

# 2024 - 2025 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola 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 700 \$25 Copay, \$500 Ded, 90%, \$2000 OOP Max

RX Plan: 4A \$10/25/40, \$0 Ded Your % rate change is: 5.50%

Your payroll deductions for medical benefits are: Pre Tax

| Tier                  | Current<br>Rates | New Rates<br>Effective<br>12/01/2024 | New Amount<br>Employer<br>Pays | New Amount<br>Employee<br>Pays | New Amount<br>Employer<br>Pays for<br>Retiree (if<br>applicable) | New Amount<br>Retiree Pays<br>(if applicable) |
|-----------------------|------------------|--------------------------------------|--------------------------------|--------------------------------|--|---|
| Employee Only         | \$1,210.32       | \$1,276.88                           | \$ <u>1,276.88</u>             | \$0-                           | \$1,276.88   | \$0   |
| Employee & Spouse     | \$1,876.52       | \$1,979.72                           | \$_1,276.88                    | \$ 702.84                      | \$1,276.88   | \$ 702.84                                     |
| Employee & Child      | \$1,341.74       | \$1,415.54                           | \$1,276.88                     | \$ 138.66                      | \$1,276.88   | \$ 138.66                                     |
| Employee & Child(ren) | \$1,505.22       | \$1,588.00                           | \$1,276.88                     | \$ 311.12                      | \$ 1,276.88  | \$ 311.12                                     |
| Employee & Family     | \$2,064.02       | \$2,177.54                           | \$ <u>1,276.88</u>             | \$ 900.66                      | \$1,276.88   | \$ 900.66                                     |

Initial to accept Medical Plan and New Rates.

## Vision

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

| Tier                  | Current<br>Rates | New Rates<br>Effective<br>12/01/2024 | New Amount<br>Employer<br>Pays | New Amount<br>Employee<br>Pays | New Amount<br>Employer<br>Pays for<br>Retiree (if<br>applicable) | New Amount<br>Retiree<br>Pays (if<br>applicable) |
|-----------------------|------------------|--------------------------------------|--------------------------------|--------------------------------|--|--|
| Employee Only         | \$4.58           | \$4.58                               | \$0-                           | \$4.58                         | \$0  | \$0  |
| Employee & Spouse     | \$8.72           | \$8.72                               | \$0                            | \$8.72                         | \$0  | \$0-   |
| Employee & Child(ren) | \$9.18           | \$9.18                               | \$0-                           | \$9.18                         | \$0-   | \$ -0-   |
| Employee & Family     | \$13.52          | \$13.52                              | \$0                            | \$ 13.52                       | \$0  | \$ -0-   |



Initial to accept Vision Plan and New Rates.

# Life - Basic (Employer Paid)

## **Basic Life Products:**

Coverage volume per employee: \$10,000

(Rates per thousand)

## **Basic Life**

Current **New Rates** Rates Effective .199 IS THE CORRECT RATE 12/01/2024 \$0.20

\$0.20 \$0.20

Basic AD&D

Current **New Rates** Rates **Effective** 12/01/2024 **New Amount Employer Pays** 

**New Amount** 

**Employer Pays** 

\$0.03 \$0.03 \$0.03

Initial to accept New Basic Life Rates.

## **Retiree Information**

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical:

Pre-65 ☑ Post-65 ☑

Vision:

Pre-65 ☐ Post-65 ☐

Initial to confirm.

# **Waiting Period**

Waiting period applies to all benefits.

