

NAVARRO COUNTY COMMISSIONER'S COURT

A Special meeting of the Navarro County Commissioner's Court was held on Friday, the 28th , day of July, 2017 at 9:00 a.m., in the Courtroom of the Navarro County Annex Building 601 N. 13th 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

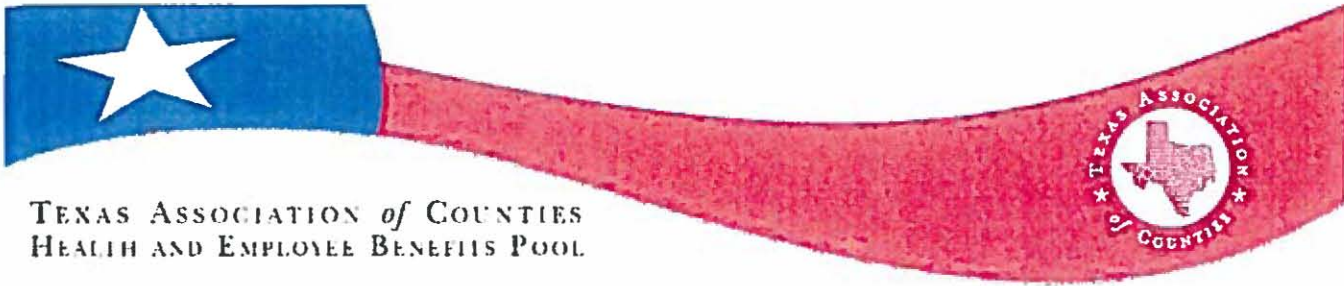
I, Sherry Dowd, Navarro County Clerk, Attest that the Foregoing is a True and accurate accounting of the commissioners Court's authorized proceeding for July 28th , 2017.

Signed 28th day of July, 2017



Sherry Dowd, County Clerk





TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Alternate Plan 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

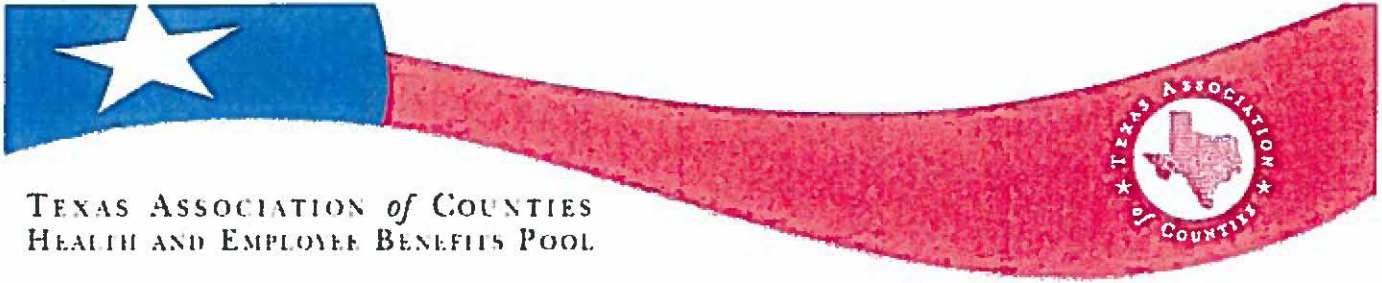
Proposal rates are based on the following information:

- 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 [Signature] Date 7/28/2017

920



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:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2017	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$869.92	\$913.42	\$ 913.42	\$ 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

Handwritten initials

Initial to accept Medical Plan and New Rates.

LIFE - BASIC

Basic Life Products: Coverage Volume per Employee: \$20,000
(Rates are per thousand)

	Current Rates	New Rates Effective 10/1/2017	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.122	\$0.122	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

Handwritten Initials Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products: Coverage Volume per Retiree: \$5,000
(Rates are per thousand)

	Current Rates	New Rates Effective 10/1/2017	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 \$5K/CH \$5K

Voluntary Dependent Life \$1,900 \$1,900 0% 100%

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

Handwritten Initials 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	Post 65	Both
Voluntary Retiree Life	Pre 65	Post 65	Both

Handwritten Initials 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

Handwritten Initials 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

HEP 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: _____

HEP Initial to confirm Broker or Consultant information

- 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

Email rdouglas@navarrocounty.org

BILLING CONTACT

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

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 Secured Fax

PRIMARY CONTACT

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

Please list changes and/or corrections below.

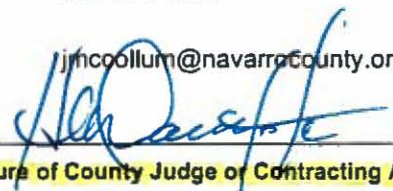
Name/Title Jane McCollum/County Chief Deputy Treasurer

Address 601 North 13th Street #4
Corsicana, TX 75110

Phone 903-654-3090

Fax 903-875-3391

Email jjmccollum@navarrocounty.org



Date: 7-28-17

Signature of County Judge or Contracting Authority

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.