



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

2015 - 2016 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County

Anniversary Date: 10/01/2015

Return to TAC by: 08/03/2015

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 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

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

Your % rate increase is: 4.81%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2015	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$720.92	\$755.60	\$ 755.60	\$ 0	\$ 755.60
Employee + Child(ren)	\$1,121.00	\$1,174.92	\$ 755.60	\$ 419.32	\$ 1174.92
Employee + Spouse	\$1,513.92	\$1,586.74	\$ 755.60	\$ 831.14	\$ 1586.74
Employee + Family	\$1,914.02	\$2,006.08	\$ 755.60	\$ 1250.48	\$ 2006.08

W Initial to accept Medical Plan and New Rates.

DENTAL

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

Your % rate increase is: 5.70%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2015	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$28.14	\$29.74	\$ 29.74	\$ 0	\$ 29.74
Employee + Child(ren)	\$57.12	\$60.38	\$ 29.74	\$ 30.64	\$ 60.38
Employee + Spouse	\$60.72	\$64.18	\$ 29.74	\$ 34.44	\$ 64.18
Employee + Family	\$89.64	\$94.74	\$ 29.74	\$ 65.00	\$ 94.74

W Initial to accept Dental Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	Current Rates	New Rates Effective 10/1/2015	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.187	\$0.187	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

W 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
Dental Pre 65 Post 65 Both

W Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

89 days - Day following waiting period

Elected Officials

Date of hire

W 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*

N Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable: **Higginbotham & Associates**

Agency Name: _____

Agency Address: _____
Number and Street

_____ City State Zip

Broker Representative or Consultant's Name: _____

Contact Phone Number: _____

Contact Email Address: _____

N 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 **08/03/2015** 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 Montague 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 Ms. Jennifer Essary/Auditor

Address PO Box 56
Montague, 76251-0056

Phone 940-894-6090

Fax 940-894-3110

Email jessarymca@gmail.com

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Linda McGaughey/Treasurer

Address PO BOX 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lmcgaughey@windstream.net

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 Honorable Linda McGaughey/Treasurer


Address PO Box 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lmcgaughey@windstream.net

Signature of County Judge or Contracting Authority


Rick Hendrix, County Judge

Please PRINT Name and Title

Date: July 13, 2006

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.