



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2024 – 2025 Renewal Notice and Benefit Confirmation

Group: 49287 - Waller County Anniversary Date: 12/01/2024

Return to TAC by: 09/11/2024

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 5124818481 or email to haileyg@county.org.

For any plan or funding changes other than those listed below, please contact Hailey Gajewski at 8004565974.

Medical

Medical: Plan 800-NGS \$25 Copay, \$500 Ded, 80%, \$2500 OOP Max, \$35 Sp Copay

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

Your % rate change is: 1.50%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,119.58	\$1,136.36	\$ 1061.28	\$ 75.08	\$ 1036.36	\$ 100.00
Employee & Spouse	\$2,015.70	\$2,045.94	\$ 1663.82	\$ 382.12	\$ 1036.36	\$ 1009.58
Employee & Child	\$1,411.36	\$1,432.52	\$ 1231.60	\$ 200.92	\$ 1036.36	\$ 396.16
Employee & Child(ren)	\$1,839.50	\$1,867.08	\$ 1581.60	\$ 285.48	\$ 1036.36	\$ 830.72
Employee & Family	\$2,433.20	\$2,469.70	\$ 1924.26	\$ 545.44	\$ 1036.36	\$ 1433.34

_____ Initial to accept Medical Plan and New Rates.

Dental

Dental: Plan II 100% Prevent., \$50 Ded, 80% Basic, 50% Major

Your % rate change is: 1.60%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$30.50	\$30.98	\$ <u>30.98</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>30.98</u>
Employee & Family	\$79.60	\$80.86	\$ <u>30.98</u>	\$ <u>49.88</u>	\$ <u>0</u>	\$ <u>80.86</u>

_____ 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 change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ 0	\$ 4.58	\$ 0	\$ 4.58
Employee & Spouse	\$8.72	\$8.72	\$ 0	\$ 8.72	\$ 0	\$ 8.72
Employee & Child(ren)	\$9.18	\$9.18	\$ 0	\$ 9.18	\$ 0	\$ 9.18
Employee & Family	\$13.52	\$13.52	\$ 0	\$13.52	\$ 0	\$13.52

_____ Initial to accept Vision Plan and New Rates.

Life – Basic (Employer Paid)

Basic Life Products:

Coverage volume per employee: \$10,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays
\$0.22	\$0.22	\$0.22

Basic AD&D

Current Rates	New Rates Effective 12/01/2024	New Amount Employer Pays
\$0.03	\$0.03	\$0.03

_____ Initial to accept New Basic Life Rates.

Life – Voluntary (Employee Paid)

Voluntary Life Products:
(Rates per thousand)

Voluntary Term Life

Min Age	Max Age	Current Rates	New Rates Effective 12/01/2024
1	24	\$0.12	\$0.12
25	29	\$0.13	\$0.13
30	34	\$0.15	\$0.15
35	39	\$0.16	\$0.16
40	44	\$0.20	\$0.20
45	49	\$0.31	\$0.31
50	54	\$0.51	\$0.51
55	59	\$0.71	\$0.71
60	64	\$1.00	\$1.00
65	69	\$1.71	\$1.71
70	74	\$2.70	\$2.70
75	79	\$2.70	\$2.70
80	99	\$2.70	\$2.70

_____ Initial to accept New Voluntary Term Life Rates.

	Current Rates	New Rates Effective 12/01/2024
Voluntary Dependent Life	\$2.19	\$2.19

_____ Initial to accept New Voluntary Dependent Life Rates.

Retiree Life (Employee Paid)

Retiree Life Products:	Current Rates	New Rates Effective 12/01/2024
Voluntary Retiree Life	\$0.21	\$0.21

_____ Initial to accept New Voluntary Retiree Life Rates.

Retiree Information

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 ☒ Post-65 ☐

Dental: Pre-65 ☒ Post-65 ☒

Vision: Pre-65 ☒ Post-65 ☒

Voluntary Retiree Life: Pre-65 ☒ Post-65 ☒

_____ Initial to confirm.

Waiting Period

Waiting period applies to all benefits.

