



2023 - 2024 Renewal Notice and Benefit Confirmation

Group: 94547 - Lamb County

Anniversary Date: 10/01/2023

Return to TAC by: 6/30/2023

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 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 1300-NG \$30 Copay, \$1500 Ded, 80%, \$3500 OOP Max


RX Plan: Option 4A-NG \$10/25/40, \$0 Ded

Your % rate increase is: 4.50%

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	\$836.32	\$873.94	\$ 873.94	\$ 0.00	\$ N/A
Employee + Child(ren)	\$1,311.62	\$1,370.64	\$ 873.94	\$ 496.70	\$ N/A
Employee + Spouse	\$1,791.68	\$1,872.30	\$ 873.94	\$ 998.36	\$ N/A
Employee + Family	\$2,266.98	\$2,368.98	\$ 873.94	\$ 1,495.04	\$ 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 10/1/2023	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%

[Signature] 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

[Signature] 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*

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 **6/30/2023** 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 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@gmail.com](mailto: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 111
Littlefield, TX 79339

Phone 806-385-4222

Fax 806-385-6897

Email jyarbrough@co.lamb.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 Jerry Yarbrough/Treasurer

Address 100 6th Drive, Room 111
Littlefield, TX 79339

Phone 806-385-4222

Fax 806-385-6897

Email jyarbrough@co.lamb.tx.us

Signature of County Judge or Contracting Authority

JAMES M DELOACH, LAMB COUNTY JUDGE

Please PRINT Name and Title

Date: 6-12-2023

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.



2023 - 2024 Alternate Plan Proposal

Group: 94547 - Lamb County

Effective Date: 10/01/2023


	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1300-NG	1300-NG	1400-NG	1500-NG
Option:	RX-4A-NG	RX-4A-NG	RX-4A-NG	RX-4A-NG
Rates				
Employee Only	\$836.32	\$873.94	\$840.78	\$811.94
Employee + Child(ren)	\$1,311.62	\$1,370.64	\$1,318.34	\$1,272.88
Employee + Spouse	\$1,791.68	\$1,872.30	\$1,800.68	\$1,738.42
Employee + Family	\$2,266.98	\$2,368.98	\$2,278.22	\$2,199.32
Medical Plan				
Deductible In/Out Network	\$1500/4500	\$1500/4500	\$2000/6000	\$2500/7500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3500/7000	\$3500/7000	\$4000/8000	\$4350/8000
Office Visit	\$30	\$30	\$35	\$40
Specialist Visit				
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	10/25/40	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 6/30/2023 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1300-NG

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

Signature  Date 6-12-2023

12-Month Medical Report

Post Date : Mar 2023

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

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months (Apr 2022 - Mar 2023)

Account : (000094500 - POOLED)

Coverage Type : (Medical)

Group : (094547 - LAMB COUNTY/ITAC)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2022	77	80	\$65,485.20	\$15,425.69	\$12,573.02	\$27,998.71
May 2022	75	78	\$63,796.76	\$22,141.38	\$20,036.91	\$42,178.29
Jun 2022	75	81	\$64,277.02	\$45,226.67	\$18,286.50	\$63,513.17
Jul 2022	78	84	\$66,809.68	\$18,444.11	\$36,298.16	\$54,742.27
Aug 2022	76	83	\$65,601.50	\$16,399.43	\$10,047.57	\$26,447.00
Sep 2022	74	81	\$63,913.06	\$48,973.40	\$10,168.71	\$59,142.11
Oct 2022	76	80	\$62,838.28	\$8,597.51	\$34,606.66	\$43,204.17
Nov 2022	77	81	\$63,674.60	\$10,051.18	\$12,970.25	\$23,021.43
Dec 2022	77	81	\$64,510.92	\$40,710.24	\$9,697.09	\$50,407.33
Jan 2023	78	82	\$66,183.56	\$29,335.56	\$32,643.39	\$61,978.95
Feb 2023	75	79	\$63,674.60	\$28,329.16	\$6,616.16	\$34,945.32
Mar 2023	74	78	\$62,838.28	\$52,548.69	\$14,121.56	\$66,670.25
Total: Selected Filter(s)	76	81	\$773,603.46	\$336,183.02	\$218,065.98	\$554,249.00

HCC - No PHI

Post Date : Mar 2023

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)
 Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (094547 - LAMB COUNTY/TAC)

Paid Month : Last 12 Months [Apr 2022 - Mar 2023]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
6120220945	Active	\$673.50	\$73,874.04	\$74,547.54
11370033484	Active	\$42,031.30	\$220.33	\$42,251.63
12360134871	Active	\$35,937.72	\$1,211.36	\$37,149.08
18240572369	Active	\$29,267.73	\$0.00	\$29,267.73
6120220878	Active	\$26,943.66	\$1,036.66	\$27,980.32
12360134853	Active	\$10,420.69	\$14,877.63	\$25,298.32
6120220904	Active	\$20,581.72	\$133.68	\$20,715.40
6120221138	Active	\$1,581.14	\$18,005.67	\$19,586.81
6120220961	Active	\$1,768.44	\$17,695.09	\$19,463.53
17600203045	Active	\$9,255.32	\$10,078.49	\$19,333.81
15560423897	Active	\$17,015.48	\$1,086.41	\$18,101.89
7040107818	Active	\$8,629.67	\$9,418.57	\$18,048.24
6120221106	Active	\$2,182.85	\$13,677.38	\$15,860.23
20090192439	Active	\$13,990.32	\$0.00	\$13,990.32
11510498042	Active	\$10,536.91	\$18.24	\$10,555.15
20290598762	Active	\$2,728.16	\$7,305.19	\$10,033.35
Query Total	16	\$233,544.61	\$168,638.74	\$402,183.35



HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Lamb County

WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

Current Wellness Coordinator
Name: Ms. Terra Hopper

Title: Deputy Treasurer

Address: 100 East Sixth Dr Rm 111
Littlefield, TX 79339

Email: thopper@co.lamb.tx.us

Phone Number: (806) 485-0080

Fax Number:

Please list changes and/or corrections:

WELLNESS SPONSOR

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

Current Wellness Sponsor
Name: Hon. Jerry Yarbrough

Title: Treasurer

Address: 100 6th Dr Rm 111
Littlefield, TX 79339-3322

Email: jyarbrough@co.lamb.tx.us

Phone Number: (806) 385-4222

Fax Number:

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: 6-12-2023



TEXAS ASSOCIATION OF COUNTIES
Healthy County Rewards Program

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

- We would like to implement a CSI Program for the 2023-2024 plan year.
- We are interested in learning more about the CSI Program.
- We are not interested in learning more about the CSI Program at this time.

County or District Name: LAMB COUNTY

Printed Name and Title: JAMES M DELOACH

Contracting Authority Signature: 

Date: 6-12-2023