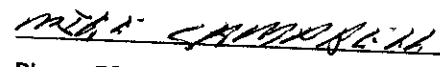
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Address 214 N Main
 Henrietta, TX 76365
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Email Danja.Bloodworth@co.clay.tx.us



 Signature of County Judge or Contracting Authority

Date: 9/23/19

 9/23/19

 Please PRINT Name and Title COUNTY JUDGE

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.