



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

2018 - 2019 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County

Anniversary Date: 10/01/2018

Return to TAC by: 07/31/2018

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

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

Your % rate increase is: 3.50%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$809.04	\$837.36	\$ 837.36	\$ 0	\$ 837.36
Employee + Child(ren)	\$1,272.04	\$1,316.56	\$ 837.36	\$ 479.20	\$ 1,316.56
Employee + Spouse	\$1,726.74	\$1,787.18	\$ 837.36	\$ 949.82	\$ 1,787.18
Employee + Family	\$2,189.76	\$2,266.40	\$ 837.36	\$ 1,429.04	\$ 2,266.40

BJ 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: 3.30%

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

Tier	Current Rates	New Rates Effective 10/1/2018	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$29.78	\$30.76	\$ 30.76	\$ 0	\$ 30.78
Employee + Child(ren)	\$61.56	\$63.58	\$ 30.76	\$ 32.82	\$ 63.58
Employee + Spouse	\$65.54	\$67.70	\$ 30.76	\$ 36.94	\$ 67.70
Employee + Family	\$97.26	\$100.46	\$ 30.76	\$ 69.70	\$ 100.46

BJ 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 10/1/2018	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.168	\$0.202	100%	0%
Basic TD & D	\$0.027	\$0.027	100%	0%

BJ 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
Dental Pre 65 Post 65

BJ Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

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


Elected Officials
Date of hire

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 **07/31/2018** 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 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

COUNTY REPRESENTATIVE

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

Bob Langford Comm. #4
Judge Pro-Ten

Please PRINT Name and Title

Date: 7/30/18

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.



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

2018 - 2019 Alternate Plan Proposal

Group: 94581 - Montague County

Effective Date: 10/01/2018

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1200	1200	1200-G	1200-G2
Option:	RX-4A	RX-4A	RX-4A-G	RX-4A-G2
Rates				
Employee Only	\$809.04	\$837.36	\$805.20	\$776.26
Employee + Child(ren)	\$1,272.04	\$1,316.56	\$1,265.68	\$1,219.88
Employee + Spouse	\$1,726.74	\$1,787.18	\$1,717.92	\$1,655.58
Employee + Family	\$2,189.76	\$2,266.40	\$2,178.42	\$2,099.22
Medical Plan				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1200/3600	\$1370/4110
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200
Office Visit	\$30	\$30	\$35	\$40
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$120	\$135
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45	15/30/50
Deductible	\$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 07/31/2018 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1200 RX-4A
 Fax the signed document to 1-512-481-8481

Signature *Bob L. Ford* Date 7/30/18