



UPSHUR COUNTY COMMISSIONERS COURT

DILMER, TEXAS

5-17-93

Commissioners Court met in special session with all members present.

Motion by Tommy Eatherton seconded by David Loyd to approve the minutes of the previous meeting. Motion carried.

Motion by Gaddis Lindsey seconded by Tommy Stanley to approve the ratification of the depository contract from First National Bank. Motion carried, copy attached.

Motion by Tommy Eatherton seconded by Tommy Stanley to approve Myra Harris, County Treasurer, attending a meeting in Dallas May 20, 21, 1993. Motion carried.

The insurance for the county was discussed. Myra Harris recommended to the court that they accept the bids from Anthem for health insurance and Behrens for the prescription plan. Tom Slack, from Acordia said he has a network of hospitals and under this plan the payment will be 90%/10% for a hospital included in the network and 70%/30% for one that is not included. The cost on the drugs will be the same way. If a drug store is in the network, the employee will pay \$15.00 for a name brand prescription and \$5.00 for a generic one. The 125 plan was also discussed and a \$1500.00 cap was recommended for this. Motion by David Loyd seconded by Tommy Stanley to accept option 2 on both the health insurance from Anthem and prescriptions from Behrens. Motion carried, copy attached. Copies of insurance bids are also on file in the County Clerk's Office.

Motion by Tommy Stanley seconded by Gaddis Lindsey to adjourn. Motion carried.


COUNTY JUDGE, EVERETT DEAN


COMMISSIONER PCT. # 1, GADDIS LINDSEY


COMMISSIONER PCT. # 2, TOMMY STANLEY


COMMISSIONER PCT. # 3, DAVID LOYD


COMMISSIONER PCT. # 4, TOMMY EATHERTON

The bills from a previous meeting are attached and made a part of this record.

VOL 40 PG 688

ADDENDUM TO BOARD OF DIRECTORS MEETING
FIRST NATIONAL BANK
Gilmer, Texas
May 12, 1993

A motion was made by Frank Brageland seconded by George Dodd that the Board of Directors of First National Bank, Gilmer approve the Depository Contract dated February 8, 1993 and to run through February 8, 1995 for Upshur County and that all the proper collateral has been and will be provided to cover the County deposits at all times.

A copy of the Depository Contract and Bid are hereto attached.

Motion Carried.

FILED
REX A. SHAW
COUNTY CLERK
93 MAY 17 PM 3:44
UPSHUR COUNTY, TX.
BY _____ DEPUTY

Melvin Cross
Melvin Cross, President

Don Williams
Don Williams, Chairman of the Board

THE STATE OF TEXAS
COUNTY OF UPSHUR

This is to certify that this is an exact copies of the Addendum to the Board of Directors Minutes for May 12, 1993.

Muriel Lenhart



UPSHER COUNTY WORKSHEET

[REDACTED]

GENERIC COPAY: \$5.00

BRAND COPAY: \$10.00 OR 20%

\$25 PER ENROLLEE RX DEDUCTIBLE (\$2,490)

PROJECTED NET CLAIMS COST:

\$23,797

[REDACTED]

GENERIC COPAY: \$5.00

BRAND COPAY: \$15.00 OR 20%

PROJECTED NET CLAIMS COST:

\$27,430

[REDACTED]

GENERIC COPAY: \$5.00

BRAND COPAY: \$15.00 OR 20%

\$50 PER ENROLLEE RX DEDUCTIBLE (\$3,735)

PROJECTED NET CLAIMS COST:

\$23,797

UPSHER COUNTY WORKSHEET

1. CURRENT # ENROLLEES

AT LEAST 40% OF THE ENROLLEES WOULD UTILIZE \$25 ANNUALLY

AT LEAST 30% OF THE ENROLLEES WOULD UTILIZE \$50 ANNUALLY

CURRENT # OF EMPLOYEES 129

CURRENT # OF DEPENDENTS 120

2. CURRENT NET RX CHARGES:

[Redacted]

3. CURRENT PLAN TRENDED (1.1):

[Redacted]

4. ESTIMATED RXS*:

[Redacted]

BASED ON 6 RXS PER ENROLLEE

5. ESTIMATED GENERIC USAGE*:

[Redacted]

GENERIC RXS:

[Redacted]

BRAND RXS:

