VOL 34 PAGE 1 FILED FOR RECORD IN MY OFFICE

AT 9:05 O'CLOCK A M.

APR 20 2000

SUE GRAFTON
COUNTY CLERK, PANOLA COUNTY, TEXAS
BY DEPUTY

MEETING OF COMMISSIONERS' COURT OF PANOLA COUNTY

TO WHOM IT MAY CONCERN:

PURSUANT TO THE TEXAS OPEN MEETINGS ACT, NOTICE IS HEREBY GIVEN THAT A SPECIAL MEETING OF THE COMMISSIONERS' COURT OF PANOLA COUNTY, TEXAS WILL BE HELD ON THE 24TH DAY OF APRIL, 2000, IN THE COMMISSIONERS' COURTROOM IN THE PANOLA COUNTY COURTHOUSE IN CARTHAGE, TEXAS AT 9:00 O'CLOCK A.M. AT WHICH MEETING THE FOLLOWING SUBJECTS WILL BE DISCUSSED AND THE FOLLOWING MATTERS ACTED UPON:

OPEN MEETING:

1. **CITIZEN COMMENTS**: This is for citizens to comment on any subject not on the current agenda concerning county business. Members of the Court may answer direct questions, but any action from this item must be scheduled on a future agenda.

2. **COMMISSIONERS' REPORT**: These are for informational purposes only. Any action that needs to be taken on the basis of these reports will be placed on a future agenda for action.

3. **COUNTY JUDGE'S REPORT**: This is for informational purposes only. Any action that needs to be taken on the basis of this report will be placed on a future agenda for action.

4. **CONSENT ITEMS**:

PERSONNEL

a. To record a change in status of employment for Jerry Coxen from Truck Driver with the Panola County Road and Bridge Department to Operator with the Panola County Road and Bridge Department at the rate of $10.00 per hour effective April 24, 2000.

b. To record the resignation of Judy Foster as a Secretary with the Panola County Sheriff's Department effective April 18, 2000.

c. To record a change in status of employment for Heather Gray from a Seasonal Communications Officer with the Panola County Sheriff's Department to Secretary with the Panola County Sheriff's Department effective April 19, 2000 at the rate of $8.80 per hour.

ROAD & BRIDGE

a. To authorize the County Auditor to advertise for sealed bids for the purchase of a 1 Ton pickup for the Panola County Road and Bridge Department; and for a 3/4 Ton pickup for Constable, Precinct #2 & #3. Specifications available at the Panola County Warehouse, 1211 E. Sabine, Carthage, Texas 75633. Bids will be opened at a Special Session of the Commissioners' Court on May 22, 2000.

MISCELLANEOUS

a. To record Insurance Continuation Certificates for Kevin May, Ronald Wesley Endsley, and Bob Fleming, Reserve Deputies for the Panola County Sheriff's Department.

b. To record Panola County Sheriff State Forfeiture Fund Budget Amendment for Fiscal Year 2000.

REQUESTS FOR CONFERENCE ATTENDANCE

a. To approve and record a Request for Attendance at a Conference for County Clerk Sue Grafton.

b. To approve and record a Request for Attendance at a Conference for County Auditor Sidney Burns.

c. To approve and record a Request for Attendance at a Conference for 2nd Assistant Auditor Stephanie Johnson.

5. To approve Road & Bridge requisitions and to approve payment of current Panola County bills as presented on vouchers prepared and submitted by the County Auditor.

6. To hear a presentation by Sgt. Eric Gilbert of the Texas Department of Public Safety and justices of the Peace Pat Davis and Lora Taylor on the Failure to Appear Program, discuss the issue, and to take any action the Court deems appropriate.

7. To discuss and act upon acceptance of a settlement from Royal and Sunalliance Insurance with regards to the loss of one (1) 1998 Ford Expedition; and to authorize the County Auditor to release the vehicle's title to said insurance company.

8. To recess until 10:30 o'clock a.m.

RECESS

9. To reconvene at 10:30 o'clock a.m. at the site of the proposed boat ramp on the Sabine River at Highway 43 to discuss the plans with Mitch Fortner of KSA Engineers.

10. To recess until 1:30 o'clock p.m.

RECESS

11. To reconvene at 1:30 o'clock p.m. to further discuss and take any action necessary with regards to boat ramp plans.

12. To award proposals for elected officials and employees medical insurance opened April 10, 2000, and to adopt an Interlocal Agreement, if necessary.

ADJOURNMENT

WITNESS THE HAND OF THE UNDERSIGNED CLERK ON THIS THE 20TH DAY OF APRIL, 2000 AT 9:05 O'CLOCK A.M.

Sue Grafton
SUE GRAFTON, COUNTY CLERK
PANOLA COUNTY, TEXAS
By: Ruby Bowman, Deputy

I, SUE GRAFTON, CLERK OF THE COMMISSIONERS' COURT OF PANOLA COUNTY, TEXAS DO HEREBY CERTIFY THAT THE ABOVE NOTICE WAS POSTED ON THE OFFICIAL BULLETIN BOARD IN THE PANOLA COUNTY COURTHOUSE IN THE CITY OF CARTHAGE, TEXAS AND IN A PUBLIC PLACE VISIBLE AT ALL TIMES ON THE 20TH DAY OF APRIL, 2000 AT 9:05 O'CLOCK A.M.

Sue Grafton
SUE GRAFTON, COUNTY CLERK
PANOLA COUNTY, TEXAS
By: Ruby Bowman, Deputy

VOL 34 PAGE 4

FILED FOR RECORD
IN MY OFFICE
AT _____ O'CLOCK _____ M.

MAY 8 2000

SUE GRAFTON
COUNTY CLERK, PANOLA COUNTY, TEXAS
BY Sue Grafton DEPUTY

The State of Texas
County of Panola

On this the 24th day of April A.D.2000, the Commissioners' Court of Panola County, Texas met in a Special Meeting of the Court at 9:00 o'clock a.m. in the Commissioners' Courtroom of said County with the following members of the Court present:

John Cordray	County Judge
Ronnie LaGrone	Commissioner, Precinct No. 1
Douglas M. Cotton	Commissioner, Precinct No. 2
Joe Harris	Commissioner, Precinct No. 3
Jimmy Davis	Commissioner, Precinct No. 4

with none absent, constituting a quorum of the Court Also attending were Sue Grafton, County Clerk and Lee Ann Jones, Administrative Assistant to the County Judge. Attached to and made a part of these Minutes is a list of other attendees and the office or organization that each represents. The following proceedings were held at this meeting:

OPEN MEETING.

1. CITIZEN COMMENTS:

There were no comments from the citizens.

2. COMMISSIONERS' REPORTS:

There were no reports from the Commissioners.

3. COUNTY JUDGE'S REPORT:

There was no report from the County Judge.

4. CONSENT ITEMS:

PERSONNEL

/ a. To record a change in status of employment for Jerry Coxen from Truck Driver with the Panola County Road and Bridge Department to Operator with the Panola County Road and Bridge Department at the rate of $10.00 per hour effective April 24, 2000.

/ b. To record the resignation of Judy Foster as a Secretary with the Panola County Sheriff's Department effective April 18, 2000.

/ c. To record a change in status of employment for Heather Gray from a Seasonal Communications Officer with the Panola County Sheriff's Department to Secretary with the Panola County Sheriff's Department effective April 19, 2000 at the rate of $8.80 per hour.

ROAD & BRIDGE

/ a. To authorize the County Auditor to advertise for sealed bids for the purchase of a 1 Ton pickup for the Panola County Road and Bridge Department; and for a 3/4 Ton pickup for Constable, Precincts #2 & #3. Specifications available at the Panola County Warehouse, 1211 E. Sabine, Carthage, Texas 75633. Bids will be opened at a Special Session of the Commissioners' Court on May 22, 2000.

MISCELLANEOUS

a. To record Insurance Continuation Certificates for Kevin May, Ronald Wesley Endsley, and Bob Fleming, Reserve Deputies for the Panola County Sheriff's Department.

b. To record Panola County Sheriff State Forfeiture Fund Budget Amendment for Fiscal Year 2000.

REQUESTS FOR CONFERENCE ATTENDANCE

a. To approve and record a Request for Attendance at a Conference for County Clerk Sue Grafton.

b. To approve and record a Request for Attendance at a Conference for County Auditor Sidney Burns.

c. To approve and record a Request for Attendance at a Conference for 2nd Assistant Auditor Stephanie Johnson

Commissioner LaGrone moved and Commissioner Davis seconded the motion to approve all the Consent Items: The motion passed unanimously.

A COPY OF EACH AMENDMENT REQUEST AND/OR BOND IS ATTACHED TO AND MADE A PART OF THE MINUTES.

5. Commissioner Davis moved and Commissioner Harris seconded the motion to approve the Road and Bridge requisitions and to approve payment of the current Panola County bills as presented on vouchers prepared and submitted by the County Auditor. The motion passed by a vote of 4-0-1 with Commissioner Cotton abstaining. SEE LIST OF BILLS ATTACHED

6 Judge Cordray moved and Commissioner Harris seconded the motion to postpone the presentation by Sgt. Eric Gilbert of the Texas Department of Public Safety and Justices of the Peace Pat Davis and Lora Taylor on the Failure to Appear Program until May 8 since Sgt. Gilbert had been in an accident. The motion passed unanimously.

