

2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 94547 - Lamb County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

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, \$0 Ded

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$783.86	\$783.86	\$ 783.86	\$ 0.00	\$ N/A
Employee + Child(ren)	\$1,229.80	\$1,229.80	\$ 783.86	\$ 445.94	\$ N/A
Employee + Spouse	\$1,680.16	\$1,680.16	\$ 783.86	\$ 896.30	\$ N/A
Employee + Family	\$2,126.08	\$2,126.08	\$ 783.86	\$ 1,342.22	\$ 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

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.181	\$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 **08/02/2019** 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 judgeteloach@gmail.com

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.

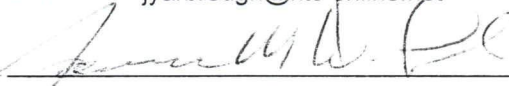
Name/Title Honorable Jerry Yarbrough/Treasurer

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

Phone 806-385-4222

Fax 806-385-6485

Email jyarbrough@nts-online.net



Date: 6-24-19

Signature of County Judge or Contracting Authority

James M DeLoach, Lamb 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.

12 Month Medical

Post Date : Apr 2019

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 TimeMonths

Coverage Type : (Medical)

Group : (094547 - LAMB COUNTY/TAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2018	79	93	\$64,147.42	\$18,611.42	\$15,075.86	\$33,687.28
Jun 2018	79	93	\$64,147.42	\$24,191.33	\$13,957.18	\$38,148.51
Jul 2018	76	90	\$61,859.86	\$20,338.15	\$27,518.47	\$47,856.62
Aug 2018	75	89	\$61,097.34	\$21,021.24	\$18,540.06	\$39,561.30
Sep 2018	74	88	\$60,334.82	\$35,428.62	\$14,580.32	\$50,008.94
Oct 2018	78	92	\$65,158.94	\$44,684.82	\$19,026.85	\$63,711.67
Nov 2018	79	93	\$65,942.80	\$13,705.50	\$19,068.40	\$32,773.90
Dec 2018	78	92	\$65,158.94	\$32,533.69	\$15,855.34	\$48,389.03
Jan 2019	79	93	\$65,942.80	\$21,809.93	\$20,422.71	\$42,232.64
Feb 2019	75	82	\$61,019.20	\$21,463.02	\$15,555.48	\$37,018.50
Mar 2019	75	82	\$61,019.20	\$10,135.47	\$15,804.04	\$25,939.51
Apr 2019	78	85	\$63,370.78	\$17,718.13	\$18,607.21	\$36,325.34
Total: Selected Filter(s)	77	89	\$759,199.52	\$281,641.32	\$214,011.92	\$495,653.24

HCC - No PHI

Post Date : Apr 2019

Paid Band : Total (\$10,001 - \$30,000, \$30,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$150,000, \$150,001 - \$200,000, \$200,001 - \$250,000, \$250,001 - \$300,000, \$300,001 - \$400,000, \$400,001 - \$500,000, \$500,000+)

Metrics : (Paid)

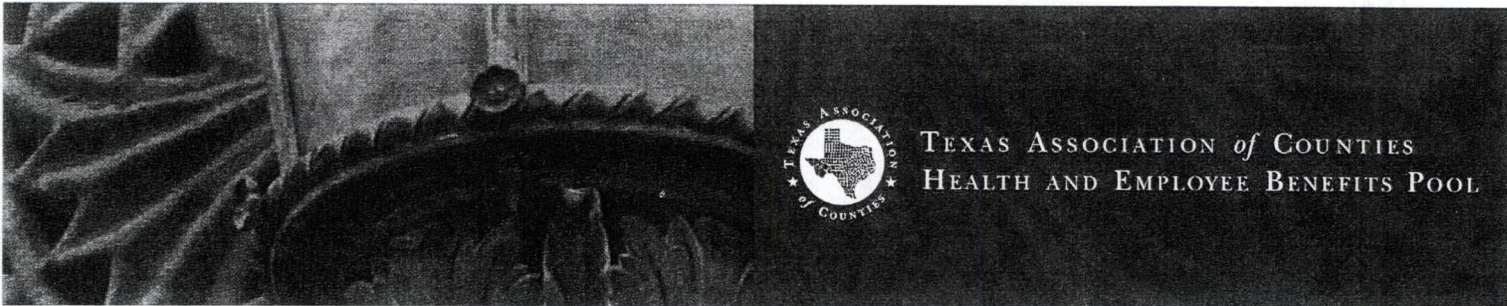
Group : (094547 - LAMB COUNTY/TAC)

Paid Month : Last 12 TimeMonths

Service Category : Exclude (Dental)

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
3630702357	Active	\$30,192.18	\$15,213.85	\$45,406.03
6120220945	Active	\$369.63	\$43,084.23	\$43,453.86
7040107803	Active	\$37,748.69	\$379.02	\$38,127.71
8610170620	Active	\$18,935.40	\$10,610.13	\$29,545.53
6120220961	Active	\$222.08	\$23,073.95	\$23,296.03
17600203045	Active	\$8,097.77	\$13,766.31	\$21,864.08
17130167108	Active	\$17,193.05	\$744.33	\$17,937.38
6120221138	Active	\$1,485.85	\$15,193.28	\$16,679.13
6120221106	Active	\$9,098.60	\$6,413.64	\$15,512.24
6120221134	Active	\$11,938.05	\$3,482.78	\$15,420.83
13100339511	Active	\$9,422.89	\$5,081.24	\$14,504.13
17380132805	Active	\$13,359.00	\$491.18	\$13,850.18
6120220869	Active	\$3,287.45	\$9,641.91	\$12,929.36
12360134853	Active	\$734.07	\$12,050.61	\$12,784.68
6120221037	Active	\$4,560.11	\$7,724.35	\$12,284.46
7910033685	Active	\$2,958.90	\$8,640.37	\$11,599.27
15950273873	Active	\$6,388.15	\$4,896.89	\$11,285.04
Query Total	17	\$175,991.87	\$180,488.07	\$356,479.94
Report Total	17	\$175,991.87	\$180,488.07	\$356,479.94



2019 - 2020 Alternate Plan Proposal

Group: 94547 - Lamb County

Effective Date: 10/01/2019

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100	1100	1100-G2	1300-NG
Option:	RX-4A	RX-4A	RX-4A-G2	RX-4A-NG
Rates				
Employee Only	\$783.86	\$783.86	\$751.10	\$738.20
Employee + Child(ren)	\$1,229.80	\$1,229.80	\$1,178.10	\$1,157.74
Employee + Spouse	\$1,680.16	\$1,680.16	\$1,609.34	\$1,581.44
Employee + Family	\$2,126.08	\$2,126.08	\$2,036.32	\$2,000.94
Medical Plan				
Deductible In/Out Network	\$750/1000	\$750/1000	\$1030/1370	\$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$4100/8200	\$3500/7000
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$120	\$120	\$135	\$150
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	15/30/50	10/25/40
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 08/02/2019 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1100

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

Signature James M DeLoach Date 6-24-19
 James M DeLoach, Lamb County Judge