



2024 – 2025 Renewal Notice and Benefit Confirmation

Group: 15919 - Clay County Anniversary Date: 12/01/2024

Return to TAC by: 09/11/2024

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 5124818481 or email to lacyj@county.org.

For any plan or funding changes other than those listed below, please contact Lacy Jones at 8004565974.

Medical

Medical: Plan 1200-NG \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

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

Your % rate change is: 3.00%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,429.90	\$1,472.80	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Spouse	\$2,693.46	\$2,774.26	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Child	\$1,702.28	\$1,753.34	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Child(ren)	\$2,028.84	\$2,089.70	\$ _____	\$ _____	\$ _____	\$ _____
Employee & Family	\$3,367.80	\$3,468.82	\$ _____	\$ _____	\$ _____	\$ _____

Initial to accept Medical Plan and New Rates.

Life – Basic (Employer Paid)

Basic Life Products:


Coverage volume per employee: \$20,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays
\$0.24 .242	\$0.24	\$0.24 .242

Basic AD&D

Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays
\$0.03 .030	\$0.03	\$0.03 .030

 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

**County/Group is responsible for fulfilling COBRA 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

Agency Name	Higginbotham	_____
Address	1300 10th Street	_____
City, State, Zip	Wichita Falls , TX 76301	_____
Broker Rep 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, dental, and vision.
- 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 in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

PHYSICAL MAILING ADDRESS

Please confirm your group's physical mailing address information:

Address	214 N Main	_____
	Henrietta, TX 76365	_____

TAC HEBP Member Contact Designation

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 Group. 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 9405385911
Fax 9405385991
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 9405385911
Fax 9405385991
Email Danja.Bloodworth@co.clay.tx.us

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 9405385911
Fax 9405385991
Email Danja.Bloodworth@co.clay.tx.us


Signature of County Judge or Contracting Authority

Date: 8-26-24

Mike Campbell
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.