7. After some discussion Commissioner Harris moved and Commissioner LaGrone seconded the motion to accept the settlement in the amount of $24,025.00 from Royal and Sunalliance Insurance with regards to the loss of one (1) 1998 Ford Expedition and to authorize the County Auditor to release the vehicle's title to said insurance company. The motion passed unanimously. SEE COPY OF SETTLEMENT OFFER ATTACHED.

8. The meeting was recessed at 9:08 o'clock a.m. to reconvene at 10:30 o'clock a.m.

RECESS

9. The meeting was reconvened at 10:30 o'clock a.m. at the site of the proposed boat ramp on the Sabine River at Highway 43 to discuss the plans with Mitch Fortner of KSA Engineers, Inc. All members of the Court were present. Also in attendance were John Paul Jones, County Engineer for Harrison County and the Road Foreman for the Harrison County Precinct which adjoins Panola County at the site. Mr. Fortner was accompanied by an assistant from his office.

10. The meeting was recessed until 1:30 o'clock p.m.

RECESS

The meeting was reconvened at 1:30 o'clock p.m. with all members of the Court present. Also present were Deputy County Clerk Mickey Dorman and Lee Ann Jones, Administrative Assistant to the County Judge.

11. Commissioner Cotton moved and Commissioner Harris seconded the motion to submit the plans as they stand to the Texas Parks and Wildlife Service and to the Texas Department of Transportation for approval. The motion passed unanimously.

12. After some discussion Commissioner Davis moved and Commissioner LaGrone seconded the motion to award the proposal for elected officials and employees medical insurance to Blue Cross-Blue Shield through the Texas Association of Counties as recommended by the Insurance Committee and to approve the Interlocal Agreement with TAC allowing this action. The motion passed unanimously. SEE COPY OF PROPOSALS AND AGREEMENT ATTACHED.

The meeting was then adjourned.

Dated this the 24th day of April, 2000.

John Cordray

John Cordray, County Judge, Panola County, Texas

ATTEST:

Sue Grafton

Sue Grafton, County Clerk, Panola County, Texas

VOL 34 PAGE 7

CONSENT

ITEMS

VOL 34 PAGE 8

314 W. WELLINGTON
CARTHAGE, TX 75633
(903) 693-0333
FAX (903) 693-9366

JACK ELLETT
SHERIFF

PANOLA COUNTY SHERIFF'S DEPARTMENT

April 17, 2000

The Honorable John Cordray
Panola County Judge
Carthage, Texas 75633

Judge Cordray,

Please add the following personnel changes within my department to your next Commissioners Court meeting scheduled for April 24, 2000.

JUDY FOSTER: Please accept the resignation of Judy Foster as Secretary with this department effective April 18, 2000.

HEATHER GRAY: Please accept the change in Heather Gray's employment status from Seasonal Communications Officer to full time Secretary effective April 19, 2000. at the rate of $8.80 per Hour. AP

Sincerely,

Jack Ellett
Sheriff

JE:lp
CC: Sidney Burns, County Auditor
Gloria Portman, County Treasurer

COUNTY OF PANOLA
CARTHAGE, TEXAS

NOTICE TO BIDDERS

In accordance with Vernons Texas Codes Annotated, Local Government Code, Chapter 262, Subchapter C, the Commissioners Court of Panola County, Texas will receive sealed bids on a one (1) ton truck w/flatbed to be used by Panola County Road & Bridge Department and a 3/4 ton pickup truck to be used by Constable, Precinct #2 & #3. Bids will be received at the office of County Judge John Cordray, Room 216-A, Panola County Courthouse, Carthage, Texas 75633 until May 22, 2000, 1:30 p.m. at which time bids will be opened in the Commissioners Courtroom, Panola County Courthouse, Carthage, Texas during the Commissioners Court meeting. Bids are to be on the unit price basis and no bond is required. Specifications may be obtained at the Panola County Warehouse, 1211 E. Sabine, Carthage, Texas 75633. Contract will be awarded to the successful bidder in accordance with the above mentioned Local Government Code. Payment will be made by check after receiving the trucks and upon approval of bills or invoices by the Commissioners Court.

The Court reserves the right to accept or reject any and/or all bids.

Sidney Burns

Sidney Burns, County Auditor
Panola County, Texas

American States Insurance
A SAFECO Company

CONTINUATION CERTIFICATE

VOL 34 PAGE 10

AMERICAN STATES INSURANCE COMPANY Indianapolis, Indiana, Surety upon

a certain Bond No. EX 947851

dated effective 05/20/1996
(MONTH-DAY-YEAR)

on behalf of KEVIN MAY
(PRINCIPAL)

and in favor of SHERIFF OF PANOLA COUNTY
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 05/20/2000
(MONTH-DAY-YEAR)

and ending on 05/20/2001
(MONTH-DAY-YEAR)

Amount of bond TWO THOUSAND ---------- DOLLARS ($2,000)

Description of bond RESERVE DEPUTY

Premium: $50.00

PROVIDED : That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on March 21, 2000
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

By W. Randall Stoddard
PRESIDENT

W. RANDALL STODDARD, PRESIDENT

AMERICAN STATES INSURANCE COMPANY SEAL INDIANA

S-4620/EP 1/99

American States Insurance
A SAFECO Company

CONTINUATION CERTIFICATE

VOL 34 PAGE 11

AMERICAN STATES INSURANCE COMPANY Indianapolis, Indiana, Surety upon

a certain Bond No. 6020854

dated effective 05/14/1999
(MONTH-DAY-YEAR)

on behalf of RONALD WESLEY ENDSLEY
(PRINCIPAL)

and in favor of SHERIFF OF PANOLA COUNTY
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 05/14/2000
(MONTH-DAY-YEAR)

and ending on 05/14/2001
(MONTH-DAY-YEAR)

Amount of bond TWO THOUSAND ---------- DOLLARS ($2,000)

Description of bond PUBLIC OFFICIAL BOND--RESERVE DEPUTY

Premium: $50.00

PROVIDED : That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on March 15, 2000
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

By D. Randall Stoddard
PRESIDENT

W. RANDALL STODDARD, PRESIDENT

AMERICAN STATES INSURANCE COMPANY • INDIANA • SEAL

S-4620/EP 1/99

American States Insurance
A SAFECO Company

CONTINUATION CERTIFICATE

VOL 34 PAGE 12

AMERICAN STATES INSURANCE COMPANY Indianapolis, Indiana, Surety upon

a certain Bond No. EX 947847

dated effective 05/20/1996
(MONTH-DAY-YEAR)

on behalf of BOB FLEMING
(PRINCIPAL)

and in favor of SHERIFF OF PANOLA COUNTY
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 05/20/2000
(MONTH-DAY-YEAR)

and ending on 05/20/2001
(MONTH-DAY-YEAR)

Amount of bond TWO THOUSAND ---------- DOLLARS ($2,000)

Description of bond RESERVE DEPUTY

Premium: $50.00

PROVIDED : That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on March 21, 2000
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

By D. Randall Stoddard
PRESIDENT

W. RANDALL STODDARD, PRESIDENT

AMERICAN STATES INSURANCE COMPANY SEAL INDIANA

S-4820/EP 1/99

VOL 34 PAGE 13

314 W. WELLINGTON
CARTHAGE, TX 75633
(903) 693-0333
FAX (903) 693-9366

JACK ELLETT
SHERIFF

PANOLA COUNTY SHERIFF'S DEPARTMENT

4/17/00

Panola County Sheriff
State Forfeiture Fund
Budget Amendment
Fiscal Year 2000

Source of Revenues

Proceed Insurance Settlement	$24,025.00
Cash Balance- Beginning of Year	1,418.00
Total:	$25,443.00

Expenditures

Sheriff
Capital Outlay Furniture & Equipment
Total: $25,443.00

I hereby approve the above described budget amendment and ask the Commissioners Court to please record it at the scheduled Commissioners Court meeting.

Jack Ellett 4/7/2000

Jack Ellett
Panola County Sheriff

VOL 34 PAGE 14

APPROVED
04-24-00
John Cordray,
County Judge

PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE

NAME: SUE GRAFTON

POSITION: COUNTY CLERK

DEPARTMENT: COUNTY CLERK

DATE: APRIL 18, 2000

CONFERENCE: 105TH ANNUAL COUNTY & DISTRICT CLERKS CONFERENCE

LOCATION: WICHITA FALLS, TEXAS

DATES: JUNE 11, 2000 to JUNE 15, 2000

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 5 DAYS COUNTING TRAVEL

Does the conference meet your educational requirements for the year? YES

If not, how much of your requirements will be met by this conference? _____

How much of your requirements have been met already, not counting this conference?

3 DAYS

How many days have you been away from your job this year for conferences, not counting this conference? 3 DAYS

Do you have sufficient funds in your budget for this conference? YES

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

THIS IS PART OF THE ANNUALLY TRAINING FOR COUNTY AND DISTRICT CLERKS' EVERY YEAR.

VOL 34 PAGE 15

APPROVED
04-24-00
John Cordray
John Cordray,
County Judge

PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE

NAME: Sidney Burns

POSITION: County Auditor

DEPARTMENT: County Auditor

DATE: 4-18-00

CONFERENCE: Forty-Second County Auditors' Institute

LOCATION: The University of Texas at Austin

DATES: May 16, 2000 to May 19, 2000

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 4

Does the conference meet your educational requirements for the year? No

If not, how much of your requirements will be met by this conference? 20 hours

How much of your requirements have been met already, not counting this conference?

How many days have you been away from your job this year for conferences, not counting this conference? 0

Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

This conference always provides excellent information relating to all areas of county government. The school provides the latest government accounting standards, information on law changes and general information relating to the duties of the office of County Auditor.