**Employees** 

**Elected Officials** 

30 days - Day following waiting period

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                      |
|   | * 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: Agency Name Address City, State, Zip Broker Rep 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, 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 110 South Sycamore St, Room 213A 110 S. Sycamore St. RM 213 A

Carthage, TX 75633 Carthage, TX 75633

# **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<br>Address | Jennifer Stacy / Auditor<br>110 South Sycamore St, Room 213A<br>Carthage, TX 75633 2543 |  |
| Phone                   | 9036930320  |  |
| Fax                     | 9036932726  |  |
| Email                   | jstacy@co.panola.tx.us  |  |
|                         | BILLING CO  | NTACT  |
| Responsible for         | receiving all invoices relating to HEBP products a                                      |  |
|                         |   | Please list changes and/or corrections below.        |
| Name / Title<br>Address | Jennifer Stacy / Auditor<br>110 South Sycamore St, Room 213A<br>Carthage, TX 75633      |  |
| Phone                   | 9036930320  |  |
| Fax                     | 9036932726  |  |
| Email                   | jstacy@co.panola.tx.us  |  |
|                         | COUNTY REPRE  | SENTATIVE  |
|                         |   |  |
| HEBP's main c           | ontact for daily matters pertaining to the health ber                                   | nefits.  Please list changes and/or corrections belo |
|                         |   | r lease list changes and/or corrections belo         |
| Name / Title            | Jennifer Stacy / Auditor  | 2  |
| Address                 | 110 South Sycamore St, Room 213A  |  |
|                         | Carthage, TX 75633  |  |
| Phone                   | 9036930320  |  |
| Fax                     | 9036932726  | -  |
| Email                   | jstacy@co.panola.tx.us  |  |
| Rolle                   | & McKan   | Date: 201, 2024                                      |
| Signature of            | County Judge or Contracting Authority   |  |
| County Ju               | idge Rodger McLane  |  |

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.

Please PRINT Name and Title



## 2024 - 2025 Alternate Plan Proposal

Group: 62946 - Panola County Effective Date: 12/01/2024

|                           | <b>Current Plan Year</b> | Renewal Rates | Option 1    | Option 2    | Option 3     |
|---------------------------|--------------------------|---------------|-------------|-------------|--------------|
| Plan:                     | Plan 700                 | Plan 700      | Plan 700-G  | Plan 700-G2 | Plan 1100-NG |
| Option:                   | RX-4A                    | RX-4A         | RX-4A-G     | RX-4A-G2    | RX-4A-NG     |
| Rates                     |                          |               |             |             |              |
| Employee Only             | \$1,210.32               | \$1,276.88    | \$1,251.74  | \$1,235.72  | \$1,204.78   |
| Employee & Spouse         | \$1,876.52               | \$1,979.72    | \$1,940.54  | \$1,915.58  | \$1,867.38   |
| Employee & Child          | \$1,341.74               | \$1,415.54    | \$1,387.62  | \$1,369.84  | \$1,335.50   |
| Employee & Child(ren)     | \$1,505.22               | \$1,588.00    | \$1,556.64  | \$1,536.66  | \$1,498.08   |
| Employee & Family         | \$2,064.02               | \$2,177.54    | \$2,134.42  | \$2,106.94  | \$2,053.88   |
| Medical Plan              |                          |               |             |             |              |
| Deductible In/Out Network | \$500/750                | \$500/750     | \$600/900   | \$680/1020  | \$750/1000   |
| Co-Insurance% In/Out      | 90/70                    | 90/70         | 90/70       | 90/70       | 80/60        |
| Co-Insurance Maximum      | \$2000/4000              | \$2000/4000   | \$2400/4800 | \$2750/5500 | \$3000/6000  |
| Office Visit              | \$25                     | \$25          | \$30        | \$30        | \$25         |
| Specialist Visit          |                          |               |             |             |              |
| Emergency Room Hospital   | \$90                     | \$90          | \$90        | \$100       | \$150        |
| Prescription Plan         |                          |               |             |             |              |
| Prescription Card Co-Pay  | \$10/25/40               | \$10/25/40    | \$10/30/45  | \$15/30/50  | \$10/25/40   |
| Deductible                | \$0                      | \$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 09/11/2024 in order to avoid a delay in implementation of benefits and/or late processing fees.

| Please indicate the selected plan here Plan 700 RX-4A               |  |
|---|--|
| Fax the signed document to 5124818481 or email to lacyi@county.org. |  |

