



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 62946 - Panola County Anniversary Date: 12/01/2025

Return to TAC by: 09/11/2025

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 512-481-8481 or email to cashah@county.org.

For any plan or funding changes other than those listed below, please contact Casha Hill at 800-456-5974.

MEDICAL

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

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

Your % rate change is: 4.70%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,276.88	\$1,336.88	\$ 1336.88	\$ -0-	\$ 1336.88	\$ -0-
Employee & Spouse	\$1,979.72	\$2,072.76	\$ 1336.88	\$ 735.88	\$ 1336.88	\$ 735.88
Employee & Child	\$1,415.54	\$1,482.06	\$ 1336.88	\$ 145.18	\$ 1336.88	\$ 145.18
Employee & Child(ren)	\$1,588.00	\$1,662.64	\$ 1336.88	\$ 325.76	\$ 1336.88	\$ 325.76
Employee & Family	\$2,177.54	\$2,279.88	\$ 1336.88	\$ 943.00	\$ 1336.88	\$ 943.00

Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate change is: 6.10%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$30.02	\$31.84	\$ 31.84	\$ -0-	\$ 31.84	\$ -0-
Employee & Spouse	\$61.46	\$65.20	\$ 31.84	\$ 33.36	\$ 31.84	\$ 33.36
Employee & Child(ren)	\$81.50	\$86.46	\$ 31.84	\$ 54.62	\$ 31.84	\$ 54.62
Employee & Family	\$112.94	\$119.82	\$ 31.84	\$ 87.98	\$ 31.84	\$ 87.98

PSH

Initial to accept Dental 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 Rates	New Rates Effective 12/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ -0-	\$ 4.58	\$ -0-	\$ 4.58
Employee & Spouse	\$8.72	\$8.72	\$ -0-	\$ 8.72	\$ -0-	\$ 8.72
Employee & Child(ren)	\$9.18	\$9.18	\$ -0-	\$ 9.18	\$ -0-	\$ 9.18
Employee & Family	\$13.52	\$13.52	\$ -0-	\$ 13.52	\$ -0-	\$ 13.52

PSH

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 Rates	New Rates Effective 12/01/2025	New Amount Employer Pays
\$0.20	\$0.20	\$0.20

Basic AD&D

Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays
\$0.03	\$0.03	\$0.03



Initial to accept New Basic Life Rates.

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☐ Allow election changes on the ESS ☒ Do not allow election changes on the ESS

ASB

Initial to confirm ESS Elections.

RETIREE INFORMATION

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 ☒ Post-65 ☒

Dental: Pre-65 ☒ Post-65 ☒

Vision: Pre-65 ☒ Post-65 ☒

ASB

Initial to confirm Retiree Eligibility.

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 Waiting Period.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ Group processes COBRA on OASys

* Group is responsible for fulfilling COBRA notification process and requirements.

☒ BenefitConnect COBRA Department coordinates COBRA Administration

* WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

* Group is responsible for fulfilling COBRA notification process and requirements.



Initial to confirm COBRA Administration.

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name _____
Broker _____
Representative _____
Address _____

Phone _____
Fax _____
Email _____

Agency Name _____
Consultant _____
Representative _____
Address _____

Phone _____
Fax _____
Email _____

ADH

Initial to confirm Broker or Consultant information

No Broker

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address 110 S. Sycamore St. RM 213 A
Carthage, TX 75633

Ryn

Initial to confirm Physical Mailing Address.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf

Please list changes and/or corrections below

Name Jennifer Stacy
Title Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633-2543
Phone 9036930320
Fax 9036932726
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 Jennifer Stacy
Title Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633
Phone 9036930320
Fax 9036932726
Email jstacy@co panola tx us

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below

Name Jennifer Stacy
Title Auditor
Address 110 South Sycamore St, Room 213A
Carthage, TX 75633
Phone 9036930320
Fax 9036932726
Email jstacy@co panola tx us

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name Janet Barnett
Title Assistant Auditor
Address 110 S Sycamore St Ste 213-A
Carthage, TX 75633-2543
Phone 9036930391
Fax
Email janet.barnett@co.panola.tx.us

903-693-0320

Name
Title
Address

Phone
Fax
Email

HEALTHY COUNTY WELLNESS SPONSORS

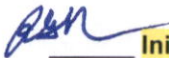
An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name Jennifer Stacy
Title Auditor
Address 110 S Sycamore, Rm 213-A
Carthage, TX 75633
Phone 9036930320
Fax
Email Jstacy@co.panola.tx.us

Name
Title
Address

Phone
Fax
Email



Initial to confirm Member Contact Designations.

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI)

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to as an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

- 1 EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.
- 2 EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.
- 3 EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.
- 4 EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.
- 5 EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.
- 6 EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.
- 7 EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.
9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.
10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.
11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162, and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.
12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Rodger G. McLane
Jennifer Stacy
County of PANOLA

Printed Name of Contracting Authority

Rodger G. McLane
Signature of Contracting Authority

08/12/2025
Date

Jennifer Stacy

PLAN INFORMATION

- RNBC must be received by 09/11/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- 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.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

RSC

Initial to confirm Plan Information.

RENEWAL CONFIRMATION SIGNATURE

Rodger A. McLane

Signature of County Judge or Contracting Authority

Date:

05/12/25

Rodger McLane, 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.



2025 – 2026 Alternate Plan Proposal

Group: 62946 - Panola County

Effective Date: 12/01/2025

	Current Plan Year	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	\$1,276.88	\$1,336.88	\$1,310.54	\$1,293.76	\$1,261.34
Employee & Spouse	\$1,979.72	\$2,072.76	\$2,031.74	\$2,005.58	\$1,955.10
Employee & Child	\$1,415.54	\$1,482.06	\$1,452.82	\$1,434.20	\$1,398.22
Employee & Child(ren)	\$1,588.00	\$1,662.64	\$1,629.80	\$1,608.86	\$1,568.46
Employee & Family	\$2,177.54	\$2,279.88	\$2,234.72	\$2,205.94	\$2,150.36

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 09/11/2025 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 512-481-8481 or email to cashah@county.org.

Signature

Date

08/12/2025