VOL 34 PAGE 16

APPROVED
04-24-00
John Cordray,
County Judge

PANOLA COUNTY OFFICIAL/EMPLOYEE
REQUEST FOR ATTENDANCE AT A CONFERENCE

NAME: Stephanie Johnson

POSITION: Assistant Auditor

DEPARTMENT: County Auditor

DATE: 4-19-00

CONFERENCE: Forty-Second County Auditor's Institute

LOCATION: Austin Tx.

DATES: May 16, 2000 to May 19, 2000

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 4

Does the conference meet your educational requirements for the year? N/A

If not, how much of your requirements will be met by this conference? N/A

How much of your requirements have been met already, not counting this conference?

N/A

How many days have you been away from your job this year for conferences, not counting this conference? None

Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

This will be my first opportunity to attend The County Auditor's Institute and I am looking forward to participating in the various sessions concerning topics that we deal with on a daily basis. This school provides the latest & up to date information on government standards, law changes and the duties of our office.

ACTION ITEMS

VOL 34 PAGE 18

Panola County — ACCOUNTS PAYABLE SYSTEM — 03:19:16pm
20 Apr 2000
THE SOFTWARE GROUP, INC. — Open Invoices thru 04/24/00 — PAGE 1

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 2681-A T & T OMAHA	$13.48			$0.00			$ 13.48
* Due 1940-A.Y. STURDIVANT MD	$55.00			$0.00			$ 55.00
* Due 573-ALLAN D. CAIN	$98.00			$0.00			$ 98.00
* Due 135-ALLTEL	$93.39			$0.00			$ 93.39
* Due 2721-AUSTIN COMPUTER SERVICES	$135.00			$0.00			$ 135.00
* Due 2640-AZLEWAY INC	$2741.02			$0.00			$ 2741.02
* Due 562-BAXTER SALES CO INC.	$189.52			$0.00			$ 189.52
* Due 51-BISHOP AUTO ELECTRIC	$302.50			$0.00			$ 302.50
* Due 21-BOGEL SALES, INC.	$471.54			$0.00			$ 471.54
* Due 157-BROOKSHIRE BROTHERS, INC.	$34.46			$0.00			$ 34.46
* Due 2679-C & S TECHNICAL SERVICES	$35.00			$0.00			$ 35.00
* Due 124-CARTHAGE AG & VET SUPPLY	$69.50			$0.00			$ 69.50
* Due 2859-CARTHAGE HEALTH CLINIC	$235.00			$0.00			$ 235.00

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 8-CARTHAGE MACHINE AND WELDIN	$351.78			$0.00			$ 351.78
* Due 259-CHAMPION INTERNATIONAL COR	$36.00			$0.00			$ 36.00
* Due 37-CITY OF CARTHAGE	$36872.98			$0.00			$ 36872.98
* Due 195-COREY BANKHEAD	$5172.50			$0.00			$ 5172.50
* Due 452-DALLAS COUNTY TREASURER	$900.00			$0.00			$ 900.00
* Due 192-DANKA OFFICE IMAGING CO	$208.08			$0.00			$ 208.08
* Due 528-DAVID GRAY	$24.10			$0.00			$ 24.10
* Due 526-DAVID JETER	$754.31			$0.00			$ 754.31
* Due 2861-DAVID W. DAVIS	$430.00			$0.00			$ 430.00
* Due 94-DIXIE PAPER CO.	$185.00			$0.00			$ 185.00
* Due 642-DOLLAR GENERAL STORE #2712	$35.50			$0.00			$ 35.50
* Due 201-DR.KEITH KEELING	$500.00			$0.00			$ 500.00
* Due 1376-DUANE PARKER	$250.00			$0.00			$ 250.00

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 100-ECKERDS DRUG	$70.43	___	___	$0.00	___	___	$ 70.43
* Due 422-ED BLAND	$37.75	___	___	$0.00	___	___	$ 37.75
* Due 1451-ERGON	$3896.76	___	___	$0.00	___	___	$ 3896.76
* Due 2066-ETMC CARTHAGE	$10674.18	___	___	$0.00	___	___	$ 10674.18
* Due 1627-FAMILY DOLLAR STORES	$163.96	___	___	$0.00	___	___	$ 163.96
* Due 1161-FLORENCE SIMS	$122.00	___	___	$0.00	___	___	$ 122.00
* Due 816-FOLEY RENTALS INC.	$139.16	___	___	$0.00	___	___	$ 139.16
* Due 320-GALL'S INC	$208.88	___	___	$0.00	___	___	$ 208.88
* Due 1507-GRAY'S WHOLESALE TIRE DI	$763.50	___	___	$0.00	___	___	$ 763.50
* Due 197-GREGG COUNTY JUVENILE	$540.00	___	___	$0.00	___	___	$ 540.00
* Due 2853-HEATHER GRAY	$29.22	___	___	$0.00	___	___	$ 29.22
* Due 370-HIGH POINT COMMUNICATIONS	$212.29	___	___	$0.00	___	___	$ 212.29
* Due 2854-JACO INDUSTRIAL SUPPLY I	$983.42	___	___	$0.00	___	___	$ 983.42
* Due 2806-JAMES KEITH KNIGHT	$75.00	___	___	$0.00	___	___	$ 75.00

Panola County — ACCOUNTS PAYABLE SYSTEM — 20 Apr 2000
THE SOFTWARE GROUP, INC. — Open Invoices thru 04/24/00 — PAGE 4

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 2083-JAN MAXEY	$42.84			$0.00			$ 42.84
* Due 906-JOE MIMS	$758.00			$0.00			$ 758.00
* Due 1020-JONI REED	$20.83			$0.00			$ 20.83
* Due 2857-JOY BERRY	$1050.00			$0.00			$ 1050.00
* Due 1373-JUDY HEINKEL	$75.00			$0.00			$ 75.00
* Due 1208-KEITH KEELING M.D.	$110.00			$0.00			$ 110.00
* Due 2732-KELLPRO	$2097.38			$0.00			$ 2097.38
* Due 713-KGAS RADIO-VISION	$35.60			$0.00			$ 35.60
* Due 519-KSA ENGINEERS INC.	$8413.21			$0.00			$ 8413.21
* Due 309-LAGRONE CLEANERS	$12.00			$0.00			$ 12.00
* Due 2539-LEE WOODS	$450.00			$0.00			$ 450.00
* Due 1609-LEXIS LAW PUBLISHING	$25.60			$0.00			$ 25.60
* Due 443-LINNER PERKINS	$94.00			$0.00			$ 94.00

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 1313-LONGVIEW ASPHALT INC	$4059.94			$0.00			$ 4059.94
* Due 2487-LYNN PEAVEY COMPANY	$130.60			$0.00			$ 130.60
* Due 1962-MARSHALL FARM & RANCH CEN	$20.98			$0.00			$ 20.98
* Due 1404-MERVIN SCOTT	$75.00			$0.00			$ 75.00
* Due 1444-MID CONTINENT INS. CO.	$430.79			$0.00			$ 430.79
* Due 748-MOORE'S TRUCK TIRE CENTER	$530.16			$0.00			$ 530.16
* Due 425-MORRIS SAMFORD JR.	$1150.00			$0.00			$ 1150.00
* Due 2729-MOUNTAIN VALLEY WATER	$34.00			$0.00			$ 34.00
* Due 2013-MUSIC MOUNTAIN WATER CON	$163.25			$0.00			$ 163.25
* Due 2863-NATIONAL PARTS DEPOT	$22.00			$0.00			$ 22.00
* Due 683-NATIONAL SHERIFFS' ASSOCIA	$50.00			$0.00			$ 50.00
* Due 2862-NORTHERN TOOL & EQUIPMEN	$572.61			$0.00			$ 572.61
* Due 109-PANOLA COUNTY CHILDREN'S	$1301.69	0		$0.00			$ 1301.69

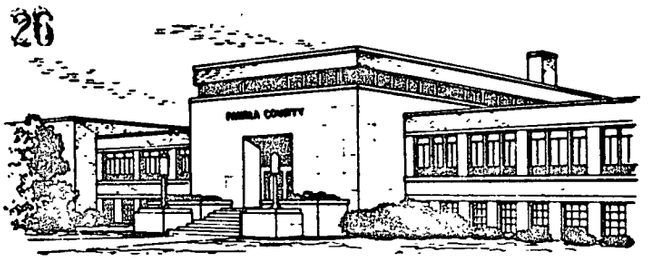
	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 1926-PANOLA FEED & SUPPLY	$16.95			$0.00			$ 16.95
* Due 1342-PANOLA SOIL & WATER CON	$1000.00	D	I	$0.00			$ 1000.00
* Due 377-PHYSICIANS DESK REFERENCE	$90.90			$0.00			$ 90.90
* Due 2860-PINE BURR	$35.00			$0.00			$ 35.00
* Due 47-PINEYWOODS BUSINESS FORMS	$1126.40			$0.00			$ 1126.40
* Due 1166-PUBLIC AGENCY TRAINING C	$990.00			$0.00			$ 990.00
* Due 1935-R. F. AVERY	$182.00			$0.00			$ 182.00
* Due 129-RANCHLAND	$1143.05			$0.00			$ 1143.05
* Due 111-ROBINSON & WILLIAMS	$1190.00			$0.00			$ 1190.00
* Due 9-ROSS (CARTHAGE) CITGO	$774.06			$0.00			$ 774.06
* Due 160-SABINE VALLEY CENTER	$3750.00			$0.00			$ 3750.00
* Due 586-SARAH FIELDS	$1.01			$0.00			$ 1.01
* Due 2757-SATNET, INC	$15.95			$0.00			$ 15.95
* Due 31-SCOTT-MERRIMAN, INC.	$288.82			$0.00			$ 288.82

