



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



2018 - 2019 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola County

Anniversary Date: 12/01/2018

Return to TAC by: 10/12/2018

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, \$0 Ded

Your % rate increase is: 1.80%

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

Tier	Current Rates	New Rates Effective 12/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,136.46	\$1,156.92	\$ 1,156.92	\$ 0.00	\$ 0.00
Employee + Child	\$1,259.86	\$1,282.54	\$ 1,156.92	\$ 125.62	\$ 125.62
Employee + Child(ren)	\$1,413.34	\$1,438.78	\$ 1,156.92	\$ 281.86	\$ 281.86
Employee + Spouse	\$1,761.96	\$1,793.68	\$ 1,156.92	\$ 636.76	\$ 636.76
Employee + Family	\$1,938.02	\$1,972.90	\$ 1,156.92	\$ 815.98	\$ 815.98


 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 12/1/2018	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.166	\$0.199	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

 Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

 **Employees**
30 days - Day following waiting period
Initial to confirm.


Elected Officials
30 days - Day following waiting period

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.
- 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 **10/12/2018** 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	<u>Jennifer Stacy/ Auditor</u>
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	<u>jennifer.stacy@co.panola.tx.us</u>

BILLING CONTACT

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

Please list changes and/or corrections below.

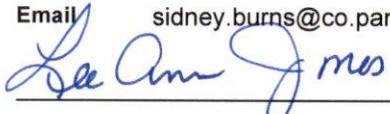
Name/Title Jennifer Stacy/1st Assistant Auditor	_____
Address 110 South Sycamore St, Room 213A Carthage, TX 75633	_____
Phone 903-693-0320	_____
Fax 903-693-2726	_____
Email jennifer.stacy@co.panola.tx.us	_____
HIPAA Secured Fax	_____

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name/Title Mr. Sidney Burns/Auditor	<u>Jennifer Stacy/Auditor</u>
Address 110 South Sycamore St, Room 213A Carthage, TX 75633	_____
Phone 903-693-0320	_____
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Date: 7-10-18

Signature of County Judge or Contracting Authority

Lee Ann Jones, 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.