Texas Association of Counties
Health and Employee Benefits Pool

2026 – 2027 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County **Anniversary Date:** 10/01/2026

Return to TAC by: 06/26/2026

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 1200 $30 Copay, $1000 Ded, 80%, $3000 OOP Max
RX Plan: 4A $10/25/40, $0 Ded
Your % rate change is: 6.50%
Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$1,115.76	$1,188.28	$1188.28	$ 0	$_____	$1188.28
Employee & Spouse	$2,381.42	$2,536.20	$1188.28	$1347.92	$_____	$2536.20
Employee & Child(ren)	$1,754.34	$1,868.36	$1188.28	$680.08	$_____	$1868.36
Employee & Family	$3,020.00	$3,216.30	$1188.28	$2028.02	$_____	$3216.30

KB **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: 9.80%
Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$36.66	$40.24	$ 40.24	$ 0	$	$ 40.24
Employee & Spouse	$80.70	$88.60	$ 40.24	$ 48.36	$	$ 88.60
Employee & Child(ren)	$75.78	$83.20	$ 40.24	$ 42.96	$	$ 83.20
Employee & Family	$119.76	$131.50	$ 40.24	$ 91.26	$	$ 131.50

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 10/01/2026	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	$ 4.58	$ 0	$	$ 4.58
Employee & Spouse	$8.72	$8.72	$ 4.58	$ 4.14	$	$ 8.72
Employee & Child(ren)	$9.18	$9.18	$ 4.58	$ 4.60	$	$ 9.18
Employee & Family	$13.52	$13.52	$ 4.58	$ 8.94	$	$ 13.52

Initial to accept Vision Plan and New Rates.

LIFE – BASIC (EMPLOYER PAID)

Basic Life Products:
Coverage volume per employee: $20,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays
$0.20	$0.20	$0.20

Basic AD&D

Current Rates	New Rates Effective 10/01/2026	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

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 ☑

Initial to confirm Retiree Eligibility.

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
89 days - Day following waiting period	Date of Hire

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 _____

_____**Initial to confirm Broker or Consultant information**

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address 101 E. Franklin, 4th Floor
Montague, TX 76251

_____
_____

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	Ms. Jennifer Essary	Charles Lanier
Title	Auditor	Auditor
Address	PO Box 56	PO Box 56
	Montague, TX 76251-56	Montague Tx 76251
Phone	9408942565	940-894-2565
Fax	9408943110	940-894-3110
Email	j.essary@co.montague.tx.us	auditor@co.montague.Tx.US

BILLING CONTACT

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

Please list changes and/or corrections below.

Name	Jennifer Fenoglio	
Title	Treasurer	
Address	PO BOX 186	
	Montague, TX 76251	
Phone	9408942161	
Fax	9408943110	
Email	j.fenoglio@co.montague.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 Fenoglio	
Title	Treasurer	
Address	PO Box 186	
	Montague, TX 76251	
Phone	9408942161	
Fax	9408943110	
Email	j.fenoglio@co.montague.tx.us	

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	Ms. Jennifer Essary	Kevin Benton
Title	Auditor	County Judge
Address	PO Box 56	PO Box 475
	Montague, TX 76251-56	Montague Tx 76251-0475
Phone	9408942565	940-894-2401
Fax	9408943110	940-894-3949
Email	j.essary@co.montague.tx.us	Co.judge@co.montague.tx.us

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

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Name	Jennifer Fenoglio	
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Address	PO BOX 186	
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	Montague, TX 76251	
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Fax	9408943110	
Email	j.fenoglio@co.montague.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	Angelia Richardson	
Title	Admin Assistant	
Address	PO Box 475	
	Montague, TX 76251-475	
Phone	9408942401	
Fax		
Email	arichardson@co.montague.tx.us	

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	Kim Jones	
Title	County Clerk	
Address	P.O. Box 77	
	Montague, TX 76251-8	
Phone	9408942461	
Fax	9408946601	
Email	kjones@co.montague.tx.us	

Name	Laurie Ritchie	
Title	Election Admin Assistant	
Address	11339 State Hwy. 59 N	
	Montague, TX 76251	
Phone	9408942540	
Fax		
Email	electionclerk@co.montague.tx.us	

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 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.
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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.

Kevin Benton

Printed Name of Contracting Authority

Signature of Contracting Authority

June 8, 2026

Date

PLAN INFORMATION

- RNBC must be received by 06/26/2026 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.

Initial to confirm Plan Information.

RENEWAL CONFIRMATION SIGNATURE

Signature of County Judge or Contracting Authority

Date: June 8, 2026

Kevin Benton, 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.

Texas Association of Counties
Health and Employee Benefits Pool

2026 – 2027 Alternate Plan Proposal

Group: 94581 - Montague County

Effective Date: 10/01/2026

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	**Plan 1200**	**Plan 1200**	**Plan 1200-G**	**Plan 1200-G2**	**Plan 1300-NG**
Option:	**RX-4A**	**RX-4A**	**RX-4A-G**	**RX-4A-G2**	**RX-4A-NG**
Rates					
Employee Only	$1,115.76	$1,188.28	$1,151.98	$1,118.54	$1,142.64
Employee & Spouse	$2,381.42	$2,536.20	$2,458.08	$2,386.06	$2,437.94
Employee & Child(ren)	$1,754.34	$1,868.36	$1,810.96	$1,758.06	$1,796.16
Employee & Family	$3,020.00	$3,216.30	$3,117.08	$3,025.60	$3,091.50
Medical Plan					
Deductible In/Out Network	$1000/3000	$1000/3000	$1200/3600	$1370/4110	$1500/4500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	$3000/6000	$3000/6000	$3600/7200	$4100/8200	$3500/7000
Office Visit	$30	$30	$35	$40	$30
Specialist Visit					
Emergency Room Hospital	$120	$120	$120	$135	$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 06/26/2026 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 1200 / Rx-4A.

Fax the signed document to 512-481-8481 or email to cashah@county.org.

Signature _____ Date June 8, 2026

Healthy County

Together. Better. Stronger.

Texas Association of Counties

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.

☐ We would like to implement a CSI Program for the 2027 plan year.

☐ We are interested in learning more about the CSI Program.

☑ We are not interested in learning more about the CSI Program at this time.

County or District Name: Montague County

Printed Name and Title: Kevin Benton, County Judge

Contracting Authority Signature: [signature]

Date: June 8, 2026