Signature Provider & Mchan

Date 24, 2024



# 12-Month Medical Report

Post Date: Mar 2024

Metrics: (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)
Columns : (Metrics)

Paid Date: Last 12 Months [Apr 2023 - Mar 2024]

Account: (000094500 - POOLED)

Coverage Type : (Medical)

Group: (062946 - PANOLA COUNTY)

| Palti Date               | Averege<br>Subscribers | Avo ago | Total<br>Contribution | MedicaliPaid   | Plannagy<br>Park | Peta           |
|--------------------------|------------------------|---------|-----------------------|----------------|------------------|----------------|
| Apr 2023                 | 290                    | 430     | \$371,079,42          | \$220,565,48   | \$130.619.57     | \$351,185,05   |
| May 2023                 | 291                    | 430     | \$372,133.04          | \$187,733,68   | \$147,482.96     |                |
| Jun 2023                 | 293                    | 430     | \$376,604.20          | \$186,258,13   | \$141,129,40     |                |
| Jul 2023                 | 292                    | 428     | \$372,929.98          | \$225,247.26   | \$181,813.48     | \$407,060.74   |
| Aug 2023                 | 293                    | 429     | \$375,953.62          | \$228,656.17   | \$175,034.57     | \$403,690.74   |
| Sep 2023                 | 292                    | 427     | \$374,643.32          | \$220,490.51   | \$158,653.49     | \$379,144.00   |
| Oct 2023                 | 294                    | 428     | \$375,696.94          | \$343,283.86   | \$162,088.90     | \$505,372.76   |
| Nov 2023                 | 293                    | 427     | \$375,303.04          | \$231,974.07   | \$109,782.16     | \$341,756.23   |
| Dec 2023                 | 293                    | 427     | \$384,736.04          | \$159,528.44   | \$158,241.61     | \$317,770.05   |
| Jan 2024                 | 293                    | 427     | \$382,315.40          | \$137,897.82   | \$107,867.40     | \$245,765.22   |
| Feb 2024                 | 293                    | 425     | \$384,899.52          | \$669,040.70   | \$96,356.25      | \$765,396.95   |
| Mar 2024                 | 293                    | 423     | \$384,604.62          | \$169,483.43   | \$126,737.21     | \$296,220.64   |
| Total: Selected Filter(s | ) 293                  | 428     | \$4,530,899.14        | \$2,980,159.55 | \$1,695,807.00   | \$4,675,966.55 |



Post Date : Mar 2024

Service Category: Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics : (Paid)

Claim Type: (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group: (062946 - PANOLA COUNTY)

Pald Month: Last 12 Months [Apr 2023 - Mar 2024]