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 136-SHELBY LP GAS COMPANY	$70.68			$0.00			$ 70.68
* Due 374-SHEPARD'S	$581.42			$0.00			$ 581.42
* Due 189-SOUTHWESTERN BELL	$169.67			$0.00			$ 169.67
* Due 1674-STAT INC	$140.00			$0.00			$ 140.00
* Due 2711-STEPHEN C. MAHAFFEY	$750.00			$0.00			$ 750.00
* Due 1603-STEPHEN F. AUSTIN STATE	$350.00	Y		$0.00			$ 350.00
* Due 1904-THE COMPUTER SHOP	$81.99			$0.00			$ 81.99
* Due 2858-THE PRODUCT CENTER	$298.77			$0.00			$ 298.77
* Due 161-THE SOFTWARE GROUP	$180.00			$0.00			$ 180.00
* Due 199-THE UNIVERSITY OF TEXAS A	$340.00			$0.00			$ 340.00
* Due 1536-THOMAS HARRIS	$250.00			$0.00			$ 250.00
* Due 515-TONI MORSE	$329.10			$0.00			$ 329.10
* Due 1715-TRANSCOR AMERICA INC	$627.05			$0.00			$ 627.05

	Gross Amount.	Req.	Req.	Discount	Req.	Req.	Net Amt.....
* Due 2484-TREADCO INC	$655.00			$0.00			$ 655.00
* Due 101-TWIN STATE TRUCKS INC	$47.78			$0.00			$ 47.78
* Due 2418-TXI	$5559.34			$0.00			$ 5559.34
* Due 1570-TYLER ASPHALT & GRAVEL	$2512.56			$0.00			$ 2512.56
* Due 123-TYSON FOODS, INC.	$120.00			$0.00			$ 120.00
* Due 660-U. S. POSTMASTER	$114.00			$0.00			$ 114.00
* Due 2508-VIRTUAL RADIOLOGY PC	$58.00			$0.00			$ 58.00
* Due 477-VULCAN SIGNS	$408.84			$0.00			$ 408.84
* Due 2533-WEST GROUP	$225.00			$0.00			$ 225.00
* Due 149-WHOLESALE SUPPLY INC	$265.00			$0.00			$ 265.00
* Due 64-XEROX CORPORATION	$55.70			$0.00			$ 55.70
Totals	$114629.73			$0.00			$ 114629.73

196 records listed.

VOL 34 PAGE 26



County of Panola

OFFICE 903 693-0375
HOME 903 622-4466
FAX 903 694-2674

PAT DAVIS
JUSTICE OF THE PEACE
PRECINCT #1

ROOM 105, COURTHOUSE
CARTHAGE TEXAS 75633

April 12, 2000

Honorable Judge John Cordray
Commissioner's Court
Panola County

RE: Commissioner's Court Agenda

Dear Sir:

Sargent Eric Gilbert, Texas Department of Public Safety, along with Justice of the Peace #1, Pat Davis, and Justice of the Peace #2, Lora J. Taylor, would like to address the commissioner's court on the Failure to Appear program (FTA). Please place this on the agenda for April 24, 2000, commissioner's court meeting.

If you have any questions, please contact our office.

Sincerely,

Toni Hughes

Toni Hughes
Court Clerk

PAT DAVIS JUSTICE COURT PCT. #1 PANOLA COUNTY

VOL. 34 PAGE 27

314 W WELLINGTON
CARTHAGE, TX 75633
(903) 693-0333
FAX (903) 693-9366

JACK ELLETT
SHERIFF

PANOLA COUNTY SHERIFF'S DEPARTMENT

4/18/00

Panola County Commissioners Court
Panola County Court House

Dear Sir

I request that you except the settlement from Royal & Sunalliance Insurance. They have offered $24,025.00 for the county's loss of 1998 Ford Expedition. I feel that this a fair value for the vehicle. The insurance company is sending a partial payment of $5000.00 now and will send the balance when they receive the signed title for the vehicle. I request that you authorize the County Auditor to release the title to Royal & Sunalliance. A copy of the agreement is attached.

Yours truly,

Jack Ellett
Sheriff

cc: Sidney Burns

ROYAL & SUNALLIANCE

www.royalsunalliance-usa.com

Suite 500
107 Flynn Drive
PO Box 7001
Milbank SD 57252-7001

Phone
877 867-6925
Fax
877 254-2223

April 17, 2000

Panola County Sheriff's Department
ATTN: Lt. Byron McMillen
314 W. Wellington
Carthage, Texas 75633

REFERENCE: Total Loss to County Sheriff's vehicle, (1998 Ford Expedition XLT)
Clyde Bankston——Claim #5230164294

Dear Lt. McMillen:

This letter is to confirm our agreement made by phone last week in reference to Dollar Settlement Figure on Total Loss to County's 1998 Ford Expedition, of which Actual Cash Value was $24,025.00

As I stated, I will be processing a request today for a $5000.00 partial payment with the balance of payment $19,025.00 being made when we receive the signed title back.

Mr. McMillen, I want to thank you for your professionalism and cooperation in helping us move this vehicle to our salvage yard, in order to avoid extra storage charges, and for your help in getting the settlement reached on the vehicle.

I look forward to working with Sheriff Ellett on reaching a prompt and fair settlement for his personal losses as a result of this accident.

Sincerely yours,

Al Kubousek

AL KUBOUSEK
Claim Representative

Christine Ebsen

CHRISTINE EBSEN
Claims Supervisor

21 Apr 2000 1:30pm

Sidney Burgess
Stephanie Duncan
Terry Anderson
L. Graves
J. Summers
Barry Lewis
Tony Lozano

RECOMMENDATION OF THE INSURANCE COMMITTEE

After opening the health insurance proposals on April 10th, the Committee had a number of telephone conversations as well as face to face meetings with representatives of all three companies which submitted proposals: Aetna, Mutual of Omaha, and Blue Cross Blue Shield through the Texas Association of Counties.

Each company offered lower rates than contained in the original proposal. It should be pointed out that due to differences in coverage offered in health insurance, state law does not require us to accept the lowest dollar bid. We can accept the plan we believe is in the best interest of the county.

After having weighed the values of each plan, the Committee unanimously recommends that the Court approve the plan offered by Blue Cross Blue Shield. This plan is not the cheapest plan dollar wise, but we believe it to be the cheapest over the long haul. By joining 146 other counties through the Texas Association of Counties, we no longer stand alone at renewal each year. If we stand alone, as we have ever since I've been here, and we have a bad loss year, our renewal rates will go up significantly. You experienced that last year when our rates went up $105 per month on active employees. By joining with TAC, if we have a bad year and the 147 county group has a good year as a whole, our rates will go up, but not as significantly as if we stood alone. Also, we will not have to bid our insurance in the future due to the Interlocal Agreement.

You have other sheets showing some of the changes in the plan. Since those cost comparisons were made, Mutual of Omaha lowered their rates even further late Thursday afternoon after I told them Thursday morning what the Committee would recommend. Those changes should not have been submitted under the schedule we set up. However,

the Committee reconvened late Thursday afternoon, reconsidered everything again, and we agreed the Blue Cross plan was still the best.

Following that meeting, I received a Fed Ex at my home Friday further decreasing the Mutual of Omaha rates. Total cost of the Mutual of Omaha plan for 147 Panola County actives and 47 retirees is now $801,783.96, while the BC/BS cost is $849,514.56. Again, the Committee recommends BC/BS at the higher rate for the reasons previously stated. The Mutual of Omaha Plan also has a better Prescription Drug Plan, but it should be remembered that the better the plan, the more claims will be paid, and the more claims paid, the higher the renewal rates will be. We have wanted to associate with TAC for several years, but this is the first opportunity. If we let this pass, we may not get the chance again.

Had Mutual of Omaha not learned on Thursday morning the decision of the Committee to recommend BC/BS, their rates would have totaled $824,891.88 or a difference of only $24,622.68. It was only after they called to find out what we had decided and learned that they had not been chosen that they reduced rates another $23,107.92 to try to capture the contract.

If the Court agrees with this recommendation, enrollment of all employees and retirees is scheduled for Wednesday of this week.

Respectfully Submitted,

John Cordray, County Judge

Sidney Burns, County Auditor

Stephanie Johnson, 2nd Assistant Auditor

Blue Cross Blue Shield/Texas Association of Counties

Cost Page Prepared for
Panola County

Health Plan: III

Employee Only	$ 380.14
Add-ons	
+ 1 Child	$ 57.02
+ 2 or more Children	$ 117.38
+ Spouse	$ 205.78
+ Family	$ 313.08
Retiree >= 65	$ 307.90
+Spouse	$ 307.90

The above proposed rates are projected to be effective for the 12-month period beginning on the effective date of group coverage (from 6/1/00 through (05/31/01) and are contingent upon the special coverage provisions shown below being met. Final rates may vary based on actual enrollment results.

Coverage is contingent upon the following:

- A 12 month rate guarantee effective **06/01/00**
- The employer paying **100%** of the Employee Only cost plus **0%** of Dependent cost.
- A minimum enrollment of **211** of the eligible employees with **n/a%** carrying dependent (s) coverage
- A monthly enrollment of **200** employees.
- No additional taxes will be imposed and no increase in existing taxes.
- Contingent on the purchase of the proposed life plan.

