#### NAVARRO COUNTY COMMISSIONER'S COURT

A Special meeting of the Navarro County Commissioner's Court was held on Friday, the 28<sup>th</sup>, day of July, 2017 at 9:00 a.m., in the Courtroom of the Navarro County Annex Building 601 N. 13<sup>th</sup> Street in Corsicana, Texas. Presiding Judge HM Davenport Jr. Commissioners present Jason Grant, Dick Martin, Eddie Moore, and James Olsen.

- 1. 9:02 A.M. Motion to convene by Comm. Olsen sec by Comm. Grant Carried unanimously
- 2. Opening prayer by Comm. Martin
- 3. Pledge of Allegiance

# **Action Items**

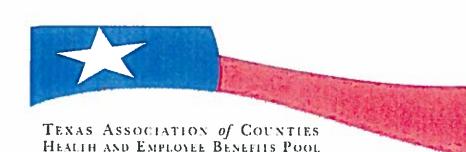
- 4. Motion to approve and acceptance of Medical/Life Plan proposal for Navarro County Employees and Dependents by Comm. Martin sec by Comm. Grant Carried unanimously

  TO WIT PG 927-931
- 5. Motion to adjourn by Comm. Martin sec Comm. Grant Carried unanimously

I, Sherry Dowd, Navarro County Clerk, Attest that the Foregoing is a True and accurate accounting of the commissioners Court's authorized proceeding for July 28<sup>th</sup>, 2017.

Signed 28th day of July, 2017

Sherry Dowd, County !!





# 2017 - 2018 Alternate Pian Proposal

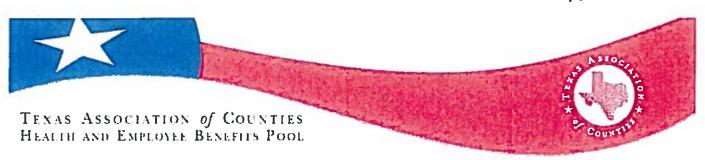
Group: 66504 - Navarro County Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1
Plan:	800-G	800-G	800-G2
Option:	RX-4A-G	RX-4A-G	RX-4A-G2
Rates			
Employee Only	\$869.92	\$913.42	\$889.80
Employee + Child	\$1,182.60	\$1,241.72	\$1,209.50
Employee + Child(ren)	\$1,557.86	\$1,635.74	\$1,593.20
Employee + Spouse	\$1,826.42	\$1,917.74	\$1,867.82
Employee + Family	\$2,365,70	\$2,483.98	\$2,419.24
Medical Plan			
Deductible In/Out Network	\$600/900	\$600/900	\$680/1020
Co-insurance % In/Out	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3400/6800
Office Visit	\$30	\$30	\$30
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$100
Prescription Plan			
Prescription Card Co-Pay	10/30/45	10/30/45	15/30/50
Deductible	\$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 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 800-G RX-4A	−G
Fax the signed document to 1-512-481-8481/	
Signature ( accepted)	Date 7/28/2017
66504 - Navarro County, 2018, Alternate Plan Proposal	



# 2017 - 2018 Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County

Anniversary Date: 10/01/2017

Return to TAC by: 7/31/2017

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 800-G \$30 Copay, \$600 Ded, 80%, \$3000 OOP Max

RX Plan: Option 4A-G \$10/30/45

Your % rate increase is: 5.00%

Your payroll deductions for medical benefits are:

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Tier	Current Rates	New Rates Effective 10/1/2017	ve Employer	New Amount Employee Pays	New Amount Retiree Pays (if applicable)	
Employee Only	\$869.92	\$913.42	\$ 913.42	s 0.00	\$ 913.42	
Employee + Child	\$1,182.60	\$1,241.72	\$ 913.42	\$ 328.30	\$ 1,241.72	
Employee + Child(ren)	\$1,557.86	\$1,635.74	\$ 913.42	\$ 722.32	\$ 1,635.74	
Employee + Spouse	\$1,826.42	\$1,917.74	\$ 913.42	\$ 1,004.32	\$ 1,917.74	
Employee + Family	\$2,365.70	\$2,483.98	\$ 913.42	\$ 1,570.56	\$ 2,483.98	

Initial to accept Medical Plan and New Rates.

#### LIFE - BASIC

**Basic Life Products:** 

(Rates are per thousand)

Coverage Volume per Employee:

\$20,000

New Rates
Current Effective

Amount Employer Pays Amount Employee/ Retiree Pays (if applicable)

Basic Term Life

\$0.122 \$0.030

\$0.122 \$0.030

10/1/2017

100% 100% 0% 0%

Basic A&D

Initial to accept New Basic Life Rates.

#### **LIFE - VOLUNTARY**

**Voluntary Life Products:** 

Rates are ear thousand)

Coverage Volume per Retiree:

\$5,000

(Rates are per thousand)

Current Rates \$0.139 New Rates Effective 10/1/2017 \$0.139 Amount Employer Pays Amount Employee/ Retiree Pays (if applicable)

100%

(Rates are monthly charges)

Voluntary Retiree Life

Coverage Volume:

SP \$5K/CH \$5K

Voluntary Dependent Life

\$1,900

\$1.900

0%

100%

\* Please see attachment for detail listing of Voluntary Life product rates.

Llen

Initial to accept New Voluntary Life Rates.

#### RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical

Pre 65 Pre 65 Post 65

Both

Voluntary Retiree Life

Post 65

Both

Initial

Initial to confirm.

#### **WAITING PERIOD**

Waiting period applies to all benefits.

**Employees** 

**Elected Officials** 

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

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 na	me, if appli	cable:			
Agency Name: _			<u> </u>			
Agency Address	Number and Street			9		
	Number and Street					
	City	State	Zip		_	
Broker Represen	stative or Consultant's Name:					
Contact Phone N	lumber:					
Contact Email Ad	ddress:					
Her Initial to	o confirm Broker or Consultant in	formation				

- · Please update broker or consultant's information.
- · 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 7/31/2017 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 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	Honorable Ryan Douglas/County Treasurer	
Address	601 North 13th Street #4 Corsicana, TX 75110-4672	
Phone	903-654-3091	
Fax	903-875-3391	
r ax	303-073-3331	
Email	rdouglas@navarrocounty.org	
		CONTACT
Responsibl	le for receiving all invoices relating to HEBP prod	
		Please list changes and/or corrections below.
Name/Title	Honorable Ryan Douglas/County Treasurer	
Address	601 North 13th Street #4 Corsicana, TX 75110-4672	
Phone	903-654-3091	
Fax	903-875-3391	
Email	rdouglas@navarrocounty.org	
HIPAA Secu		
LIEDDIa		CONTACT
neby s ma	in contact for daily matters pertaining to the heal	
Name (Title	Jane McCalling/County Objects	Please list changes and/or corrections below.
Name/Title	Jane McCollum/County Chief Deputy Treasurer	
Address	601 North 13th Street #4 Corsicana, TX 75110	
Phone	903-654-3090	
Fax	903-875-3391	
Email	ijncoollum@navarrecounty.org	Date: 7-28-/7
	f County Judge of Contracting Authority VENPORT JR./COUNTY JUDGE	
Please PRIN	IT 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.