6. AVERAGE RX*:

[Redacted]

CURRENT AVE. BRAND:

[Redacted]

(TRENDED)

CURRENT AVE. GENERIC:

(TRENDED)

7. 34 DAYS SUPPLY OR 100 UNITS

* These numbers are from Behrens T.P.A. data

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UPSHER COUNTY WORK SHEET

VOL 40 PG 691

[REDACTED]

[REDACTED] 24,516

[REDACTED] 29,797

[REDACTED] 27,495

[REDACTED] 22,035

SUGGESTED RATES:*

[REDACTED] PLAN B PLAN C

EMPLOYEE ONLY:	\$13.62	\$12.58	\$10.75
EMPLOYEE +1	\$21.79	\$20.13	\$17.20
EMPLOYEE +2 OR MORE	\$35.41	\$32.72	\$27.95

* These rates are not guaranteed or insured by Behrens Inc.

SEE ATTACHED PROPOSAL
FOR BID RESPONSE

VOL 40 PG 692 "

PROPOSAL RESPONSE

The rates below shall include coverages or exclusions as specified in the current benefit specifications.

Failure to submit a policy that provides for all of the benefits, coverages and exclusions specified will result in your proposal being rejected.

SPECIFIC STOP LOSS PREMIUM \$25,000

Employee _____

Dependent _____

Estimated Annual _____

AGGREGATE STOP LOSS PREMIUM

Per Employee Per Month _____

Monthly Aggregate Cap _____

Estimated Annual _____

AGGREGATE ATTACHMENT POINT

Factors: _____

Employee _____

Dependent _____

Estimated Annual _____

TERM LIFE PLAN

Volume: _____

Term: _____ / \$1,000

AD&D: _____ / \$1,000

Estimated Annual _____

Above rates will be guaranteed 12 months effective 6-

Signature *[Signature]*

Title Vice-President/Marketing

Company Acordia Benefits of Texas, Inc.

FILED
REX A. SHAW
COUNTY CLERK

93 MAY 17 PM 3:45

UPSHUR COUNTY, TX.

BY _____
DEPUTY

COUNTY OF UPSHUR

CARRIER:		ANTHEM LIFE INSURANCE RENEWAL/CURRENT BEN \$25,000 00 \$75,000 SPEC ON	ANTHEM LIFE INSURANCE RENEWAL/CURRENT BEN \$25,000 00 \$25,000 SPEC ON ALL EMPLOYEES
SPECIFIC DEDUCTIBLE			
PREMIUM			
EMPLOYEE	57	\$54.43	\$68 03
EMP/DEPENDENT	74	\$114.79	\$146.65
TOTAL MONTHLY		\$11,596.97	\$14,729 81
TOTAL ANNUAL		\$139,163 64	\$176,757 72
CONTRACT BASIS		15/12	15/12
AGGREGATE STOP LOSS PREMIUM			
PER EMP. PER MONTH	131	\$5.72	\$5 72
TOTAL MONTHLY		\$749 32	\$749 32
TOTAL ANNUAL		\$8,991 84	\$8,991.84
LIFE PLAN			
VOLUME: \$2,415,000			
TERM/1,000		\$0 53	\$0 53
AD&D/1,000		\$0 080	\$0 080
TOTAL MONTHLY		\$1,473 15	\$1,473 15
TOTAL ANNUAL		\$17,677 80	\$17,677 80
ADMINISTRATION/ACORDIA			
PER EMP. PER MONTH	131	\$9 50	\$9 50
TOTAL MONTHLY		\$1,244 50	\$1,244 50
TOTAL ANNUAL		\$14,934 00	\$14,934 00
ADMINISTRATION FEE FOR TAC			
PER EMP. PER MONTH	131	\$3 00	\$3 00
TOTAL MONTHLY		\$393 00	\$393 00
TOTAL ANNUAL		\$4,716 00	\$4,716 00
UTILIZATION REVIEW			
PER EMP. PER MONTH	131	\$2 70	\$2 70
TOTAL MONTHLY		\$353 70	\$353 70
TOTAL ANNUAL		\$4,244 40	\$4,244 40
HUMAN ORGAN TISSUE TRANSPLANT			
PER EMP. PER MONTH	131	3 96	3 96
TOTAL MONTHLY		518.76	518 76
TOTAL ANNUAL		\$6,225 12	\$6,225 12