Fully insured groups employing participants who reside outside the State of Texas must comply with extraterritorial laws, which may include state mandated benefits, if any, required within that state.

Insurance regulations require carriers to determine whether an employer is subject to Chapter 26, Texas Insurance Code. This proposal is made on the condition you are not a Small Employer. It would have to contain specific contractual elements and mandated insurance plans not contained in this proposal. Should it be determined you were a Small Employer, this proposal and any health insurance contract issued to you, shall be null and void.

Blue Cross Blue Shield/Texas Association of Counties

Cost Page for
Panola County

LIFE		PLAN I	
Group Term Life and AD&D	Cost per $1,000	$ .30	
Dependent Life	Rate per employee	$1.38	

TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND
EMPLOYER'S REQUEST FOR PARTICIPATION IN TRUST

WHEREAS, the Texas Association of Counties Insurance Trust Fund, hereinafter "the Fund," was created as an Intergovernmental Pool to make available life, accident, and health insurance for employees, including elected and appointed officials, of political subdivisions and members of their families; and

WHEREAS, Article 3.51-2 and Article 3.51-6 of the Texas Insurance Code, the Interlocal Cooperation Act (TEX. LOC. GOV. CODE, Chapter 791), and other applicable statutes provide the authority for the creation and establishment of the Trust, the Fund, and the participation of political subdivisions;

WHEREAS, the Fund has purchased and made available a group policy or policies of life, accident, and health insurance in accordance with its Restated Agreement and Declaration of Trust and authorizing statutes; and

WHEREAS, the County of Panola, hereinafter "Employer," is a Texas political subdivision, other than an incorporated city, town or village and desires to participate in the Trust and in the group insurance provided thereunder;

NOW, THEREFORE, Employer requests, in accordance with the provisions of the Restated Agreement and Declaration of Trust and the Interlocal Cooperation Act (TEX. GOV. CODE, Chapter 791), that it be accepted as a Participant/Subscriber in the Fund/Trust, and if accepted as a Participant/Subscriber by signature of the appropriate official of the Fund on this Request, Employer agrees to be bound by the terms of the Restated Agreement and Declaration of Trust as well as any rules and regulations adopted by the Trustees of the Fund pursuant to the Restated Agreement and Declaration of Trust and the terms of any insurance policy or plan adopted by the Trustees of the Fund.

Employer acknowledges that if this Request is accepted, its participation will be for a period of one (1) year from the date of acceptance of this Request, unless renewed pursuant to Article III, Section 1 of the Restated Agreement and Declaration of Trust or terminated for failure to maintain its status as a subscriber to the insurance policy or plan of the Trust, or any other reason pursuant to the Restated Agreement or Declaration of Trust.

If the Employer is not accepted for such participation in the insurance, this Request for Participation in Trust shall be deemed withdrawn and there shall be no further obligation whatsoever by or to the undersigned in connection therewith.

If any part of this Request is declared invalid, void, or unenforceable, the remaining parts and provisions shall continue in full force and effect. It is further agreed that all matters pursuant to this Request are performable in Travis County, Texas, and that Travis County shall be the venue for all suits arising out of this Request, including without limitation, any suit to construe or enforce its terms.

In making this request, Employer has received and read a copy of the Restated Agreement and Declaration of Trust and understands and accepts the terms and conditions thereof which provides, among other things, that:

Request Approved by the Governing Body of the Employer on the 24 day of April, ~~199~~ 2000.

EMPLOYER:

Panola County
(Name of Political Subdivision)

ATTEST:

Sue Grafton
(Clerk ~~or Secretary~~)

John Cordray
(Signature of Official with Authority to Sign)

JOHN CORDRAY
(Printed Name of Official with Authority to Sign)

ACCEPTED:

TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND

BY: Linda Beale

EFFECTIVE DATE:

DATE ACCEPTED: 6-1-00

OK
JC
4-25-00

Blue Cross and Blue Shield of Texas*
Summary of Benefits Prepared for COUNTY OF PANOLA/TAC – Group #62946
Effective June 1, 2000
*An Independent Licensee of the Blue Cross and Blue Shield Association

PPO

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$750 Indiv/$1,500 Family	$750 Indiv/$1,500 Family
4th Quarter Carryover Applies	Yes	Yes
Deductible Credit from Prior Carrier	Yes	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal yr.	$4,000 Indiv/$8,000 Family per cal. yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes	Yes
	Network deductible and coinsurance will only apply toward Network deductible and coinsurance	*Out-of-Network deductible and coinsurance will also apply toward Network deductible and coinsurance*
Lifetime Maximum per Participant	$2,000,000	
INPATIENT HOSPITAL SERVICES (must be precertified)	90%	70% after per adm. ded
Per Admission Deductible	None	$250
Penalty for Failure to Precertify	None	$250
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours		
Facility Charges	90% after $50 copay, waived if admitted	
Physician Charges	90% after cal yr. deductible	
Non-Emergency Situations		
Facility Charges	90% after $50 copay, waived if admitted	70% after $50 copay & cal. yr deductible, waived if admitted
Physician Charges	90% after cal. yr. deductible	70% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES		
Services Performed in Physician Office (non-surgical), Including Lab & X-ray	100% after $20 copay per visit	70% after cal. yr. deductible
Immunizations (birth to the day of the 6th birthdate)	100%	100%
Physician Surgical Services in any Setting	90% after cal. yr. deductible	70% after cal yr. deductible
Lab & X-Ray in Other Outpatient Facilities.		
• All Knee/Shoulder Arthroscopies, Bone Scans, Cardiovascular Stress Tests, CT Scans, Cartoid Utrasounds, Endoscopic Procedures, MRIs, Myelogram & PET Scans	90% after cal. yr. deductible	70% after cal. yr. deductible
• All Other Diagnostic Medical Services		
Home Infusion Therapy (must be precertified)	100%	70% after cal. yr. deductible
In-Vitro Fertilization	90% after cal. yr. deductible	70% after cal. yr. deductible
Physical Medicine Services (Physical, Occupational, and Manipulative Therapy)	Declined	
Office Services	90% after cal. yr. deductible 30 sessions per cal. yr./$50 per session allowed	70% after cal. yr. deductible 30 sessions per cal. yr./$50 per session allowed
All Other Outpatient Services and Supplies	90% after cal. yr. deductible	70% after cal. yr. deductible
PREVENTIVE CARE		
Routine Physicals, Well Baby Care, Immunizations (after 6th birthdate), Vision & Hearing Exams	100% after $20 copay per visit	70% after cal. yr deductible

SK 4-25-00

COUNTY OF PANOLA/TAC

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
EXTENDED CARE SERVICES (must be precertified)	100%	70% after cal yr. deductible
Home Health Care		
Calendar Year Maximum	$10,000	$7,000
OR		
60 Visits Maximum Per Calendar Year	Declined	Declined
Skilled Nursing Facility	$10,000 per cal. yr.	$7,000 per cal. yr.
Hospice Care	$20,000 lifetime max.	$14,000 lifetime max.
	Benefits used in Network or Out-of-Network apply towards satisfying both maximums.	
MENTAL HEALTH (must be precertified)		
Inpatient Services		
Hospital Services (Facility)	90%	70%
Physician Services	90% after cal. yr. deductible	70% after cal. yr. deductible
Calendar Year Limitations	30 inpatient days/30 physician visits	15 inpatient days/15 physician visits
	Days and visits used in Network or Out-of-Network apply towards satisfying both maximums.	
Outpatient Services		
Office Visit/Consultation	100% after $20 copay	70% after cal. yr. deductible
Professional Provider/Facility	90% after cal yr. deductible	70% after cal. yr. deductible
Visits Allowed	30 visits per cal yr.	
CHEMICAL DEPENDENCY in a Substance Abuse Facility (must be precertified)	Three separate series of treatments per lifetime/Paid as any other sickness	
All Other Outpatient Treatment	Paid as Mental Health	
SERIOUS MENTAL ILLNESS (must be precertified)	Paid as any other sickness	Paid as any other sickness
PRESCRIPTION DRUG PROGRAM	[illegible]	[illegible]
(all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$35 copay	80% up to Average Wholesale Price minus copay
Preferred Brand Name	$20 copay when no generic is available or prescribed "Dispense as Written" (DAW)	80% up to Average Wholesale Price minus copay
Generic	$6 copay	80% up to Average Wholesale Price minus copay
Members electing to purchase preferred brand name drugs when "Dispense as Written" (DAW) is not indicated and a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred brand name drug, plus the preferred brand name copay.		
Mail Service Prescription	Yes	
(all copays are 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$35 copay	
Preferred Brand Name	$20 Copay when no generic is available or prescribed "Dispense as Written" (DAW)	
Generic	$6 copay	

BR
BR
4-25-00

COUNTY OF PANOLA/TAC

EMPLOYEE INFORMATION

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following benefits apply to dependent coverage:
  - Dependent children covered for maternity benefits.
  - Dependent children are covered until age 19, or 25 if a full-time student. Disabled dependent children can be covered beyond age 19.
  - Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.
- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices.
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- Replacement of Medical Coverage: The following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):
  - Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
  - Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

ok
4-25-00

COUNTY OF PANOLA/TAC – Plan III

EMPLOYER INFORMATION

RATES

Plan III - Active Employees and Retirees Under Age 65:

Employee Only	$ 380.14
Employee + One Child	$ 437.16
Employee + Two or More Children	$ 497.52
Employee + Spouse	$ 585.92
Employee + Family	$ 693.22

Plan III – Retirees 65 & older:

Retiree Only	$ 307.90
Retiree & Spouse	$ 615.80

The above proposed rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the special coverage provisions shown below being met. Final rates may vary based on actual enrollment results.

