TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Renewal Notice and Benefit Confirmation

Group: 94619 - Burnet 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 MariaC@County.org.

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

MEDICAL

Medical: Plan 1100 $25 Copay, $750 Ded, 80%, $3000 OOP Max
RX Plan: Option 5A $10/30/50, $0 Ded

Your % rate increase is: 1.30%

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	$853.46	$864.54	$	$	$
Employee + Child	$1,082.36	$1,096.42	$	$	$
Employee + Child(ren)	$1,357.04	$1,374.68	$	$	$
Employee + Spouse	$1,364.68	$1,382.42	$	$	$
Employee + Family	$1,776.70	$1,799.80	$	$	$

_____ Initial to accept Medical Plan and New Rates.

DENTAL

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

Your % rate increase is: 3.30%

Your payroll deductions for dental 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	$25.80	$26.64	$	$	$
Employee + Child(ren)	$48.40	$50.00	$	$	$
Employee + Spouse	$56.46	$58.32	$	$	$
Employee + Family	$80.66	$83.32	$	$	$

_____ Initial to accept Dental Plan and New Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
89 days - Day following waiting period	Date of hire

_____ 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:

		Please list changes and/or corrections below
Agency Name		
Agency Address Number and Street		
City		
State	TX	
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
Burnet 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 N. Oakley/Judge

Address 220 South Pierce Street
Burnet, TX 78611-2200

Phone 512-756-5400

Fax 512-715-5217

Email countyjudge@burnetcountytexas.org

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Ms. Shirley Bullard/HR Coordinator

Address 220 South Pierce Street
Burnet, TX 78611

Phone 512-756-5489

Fax 512-715-5259

Email hrc@burnetcountytexas.org

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 Ms. Shirley Bullard/HR Coordinator

Address 220 South Pierce Street
Burnet, TX 78611

Phone 512-756-5489

Fax 512-715-5259

Email hrc@burnetcountytexas.org

_____ Date: _____

Signature of County Judge or Contracting Authority

James Oakley

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.