COUNTY OF UPSHUR

CARRIER		ANTHEM LIFE INSURANCE RENEWAL/CURRENT BEN \$25,000 00	ANTHEM LIFE INSURANCE RENEWAL/CURRENT BEN \$25,000.00
SPECIFIC DEDUCTIBLE			
TOTAL FIXED COSTS			
SPECIFIC STOP LOSS		\$139,163 64	\$176,757 72
AGGREGATE STOP LOSS		\$8,991.84	\$8,991 84
LIFE		\$17,677 80	\$17,677 80
ADMINISTRATION/ACORDIA		\$14,934 00	\$14,934.00
ADMINISTRATION/TAC		\$4,716 00	\$4,716 00
UTILIZATION REVIEW		\$4,244 40	\$4,244 40
HOTT **		\$6,225 12	\$6,225 12
TOTAL ANNUAL		<u>\$189,727.68</u>	<u>\$227,321.76</u>
MAX AGGREGATE CLAIMS FACTORS			
EMPLOYEE	57	\$328 96	\$328 96
EMP/DEPENDENT	74	(COMPOSITE)	(COMPOSITE)
TOTAL ANNUAL		<u>\$517,125.12</u>	<u>\$517,125.12</u>
CONTRACT BASIS		15/12	15/12
COMBINED FIXED COSTS & "WORST CASE" LIABILITY:		* <u>\$756,852.80</u>	<u>\$744,446 88</u>
		<u>*\$75,000 SPECIFIC ON</u>	ALL EMPLOYEES AT \$25,000 SPEC LEVEL

ABOVE IS FOR ILLUSTRATION PURPOSES ONLY AND DOES NOT FORM A PART OF ANY GROUP CONTRACT. THE PLAN DOCUMENT ALONE DETERMINES BENEFITS PAYABLE. ALL PROPOSALS ARE SUBJECT TO HOME OFFICE APPROVAL.

** HOTT (HUMAN ORGAN TISSUE TRANSPLANT) IS REQUIRED BY ANTHEM AS A FULLY-INSURED PRODUCT.

COUNTY OF UPSHUR
BENEFIT COMPARISON

	ANTHEM LIFE OPTION I PPO: EAST TX HEALTH BENEFIT NETWORK IN/NETWORK	ANTHEM LIFE OPTION I PPO: EAST TX HEALTH BENEFIT NETWORK OUT/NETWORK
CALENDAR YEAR DEDUCTIBLE: INDIVIDUAL PER FAMILY	\$500 \$1,500	\$500 \$1,500
CO-INSURANCE	90%/10% TO \$5,000, THEN 100% INDIV; \$500 OUT OF POCKET (NOT INCLUDING DED.) PER FAMILY PER CAL YEAR	*70%/30% TO \$5,000, THEN 100% INDIV; \$1,500 OUT OF POCKET (NOT INCLUDING DED.) PER FAMILY PER CAL YEAR
SUPPLEMENTAL ACCIDENT	\$300	\$300
PRESCRIPTION DRUGS	90%	70%
PSYCHIATRIC/SUBSTANCE ABUSE	ACCORDING TO STATE MANDATES - SERIOUS MENTAL ILLNESS	ACCORDING TO STATE MANDATES - SERIOUS MENTAL ILLNESS
IN-PATIENT	80% MAXIMUM PER LIFETIME IS \$25,000	80% MAXIMUM PER LIFETIME IS \$25,000
OUT-PATIENT	50% MAXIMUM PER YEAR \$1,000	50%, MAXIMUM PER YEAR \$1,000
LIFETIME MAXIMUM	\$25,000 (INCLUDES IN & OUT PATIENT CHARGES COMBINED	\$25,000 (INCLUDES IN & OUT PATIENT CHARGES COMBINED

