



2016 - 2017 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola County

Anniversary Date: 12/01/2016

Return to TAC by: 09/13/2016

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 700 \$25 Copay, \$500 Ded, 90%, \$2000 OOP Max

RX Plan: Option 4A \$10/25/40

Your % rate increase is: 7.50%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2016	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$992.66	\$1,067.10	\$ 1,067.10	\$ -0-	\$ -0-
Employee + Child	\$1,100.46	\$1,182.98	\$ 1,067.10	\$ 115.88	\$ 115.88
Employee + Child(ren)	\$1,234.50	\$1,327.08	\$ 1,067.10	\$ 259.98	\$ 259.98
Employee + Spouse	\$1,539.00	\$1,654.42	\$ 1,067.10	\$ 587.32	\$ 587.32
Employee + Family	\$1,692.78	\$1,819.74	\$ 1,067.10	\$ 752.64	\$ 752.64

[Signature] Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee. \$10,000

	Current Rates	New Rates Effective 12/1/2016	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.166	\$0.166	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%


 Initial to accept New Basic Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical Pre 65 Post 65 **Both**

 Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - Day following waiting period

Elected Officials

30 days - Day following waiting period

 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 Not Applicable

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

Agency Name: _____

Agency Address: _____
Number and Street

City _____ State _____ Zip _____

Broker Representative or Consultant's Name: _____

Contact Phone Number: _____

Contact Email Address: _____

_____ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- 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 **09/13/2016** 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
Panola 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 Mr. Sidney Burns/Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633-2543
Phone 903-693-0320
Fax 903-693-2726
Email sidney.burns@co.panola.tx.us

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name/Title Mr. Sidney Burns/Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633
Phone 903-693-0320
Fax 903-693-2726
Email sidney.burns@co.panola.tx.us

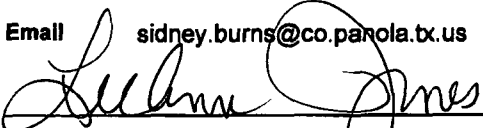
HIPAA Secured Fax

PRIMARY CONTACT

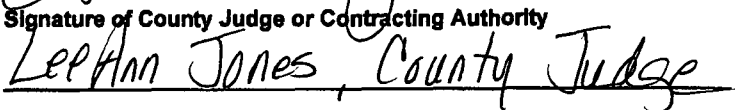
HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name/Title Mr. Sidney Burns/Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633
Phone 903-693-0320
Fax 903-693-2726
Email sidney.burns@co.panola.tx.us

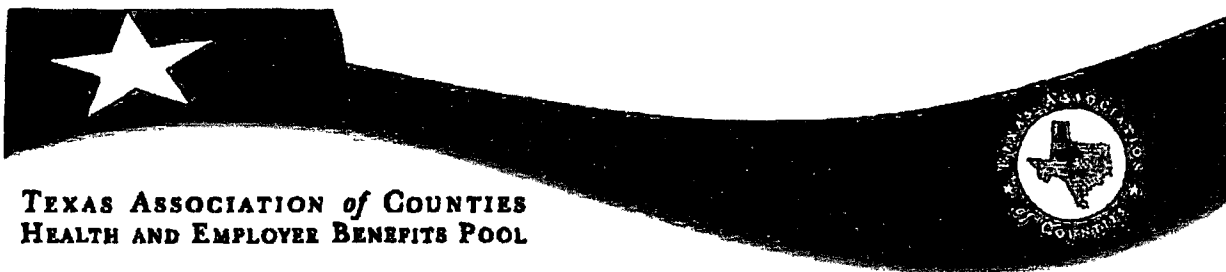
Signature  _____

Date: 7.11.16

Signature of County Judge or Contracting Authority


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.



2016 - 2017 Alternate Plan Proposal

Group: 62946 - Panola County

Effective Date: 12/01/2016

	Current Plan Year	Renewal Rates	Option 1
Plan:	700	700	700-G
Option:	RX-4A	RX-4A	RX-4A-G
Rates			
Employee Only	\$992.66	\$1,067.10	\$1,038.52
Employee + Child	\$1,100.48	\$1,182.98	\$1,151.24
Employee + Child(ren)	\$1,234.50	\$1,327.08	\$1,291.44
Employee + Spouse	\$1,539.00	\$1,654.42	\$1,609.88
Employee + Family	\$1,692.78	\$1,819.74	\$1,770.72
Medical Plan			
Deductible In/Out Network	\$500/750	\$500/750	\$600/800
Co-insurance % In/Out	90/70	90/70	90/70
Co-insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800
Office Visit	\$25	\$25	\$30
Emergency Room Hospital	\$90	\$80	\$90
Prescription Plan			
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45
Deductible	\$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 09/13/16 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 700 RX-4A

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

Signature *Leelan Jones* Date 7.11.16
 62946 - Panola County, 2017, Alternate Plan Proposal