

TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## 2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola County

Anniversary Date: 12/01/2017

Return to TAC by: 10/13/2017

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

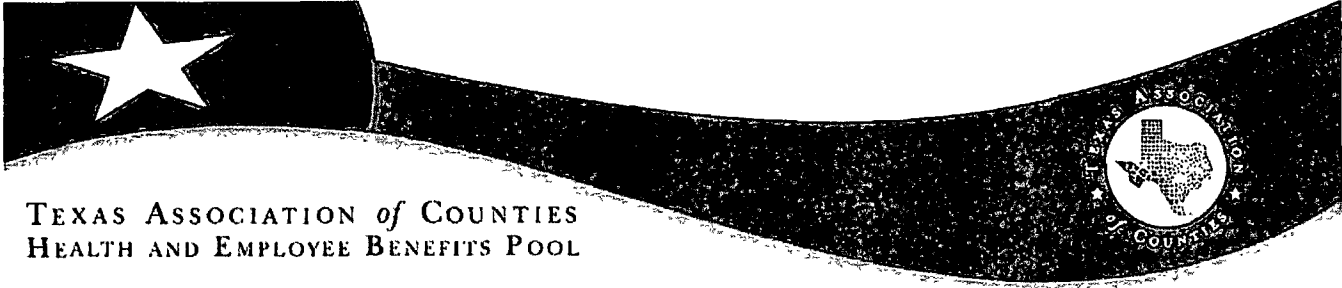
RX Plan: Option 4A \$10/25/40

Your % rate increase is: 6 50%

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

Tier	Current Rates	New Rates Effective 12/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,067 10	\$1,136 46	\$ 1,136.46	\$ -0-	\$ -0-
Employee + Child	\$1,182 98	\$1,259 86	\$ 1,136.46	\$ 123.40	\$ 123.40
Employee + Child(ren)	\$1,327 08	\$1,413 34	\$ 1,136 46	\$ 276 88	\$ 276.88
Employee + Spouse	\$1,654 42	\$1,761 96	\$ 1,136.46	\$ 625.50	\$ 625.50
Employee + Family	\$1,819 74	\$1,938 02	\$ 1,136.46	\$ 801.56	\$ 801.56

 Initial to accept Medical Plan and New Rates



**TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL**

**2017 - 2018 Alternate Plan Proposal**

Group 62946 - Panola County

Effective Date 12/01/2017

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	700	700	700-G	700-G2
Option:	RX-4A	RX-4A	RX-4A-G	RX-4A-G2
<b>Rates</b>				
Employee Only	\$1,067.10	\$1,136.46	\$1,105.92	\$1,080.46
Employee + Child	\$1,182.98	\$1,259.86	\$1,225.96	\$1,197.72
Employee + Child(ren)	\$1,327.08	\$1,413.34	\$1,375.28	\$1,343.56
Employee + Spouse	\$1,654.42	\$1,761.96	\$1,714.44	\$1,674.82
Employee + Family	\$1,819.74	\$1,938.02	\$1,885.72	\$1,842.12
<b>Medical Plan</b>				
Deductible In/Out Network	\$500/750	\$500/750	\$600/900	\$680/1020
Co-Insurance % In/Out	90/70	90/70	90/70	90/70
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800	\$2750/5500
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$90	\$100
<b>Prescription Plan</b>				
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45	15/30/50
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 10/13/17 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 *Lee Ann Jones* Date 11-10-17

**LIFE - BASIC**

**Basic Life Products:**  
(Rates are per thousand)

Coverage Volume per Employee \$10,000

	<b>Current Rates</b>	<b>New Rates Effective 12/1/2017</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0 166	\$0 166	100%	0%
Basic AD&D	\$0 030	\$0 030	100%	0%

AS 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**

AS 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

AS 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:

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 **10/13/2017** 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

Mrs. Jennifer Stacy/1st Assistant Auditor

110 South Sycamore St, Room 213A

Carthage, TX 75633

903-693-0320

903-693-2726

jennifer.stacy@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

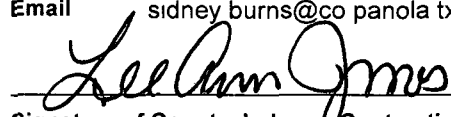
**Name/Title** Mr Sidney Burns/Auditor

**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 of County Judge or Contracting Authority**

Date: 7-10-17

LeeAnn Jones, Panola 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*