



TEXAS ASSOCIATION *of* COUNTIES
 HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 94547 - Lamb County

Anniversary Date: 10/01/2017

Return to TAC by: 7/31/2017

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 MelissaL@county.org.

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

MEDICAL

Medical: Plan 1100 \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max

RX Plan: Option 4A \$10/25/40

Your % rate increase is: 7.25%

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

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$710.98	\$762.52	\$ 762.52	\$ 0.00	\$ N/A
Employee + Child(ren)	\$1,115.44	\$1,196.30	\$ 762.52	\$ 433.78	\$ N/A
Employee + Spouse	\$1,523.92	\$1,634.40	\$ 762.52	\$ 871.88	\$ N/A
Employee + Family	\$1,928.38	\$2,068.18	\$ 762.52	\$ 1,305.66	\$ N/A

[Signature] Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products:
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.151	\$0.151	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

 Initial to accept New Basic Life Rates.

WAITING PERIOD


Waiting period applies to all benefits.

Employees

60 days - 1st of the month following date of hire but first of the month

Elected Officials

60 days - 1st of the month following date of hire but first of the month

 Initial to confirm.

COBRA ADMINISTRATION

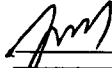
Please indicate how your group manages COBRA administration:

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.
- 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 **7/31/2017** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.



2017 - 2018 Alternate Plan Proposal

Group: 94547 - Lamb County

Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100	1100	1100-G	1100-G2
Option:	RX-4A	RX-4A	RX-4A-G	RX-4A-G2
Rates				
Employee Only	\$710.98	\$762.52	\$736.22	\$715.58
Employee + Child(ren)	\$1,115.44	\$1,196.30	\$1,154.82	\$1,122.24
Employee + Spouse	\$1,523.92	\$1,634.40	\$1,577.60	\$1,532.96
Employee + Family	\$1,928.38	\$2,068.18	\$1,996.20	\$1,939.64
Medical Plan				
Deductible In/Out Network	\$750/1000	\$750/1000	\$900/1200	\$1030/1370
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$120	\$135
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45	15/30/50
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 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 1100 with Option RX-4A.

Fax the signed document to 1-512-481-8481.

Signature

James M. DeLoach
James M. DeLoach, Lamb County Judge

Date

7/10/17

END OF
REGULAR
COMMISSIONERS
MEETING

July 10, 2017
