



2019 - 2020 Renewal Notice and Benefit Confirmation

Group: 23972 - Brewster County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

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 ErinC@county.org.

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

MEDICAL

Medical: Plan 400-G \$25 Copay, \$300 Ded, 80%, \$2400 OOP Max

RX Plan: Option 2A-G \$10/25/40, \$0 Ded

Your % rate increase is: 2.80%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$804.76	\$827.28	\$827.28	\$	\$
Employee + Child	\$954.46	\$981.18	\$827.28	\$153.90	\$153.90
Employee + Child(ren)	\$1,171.48	\$1,204.28	\$827.28	\$377.00	\$377.00
Employee + Spouse	\$1,332.04	\$1,369.34	\$827.28	\$542.06	\$542.06
Employee + Family	\$1,341.04	\$1,378.58	\$827.28	\$551.30	\$551.30

Initial to accept Medical Plan and New Rates.