



2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

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: 3.00%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$837.36	\$862.48	\$ 862.48	\$ 0	\$ 862.48
Employee + Child(ren)	\$1,316.56	\$1,356.06	\$ 862.48	\$ 493.58	\$ 1,356.06
Employee + Spouse	\$1,787.18	\$1,840.80	\$ 862.48	\$ 978.32	\$ 1,840.80
Employee + Family	\$2,266.40	\$2,334.38	\$ 862.48	\$ 1,471.90	\$ 2,334.38

 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: 4.00%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$30.76	\$31.98	\$ 31.98	\$ 0	\$ 31.98
Employee + Child(ren)	\$63.58	\$66.12	\$ 31.98	\$ 34.14	\$ 66.12
Employee + Spouse	\$67.70	\$70.40	\$ 31.98	\$ 38.42	\$ 70.40
Employee + Family	\$100.46	\$104.48	\$ 31.98	\$ 72.50	\$ 104.48

 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 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.202	\$0.202	100%	0%
Basic AD&D	\$0.027	\$0.027	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
Dental Pre 65 Post 65

 Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees
89 days - Day following waiting period

Elected Officials
Date of hire

 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*

 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 **08/02/2019** 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 LaVonada Langford /Treasurer

Address PO BOX 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lavonda.landford@co.montague.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 LaVonada Langford /Treasurer

Address PO Box 186
Montague, TX 76251

Phone 940-894-2161

Fax 940-894-3110

Email lavonda.landford@co.montague.tx.us

Signature of County Judge or Contracting Authority

RICK LEWIS COUNTY JUDGE

Please PRINT Name and Title

Date: 24th June 2019

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.



2019 - 2020 Alternate Plan Proposal

Group: 94581 - Montague County

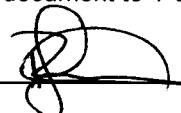
Effective Date: 10/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1200	1200	1200-G2	1300-NG
Option:	RX-4A	RX-4A	RX-4A-G2	RX-4A-NG
Rates				
Employee Only	\$837.36	\$862.48	\$818.52	\$830.96
Employee + Child(ren)	\$1,316.56	\$1,356.06	\$1,286.56	\$1,306.22
Employee + Spouse	\$1,787.18	\$1,840.80	\$1,746.22	\$1,772.98
Employee + Family	\$2,266.40	\$2,334.38	\$2,214.26	\$2,248.26
Medical Plan				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1370/4110	\$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$4100/8200	\$3500/7000
Office Visit	\$30	\$30	\$40	\$30
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$135	\$150
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	15/30/50	10/25/40
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 08/02/2019 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  Date 24 June 2019

County Specific Incentive Program (CSI)

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, 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.

YOUR COUNTY'S CSI FOR PLAN YEAR 2020

Our records indicate that your County or District does not currently have a County Specific Incentive. Make a selection below if you would like to learn more about implementing a County Specific Incentive. Also, please 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.


Healthy County is available to assist in the process of designing, communicating, and tracking a County Specific Incentive. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

We are interested in learning more about a County Specific Incentive Program.

We are not interested in learning more about a County Specific Incentive Design at this time.

County/District: MONTAGUE COUNTY

Printed Name and Title: RICK NEWIS COUNTY JUDGE

Signature:  Date: 6-24-2019



12 Month Medical

Post Date : Apr 2019

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 TimeMonths
Coverage Type : (Medical)
Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2018	94	120	\$83,424.56	\$76,528.92	\$35,450.68	\$111,979.60
Jun 2018	93	119	\$81,806.48	\$55,290.04	\$32,378.18	\$87,668.22
Jul 2018	93	117	\$81,343.48	\$50,109.05	\$19,336.49	\$69,445.54
Aug 2018	95	119	\$83,770.60	\$94,066.27	\$18,625.51	\$112,691.78
Sep 2018	91	112	\$80,534.44	\$60,273.46	\$17,685.62	\$77,959.08
Oct 2018	90	112	\$81,566.26	\$52,707.91	\$8,002.02	\$60,709.93
Nov 2018	89	111	\$79,891.54	\$160,283.82	\$6,487.37	\$166,771.19
Dec 2018	90	111	\$80,616.44	\$33,204.94	\$6,215.85	\$39,420.79
Jan 2019	96	118	\$84,803.24	\$65,565.96	\$6,501.00	\$72,066.96
Feb 2019	97	121	\$87,906.98	\$28,030.90	\$7,821.82	\$35,852.72
Mar 2019	95	119	\$86,232.26	\$75,655.25	\$11,287.00	\$86,942.25
Apr 2019	95	119	\$86,232.26	\$30,188.36	\$11,298.33	\$41,486.69
Total: Selected Filter(s)	93	117	\$938,128.54	\$781,904.88	\$181,089.87	\$962,994.75



HCC - No PHI

Post Date : Apr 2019

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

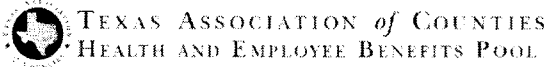
Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member	Status	Medical Paid	Pharmacy Paid	Paid
18990009322	Active		\$255,013.10	\$3,656.41	\$258,669.51
18730191050	Active		\$114,873.99	\$7,590.95	\$122,464.94
7490023321	Active		\$69,152.23	\$905.03	\$70,057.26
16400721725	Active		\$47,498.53	\$15,523.49	\$63,022.02
7490023280	Active		\$4,766.37	\$43,795.67	\$48,562.04
4490129425	Active		\$26,943.18	\$845.88	\$27,789.06
17350008581	Active		\$21,318.28	\$200.35	\$21,518.63
7490023350	Active		\$20,478.55	\$141.90	\$20,620.45
7490023385	Active		\$18,591.97	\$536.26	\$19,128.23
8380237023	Under 65 Retiree		\$793.99	\$18,227.54	\$19,021.53
9060335828	Active		\$3,854.21	\$12,408.75	\$16,262.96
3063029470	Active		\$13,482.31	\$1,147.36	\$14,629.67
15770067984	Active		\$13,018.09	\$1,551.12	\$14,569.21
11220016615	Active		\$13,330.78	\$277.72	\$13,608.50
17740178685	Active		\$13,520.77	\$2.32	\$13,523.09
7490023277	Active		\$5,923.96	\$6,117.40	\$12,041.36
16940639496	Active		\$10,416.20	\$18.67	\$10,434.87
Query Total	17		\$652,976.51	\$112,946.82	\$765,923.33
Report Total	17		\$652,976.51	\$112,946.82	\$765,923.33



12 Month Dental

Post Date : Apr 2019

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Dental)

Group : (094581 - MONTAGUE COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
May 2018	98	144	\$3,840.00	\$7,016.90
Jun 2018	97	142	\$3,744.68	\$3,113.40
Jul 2018	97	139	\$3,712.90	\$2,573.60
Aug 2018	99	141	\$3,802.24	\$2,583.90
Sep 2018	95	138	\$3,714.90	\$5,757.10
Oct 2018	94	138	\$3,769.44	\$3,976.23
Nov 2018	93	137	\$3,707.92	\$4,499.32
Dec 2018	94	138	\$3,769.44	\$1,833.81
Jan 2019	100	145	\$3,923.24	\$3,203.00
Feb 2019	101	149	\$4,091.40	\$1,928.32
Mar 2019	99	147	\$4,029.88	\$2,687.34
Apr 2019	99	147	\$4,029.88	\$2,203.84
Total: Selected Filter(s)	97	142	\$46,135.92	\$41,376.76