

2024 - 2025 Renewal Notice and Benefit Confirmation

Group: 60475 – Armstrong County

Anniversary Date: 10/1/2024

Return to TAC by: 06/28/2024

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 1-512-481-8481 or email to ErikC@county.org.

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

MEDICAL

Medical: Plan 1200-NG \$30 Copay; \$1000 Ded; 80%; \$3000 OOP Max

RX Plan: 3B-NG \$10/20/35 \$100 Ded

Your % rate increase is: 2.0%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$1,005.00	\$1,025.10	\$	\$	\$
Employee + Spouse	\$2,105.48	\$2,147.58	\$	\$	\$
Employee + Child(ren)	\$1,754.62	\$1,789.70	\$	\$	\$
Employee + Family	\$2,620.48	\$2,672.88	\$	\$	\$

Initial to accept Medical Plan and New Rates.

DENTAL**Dental:** Plan II 100% Prevent.; \$50 Ded; 80% Basic; 50% Major**Your % rate increase is:** 3.5%Your payroll deductions for dental benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$21.86	\$22.62	\$	\$	\$
Employee + Family	\$62.56	\$64.74	\$	\$	\$

_____ Initial to accept Dental Plan and New Rates.

VISION**Vision:** VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance**Your % rate increase is:** 0.0%Your payroll deductions for vision benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$	\$	\$
Employee + Spouse	\$8.72	\$8.72	\$	\$	\$
Employee + Child(ren)	\$9.18	\$9.18	\$	\$	\$
Employee + Family	\$13.52	\$13.52	\$	\$	\$

_____ Initial to accept Vision Plan and New Rates.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - 1st of the month following date of hire but first of the month

Elected Officials

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*
- ☐ County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
**County/Group is responsible for fulfilling notification process and requirements*

_____ 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

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 **6/28/2024** 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

Armstrong 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 Honorable Susan Overcast McGrath
Title Treasurer
Address PO Box 523
Claude, TX 79019
Phone 806-553-2862
Fax 806-553-6026
Email treasurer@co.armstrong.tx.us

BILLING CONTACT

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

Please list changes and/or corrections below.

Name Honorable Susan Overcast McGrath
Title Treasurer
Address PO Box 523
Claude, TX 79019
Phone 806-553-2862
Fax 806-553-6026
Email treasurer@co.armstrong.tx.us

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name Honorable Susan Overcast McGrath
Title Treasurer
Address PO Box 523
Claude, TX 79019
Phone 806-553-2862
Fax 806-553-6026
Email treasurer@co.armstrong.tx.us

Signature of County Judge or Contracting Authority

Date

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.

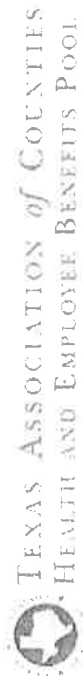


12-Month Medical Report

Post Date : Mar 2024

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 Months [Apr 2023 - Mar 2024]
Account : (000094500 - POOLED)
Coverage Type : (Medical)
Group : (060475 - ARMSTRONG COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2023	20	20	\$19,234.40	\$8,950.24	\$783.13	\$9,733.37
May 2023	21	21	\$20,196.12	\$12,405.68	\$1,337.31	\$13,742.99
Jun 2023	24	24	\$23,081.28	\$7,307.67	\$210.25	\$7,517.92
Jul 2023	24	24	\$23,081.28	\$4,135.87	\$1,644.51	\$5,780.38
Aug 2023	24	24	\$23,081.28	-\$8,909.73	\$922.47	-\$7,987.26
Sep 2023	24	24	\$23,081.28	\$4,288.43	\$1,845.71	\$6,134.14
Oct 2023	24	24	\$24,120.00	\$12,390.07	-\$80.32	\$12,309.75
Nov 2023	23	23	\$23,115.00	\$11,132.59	\$789.35	\$11,921.94
Dec 2023	23	23	\$23,115.00	\$3,500.45	\$1,042.33	\$4,542.78
Jan 2024	23	23	\$23,115.00	\$79,069.15	\$1,089.12	\$80,158.27
Feb 2024	24	24	\$24,120.00	\$7,050.87	\$7.56	\$7,058.43
Mar 2024	24	24	\$24,120.00	\$4,621.83	\$41.81	\$4,663.64
Total: Selected Filter(s)	23	23	\$273,460.64	\$145,943.12	\$9,633.23	\$155,576.35



HCC - No PHI

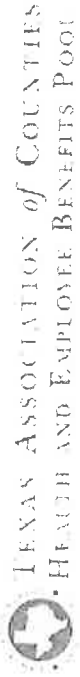
Post Date : Mar 2024

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)
Metrics : (Paid)
Claim Type : (MEDICAL, PHARMACY)
Coverage Type : (Medical)
Group : (060475 - ARMSTRONG COUNTY)
Paid Month : Last 12 Months [Apr 2023 - Mar 2024]

Paid greater or equal 10000.00

Paid : descending

Encrypted ID	Member Status	Medical Paid	Pharmacy Paid	Paid
20580267637	Active	\$70,366.61	\$0.00	\$70,366.61
17430236340	Active	\$21,287.57	\$0.00	\$21,287.57
18730196540	Active	\$11,532.76	\$5,393.38	\$16,926.14
Query Total	3	\$103,186.94	\$5,393.38	\$108,580.32



12-Month Dental Report

Post Date : Mar 2024

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 Months [Apr 2023 - Mar 2024]
Account : (000094500 - POOLED)
Coverage Type : (Dental)
Group : (060475 - ARMSTRONG COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Apr 2023	21	24	\$599.22	\$521.00
May 2023	22	26	\$663.72	\$1,499.80
Jun 2023	24	27	\$666.84	\$388.40
Jul 2023	24	27	\$666.84	\$735.00
Aug 2023	24	27	\$666.84	\$546.00
Sep 2023	24	27	\$666.84	\$0.00
Oct 2023	25	32	\$709.30	\$694.40
Nov 2023	24	31	\$687.44	\$1,299.50
Dec 2023	24	31	\$687.44	\$110.00
Jan 2024	24	30	\$687.44	\$1,771.00
Feb 2024	24	29	\$646.74	\$505.00
Mar 2024	24	29	\$646.74	\$1,482.60
Total: Selected Filter(s)	24	28	\$7,995.40	\$9,552.70



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Armstrong 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: Hon. Jana Lemons

Title: Justice of the Peace

Address: PO Box 539
Claude, TX 79019-0539

Email: armstrongjp@co.armstrong.tx.us

Phone Number: (806) 553-2860

Please list changes and/or corrections:

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: Hon. Susan Overcast McGrath

Title: Treasurer

Address: PO Box 523
Claude, TX 79019

Email: treasurer@co.armstrong.tx.us

Phone Number: (806) 553-2862

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: _____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Armstrong County

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 online or via mobile app.

Armstrong County's CSI

Our records indicate that Armstrong County currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2024-2025 plan year, or if you would like to make modifications to your current design. If you select "Yes," your TAC HEBP Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

Current CSI > Annual Physical: (1) PTO Day or (1) Gift Card for Elected Officials and Department Heads.

Please select one:

- ☐ Yes, we would like to continue with the same CSI program for the 2024-2025 plan year.
- ☐ We are interested in making changes to our CSI program.

County Name: Armstrong County

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____