



2022 - 2023 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2022

Return to TAC by: 09/08/2022

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 1-800-456-5974.

MEDICAL

Medical: Plan 1100-NG \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max

RX Plan: Option 3A-NG \$10/20/35, \$0 Ded

Your % rate increase is: 6.50%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,289.32	\$1,373.12	\$ 1373.12	\$	\$
Employee + Child	\$1,534.98	\$1,634.74	\$ 1373.12	\$ 261.62	\$
Employee + Child(ren)	\$1,829.50	\$1,948.42	\$ 1373.12	\$ 575.30	\$
Employee + Spouse	\$2,428.90	\$2,586.78	\$ 1373.12	\$ 1213.66	\$
Employee + Family	\$3,037.10	\$3,234.50	\$ 1373.12	\$ 1861.38	\$

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 12/1/2022	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

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*
- County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
**County/Group is responsible for fulfilling notification process and requirements*

_____ Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

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

<p>Agency Name</p> <p>Agency Address</p> <p>Number and Street</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Broker Representative or Consultant's Name</p> <p>Contact Phone Number</p> <p>Contact Email Address</p>	<p>Higginbotham</p> <p>1300 10th Street</p> <p>Wichta Falls</p> <p>TX</p> <p>76301</p> <p>Luann Yarberry</p> <p>940-228-0338</p> <p>lyarberry@higginbotham.net</p>	<p>Please list changes and/or corrections below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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_____ 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 **09/08/2022** 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: August 22, 2022

MIKE CAMPBELL COUNTY JUDGE

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.



2022 - 2023 Alternate Plan Proposal

Group: 15919 - Clay County

Effective Date: 12/01/2022

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100-NG	1100-NG	1200-NG	1300-NG
Option:	RX-3A-NG	RX-3A-NG	RX-3A-NG	RX-3A-NG
Rates				
Employee Only	\$1,289.32	\$1,373.12	\$1,342.94	\$1,291.44
Employee + Child	\$1,534.98	\$1,634.74	\$1,598.70	\$1,537.16
Employee + Child(ren)	\$1,829.50	\$1,948.42	\$1,905.34	\$1,831.80
Employee + Spouse	\$2,428.90	\$2,586.78	\$2,529.38	\$2,431.38
Employee + Family	\$3,037.10	\$3,234.50	\$3,162.58	\$3,039.78
Medical Plan				
Deductible In/Out Network	\$750/1000	\$750/1000	\$1000/3000	\$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3000/6000	\$3500/7000
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	10/20/35	10/20/35	10/20/35	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 09/08/2022 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1100-NG

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

Signature [Signature] Date 8/22/23



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

Please list changes and/or corrections:

Name: 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:

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

Please list changes and/or corrections:

Name:

Title:

Address:

Email:

Phone Number:

Fax Number:

Contracting Authority Signature: _____

Date: _____



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 2022-2023 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 COUNTY

Printed Name and Title: MIKE CAMPBELL

Contracting Authority Signature: 

Date: 8-22-2022