



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

2018 - 2019 Renewal Notice and Benefit Confirmation

Group: 36344 - Polk 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 LaurenH@County.Org.

For any plan or funding changes other than those listed below, please contact Lauren Henry at 1-800-456-5974.

MEDICAL

Medical: Plan 500-G2 \$30 Copay, \$340 Ded, 90%, \$2050 OOP Max, \$100 ER Copay

RX Plan: Option 2A-G2 \$10/25/45, \$0 Ded

Your % rate increase is: 2.80%

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 | \$901.36 | \$926.66 878.56 | \$ 878.56 | \$-0- | \$-0- |
| Employee + Child(ren) | \$1,323.92 | \$1,360.96 1290.08 | \$ 878.56 | \$ 411.52 | \$ 411.52 |
| Employee + Spouse | \$1,651.12 | \$1,697.54 1608.74 | \$ 878.56 | \$ 730.18 | \$ 730.18 |
| Employee + Family | \$1,939.54 | \$1,993.84 1889.64 | \$ 878.56 | \$ 1011.08 | \$ 1011.08 |

fm
Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$15,000

| | Current Rates | New Rates Effective 10/1/2018 | Amount Employer Pays | Amount Employee/ Retiree Pays (if applicable) |
|-----------------|---------------|-------------------------------|----------------------|---|
| Basic Term Life | \$0.166 | \$0.199 | 100% | 0% |
| Basic AD&D | \$0.030 | \$0.030 | 100% | 0% |

Jm Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products:
(Rates are per thousand)

Coverage Volume per Retiree: \$7,000

| | Current Rates | New Rates Effective 10/1/2018 | Amount Employer Pays | Amount Employee/ Retiree Pays (if applicable) |
|------------------------|---------------|-------------------------------|----------------------|---|
| Voluntary Retiree Life | \$0.180 | \$0.180 | 0% | 100% |

No Voluntary Life Rates Changes Plan Year 2019.

Jm Initial to accept New Voluntary Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical Pre 65 Post 65
Voluntary Retiree Life Pre 65 Post 65

Jm Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Jm Employees
.90 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 Polk 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. Adrena Gilbert/HR Supervisor

Address 602 East Church Street, Suite 105
Livingston, TX 77351-3246

Phone 936-327-6802

Fax 936-327-6879

Email adrena.gilbert@co.polk.tx.us

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Ms. Adrena Gilbert/HR Supervisor

Address 602 East Church Street, Suite 105
Livingston, TX 77351

Phone 936-327-6802

Fax 936-327-6879

Email adrena.gilbert@co.polk.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 Ms. Adrena Gilbert/HR Supervisor

Address 602 East Church Street, Suite 105
Livingston, TX 77351

Phone 936-327-6802

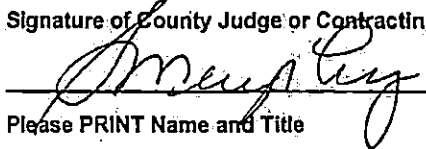
Fax 936-327-6879

Email adrena.gilbert@co.polk.tx.us

Sydney Murphy, County Judge

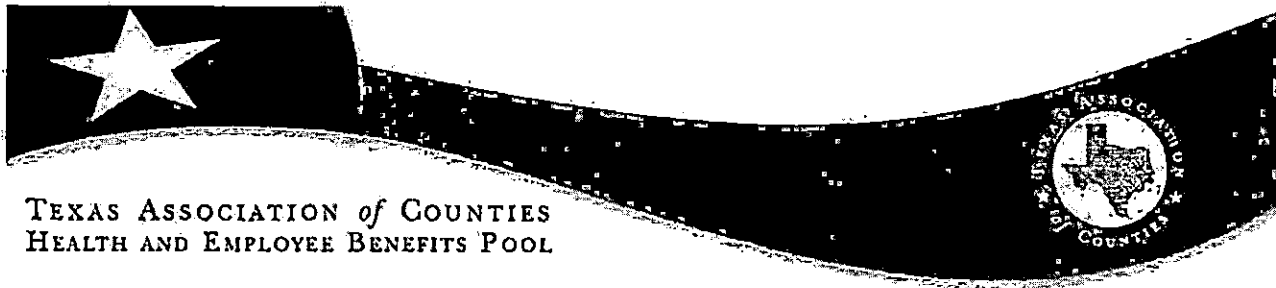
Date: 08/14/2018

Signature of County Judge or Contracting Authority



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**

2018 - 2019 Alternate Plan Proposal

Group: 36344 - Polk County

Effective Date: 10/01/2018

| | Current Plan Year | Renewal Rates | Option 1 | Option 2 | Option 3 |
|---------------------------|-------------------|---------------|-------------|-------------|-------------|
| Plan: | 500-G2 | 500-G2 | 800-NG | 1100-NG | 1200-NG |
| Option: | RX-2A-G2 | RX-2A-G2 | RX-4A-NG | RX-4A-NG | RX-4A-NG |
| Rates | | | | | |
| Employee Only | \$901.36 | \$926.60 | \$878.56 | \$846.88 | \$817.26 |
| Employee + Child(ren) | \$1,323.92 | \$1,360.98 | \$1,290.08 | \$1,243.32 | \$1,199.58 |
| Employee + Spouse | \$1,651.12 | \$1,697.34 | \$1,608.74 | \$1,550.30 | \$1,495.64 |
| Employee + Family | \$1,939.54 | \$1,993.84 | \$1,889.64 | \$1,820.90 | \$1,756.62 |
| Medical Plan | | | | | |
| Deductible In/Out Network | \$340/680 | \$340/680 | \$500/750 | \$750/1000 | \$1000/3000 |
| Co-Insurance % In/Out | 90/70 | 90/70 | 80/60 | 80/60 | 80/60 |
| Co-Insurance Maximum | \$2050/4800 | \$2050/4800 | \$2500/5000 | \$3000/6000 | \$3000/6000 |
| Office Visit | \$30 | \$30 | \$25 | \$25 | \$30 |
| Specialist Visit | | | | | |
| Emergency Room Hospital | \$100 | \$100 | \$100 | \$150 | \$150 |
| Prescription Plan | | | | | |
| Prescription Card Co-Pay | 10/25/45 | 10/25/45 | 10/25/40 | 10/25/40 | 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 07/31/2018 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 1 800-NG RX-4A-NG. Fax the signed document to 1-512-484-8481.

Signature  Date 08/14/2018