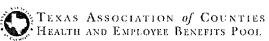
Paid greater or equal 10000.00

Paid: descending

| Encrypted Member | Member Status    | Medical Paid | Phenneny Poli | स्विति       |
|------------------|------------------|--------------|---------------|--------------|
| 19070264960      | Active           | \$423,540.69 | \$7,594.85    | \$431,135.54 |
| 20000074741      | Active           | \$234,199.26 | \$272.48      | \$234,471.74 |
| 12360303731      | Active           | \$56,746.11  | \$147,776.56  | \$204,522.67 |
| 16100319302      | Under 65 Retiree | \$3,315.02   | \$188,469.20  | \$191,784.22 |
| 3040643170       | 65+ Retiree      | \$184,852.07 | \$1,573.28    | \$186,425.35 |
| 3040643102       | Under 65 Retiree | \$31,591.73  | \$88,925.41   | \$120,517.14 |
| 3040643028       | 65+ Retiree      | \$6,711.91   | \$104,857.35  | \$111,569.26 |
| 3630792082       | 65+ Retiree      | \$32,299.67  | \$48,041.97   | \$80,341.64  |
| 3040643050       | Under 65 Retiree | \$56,381.58  | \$23,905.31   | \$80,286.89  |
| 3040643120       | 65+ Retiree      | \$60,604.58  | \$5,303.22    | \$65,907.80  |
| 19100287835      | Active           | \$59,519.84  | \$6,367.80    | \$65,887.64  |
| 3130197668       | Active           | \$62,431.24  | \$153.57      | \$62,584.81  |
| 3040643176       | Active           | \$54,247.21  | \$6,191.60    | \$60,438.81  |
| 3040643213       | 65+ Retiree      | \$985.31     | \$53,686.44   | \$54,671.75  |
| 3040643134       | 65+ Retiree      | \$4,937.19   | \$45,333.78   | \$50,270.97  |
| 3430164390       | Active           | \$41,943.10  | \$6,377.51    | \$48,320.61  |
| 20480496903      | Under 65 Retiree | \$47,295.00  | \$13.10       | \$47,308.10  |
| 3120190146       | Active           | \$3,283.56   | \$40,292.86   | \$43,576.42  |
| 11840354163      | 65+ Retiree      | \$22,505.57  | \$20,760.85   | \$43,266.42  |
| 17030352358      | Active           | \$29,561.98  | \$12,707.60   | \$42,269.58  |
| 19771027373      | 65+ Retiree      | \$541.53     | \$41,375.12   | \$41,916.65  |
| 3040643276       | Active           | \$40,432.72  | \$845.40      | \$41,278.12  |
| 20550450455      | Under 65 Retiree | \$1,993.66   | \$37,630.06   | \$39,623.72  |

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Post Date: Mar 2024 Created On: 05/8/2024 Created By: Stacey Jones



| Course      |                  |             |             |             |
|-------------|------------------|-------------|-------------|-------------|
| 18370651445 | Active           | \$39,046.97 | \$58.08     | \$39,105.05 |
| 3430164515  | Active           | \$37,967.01 | \$319.98    | \$38,286.99 |
| 12360078206 | Active           | \$14,890.57 | \$23,159.44 | \$38,050.01 |
| 16030424789 | Active           | \$10,265.14 | \$26,126.83 | \$36,391.97 |
| 18070098810 | Active           | \$36,080.54 | \$155.28    | \$36,235.82 |
| 9670477356  | Active           | \$35,915.71 | \$226.71    | \$36,142.42 |
| 10660494976 | Active           | \$33,240.67 | \$1,647.45  | \$34,888.12 |
| 3040643121  | 65+ Retiree      | \$1,553.34  | \$33,004.48 | \$34,557.82 |
| 3040643085  | 65+ Retiree      | \$2,342.03  | \$32,172.91 | \$34,514.94 |
| 3040643067  | Under 65 Retiree | \$1,120.33  | \$31,647.56 | \$32,767.89 |
| 18870048990 | Active           | \$32,546.79 | \$10.60     | \$32,557.39 |
| 6600184411  | Active           | \$2,228.41  | \$30,176.05 | \$32,404.46 |
| 20130243403 | Active           | \$28,195.95 | \$3,037.76  | \$31,233.71 |
| 3040643280  | Under 65 Retiree | \$19,600.36 | \$10,512.61 | \$30,112.97 |
| 3047192800  | 65+ Retiree      | \$13,925.50 | \$15,078.68 | \$29,004.18 |
| 9270468424  | Active           | \$1,132.59  | \$27,676.04 | \$28,808.63 |
| 3190191552  | Under 65 Retiree | \$25,936.94 | \$2,832.34  | \$28,769.28 |
| 3043383753  | 65+ Retiree      | \$4,116.99  | \$24,529.57 | \$28,646.56 |
| 15560400297 | Active           | \$27,492.32 | \$29.47     | \$27,521.79 |
| 16100069016 | Active           | \$27,044.89 | \$41.54     | \$27,086.43 |
| 3040643264  | 65+ Retiree      | \$15,357.48 | \$9,435.30  | \$24,792.78 |
| 3040643094  | Active           | \$22,726.54 | \$2,045.05  | \$24,771.59 |
| 3040643046  | Active           | \$24,721.27 | \$8.67      | \$24,729.94 |
| 3040643056  | 65+ Retiree      | \$17,410.06 | \$7,234.25  | \$24,644.31 |
| 13870362770 | 65+ Retiree      | \$1,409.06  | \$21,958.62 | \$23,367.68 |
| 18730196591 | Active           | \$22,530.77 | \$90.17     | \$22,620.94 |
| 3040643140  | 65+ Retiree      | \$819.84    | \$21,483.85 | \$22,303.69 |
| 3040643228  | 65+ Retiree      | \$5,687.91  | \$16,544.71 | \$22,232.62 |
| 3071208379  | 65+ Retiree      | \$13,605.36 | \$8,411.75  | \$22,017.11 |
| 18370678624 | Active           | \$9,254.84  | \$12,583.82 | \$21,838.66 |
| 3040643273  | 65+ Retiree      | \$13,080.82 | \$8,332.75  | \$21,413.57 |
| 20290307545 | Active           | \$8,255.54  | \$13,075.03 | \$21,330.57 |
| 19890503375 | Active           | \$20,813.27 | \$232.64    | \$21,045.91 |
| 19770628281 | 65+ Retiree      | \$15,351.06 | \$5,557.82  | \$20,908.88 |
| 17600422882 | Active           | \$20,104.92 | \$115,32    | \$20,220.24 |
| 18600300613 | 65+ Retiree      | \$16,843.91 | \$2,760.73  | \$19,604.64 |
| 3040643233  | Active           | \$14,774.80 | \$4,484.32  | \$19,259.12 |
| 19700208624 | Active           | \$18,977.02 | \$72.76     | \$19,049.78 |
| 20330299934 | Active           | \$18,913.13 | \$30.45     | \$18,943.58 |
| 3040643097  | 65+ Retiree      | \$3,239.79  | \$15,317.47 | \$18,557.26 |
| 16030177392 | Active           | \$14,724.33 | \$2,617.69  | \$17,342.02 |
|             |                  |             |             |             |