Coverage is contingent upon the following:

- An effective date of June 1, 2000.
- The employer paying 100 % of the Employee Only cost plus 0 % of Dependent cost.
- A minimum enrollment of 211 employees.
- A monthly enrollment of no fewer than 200 employees.
- No additional taxes will be imposed and no increase in existing taxes until the next Anniversary Date.
- Retirees under age 65 are subject to regular group rates.
- Contingent on the purchase of the proposed Life plan

Fully insured groups employing participants who reside outside the State of Texas must comply with extraterritorial laws, which may include state mandated benefits, if any, required within that state.

Insurance regulations require carriers to determine whether an employer is subject to Chapter 26, Texas Insurance Code. This proposal is made on the condition you are not a Small Employer as defined in Chapter 26. A proposal to a Small Employer would have to contain specific contractual elements and mandated insurance plans not contained in this proposal. Should it be determined you were a Small Employer, this proposal and any health insurance contract issued to you, shall be null and void.

Cost page for meeting

BR
JR
4-25-00

COUNTY OF PANOLA/TAC

MONTHLY COSTS

ACTIVE EMPLOYEES:

Employee Only	$ 383.14 (Includes Term Life/AD&D)	
Cost to Employee		-0-
Monthly Cost to Add:		
+ One Child		$ 57.02
+ Two or More Children		$ 117.38
+ Spouse		$ 205.78
+ Family		$ 313.08

RETIREES:

	County Pays:	Retiree Pays:
Retiree Only, 65 or older	$307.90	-0-
Retiree Only, under 65	$307.90	$ 72.24
To Add Spouse:		
Retiree 65 or older	-0-	$307.90
Retiree under 65	-0-	$205.78

PPO

Blue Cross and Blue Shield of Texas*
Texas Association of Counties Insurance Trust Fund
Summary of Benefits Prepared for Panola County – PLAN I
MANAGED CARE/STANDARD PLAN

*An Independent Licensee of the Blue Cross and Blue Shield Association

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$750 Indiv/$1,500 Family	$750 Indiv/$1,500 Family
4th Quarter Carryover Applies	Yes	Yes
Deductible Credit from Prior Carrier	Yes	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal. yr.	$4,000 Indiv/$8,000 Family per cal yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes	Yes
	Network deductible and coinsurance will only apply toward Network deductible and coinsurance	*Out-of-Network deductible and coinsurance will also apply toward Network deductible and coinsurance*
Lifetime Maximum per Participant	$2,000,000	
INPATIENT HOSPITAL SERVICES (must be precertified)	90%	70% after per adm. deductible
Per Admission Deductible	None	$250
Penalty for Failure to Precertify	None	$250
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours		
Facility Charges	90% after $50 copy, waived if admitted	
Physician Charges	90% after cal. yr. Deductible	
Non-Emergency Situations		
Facility Charges	90% after $50 copy, waived if admitted	70% after $50 copy & cal yr. deductible, waived if admitted
Physician Charges	90% after cal. yr. Deductible	70% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES		
Services Performed in Physician Office (non-surgical), including Lab & X-ray	100% after $20 copy per visit	70% after cal. yr. deductible
Immunizations (birth to the day of the 6th birthdate)	100%	100%
Physican Surgical Services in any Setting	90% after cal. yr. Deductible	70% after cal. yr. deductible
Lab & X-Ray in Other Outpatient Facilities	90% after cal. yr. Deductible	70% after cal yr. deductible
• All Knee/Shoulder Arthroscopies, Bone Scans, Cardiovascular Stress Tests, CT Scans, Cartoid Utrasounds, Endoscopic Procedures, MRIs, Myelogram & PET Scans		
• All Other Diagnostic Medical Services	100%	70% after cal. yr. deductible
Home Infusion Therapy (must be precertified)	90% after cal. yr. Deductible	70% after cal yr. deductible
In-Vitro Fertilization	Declined	
Physical Medicine Services (Physical, Occupational, and Manipulative Therapy)	90% after cal yr. Deductible	70% after cal. yr deductible
Office Services	30 sessions per cal. yr./$50 per session allowed	30 sessions per cal. yr /$50 per session allowed
All Other Outpatient Services and Supplies	90% after cal. yr. Deductible	70% after cal. yr. deductible

Panola County- PLAN I

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
Routine Physicals, Well Baby Care. Immunizations (after 6th birthdate), Vision & Hearing Exams	100% after $20 copay per visit	70% after cal. yr deductible
EXTENDED CARE SERVICES (must be precertified)	100%	70% after cal. yr. deductible
Home Health Care		
Calendar Year Maximum	$10,000	$7,000
OR		
60 Visits Maximum Per Calendar Year	Declined	Declined
Skilled Nursing Facility	$10,000 per cal. yr.	$7,000 per cal. yr.
Hospice Care	$20,000 lifetime max.	$14,000 lifetime max.
	Benefits used in Network or Out-of-Network apply towards satisfying both maximums.	
MENTAL HEALTH (must be precertified)		
Inpatient Services		
Hospital Services (Facility)	90%	70% after per adm deductible
Physician Services	90% after cal. Yr. deductible	70% after cal. yr. deductible
Calendar Year Limitations	30 inpatient days/30 physician visits	15 inpatient days/15 physician visits
	Days and visits used in Network or Out-of-Network apply towards satisfying both maximums	
Outpatient Services		
Office Visit/Consultation	100% after $20 copay	70% after cal. yr. deductible
Professional Provider/Facility	90% after cal. Yr. deductible	70% after cal. yr deductible
Visits Allowed	30 visits per cal yr	
CHEMICAL DEPENDENCY in a Substance Abuse Facility (must be precertified)	Three separate series of treatments per lifetime/Paid as any other sickness	
All Other Outpatient Treatment	Paid as Mental Health	
SERIOUS MENTAL ILLNESS (must be precertified)	Paid as any other sickness	
PRESCRIPTION DRUG PROGRAM	**PARTICIPATING PHARMACY**	**NON-PARTICIPATING PHARMACY** (one per files claim)
(all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$25 copay	80% up to Average Wholesale Price minus copay
Preferred Brand Name	$10 copay when no generic is available or prescribed "Dispense as Written" (DAW)	80% up to Average Wholesale Price minus copay
Generic	$5 copay	80% up to Average Wholesale Price minus copay
Members electing to purchase preferred brand name drugs when "Dispense as Written" (DAW) is not indicated and a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred brand name drug, plus the preferred brand name copay		
Mail Service Prescription		
(all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$25 copay	
Brand Name	$10 copay when no generic is available or prescribed "Dispense as Written" (DAW)	
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Texas Association of Counties Insurance Trust Fund (TACITF)
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Panola County- PLAN I

EMPLOYEE INFORMATION

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  - Dependent children covered for maternity benefits.
  - Dependent children are covered until age 19, or 25 if a full-time student. Disabled dependent children can be covered beyond age 19.
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- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- Replacement of Medical Coverage: The following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):
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  - Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

Panola County- PLAN I

TYPE OF SERVICE	TRADITIONAL BENEFITS
GENERAL PROVISIONS	
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$500 Indiv/$1,000 Family
4th Quarter Carryover Applies	Yes
Deductible Credit from Prior Carrier	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal. yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes
Lifetime Maximum per Participant	$2,000,000
INPATIENT HOSPITAL SERVICES (must be precertified)	90%
Per Admission Deductible	None
Penalty for Failure to Precertify	$250
EMERGENCY ROOM/TREATMENT ROOM	
Accident & Medical Emergency Situation within 48 Hours	
Facility Charges	90% after cal. yr. Deductible
Physician Charges	90% after cal. yr. Deductible
Non-Emergency Situations	
Facility Charges	90% after cal. yr Deductible
Physician Charges	90% after cal yr Deductible
MEDICAL-SURGICAL SERVICES	
All Eligible Expenses, including Outpatient Hospital	90% after cal. yr. Deductible
Immunizations (birth to the day of the 6th birthdate)	100%
Home Infusion Therapy (must be precertified)	90% after cal. yr Deductible
In-Vitro Fertilization	Declined
Physical Medicine Services (Physical Therapy, Occupational Modalities, Manipulative Therapy)	90% after cal yr. deductible
Office Services	30 sessions per cal. yr/$50 per session allowed
PREVENTIVE CARE	
Routine Physicals, Well Baby Care, Immunizations (after 6th birthdate), Vision & Hearing Exams	90%, cal. yr. deductible waived
Maximum Benefit	$300 per 2-year period per participant
EXTENDED CARE SERVICES (must be precertified)	100%
Home Health Care	
Calendar Year Maximum	$10,000
OR	
60 Visits Maximum per Cal. Yr	
Skilled Nursing Facility	Declined
Hospice Care	$10,000 per cal yr. $20,000 lifetime max.

