

2023 - 2024 Alternate Renewal Notice and Benefit Confirmation

Group: 36227 - Sabine County

Anniversary Date: 10/01/2023

Return to TAC by: 06/30/2023

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 haileyg@county.org.

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

MEDICAL

Medical: Plan 1500-NG \$40 Copay, \$2500 Ded, 80%, \$4350 OOP Max

RX Plan: Option 3A-NG \$10/20/35, \$0 Ded

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

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$0.00	\$842.32	\$842.32	\$	\$
Employee + Child	\$0.00	\$1,029.84	\$842.32	\$187.52	\$
Employee + Child(ren)	\$0.00	\$1,314.28	\$842.32	\$471.96	\$
Employee + Spouse	\$0.00	\$1,767.06	\$842.32	\$924.74	\$
Employee + Family	\$0.00	\$2,173.34	\$842.32	\$1,331.02	\$

DM Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

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

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$28.54	\$25.54	\$25.54	\$	\$
Employee + Child(ren)	\$77.18	\$69.08	\$25.54	\$43.54	\$
Employee + Spouse	\$57.08	\$51.08	\$25.54	\$25.54	\$
Employee + Family	\$105.74	\$94.64	\$25.54	\$69.10	\$

DM Initial to accept Dental Plan and New Rates.

VISION

Vision: Vision Value Plan

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

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$4.58	\$4.58	\$	\$
Employee + Child(ren)	\$12.44	\$9.18	\$4.58	\$4.60	\$
Employee + Spouse	\$11.80	\$8.72	\$4.58	\$4.14	\$
Employee + Family	\$18.28	\$13.52	\$4.58	\$8.94	\$

DM Initial to accept Vision Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$25,000

	Current Rates	New Rates Effective 10/1/2023	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.287	\$0.287	100%	0%
Basic AD&D	\$0.030	\$0.030	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

DM Initial to confirm.

Elected Officials

30 days - Day following waiting period

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*
- County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
**County/Group is responsible for fulfilling notification process and requirements*


 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 **06/30/2023** 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

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 409-220-8379

Email treasurer@co.sabine.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.

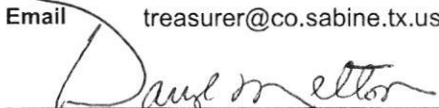
Name/Title Honorable Tricia Jacks/Treasurer

Address PO Box 597
Hemphill, TX 75948-0597

Phone 409-787-2210

Fax 409-220-8379

Email treasurer@co.sabine.tx.us



Date: 6/27/2023

Signature of County Judge or Contracting Authority

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.