



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2023 - 2024 Alternate Plan Proposal

Group: 66504 - Navarro County

Effective Date: 10/01/2023

	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	\$994.42	\$1,060.04	\$1,036.44	\$996.30
Employee + Child	\$1,351.76	\$1,440.98	\$1,408.80	\$1,354.04
Employee + Child(ren)	\$1,780.70	\$1,898.22	\$1,855.74	\$1,783.44
Employee + Spouse	\$2,087.66	\$2,225.44	\$2,175.60	\$2,090.74
Employee + Family	\$2,704.06	\$2,882.52	\$2,817.86	\$2,707.80

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 6/30/2023 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 1100-NGS, RX-4A-NG

Fax the signed document to 1-512-481-8481.

Signature

Date

6-26-23



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2023 - 2024 Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County

Anniversary Date: 10/01/2023

Return to TAC by: 6/30/2023

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 1-800-456-5974.

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: 6.60%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$994.42	\$1,060.04	\$ 1,060.04	\$ 0.00	\$ 1,060.04
Employee + Child	\$1,351.76	\$1,440.98	\$ 1,060.04	\$ 380.94	\$ 1,440.98
Employee + Child(ren)	\$1,780.70	\$1,898.22	\$ 1,060.04	\$ 838.18	\$ 1,898.22
Employee + Spouse	\$2,087.66	\$2,225.44	\$ 1,060.04	\$ 1,165.40	\$ 2,225.44
Employee + Family	\$2,704.06	\$2,882.52	\$ 1,060.04	\$ 1,822.48	\$ 2,882.52

 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: -10.50%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$32.32	\$28.92	\$ 28.92	\$ 0.00	\$ 28.92
Employee + Child(ren)	\$89.68	\$80.26	\$ 28.92	\$ 51.34	\$ 80.26
Employee + Spouse	\$64.66	\$57.86	\$ 28.92	\$ 28.94	\$ 57.86
Employee + Family	\$122.02	\$109.20	\$ 28.92	\$ 80.28	\$ 109.20

 Initial to accept Dental Plan and New Rates.


VISION

Vision: Vision Value Plan

Your % rate increase is: -26.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2023	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$4.58	\$ 0.00	\$ 4.58	\$ 4.58
Employee + Child(ren)	\$12.44	\$9.18	\$ 0.00	\$ 9.18	\$ 9.18
Employee + Spouse	\$11.80	\$8.72	\$ 0.00	\$ 8.72	\$ 8.72
Employee + Family	\$18.28	\$13.52	\$ 0.00	\$ 13.52	\$ 13.52


 Initial to accept Vision Plan and New Rates.

LIFE - BASIC**Basic Life Products:**

Coverage Volume per Employee: \$20,000

(Rates are per thousand)

	Current Rates	New Rates Effective 10/1/2023	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:**

Coverage Volume per Retiree: \$20,000

(Rates are per thousand)

	Current Rates	New Rates Effective 10/1/2023	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
Vision	<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**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*
- ☐ 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:

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 6/30/2023 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 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/Chief Deputy 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/Chief Deputy 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: 6-26-23

H.M. Davenport Jr.

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.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Navarro 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.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that Navarro 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 2023-2024 plan year, or if you would like to make modifications to your current design. If you select "Yes," your county or district's 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.

☒ Yes, we would like to continue with the same CSI program for the 2023-2024 plan year.

Current CSI >

Annual Physical: Wellness Rate and Avoid the \$25 Monthly Health Benefits Contribution

☐ We are interested in making changes to our CSI program.

County or District Name: Navarro County

Printed Name and Title: H.M. Davenport Jr., County Judge

Contracting Authority Signature: 

Date: 6-26-23



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

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:

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: Ms. Julie Wright

Title: HR Coordinator

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

Email: jwright@navarrocounty.org

Phone Number: (903) 654-3039

Fax Number:

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: 6-26-23