Panola County- PLAN I

TYPE OF SERVICE	TRADITIONAL BENEFITS	
MENTAL HEALTH		
Inpatient Services (must be precertified)		
Hospital Services (Facility)	90%/30 days per cal yr	
Physician Services	90% after cal. yr. deductible /30 visits per cal. yr.	
Outpatient Services		
Office Visit/Consultation	90% after cal yr. deductible	
Professional Provider/Facility	90% after cal yr. deductible	
Number of Outpatient Visits	30 visits per cal. yr.	
CHEMICAL DEPENDENCY in a Substance Abuse Facility (must be precertified)	Three (3) separate series of treatments per lifetime/Paid as any other sickness	
All Other Outpatient Treatment	Paid as Mental Health	
SERIOUS MENTAL ILLNESS (must be precertified)	Paid as any other sickness	
PRESCRIPTION DRUG PROGRAM (all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)	**PARTICIPATING PHARMACY**	**NON-PARTICIPATING PHARMACY** (member files claim)
Non-Preferred Brand Name	$25 copay	80% up to Average Wholesale Price minus copay
Preferred Brand Name	$10 copay when no generic is available or prescribed "Dispense as Written" (DAW)	80% up to Average Wholesale Price minus copay
Generic	$5 copay	80% up to Average Wholesale Price minus copay
Members electing to purchase preferred brand name drugs when "Dispense as Written" (DAW) is not indicated and a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred brand name drug, plus the preferred brand name copay		
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Non-Preferred Brand Name	$25 copay	
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Panola County- PLAN I

EMPLOYEE INFORMATION

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Cost Page Prepared for

PANOLA COUNTY/TAC

HEALTH	Plan I	Plan II	Plan III
Employee Only	$395.89	$391.89	$387.89
One Child	+ $59.38	+ $58.78	+ $58.18
Two or More Children	+ $122.25	+ $121.01	+ $119.78
Spouse	+ $214.31	+ $212.14	+ $209.98
Family	+ $326.05	+ $322.75	+ $319.46

Retiree > 65	+ $320.07	$317.43	+ $314.19
Spouse	+ $320.07	$317.43	+ $314.19

The above proposed rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the special coverage provisions shown below being met. Final rates may vary based on actual enrollment results.

Coverage is contingent upon the following:

- A 12-month rate guarantee effective 06/01/2000
- Employer paying 100 % of the employee only cost plus 0 % of dependent cost.
- A minimum enrollment of 211 employees with n/a % carrying dependent(s) coverage.
- A minimum monthly enrollment of 200 employees.
- No additional taxes and no increase in existing taxes.
- Contingent on the purchase of the proposed life plan.

Fully insured groups employing participants who reside outside the State of Texas must comply with extraterritorial laws, which may include state mandated benefits, if any, required within that state.

Insurance regulations require carriers to determine whether an employer is subject to Chapter 26, Texas Insurance Code. This proposal is made on the condition you are not a Small Employer would have to contain specific contractual elements and mandated insurance plans not contained in this proposal. Should it be determined you were a Small Employer, this proposal and any health insurance contract issued to you, shall be null and void.

LIFE		Plan I
Group Term Life and AD&D	Cost per $1,000	$.30
Dependent Life	Rate per employee	$1.38

PPO

Blue Cross and Blue Shield of Texas*
Texas Association of Counties Insurance Trust Fund
Summary of Benefits Prepared for Panola County – PLAN III
MANAGED CARE/STANDARD PLAN

*An Independent Licensee of the Blue Cross and Blue Shield Association

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$750 Indiv/$1,500 Family	$750 Indiv/$1,500 Family
4th Quarter Carryover Applies	Yes	Yes
Deductible Credit from Prior Carrier	Yes	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal. yr.	$4,000 Indiv/$8,000 Family per cal. yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes	Yes
	Network deductible and coinsurance will only apply toward Network deductible and coinsurance	*Out-of-Network deductible and coinsurance will also apply toward Network deductible and coinsurance*
Lifetime Maximum per Participant	$2,000,000	
INPATIENT HOSPITAL SERVICES (must be precertified)	90%	70% after per adm. deductible
Per Admission Deductible	None	$250
Penalty for Failure to Precertify	None	$250
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours	90% after $50 copay, waived if admitted	
Facility Charges	90% after cal. yr Deductible	
Physician Charges		
Non-Emergency Situations	90% after $50 copay, waived if admitted	70% after $50 copay & cal. yr. deductible, waived if admitted
Facility Charges	90% after cal. yr. Deductible	70% after cal. yr. deductible
Physician Charges		
MEDICAL-SURGICAL SERVICES		
Services Performed in Physician Office (non-surgical), including Lab & X-ray	100% after $20 copay per visit	70% after cal yr. deductible
Immunizations (birth to the day of the 6th birthdate)	100%	100%
Physican Surgical Services in any Setting	90% after cal. yr. Deductible	70% after cal. yr. deductible
Lab & X-Ray in Other Outpatient Facilities:	90% after cal. yr. Deductible	70% after cal. yr. deductible
• All Knee/Shoulder Arthroscopies, Bone Scans, Cardiovascular Stress Tests, CT Scans, Cartoid Ultrasounds, Endoscopic Procedures, MRIs, Myelogram & PET Scans		
• All Other Diagnostic Medical Services	100%	70% after cal. yr. deductible
Home Infusion Therapy (must be precertified)	90% after cal. yr. Deductible	70% after cal. yr. deductible
In-Vitro Fertilization	Declined	
Physical Medicine Services (Physical, Occupational, and Manipulative Therapy)	90% after cal. yr Deductible	70% after cal. yr. deductible
Office Services	30 sessions per cal. yr./$50 per session allowed	30 sessions per cal. yr /$50 per session allowed
All Other Outpatient Services and Supplies	90% after cal yr Deductible	70% after cal. yr. deductible

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Texas Association of Counties Insurance Trust Fund (TACITF)
PPO-INS-STRD WITH NET DED-SOB

Panola County- PLAN III

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
Routine Physicals, Well Baby Care, Immunizations (after 6th birthdate), Vision & Hearing Exams	100% after $20 copay per visit	70% after cal yr. deductible
EXTENDED CARE SERVICES (must be precertified)	100%	70% after cal. yr deductible
Home Health Care		
Calendar Year Maximum	$10,000	$7,000
OR		
60 Visits Maximum Per Calendar Year	Declined	Declined
Skilled Nursing Facility	$10,000 per cal yr	$7,000 per cal yr
Hospice Care	$20,000 lifetime max.	$14,000 lifetime max.
	Benefits used in Network or Out-of-Network apply towards satisfying both maximums	
MENTAL HEALTH (must be precertified)		
Inpatient Services		
Hospital Services (Facility)	90%	70% after per adm deductible
Physician Services	90% after cal. Yr deductible	70% after cal. yr deductible
Calendar Year Limitations	30 inpatient days/30 physician visits	15 inpatient days/15 physician visits
	Days and visits used in Network or Out-of-Network apply towards satisfying both maximums.	
Outpatient Services		
Office Visit/Consultation	100% after $20 copay	70% after cal. yr. deductible
Professional Provider/Facility	90% after cal. Yr. deductible	70% after cal. yr. deductible
Visits Allowed	30 visits per cal yr.	
CHEMICAL DEPENDENCY in a Substance Abuse Facility (must be precertified)	Three separate series of treatments per lifetime/Paid as any other sickness	
All Other Outpatient Treatment	Paid as Mental Health	
SERIOUS MENTAL ILLNESS (must be precertified)	Paid as any other sickness	
PRESCRIPTION DRUG PROGRAM	PARTICIPATING PHARMACY	NON-PARTICIPATING PHARMACY (member files claim)
(all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$35 copay	80% up to Average Wholesale Price minus copay
Preferred Brand Name	$20 copay when no generic is available or prescribed "Dispense as Written" (DAW)	80% up to Average Wholesale Price minus copay
Generic	$6 copay	80% up to Average Wholesale Price minus copay
Members electing to purchase preferred brand name drugs when "Dispense as Written" (DAW) is not indicated and a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred brand name drug, plus the preferred brand name copay		
Mail Service Prescription		
(all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$35 copay	
Brand Name	$20 copay when no generic is available or prescribed "Dispense as Written" (DAW)	
Generic	$6 copay	

Panola County- PLAN III

EMPLOYEE INFORMATION

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  - Dependent children covered for maternity benefits.
  - Dependent children are covered until age 19, or 25 if a full-time student. Disabled dependent children can be covered beyond age 19.
  - Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.
- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices.
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- Replacement of Medical Coverage: The following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):
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Texas Association of Counties Insurance Trust Fund
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MANAGED CARE/STANDARD PLAN

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TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$750 Indiv/$1,500 Family	$750 Indiv/$1,500 Family
4th Quarter Carryover Applies	Yes	Yes
Deductible Credit from Prior Carrier	Yes	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal. yr.	$4,000 Indiv/$8,000 Family per cal. yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes	Yes
	Network deductible and coinsurance will only apply toward Network deductible and coinsurance	*Out-of-Network deductible and coinsurance will also apply toward Network deductible and coinsurance*
Lifetime Maximum per Participant	$2,000,000	
INPATIENT HOSPITAL SERVICES (must be precertified)	90%	70% after per adm. deductible
Per Admission Deductible	None	$250
Penalty for Failure to Precertify	None	$250
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours		
Facility Charges	90% after $50 copay, waived if admitted	
Physician Charges	90% after cal. yr. Deductible	
Non-Emergency Situations		
Facility Charges	90% after $50 copay, waived if admitted	70% after $50 copay & cal. yr. deductible, waived if admitted
Physician Charges	90% after cal. yr. Deductible	70% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES		
Services Performed in Physician Office (non-surgical), including Lab & X-ray	100% after $20 copay per visit	70% after cal. yr. deductible
Immunizations (birth to the day of the 6th birthdate)	100%	100%
Physican Surgical Services in any Setting	90% after cal. yr. Deductible	70% after cal. yr. deductible
Lab & X-Ray in Other Outpatient Facilities:	90% after cal. yr. Deductible	70% after cal. yr. deductible
• All Knee/Shoulder Arthroscopies, Bone Scans, Cardiovascular Stress Tests, CT Scans, Cartoid Utrasounds, Endoscopic Procedures, MRIs, Myelogram & PET Scans		
• All Other Diagnostic Medical Services	100%	70% after cal. yr. deductible
Home Infusion Therapy (must be precertified)	90% after cal. yr. Deductible	70% after cal. yr. deductible
In-Vitro Fertilization	Declined	
Physical Medicine Services (Physical, Occupational, and Manipulative Therapy)	90% after cal. yr. Deductible	70% after cal. yr. deductible
Office Services	30 sessions per cal. yr /$50 per session allowed	30 sessions per cal. yr /$50 per session allowed
All Other Outpatient Services and Supplies	90% after cal. yr. Deductible	70% after cal. yr. deductible

