



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

**2018 - 2019 Renewal Notice and Benefit Confirmation**

**Group: 94547 - Lamb 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 [MelissaL@county.org](mailto: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, \$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	\$762.52	\$783.86	\$ 783.86	\$ 0.00	\$ N/A
Employee + Child(ren)	\$1,196.30	\$1,229.80	\$ 783.86	\$ 445.94	\$ N/A
Employee + Spouse	\$1,634.40	\$1,680.16	\$ 783.86	\$ 896.30	\$ N/A
Employee + Family	\$2,068.18	\$2,126.08	\$ 783.86	\$ 1342.22	\$ N/A

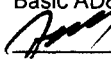
 Initial to accept Medical Plan and New Rates.

**LIFE - BASIC**

**Basic Life Products:**  
(Rates are per thousand)

Coverage Volume per Employee: \$20,000

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2018</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.151	\$0.181	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.
- 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 Lamb 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 James M. DeLoach/County Judge

**Address** 100 6th Drive, Room 101  
Littlefield, TX 79339-3322

**Phone** 806-385-4222

**Fax** 806-385-6485

**Email** judgedeloach@gmailcom

## BILLING CONTACT

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

Please list changes and/or corrections below.

**Name/Title** Honorable Jerry Yarbrough/Treasurer

**Address** 100 6th Drive, Room B04  
Littlefield, TX 79339-3322

**Phone** 806-385-4222

**Fax** 806-385-6485

**Email** jyarbrough@nts-online.net

**HIPAA Secured Fax**

## COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

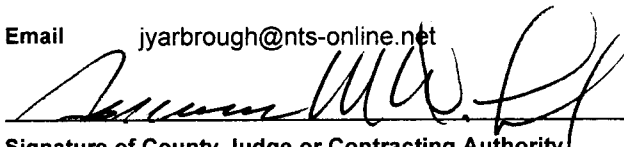
**Name/Title** Honorable Jerry Yarbrough/Treasurer

**Address** 100 6th Drive, Room B04  
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**Phone** 806-385-4222

**Fax** 806-385-6485

**Email** jyarbrough@nts-online.net

  
\_\_\_\_\_  
**Signature of County Judge or Contracting Authority**

Date: 7/9/18

James M DeLoach, 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.*