



2024 – 2025 Alternate Plan Proposal

Group: 22946 - Tyler County

Effective Date: 11/01/2024

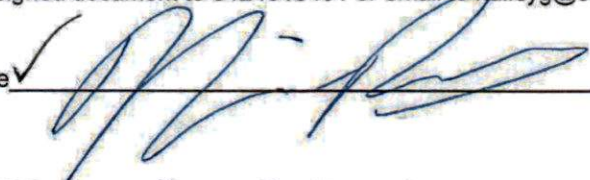
	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	Plan 600	Plan 600	Plan 600-G	Plan 700-NG	Plan 1100-NG
Option:	RX-2A	RX-2A	RX-2A-G	RX-2A-NG	RX-2A-NG
Rates					
Employee Only	\$888.52	\$955.16	\$931.70	\$958.02	\$900.06
Employee & Spouse	\$1,690.04	\$1,816.78	\$1,771.74	\$1,822.26	\$1,711.06
Employee & Child	\$1,170.56	\$1,258.34	\$1,227.28	\$1,262.12	\$1,185.44
Employee & Child(ren)	\$1,376.62	\$1,479.86	\$1,443.26	\$1,484.30	\$1,393.94
Employee & Family	\$2,114.20	\$2,272.76	\$2,216.32	\$2,279.62	\$2,140.26
Medical Plan					
Deductible In/Out Network	\$250/500	\$250/500	\$300/600	\$500/750	\$750/1000
Co-Insurance% In/Out	80/60	80/60	80/60	90/70	80/60
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800	\$2000/4000	\$3000/6000
Office Visit	\$25	\$25	\$30	\$25	\$25
Specialist Visit					
Emergency Room Hospital	\$90	\$90	\$90	\$100	\$150
Prescription Plan					
Prescription Card Co-Pay	\$5/20/35	\$5/20/35	\$10/25/40	\$5/20/35	\$5/20/35
Deductible	\$0	\$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 08/14/2024 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 600 RX-2A

Fax the signed document to 5124818481 or email to haileyg@county.org.

Signature  Date 8-13-24



2024 – 2025 Renewal Notice and Benefit Confirmation

Group: 22946 - Tyler County Anniversary Date: 11/01/2024

Return to TAC by: 08/14/2024

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 5124818481 or email to haileyg@county.org.

For any plan or funding changes other than those listed below, please contact Hailey Gajewski at 8004565974.

Medical

Medical: Plan 600 \$25 Copay, \$250 Ded, 80%, \$2000 OOP Max

RX Plan: 2A \$5/20/35, \$0 Ded

Your % rate change is: 7.50%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 11/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$888.52	\$955.16	\$955.16	\$ 0	\$955.16	\$ 0
Employee & Spouse	\$1,690.04	\$1,816.78	\$955.16	\$861.62	\$ 0	\$ 0
Employee & Child	\$1,170.56	\$1,258.34	\$955.16	\$303.18	\$ 0	\$ 0
Employee & Child(ren)	\$1,376.62	\$1,479.86	\$955.16	\$524.70	\$ 0	\$ 0
Employee & Family	\$2,114.20	\$2,272.76	\$955.16	\$1317.60	\$ 0	\$ 0

MP

Initial to accept Medical Plan and New Rates.

Vision

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 11/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ <u>4.58</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>4.58</u>
Employee & Spouse	\$8.72	\$8.72	\$ <u>4.58</u>	\$ <u>4.14</u>	\$ <u>0</u>	\$ <u>0</u>
Employee & Child(ren)	\$9.18	\$9.18	\$ <u>4.58</u>	\$ <u>4.60</u>	\$ <u>0</u>	\$ <u>0</u>
Employee & Family	\$13.52	\$13.52	\$ <u>4.58</u>	\$ <u>8.94</u>	\$ <u>0</u>	\$ <u>0</u>

MP

Initial to accept Vision Plan and New Rates.

