



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2020 - 2021 Alternate Plan Proposal

Group: 66504 - Navarro County

Effective Date: 10/01/2020

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100-NGS	1100-NGS	1200-NGS	1300-NGS
Option:	RX-4A-NG	RX-4A-NG	RX-4A-NG	RX-4A-NG
Rates				
Employee Only	\$887.66	\$865.46	\$846.26	\$813.58
Employee + Child	\$1,206.64	\$1,176.46	\$1,150.26	\$1,105.64
Employee + Child(ren)	\$1,589.52	\$1,549.78	\$1,515.16	\$1,456.22
Employee + Spouse	\$1,863.52	\$1,816.92	\$1,776.28	\$1,707.10
Employee + Family	\$2,413.72	\$2,353.38	\$2,300.66	\$2,210.90
Medical Plan				
Deductible In/Out Network	\$750/1000	\$750/1000	\$1000/3000	\$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3000/6000	\$3500/7000
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit	\$35	\$35	\$40	\$40
Emergency Room Hospital	\$120	\$120	\$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 07/03/2020 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here: Medical Plan: 1100-NGS RX Plan: 4A-NG

Fax the signed document to 1-812-481-8481.

Signature

Date

6-22-2020



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2020 - 2021 Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County

Anniversary Date: 10/01/2020

Return to TAG by: 07/03/2020

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 karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers at 1-512-478-8753.

MEDICAL

Medical Plan 1100-NGS \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max, \$35 Sp Copay

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

Your % rate increase is: -2.50%

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

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$887.66	\$865.46	\$ 865.46	\$ 0.00	\$ 865.46
Employee + Child	\$1,206.64	\$1,176.46	\$ 865.46	\$ 311.00	\$ 1,176.46
Employee + Child(ren)	\$1,589.52	\$1,549.78	\$ 865.46	\$ 684.32	\$ 1,549.78
Employee + Spouse	\$1,863.52	\$1,816.92	\$ 865.46	\$ 951.46	\$ 1,816.92
Employee + Family	\$2,413.72	\$2,353.38	\$ 865.46	\$ 1,487.92	\$ 2,353.38

Initial Initial to accept Medical Plan and New Rates.

DENTAL

Dental Plan I w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate increase is: 0.00%

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

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$31.82	\$31.82	\$ 31.82	\$ 0.00	\$ 31.82
Employee + Child(ren)	\$88.28	\$88.28	\$ 31.82	\$ 56.46	\$ 56.46
Employee + Spouse	\$63.64	\$63.64	\$ 31.82	\$ 31.82	\$ 31.82
Employee + Family	\$120.10	\$120.10	\$ 31.82	\$ 88.28	\$ 88.28

Initial Initial to accept Dental Plan and New Rates.

941C

VISION


Vision

Plan I

Your % rate increase is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2020	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$ 0.00	\$ 6.20	\$ 6.20
Employee + Child(ren)	\$12.44	\$12.44	\$ 0.00	\$ 12.44	\$ 12.44
Employee + Spouse	\$11.80	\$11.80	\$ 0.00	\$ 11.80	\$ 11.80
Employee + Family	\$18.28	\$18.28	\$ 0.00	\$ 18.28	\$ 18.28

 Initial to accept Vision Plan and New Rates.

941 D

LIFE - BASIC

Basic Life Products

(Rates are per thousand)

Coverage Volume per Employee

\$20,000

	Current Rates	New Rates Effective 10/1/2020	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.146	\$0.146	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

 Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products

(Rates are per thousand)

Coverage Volume per Retiree

\$20,000

	Current Rates	New Rates Effective 10/1/2020	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Voluntary Retiree Life	\$0.139	\$0.139	0%	100%

(Rates are monthly charges)

Coverage Volume: SP \$10K/CH \$10K

Voluntary Dependent Life	\$3.800	\$3.800	0%	100%
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* Please see attachment for detail listing of Voluntary Life product rates.

 Initial to accept New Voluntary Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical	<input checked="" type="checkbox"/> Pre 65	<input checked="" type="checkbox"/> Post 65
Dental	<input checked="" type="checkbox"/> Pre 65	<input checked="" type="checkbox"/> Post 65
Voluntary Retiree Life	<input checked="" type="checkbox"/> Pre 65	<input checked="" type="checkbox"/> Post 65

 Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees
30 days - 1st of the month following waiting period

Elected Officials
30 days - 1st of the month following waiting period

 Initial to confirm.

941E

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 **07/03/2020** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

941 F

TAC HEBP Member Contact Designation Navarro 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 Terri Gillen /County Auditor

Address 300 West 3rd Ave., Ste 4
Corsicana, TX 75110-4672

Phone 903-875-3306

Fax 903-654-3097

Email tgillen@navarrocounty.org

BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Jane McCollum/County Treasurer

Address 300 West 3rd Ave., Ste 3
Corsicana, TX 75110-4672

Phone 903-654-3090

Fax 903-875-3391

Email jmccollum@navarrocounty.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 Jane McCollum/County Treasurer

Address 300 West 3rd Ave., Ste 3
Corsicana, TX 75110

Phone 903-654-3090

Fax 903-875-3391

Email jmccollum@navarrocounty.org

Signature of County Judge or Contracting Authority

Date: 6-22-2020

H.M. DAVENPORT JR., 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.

9416



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYMENT BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION
Navarro 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. Lorie Stovall

Please list changes and/or corrections:

Title: CEA-FCS Healthy Coordinator

Address: 313 W 3rd Ave
Corsicana, TX 75110

Email: lorie.stovall@ag.tamu.edu

Phone Number: (903) 654-2407

Fax Number:

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: Ms. Julie Wright

Please list changes and/or corrections:

Title: HR Coordinator

Address: 300 W 3rd Ave Ste.17
Corsicana, TX 75110-4672

Email: jwright@navarrocounty.org

Phone Number: (903) 654-3090

Fax Number:

903-654-3039

903-874-6053

Signature of County Representative

Date: 6-22-2020

941 H



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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 on the Healthy County energized by Sonic Boom portal.

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 2020-2021 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: NAVARRO COUNTY

Printed Name and Title: H.M. DAVENPORT JR., COUNTY JUDGE

 Signature

 6-22-2020