



## Dental Benefit Plan Election

Group Name: Tyler County Group Number: 22946 AD: 11/1

Please select or confirm the dental plan your Commissioners' Court or Board of Directors has chosen for the upcoming plan year and complete the contribution schedule according to your group's funding levels. Email completed election form to your Employee Benefits Specialist or fax to (512) 481-8481, no later than 30 days prior to the effective date. Email or call your Employee Benefit Specialist at 1-800-456-5974 with any questions.

DENTAL PLAN (Select One)		
<input type="checkbox"/> Plan I (\$2,000 Annual Max)	<input checked="" type="checkbox"/> Plan II (\$1,500 Annual Max)	<input type="checkbox"/> Plan III (\$1,000 Annual Max)
Does the selected dental plan include Orthodontia coverage?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Your payroll deductions for dental benefits are:		<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax
Are retirees allowed on the dental plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Pre-65 <input type="checkbox"/> Post-65
Does your group have a broker or consultant?		Broker: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Broker/consultant's name, if applicable:		Commission:

Tier	New Monthly Rates*	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays
Employee Only	\$ 23.54	\$ 0	\$ 23.54	\$ 23.54
Employee + Spouse	\$ 63.44	\$ 0	\$ 63.44	\$ 0
Employee + Child(ren)	\$ 59.64	\$ 0	\$ 59.64	\$ 0
Employee + Family	\$ 86.90	\$ 0	\$ 86.90	\$ 0

\*Note: Rates shown do not include a broker commission unless specified above.

  
Signature (County Judge or Contracting Authority)

8/12/24  
Date

Milton Powers County Judge  
Print Name and Title