Employees

30 days - Day following waiting period

Elected Officials

30 days - Day 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

** County/Group is responsible for fulfilling COBRA 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

Address

City, State, Zip

Broker Rep 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, dental, and vision.
- 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 _____ in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

PHYSICAL MAILING ADDRESS

Please confirm your group's physical mailing address information:

Address 836 Austin Street, Room 316
Hempstead, TX 77445

425 FM 1488 RD #102

Hempstead, TX 77445

TAC HEBP Member Contact Designation

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 Group. 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 Carbett "Trey" J. Duhon III / County Judge
Address 836 Austin Street, Room 203
Hempstead, TX 77445 4673
Phone 9798267700
Fax 9798262112
Email t.duhon@wallercounty.us

425 FM 1488 RD #106

None

BILLING CONTACT

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

Please list changes and/or corrections below.

Name / Title Honorable Joan Sargent / County Treasurer
Address 836 Austin Street, Room 316
Hempstead, TX 77445
Phone 9798267707
Fax 9798267709
Email j.sargent@wallercounty.us

425 FM 1488 RD #102

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name / Title Honorable Joan Sargent / County Treasurer
Address 836 Austin Street, Room 316
Hempstead, TX 77445
Phone 9798267707
Fax 9798267709
Email j.sargent@wallercounty.us

425 FM 1488 RD #102

979-472-3909

Date: 09/04/2024

Signature of County Judge or Contracting Authority

Carbett "Trey" J. Duhon, III, Waller 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.



2024 – 2025 Alternate Plan Proposal

Group: 49287 - Waller County

Effective Date: 12/01/2024

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	Plan 800-NGS	Plan 800-NGS	Plan 1100-NGS	Plan 1200-NGS	Plan 1300-NGS
Option:	RX-3B-NG	RX-3B-NG	RX-3B-NG	RX-3B-NG	RX-3B-NG

Rates

Employee Only	\$1,119.58	\$1,136.36	\$1,101.00	\$1,072.92	\$1,033.74
Employee & Spouse	\$2,015.70	\$2,045.94	\$1,981.84	\$1,930.94	\$1,859.92
Employee & Child	\$1,411.36	\$1,432.52	\$1,387.80	\$1,352.30	\$1,302.74
Employee & Child(ren)	\$1,839.50	\$1,867.08	\$1,808.64	\$1,762.22	\$1,697.46
Employee & Family	\$2,433.20	\$2,469.70	\$2,392.22	\$2,330.68	\$2,244.82

Medical Plan

Deductible In/Out Network	\$500/750	\$500/750	\$750/1000	\$1000/3000	\$1500/4500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$2500/5000	\$2500/5000	\$3000/6000	\$3000/6000	\$3500/7000
Office Visit	\$25	\$25	\$25	\$30	\$30
Specialist Visit	\$35	\$35	\$35	\$40	\$40
Emergency Room Hospital	\$100	\$100	\$150	\$150	\$150

Prescription Plan

Prescription Card Co-Pay	\$10/20/35	\$10/20/35	\$10/20/35	\$10/20/35	\$10/20/35
Deductible	\$100	\$100	\$100	\$100	\$100

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 09/11/2024 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 800-NGS/RX-3B-NG

Fax the signed document to 5124818481 or email to haileyg@county.org.

Signature_____Date_____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Waller 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. Tina Carrillo

Title: Chief Deputy

Address: 425 FM 1488, #102
Hempstead, TX 77445-4672

Email: tcarrillo@wallercounty.us

Phone Number: (979) 826-7707

Please list changes and/or corrections:

425 FM 1488 RD #102

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. Joan Sargent

Title: Treasurer

Address: 425 FM 1488 Rd
Hempstead, TX 77445-9634

Email: j.sargent@wallercounty.us

Phone Number: (979) 826-7707

Please list changes and/or corrections:

425 FM 1488 RD #102

Contracting Authority Signature: _____

Carbett "Trey" J. Duhon, III, Waller County Judge

Date: _____



HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Waller 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.

Waller County's CSI

Our records indicate that Waller 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 > Complete various health and wellness activities to earn up to 8 hours of PTO

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: Waller County

Printed Name and Title: Carbett "Trey" J. Duhon, III, Waller County Judge

Contracting Authority Signature: _____

Date: _____