



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2022 - 2023 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola County

Anniversary Date: 12/01/2022

Return to TAC by: 09/08/2022

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

RX Plan: Option 4A \$10/25/40, \$0 Ded

Your % rate increase is: 2.80%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,149.78	\$1,181.96	\$1,181.96	\$	\$
Employee + Child	\$1,274.62	\$1,310.30	\$1,181.96	\$128.34	\$128.34
Employee + Child(ren)	\$1,429.90	\$1,469.94	\$1,181.96	\$287.98	\$287.98
Employee + Spouse	\$1,782.64	\$1,832.54	\$1,181.96	\$650.58	\$650.58
Employee + Family	\$1,960.74	\$2,015.64	\$1,181.96	\$833.68	\$833.68

 Initial to accept Medical Plan and New Rates.

VISION

Vision: Plan I

Your % rate increase is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$	\$6.20	\$
Employee + Child(ren)	\$12.44	\$12.44	\$	\$12.44	\$
Employee + Spouse	\$11.80	\$11.80	\$	\$11.80	\$
Employee + Family	\$18.28	\$18.28	\$	\$18.28	\$

 Initial to accept Vision Plan and New Rates.

LIFE - BASIC**Basic Life Products:**

(Rates are per thousand)

Coverage Volume per Employee: \$10,000

	Current Rates	New Rates Effective 12/1/2022	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.199	\$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

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*

☐ 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:

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 **09/08/2022** 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 Jennifer Stacy/Auditor

Address 110 South Sycamore St, Room 213A
Carthage, TX 75633-2543

Phone 903-693-0320

Fax 903-693-2726

Email jstacy@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 Jennifer Stacy/ 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 Jennifer Stacy/Auditor

Address 110 South Sycamore St, Room 213A
Carthage, TX 75633

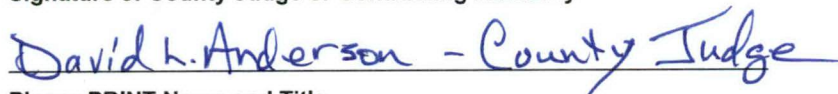
Phone 903-693-0320

Fax 903-693-2726

Email jennifer.stacy@co.panola.tx.us



Signature of County Judge or Contracting Authority



Please PRINT Name and Title

Date: 8-2-2022

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.