



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2016 - 2017 Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County

Anniversary Date: 10/01/2016

Return to TAC by: 08/01/2016

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 Marica@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 1100-G \$30 Copay, \$900 Ded, 80%, \$3600 OOP Max

RX Plan: Option 3A-G \$10/25/40

Your % rate increase is: 1.00%

Your payroll deductions for medical benefits are: Not Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2016	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$681.20	\$688.00	\$ 688.00	\$ 0.00	\$ n/a
Employee + Child	\$833.14	\$841.46	\$ 688.00	\$ 153.46	\$ n/a
Employee + Child(ren)	\$1,063.60	\$1,074.24	\$ 688.00	\$ 386.24	\$ n/a
Employee + Spouse	\$1,430.42	\$1,444.72	\$ 688.00	\$ 756.72	\$ n/a
Employee + Family	\$1,759.58	\$1,777.18	\$ 688.00	\$ 1,089.18	\$ n/a

DM Initial to accept Medical Plan and New Rates.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Group Term Life and Accidental Death and Dismemberment
Alternate Quote for:
Sabine County
Effective Date: October 1, 2016

Term Life per Thousand	\$0.239
AD&D per Thousand	\$0.03

<u>Classification of Employees</u>	<u>Term Life and AD&D</u>
Any full-time, actively at work Employee or Elected or Appointed Official	\$25,000

Age Reduction Schedule:

Benefit amounts reduce to 65% of original coverage at age 70, no further reductions.

Proposal rates are based on the following:

- Rates effective from 10/1/2016 through 09/30/2017.
- Offer guaranteed until 10/1/2016.
- Coverage terminates at retirement or at the end of elected or appointed office.
- 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.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: ~~25,000~~ 25,000

	Current Rates	New Rates Effective 10/1/2016	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.216	\$0.216 0.239	100%	0%
Basic AD&D	\$0.030	\$0.030 0.03	100%	0%

DM Initial to accept New Basic Life Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - Day following waiting period

Elected Officials

30 days - Day following waiting period

DM 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

Dr 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.
- 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 08/01/2016 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
Sabine 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 Honorable Daryl Melton/Judge
Address PO Box 716
Hemphill, TX 75948-0716
Phone 409-787-3543
Fax 409-787-2044
Email daryl.melton@co.sabine.tx.us

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Tricia Jacks/Treasurer
Address PO Box 597
Hemphill, TX 75948-0597
Phone 409-787-2210
Fax 409-787-4973
Email sabcotreas@windstream.net

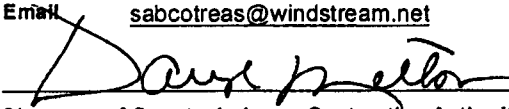
HIPAA Secured Fax

PRIMARY CONTACT

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name/Title Honorable Tricia Jacks/Treasurer
Address PO Box 597
Hemphill, TX 75948-0597
Phone 409-787-2210
Fax 409-787-4973
Email sabcotreas@windstream.net



Signature of County Judge or Contracting Authority

Date: 7/25/16

Daryl Melton, 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.

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