



2023 - 2024 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County

Anniversary Date: 12/01/2023

Return to TAC by: 9/6/2023

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 12/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,373.12	\$1,462.36	\$	\$	\$
Employee + Child	\$1,634.74	\$1,741.00	\$	\$	\$
Employee + Child(ren)	\$1,948.42	\$2,075.06	\$	\$	\$
Employee + Spouse	\$2,586.78	\$2,754.92	\$	\$	\$
Employee + Family	\$3,234.50	\$3,444.74	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.


20*

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	Current Rates	New Rates Effective 12/1/2023	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

Please list changes and/or corrections below

Agency Name	Higginbotham
Agency Address	
Number and Street	1300 10th Street
City	Wichta 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

 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 **9/6/2023** 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:




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.



2023-2024 Alternate Plan Proposal
Group: Clay County

Renewal Plan/Rates	Option 1	Option 2
1100 NG	Plan 1200 NG	HSA100
Rx Option 3A NG	Rx Option 3A NG	Rx HSA

Rates

Employee Only	\$ 1462.36	\$1,429.90	\$1,425.06
Employee + 1 Child	\$ 1741.00	\$1,702.28	\$1,696.52
Employee + Children	\$ 2075.06	\$2,028.84	\$2,021.98
Employee + Spouse	\$ 2754.92	\$2,693.46	\$2,684.32
Employee + Family	\$ 3444.74	\$3,367.80	\$3,356.36

Medical Plan

Deductible In/Out Network	\$750/\$1,000	\$1,000/\$3,000	\$2,700/\$5,000
Co-Insurance % In/Out	80/60	80/60	100/70
Co-Insurance Max In/Out	\$3,000/\$6,000	\$3,000/\$6,000	\$2,700/\$10,000
Office Visit – Primary Care	\$25	\$30	ATD (After the Ded)
Office Visit - Specialist	\$25	\$30	ATD
Emergency Room Hospital	\$150	\$150	ATD

Prescription Plan

Prescription Card Co-Pay	\$10/20/35	\$10/20/35	Covered After
Deductible	\$0	\$0	Deductible is et
			\$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 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.

Please indicate the selected plan here: 1200 NG
Fax the signed document to 1-512-481-8481.

Signature [Signature] Date: 8/28/2023
Clay County, Plan Year 2024 Alternate Plan Proposal