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Post Date: Mar 2024 Created On: 05/8/2024 Created By: Stacey Jones



| Che mak     |                  |                |                |                |
|-------------|------------------|----------------|----------------|----------------|
| 14730520464 | Active           | \$17,050.39    | \$0.50         | \$17,050.89    |
| 18000179856 | Active           | \$16,223.96    | \$308.91       | \$16,532.87    |
| 17890186304 | Active           | \$16,207.48    | \$184.88       | \$16,392.36    |
| 10720039569 | Active           | \$15,936.07    | \$393.18       | \$16,329.25    |
| 3040645578  | Active           | \$13,574.75    | \$2,485.39     | \$16,060.14    |
| 10560038139 | Active           | \$15,805.67    | \$61.92        | \$15,867.59    |
| 3040643250  | 65+ Retiree      | \$3,068.16     | \$12,619.72    | \$15,687.88    |
| 3040643107  | 65+ Retiree      | \$3,090.10     | \$12,579.75    | \$15,669.85    |
| 19880023212 | Active           | \$6,123.26     | \$9,491.33     | \$15,614.59    |
| 3060575639  | Under 65 Retiree | \$2,393.63     | \$13,147.97    | \$15,541.60    |
| 16400119221 | 65+ Retiree      | \$690.03       | \$14,687.41    | \$15,377.44    |
| 3040643174  | 65+ Retiree      | \$3,133.20     | \$11,662.69    | \$14,795.89    |
| 12360303730 | Active           | \$14,752.59    | \$0.00         | \$14,752.59    |
| 14230057485 | Active           | \$11,610.70    | \$2,960.21     | \$14,570.91    |
| 3040643177  | Active           | \$6,377.32     | \$7,912.87     | \$14,290.19    |
| 20020542450 | Active           | \$13,780.29    | \$0.89         | \$13,781.18    |
| 3040643222  | Active           | \$3,481.38     | \$10,026.13    | \$13,507.51    |
| 17430335076 | Active           | \$12,294.50    | \$341.43       | \$12,635.93    |
| 19800099878 | 65+ Retiree      | \$154.16       | \$12,215.52    | \$12,369.68    |
| 3051076489  | 65+ Retiree      | \$1,289.57     | \$11,063.33    | \$12,352.90    |
| 7490078117  | Active           | \$1,598.06     | \$10,682.96    | \$12,281.02    |
| 16941159110 | Active           | \$3,010.36     | \$9,001.29     | \$12,011.65    |
| 3040643065  | Active           | \$799.69       | \$11,165.65    | \$11,965.34    |
| 11840140488 | Under 65 Retiree | \$7,975.40     | \$3,461.25     | \$11,436.65    |
| 20250502663 | Active           | \$3,602.35     | \$7,782.53     | \$11,384.88    |
| 20130334671 | Active           | \$11,215.34    | \$130.87       | \$11,346.21    |
| 5200174808  | Active           | \$4,417.17     | \$6,905.77     | \$11,322.94    |
| 3040643098  | 65+ Retiree      | \$801.12       | \$10,475.83    | \$11,276.95    |
| 3080046597  | 65+ Retiree      | \$8,094.98     | \$3,005.35     | \$11,100.33    |
| 20310191384 | Active           | \$9,711.01     | \$373.34       | \$10,084.35    |
| Query Total | 94               | \$2,381,427.99 | \$1,488,420.74 | \$3,869,848.73 |