Life – Voluntary (Employee Paid)

Voluntary Life Products:
(Rates per thousand)

Voluntary Term Life

Min Age	Max Age	Current Rates	New Rates Effective 11/01/2024
1	24	\$0.12	\$0.12
25	29	\$0.12	\$0.12
30	34	\$0.12	\$0.12
35	39	\$0.14	\$0.14
40	44	\$0.19	\$0.19
45	49	\$0.25	\$0.25
50	54	\$0.41	\$0.41
55	59	\$0.65	\$0.65
60	64	\$0.87	\$0.87
65	69	\$1.51	\$1.51
70	99	\$3.30	\$3.30

M.P. Initial to accept New Voluntary Term Life Rates.

Voluntary Spouse Life

Min Age	Max Age	Current Rates	New Rates Effective 11/01/2024
1	24	\$0.12	\$0.12
25	29	\$0.12	\$0.12
30	34	\$0.12	\$0.12
35	39	\$0.13	\$0.13
40	44	\$0.17	\$0.17
45	49	\$0.23	\$0.23
50	54	\$0.38	\$0.38
55	59	\$0.62	\$0.62
60	64	\$0.94	\$0.94
65	69	\$1.65	\$1.65
70	99		

M.P. Initial to accept New Voluntary Spouse Life Rates.

Voluntary Child Term Life

Current Rates	New Rates Effective 11/01/2024
\$0.24	\$0.24

M.P. Initial to accept New Voluntary Child Life Rates.

Life – Basic (Employer Paid)

Basic Life Products:

Coverage volume per employee: 2 x Annual Salary
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 11/01/2024	New Amount Employer Pays
\$0.27	\$0.27	\$0.27

Basic AD&D

Current Rates	New Rates Effective 11/01/2024	New Amount Employer Pays
\$0.04	\$0.04	\$0.04



Initial to accept New Basic Life Rates.

TAC HEBP Member Contact Designation

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 Group. 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 Milton Powers / Judge
Address 201 Veterans Way
Woodville, TX 75979
Phone 4092838141
Fax
Email judgepowers@co.tyler.tx.us

100 W Bluff Room 105
Woodville TX 75979

BILLING CONTACT

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

Please list changes and/or corrections below.

Name / Title Jackie Skinner / County Auditor
Address 100 West Bluff Street, Room 110
Woodville, TX 75979
Phone 4092833652
Fax 4092836305
Email jskinner.aud@co.tyler.tx.us

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name / Title Leann Monk / County Treasurer
Address PO Box 2070
Woodville, TX 75979
Phone 4092833054
Fax 4092836305
Email lmonk.cotreas@co.tyler.tx.us

✓ 
Signature of County Judge or Contracting Authority

Date: 8-13-24

Milton Powers, 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.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name _____
Address _____
City, State, Zip _____
Broker Rep or
Consultant's Name: _____
Contact Phone Number: _____
Contact Email Address: _____

MA 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, dental, and vision.
- 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 in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

PHYSICAL MAILING ADDRESS

Please confirm your group's physical mailing address information:

Address PO Box 2070 PO Box 2070
Woodville, TX 75979 WOODVILLE TX 75979

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

**County/Group is responsible for fulfilling COBRA notification process and requirements*

 Initial to confirm COBRA Administration.

Retiree Information

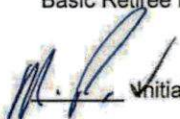
Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 Post-65

Vision: Pre-65 Post-65

Basic Retiree Life: Pre-65 Post-65



Initial to confirm.

Waiting Period

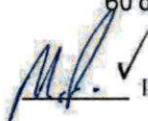
Waiting period applies to all benefits.

Employees

Elected Officials

60 days - Day following waiting period

Date of Hire



Initial to confirm.

Retiree Life (Employer Paid)

Retiree Life Products:	Current Rates	New Rates Effective 11/01/2024
Basic Retiree Life	\$3.25	\$3.25

 Initial to accept New Basic Retiree Life Rates.