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TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**2020 - 2021 Renewal Notice and Benefit Confirmation**

Group: 15919 - Clay County

Anniversary Date: 12/01/2020

Return to TAC by: 09/08/2020

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 karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers at 1-512-478-8753.

**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: 3.00%

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

Tier	Current Rates	New Rates Effective 12/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,217.76	\$1,254.28	\$ 1254.28	\$ 0	\$
Employee + Child	\$1,449.96	\$1,493.46	\$ 1254.28	\$ 239.18	\$
Employee + Child(ren)	\$1,728.38	\$1,780.22	\$ 1254.28	\$ 525.94	\$
Employee + Spouse	\$2,295.02	\$2,363.86	\$ 1254.28	\$ 1109.58	\$
Employee + Family	\$2,869.94	\$2,956.04	\$ 1254.28	\$ 1701.76	\$


*Signature* 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 12/1/2020</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
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

**Elected Officials**  
Date of hire


 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

<b>Agency Name</b>	Higginbotham	<b>Please list changes and/or corrections below</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>Agency Address</b>		
<b>Number and Street</b>	1300 10th Street	
<b>City</b>	Wichta Falls	
<b>State</b>	TX	
<b>Zip</b>	76301	
<b>Broker Representative or Consultant's Name</b>	Luann Yarberry	
<b>Contact Phone Number</b>	940-228-0338	
<b>Contact Email Address</b>	lyarberry@higginbotham.net	

 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 **09/08/2020** 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

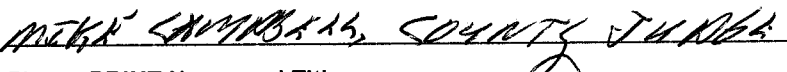
Phone 940-538-5911

Fax 940-538-5991

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

  
Signature of County Judge or Contracting Authority

Date: 8/10/2020

  
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.*



### 2020 - 2021 Alternate Plan Proposal

Group: 15919 - Clay County

Effective Date: 12/01/2020

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	400-G	400-G	400-G2	1100-NG
Option:	RX-3A-G	RX-3A-G	RX-3A-G2	RX-3A-NG
<b>Rates</b>				
Employee Only	\$1,217.76	\$1,254.28	\$1,238.38	\$1,199.58
Employee + Child	\$1,449.96	\$1,493.46	\$1,474.46	\$1,428.10
Employee + Child(ren)	\$1,728.38	\$1,780.22	\$1,757.50	\$1,702.06
Employee + Spouse	\$2,295.02	\$2,363.86	\$2,333.58	\$2,259.66
Employee + Family	\$2,869.94	\$2,956.04	\$2,918.08	\$2,825.42
<b>Medical Plan</b>				
Deductible In/Out Network	\$300/600	\$300/600	\$340/680	\$750/1000
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$2400/4800	\$2400/4800	\$2750/5500	\$3000/6000
Office Visit	\$25	\$25	\$25	\$25
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$100	\$150
<b>Prescription Plan</b>				
Prescription Card Co-Pay	10/25/40	10/25/40	15/25/45	10/20/35
Deductible	\$0	\$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 09/08/2020 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 400-G

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

Signature [Signature] Date 8/10/2020



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**HEALTHY COUNTY WELLNESS CONTACT DESIGNATION**  
**Clay County**

**WELLNESS COORDINATOR**

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

**Current Wellness Coordinator**  
**Name: Hon. Danja Bloodworth**

**Title: Treasurer**

**Address: 214 N Main St**  
**Henrietta, TX 76365-2850**

**Email: danja.bloodworth@co.clay.tx.us**

**Phone Number: (940) 538-5911**

**Fax Number:**

**Please list changes and/or corrections:**

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**WELLNESS SPONSOR**

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

**Current Wellness Sponsor**  
**Name:**

**Title:**

**Address:**

**Email:**

**Phone Number:**

**Fax Number:**

**Please list changes and/or corrections:**

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**Contracting Authority Signature:**

**Date:** 8/10/2020



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

### HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

### YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

- We would like to implement a CSI Program for the 2020-2021 plan year.
- We are interested in learning more about the CSI Program.
- We are not interested in learning more about the CSI Program at this time.

County or District Name: CLAY

Printed Name and Title: MARIA SANDRA BARR, COUNTY JUDGE

Contracting Authority Signature: [Signature]

Date: 8/10/2020