Please list changes and/or corrections:

# **HEALTHY COUNTY WELLNESS CONTACT DESIGNATION Panola County**

### WELLNESS COORDINATOR

**Current Wellness Coordinator** 

Name: Hon. Joni Reed

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

| Name: Hon. Joni Reed   | Janet Barnett                                       |
|--|---|
| Title: Treasurer   | Assistant County Auditor                            |
| Address: 110 S Sycamore Rm 312<br>Carthage, TX 75633   | 110 S. Sycamore St. RM 213 A,<br>Carthage, TX 75633 |
| Email: joni.reed@co.panola.tx.us   | jbarnett@co.panola.tx.us                            |
| Phone Number: (903) 693-0385   | 903-693-0320  |
| WELLNESS SPONSOR   |   |
| The Wellness Sponsor is responsible for supporting the cod   |   |
| components and encouraging county employees to access available. An elected official in this role is preferred to illust<br>Current Wellness Sponsor   |   |
| components and encouraging county employees to access available. An elected official in this role is preferred to illustrate to the country of the country o | trate management support for wellness.              |
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| components and encouraging county employees to access available. An elected official in this role is preferred to illus   Current Wellness Sponsor  Name: Ms. Jennifer Stacy   | trate management support for wellness.              |
| components and encouraging county employees to access available. An elected official in this role is preferred to illus   Current Wellness Sponsor  Name: Ms. Jennifer Stacy  Title: Auditor  Address: 110 S Sycamore Rm 213-A   | trate management support for wellness.              |
| components and encouraging county employees to access available. An elected official in this role is preferred to illus   Current Wellness Sponsor Name: Ms. Jennifer Stacy  Title: Auditor  Address: 110 S Sycamore Rm 213-A  Carthage, TX 75633  | trate management support for wellness.              |



## **HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM**

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

### YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

| $\square$ We would like to implement a CSI Program for the 2024-2025 plan year.                   |
|---|
| $\square$ We are interested in learning more about the CSI Program.                               |
| $\ensuremath{\square}$ We are not interested in learning more about the CSI Program at this time. |
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| County or District Name: Panola County  |
| Printed Name and Title: Jennifer Stacy, County Auditor  |
| Contracting Authority Signature: Quantifer Stay   |
| Date: 1.00.00   |