Panola County- PLAN II

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
Routine Physicals, Well Baby Care, Immunizations (after 6th birthdate), Vision & Hearing Exams	100% after $20 copay per visit	70% after cal yr. deductible
EXTENDED CARE SERVICES (must be precertified)	100%	70% after cal. yr. deductible
Home Health Care		
Calendar Year Maximum	$10,000	$7,000
OR		
60 Visits Maximum Per Calendar Year		
Skilled Nursing Facility	Declined	Declined
Hospice Care	$10,000 per cal. yr. $20,000 lifetime max.	$7,000 per cal. yr. $14,000 lifetime max.
	Benefits used in Network or Out-of-Network apply towards satisfying both maximums.	
MENTAL HEALTH (must be precertified)		
Inpatient Services		
Hospital Services (Facility)	90%	70% after per adm. deductible
Physician Services	90% after cal. Yr. deductible	70% after cal. yr. deductible
Calendar Year Limitations	30 inpatient days/30 physician visits	15 inpatient days/15 physician visits
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Outpatient Services		
Office Visit/Consultation	100% after $20 copay	70% after cal. yr. deductible
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Panola County- PLAN II

TYPE OF SERVICE	TRADITIONAL BENEFITS
GENERAL PROVISIONS	
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Facility Charges	90% after cal. yr. Deductible
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Physician Charges	90% after cal. yr. Deductible
MEDICAL-SURGICAL SERVICES	
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Immunizations (birth to the day of the 6th birthdate)	100%
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Home Health Care	
Calendar Year Maximum	$10,000
OR	
60 Visits Maximum per Cal. Yr.	Declined
Skilled Nursing Facility	$10,000 per cal. yr.
Hospice Care	$20,000 lifetime max.

Panola County- PLAN II

TYPE OF SERVICE	TRADITIONAL BENEFITS	
MENTAL HEALTH		
Inpatient Services (must be precertified)		
Hospital Services (Facility)	90%/30 days per cal. yr	
Physician Services	90% after cal. Yr. Deductible /30 visits per cal. yr.	
Outpatient Services		
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Panola County- PLAN II

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Joe Max Green/Insurance Concepts

3310 N. University Dr., Nacogdoches, TX 75961
Ph: (936) 564-0221 FAX: (936) 569-6938

PERSONAL & CONFIDENTIAL

Date: 4/17/2000
To: JUDGE JOHN CORDRAY FAX #: (903) 693-2726
From: Barry Rivers
RE: Agent's Commission Total Pages: 1

In regard to the agent's commission included in the BC/BS/TAC quote for group health for Panola County, JMG/Insurance Concepts will agree to accept a commission fee of 2%. This is a 2% reduction in the 4% standard commission included in the quote.

In addition, JMG/Insurance Concepts offers the following:

Agency personnel (minimum team of four) will complete enrollment process
Customer Service Department staffed with four CSR employees.
One CSR dedicated totally to claims resolution
Panola County is encouraged to share JMG/Insurance Concepts telephone numbers with employees so that employees may contact Customer Service Representatives directly, thus saving time and cost for County employees.

Thank you again for the opportunity to provide a proposal.

Barry Rivers

Panola County- PLAN III

TYPE OF SERVICE	TRADITIONAL BENEFITS
GENERAL PROVISIONS	
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	$500 Indiv/$1,000 Family
4th Quarter Carryover Applies	Yes
Deductible Credit from Prior Carrier	Yes
Coinsurance Stoploss Maximum	$2,000 Indiv/$4,000 Family per cal. yr.
Coinsurance Stoploss Maximum Credit from Prior Carrier	Yes
Lifetime Maximum per Participant	$2,000,000
INPATIENT HOSPITAL SERVICES (must be precertified)	90%
Per Admission Deductible	None
Penalty for Failure to Precertify	$250
EMERGENCY ROOM/TREATMENT ROOM	
Accident & Medical Emergency Situation within 48 Hours	
Facility Charges	90% after cal. yr. Deductible
Physician Charges	90% after cal. yr. Deductible
Non-Emergency Situations	
Facility Charges	90% after cal yr. Deductible
Physician Charges	90% after cal. yr. Deductible
MEDICAL-SURGICAL SERVICES	
All Eligible Expenses, including Outpatient Hospital	90% after cal. yr. Deductible
Immunizations (birth to the day of the 6th birthdate)	100%
Home Infusion Therapy (must be precertified)	90% after cal yr. Deductible
In-Vitro Fertilization	Declined
Physical Medicine Services (Physical Therapy, Occupational Modalities, Manipulative Therapy)	90% after cal. yr. deductible
Office Services	30 sessions per cal yr/$50 per session allowed
PREVENTIVE CARE	90% cal yr. Deductible waived
Routine Physicals, Well Baby Care, Immunizations (after 6th birthdate). Vision & Hearing Exams	$300 per 2-year period per participant
Maximum Benefit	100%
EXTENDED CARE SERVICES (must be precertified)	$10,000
Home Health Care	
Calendar Year Maximum	Declined
OR	$10,000 per cal. yr.
60 Visits Maximum per Cal. Yr.	$20,000 lifetime max.
Skilled Nursing Facility	
Hospice Care	

Panola County- PLAN III

TYPE OF SERVICE	TRADITIONAL BENEFITS	
MENTAL HEALTH		
Inpatient Services (must be precertified)		
Hospital Services (Facility)	90%/30 days per cal yr	
Physician Services	90% after cal. Yr. Deductible /30 visits per cal yr.	
Outpatient Services		
Office Visit/Consultation	90% after cal. yr deductible	
Professional Provider/Facility	90% after cal yr deductible	
Number of Outpatient Visits	30 visits per cal yr	
CHEMICAL DEPENDENCY in a Substance Abuse Facility (must be precertified)	Three (3) separate series of treatments per lifetime/Paid as any other sickness	
All Other Outpatient Treatment	Paid as Mental Health	
SERIOUS MENTAL ILLNESS (must be precertified)	Paid as any other sickness	
PRESCRIPTION DRUG PROGRAM (all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)	**PARTICIPATING PHARMACY**	**NON-PARTICIPATING PHARMACY** (member files claim)
Non-Preferred Brand Name	$35 copay	80% up to Average Wholesale Price minus copay
Preferred Brand Name	$20 copay when no generic is available or prescribed "Dispense as Written" (DAW)	80% up to Average Wholesale Price minus copay
Generic	$6 copay	80% up to Average Wholesale Price minus copay
Members electing to purchase preferred brand name drugs when "Dispense as Written" (DAW) is not indicated and a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred brand name drug, plus the preferred brand name copay.		
Mail Service Prescription (all copays are per 30-day supply and will not apply to coinsurance stoploss maximum)		
Non-Preferred Brand Name	$35 copay	
Preferred Brand Name	$20 copay when no generic is available or prescribed 'Dispense as Written" (DAW)	
Generic	$6 copay	

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EMPLOYEE INFORMATION

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- Employees and eligible dependents who reside outside the service area will receive the Traditional Benefits and are responsible for the precertification process, and in some cases, may be responsible for filing the claim.
- The following benefits apply to dependent coverage:
  - Dependent children covered for maternity benefits.
  - Dependent children are covered until age 19, or 25 if a full-time student. Disabled dependent children can be covered beyond age 19
  - Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.
- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices.
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- Replacement of Medical Coverage: The following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):
  - Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
  - Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

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BlueCross BlueShield of Texas

April 19, 2000

Judge John Cordray
Panola County
County Court House, Room 216
110 South Sycamore
Carthage, Tx 75633

Dear Sir:

Thank you for your time and hospitality at our meeting yesterday. The three of us sincerely enjoyed the opportunity to review the merits of Panola County joining the Blue Cross and Blue Shield of Texas/TAC family.

As a followup to our discussion, we are including in this correspondence the three benefit plans we agreed on as well as applicable rates. We are still working on the mail order copay issue and will call you as soon as a decision is reached.

Once again, please accept our thanks and we will look forward to a continued dialogue.

Cordially,

BLUE CROSS AND BLUE SHIELD OF TEXAS

Bill Norwood TAC	Kory Aoyama Regional Sales Executive II	Mickey Moshier Regional Sales Manager

Cc: Steve Hunt
Barry Rivers/Joe Max Green

4180 Delaware, Suite 302 Beaumont, Texas 77706 • (409) 896-0100 / 755-9258 • Fax (409) 896-0111 • www.bcbstx.com

RECORDED _____ O'CLOCK _____ M. ON THE _____ DAY OF _____ 2000

SUE GRAFTON, COUNTY CLERK, P.C.T. Sue Grafton