



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**2016 - 2017 Renewal Notice and Benefit Confirmation**

Group: 94567 - Sutton County

Anniversary Date: 10/01/2016

Return to TAC by: 08/01/2016

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 [JenniferR@county.org](mailto:JenniferR@county.org).

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

**MEDICAL**

Medical: Plan 1100 \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max

RX Plan: Option 3A \$10/20/35

Your % rate increase is: 2.00%

Your payroll deductions for medical benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2016	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$612.48	\$624.72	\$ 624.72	\$ -0-	\$ -0-
Employee + Child(ren)	\$1,042.44	\$1,063.28	\$ 624.72	\$ 438.56	\$ N/A
Employee + Spouse	\$1,329.18	\$1,355.76	\$ 624.72	\$ 731.04	\$ N/A
Employee + Family	\$1,759.22	\$1,794.40	\$ 624.72	\$ 1169.68	\$ N/A

SS Initial to accept Medical Plan and New Rates.

**RETIREE**

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical

**Pre 65**

Post 65

Both

SS

Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits.

**Employees**

**Elected Officials**

Date of hire

Date of hire

SS

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

SS Initial to confirm COBRA Administration.

## PLAN INFORMATION

### Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable: **Bobby Zesch**

Agency Name: ZESCH 7 PICKETT INS LLP

Agency Address: P.O. BOX 431  
Number and Street

SAN ANGELO                      TX    76902  
City                                      State    Zip

Broker Representative or Consultant's Name: BOBBY ZESCH

Contact Phone Number: 325/653-1448

Contact Email Address: bobby@zapins.com

SS 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 **08/01/2016** 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 Sutton 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 Ms. Maura H. Weingart/Auditor

Address PO Box 16  
Sonora, TX 76950-0016

Phone 325-387-5380

Fax 325-387-2379

Email [suttonauditor@sonoratx.net](mailto:suttonauditor@sonoratx.net)

### BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Ms. Maura H. Weingart/Auditor

Address P.O. Box 16  
Sonora, TX 76950-0016

Phone 325-387-5380

Fax 325-387-2379

Email [suttonauditor@sonoratx.net](mailto:suttonauditor@sonoratx.net)

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 Ms. Maura H. Weingart/Auditor

Address P.O. Box 16  
Sonora, TX 76950-0016

Phone 325-387-5380

Fax 325-387-2379

Email [suttonauditor@sonoratx.net](mailto:suttonauditor@sonoratx.net)



Date: 11 July 2016

Signature of County Judge or Contracting Authority



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.*

**Gentry Talley Woodburn**  
**Senior Sales Representative**  
2607 Wolflin Ave. #135 / Amarillo, TX 79109  
Bus: 806-355-0767 / Fax: 888-270-8090  
E-mail: gtalley@ameritas.com



July 28, 2016

Maura Weingart  
Sutton County  
Courthouse Square  
Waterstreet  
Sonora, TX 76950

Subject: Sutton County renewal effective October 1, 2016 Policy Number 010.021278

Thank you for choosing an Ameritas Dental and Eye Care Plan.

We're proud to provide plans that help employees get the dental and eye care coverage they need for good health, and we'll work hard to keep earning the privilege of insuring Sutton County.

A team of associates with actuarial, administrative, marketing, and sales experience has prepared this renewal for the year beginning October 1, 2016. To predict your plan's future performance, we analyzed Sutton County's claims history and combined this with the historical data of all groups insured for similar benefits.

We are pleased to inform you that your Dental, Orthodontia and Eye Care rates will remain unchanged. Effective 10/1/2016 through 9/30/2017, the following rates will apply:

<b>DENTAL RATES</b>	<u>CURRENT</u>	<u>RENEWAL</u>
Employee	\$ 20.56	\$ 20.56
Employee + Spouse	\$ 44.24	\$ 44.24
Employee + Child(ren)	\$ 57.48	\$ 57.48
Employee + Spouse + Child(ren)	\$ 81.16	\$ 81.16

<b>EYE CARE RATES</b>	<u>CURRENT</u>	<u>RENEWAL</u>
Employee	\$ 10.36	\$ 10.36
Employee + One Dependent	\$ 20.72	\$ 20.72
Employee + 2 or more Dependents	\$ 29.12	\$ 29.12

Our product flexibility enables us to package solutions balanced between benefits and premium to help maximize the plan's effectiveness. At your request, we can research alternatives that may better meet the needs of your company and its employees.

Thank you again for your business. I welcome the opportunity to discuss this renewal. We appreciate the opportunity to continue providing fast and accurate claims processing, exceptional administration, and excellent customer service in the years to come.

Sincerely,

Gentry Talley Woodburn  
Senior Sales Representative

cc: Zesch & Pickett Insurance LLP