2025 – 2026 Amended Renewal Notice and Benefit Confirmation

Group: 49287 - Waller County **Anniversary Date:** 12/01/2025

Return to TAC by: 09/11/2025

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 512-481-8481 or email to haileyg@county.org.

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

MEDICAL

Medical: Plan 1100-NGS $25 Copay, $750 Ded, 80%, $3000 OOP Max, $35 Sp Copay
RX Plan: 3B-NG $10/20/35 $100 Ded

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$1,136.36	$1,152.72	$ 1077.64	$ 75.08	$ 1052.72	$ 100.00
Employee & Spouse	$2,045.94	$2,074.96	$ 1692.84	$ 382.12	$ 1052.72	$ 1022.24
Employee & Child	$1,432.52	$1,453.00	$ 1252.08	$ 200.92	$ 1052.72	$ 400.28
Employee & Child(ren)	$1,867.08	$1,893.60	$ 1608.12	$ 285.48	$ 1052.72	$ 840.88
Employee & Family	$2,469.70	$2,504.62	$ 1959.18	$ 545.44	$ 1052.72	$ 1451.90

_____ **Initial to accept New Medical Plan and New Rates.**

DENTAL

Dental: Plan II 100% Prevent., $50 Ded, 80% Basic, 50% Major
Your % rate change is: 9.60%
Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$31.00	$33.98	$ 33.98	$ 0.00	$ 0.00	$ 33.98
Employee & Family	$80.90	$88.66	$ 33.98	$ 54.68	$ 0.00	$ 88.66

_____ **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 12/01/2025	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	$ 0.00	$ 4.58	$ 0.00	$ 4.58
Employee & Spouse	$8.72	$8.72	$ 0.00	$ 8.72	$ 0.00	$ 8.72
Employee & Child(ren)	$9.18	$9.18	$ 0.00	$ 9.18	$ 0.00	$ 9.18
Employee & Family	$13.52	$13.52	$ 0.00	$ 13.52	$ 0.00	$ 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 12/01/2025	New Amount Employer Pays
$0.224	$0.224	$0.224

Basic AD&D

Current Rates	New Rates Effective 12/01/2025	New Amount Employer Pays
$0.030	$0.030	$0.030

_____ **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 12/01/2025
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	99	$2.70	$2.70

_____ **Initial to accept New Voluntary Term Life Rates.**

	Current Rates	New Rates Effective 12/01/2025
Voluntary Dependent Life	$2.19	$2.19

_____ **Initial to accept New Voluntary Dependent Life Rates.**

	Current Rates	New Rates Effective 12/01/2025
Voluntary Retiree Life	$0.209	$0.209

_____ **Initial to accept New Voluntary Retiree Life Rates.**

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☐ Allow election changes on the ESS ☒ Do not allow election changes on the ESS

_____ **Initial to confirm ESS Elections.**

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 Retiree Eligibility.**

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
30 days - Day following waiting period	30 days - Day following waiting period

_____ **Initial to confirm Waiting Period.**

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ Group processes COBRA on OASys
** Group is responsible for fulfilling COBRA notification process and requirements.*

☑ BenefitConnect COBRA Department coordinates COBRA Administration
** WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.*

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

_____ **Initial to confirm COBRA Administration.**

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name N/A
Broker Representative _____
Address _____
_____
Phone _____
Fax _____
Email _____

Agency Name N/A
Consultant Representative _____
Address _____
_____
Phone _____
Fax _____
Email _____

_____**Initial to confirm Broker or Consultant information**

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address 425 FM 1488 Rd #102
Hempstead, TX 77445

_____ **Initial to confirm Physical Mailing Address**.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name	Honorable Carbett "Trey" J. Duhon III	
Title	County Judge	
Address	425 FM 1488 RD #106	
	Hempstead, TX 77445-4673	
Phone	9798267700	
Fax		
Email	t.duhon@wallercounty.us	

BILLING CONTACT

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

Please list changes and/or corrections below.

Name	Honorable Joan Sargent	
Title	County Treasurer	
Address	425 FM 1488 RD #102	
	Hempstead, TX 77445	
Phone	9798267707	
Fax	9794723909	
Email	j.sargent@wallercounty.us	

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name	Honorable Joan Sargent	
Title	County Treasurer	
Address	425 FM 1488 RD #102	
	Hempstead, TX 77445	
Phone	9798267707	
Fax	9794723909	
Email	j.sargent@wallercounty.us	

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name	Evelyn Bazan	
Title	Deputy	
Address	425 FM 1488 Rd #102	
	Hempstead, TX 77445-9634	
Phone	9798267707	
Fax		
Email	e.bazan@wallercounty.us	

Name	
Title	
Address	
Phone	
Fax	
Email	

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name	Joan Sargent	
Title	Treasurer	
Address	425 FM 1488 Rd #102	
	Hempstead, TX 77445-9634	
Phone	9798267707	
Fax		
Email	j.sargent@wallercounty.us	

Name	
Title	
Address	
Phone	
Fax	
Email	

_____ **Initial to confirm Member Contact Designations.**

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.
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As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.

2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.

3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.

4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.

5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.

6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.

7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.

9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.

10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.

11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162.and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.

12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

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

Printed Name of Contracting Authority

08/20/2025

Signature of Contracting Authority **Date**

PLAN INFORMATION

- RNBC must be received by 09/11/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- 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.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

_____ **Initial to confirm Plan Information.**

RENEWAL CONFIRMATION SIGNATURE

Date: 08/20/2025

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.