*PLAN PAYS 80/20 FOR
EMERGENCY TREATMENT
OUT OF AREA

COUNTY OF UPSHUR

BENEFIT COMPARISON

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	ANTHEM LIFE OPTION II PPO: EAST TX HEALTH BENEFIT NETWORK IN/NETWORK	ANTHEM LIFE OPTION II PPO: EAST TX HEALTH BENEFIT NETWORK OUT/NETWORK
CALENDAR YEAR DEDUCTIBLE: INDIVIDUAL PER FAMILY	\$500 \$1,500	\$500 \$1,500
CO-INSURANCE	90%/10% TO \$5,000, THEN 100% INDIV; \$500 OUT OF POCKET (NOT INCLUDING DED.) PER FAMILY PER CAL YEAR	*70%/30% TO \$5,000 THEN 100% INDIV; \$1,500 OUT OF POCKET (NOT INCLUDING DED.) PER FAMILY PER CA YEAR
SUPPLEMENTAL ACCIDENT	\$300	\$300
PRESCRIPTION DRUGS	PAID UNDER BEHRENS PRxN NETWORK; SEE ENCLOSED BEHRENS PROPOSAL	PAID UNDER BEHRENS PRxN NETWORK; SEE ENCLOSED BEHRENS PROPOSAL
PSYCHIATRIC/SUBSTANCE ABUSE	ACCORDING TO STATE MANDATES - SERIOUS MENTAL ILLNESS	ACCORDING TO STATE MANDATES - SERIOUS MENTAL ILLNESS
IN-PATIENT	80% MAXIMUM PER LIFETIME IS \$25,000	80% MAXIMUM PER LIFETIME IS \$25,000
OUT-PATIENT	50%, MAXIMUM PER YEAR \$1,000	50%, MAXIMUM PER YEAR \$1,000
LIFETIME MAXIMUM	\$25,000 (INCLUDES IN & OUT PATIENT CHARGES COMBINED	\$25,000 (INCLUDES IN & OUT PATIENT CHARGES COMBINED

*PLAN PAYS 80/20 FOR
EMERGENCY TREATMENT
OUT OF AREA

COUNTY OF UPSHUR

CARRIER:

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ANTHEM LIFE INSURANCE

ANTHEM LIFE INSURANCE

OPTION I

OPTION II

PPO: EAST TEXAS HEALTH
BENEFIT NETWORK
DRUGS UNDER MAJOR
MEDICAL

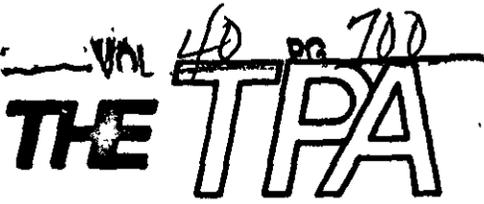
PPO: EAST TEXAS HEALTH
BENEFIT NETWORK
DRUGS: BEHRENS PRxN
PRESCRIP. NETWORK

SPECIFIC DEDUCTIBLE		\$25,000.00	\$25,000.00
PREMIUM			
EMPLOYEE	57	\$68 03	\$68 03
EMP/DEPENDENT	74	\$146 65	\$146 65
TOTAL MONTHLY		\$14,729.81	\$14,729 81
TOTAL ANNUAL		\$176,757.72	\$176,757 72
CONTRACT BASIS		15/12	15/12
AGGREGATE STOP LOSS PREMIUM			
PER EMP. PER MONTH	131	\$5.72	\$5.72
TOTAL MONTHLY		\$749 32	\$749 32
TOTAL ANNUAL		\$8,991 84	\$8,991 84
LIFE PLAN			
VOLUME: \$2,415,000			
TERM/1,000		\$0.53	\$0 53
AD&D/1,000		\$0.080	\$0 080
TOTAL MONTHLY		\$1,473 15	\$1,473 15
TOTAL ANNUAL		\$17,677.80	\$17,677 80
ADMINISTRATION/ACORDIA			
PER EMP. PER MONTH	131	\$9.50	\$9 50
TOTAL MONTHLY		\$1,244.50	\$1,244 50
TOTAL ANNUAL		\$14,934 00	\$14,934 00
ADMINISTRATION FEE FOR TAC			
PER EMP. PER MONTH	131	\$3 00	\$3 00
TOTAL MONTHLY		\$393 00	\$393 00
TOTAL ANNUAL		\$4,716 00	\$4,716 00
UTILIZATION REVIEW	131	\$2 70	\$2 70
PER EMP. PER MONTH		\$353 70	\$353 70
TOTAL MONTHLY		\$4,244 40	\$4,244 40
TOTAL ANNUAL			
HUMAN ORGAN TISSUE TRANSPLANT			
PER EMP. PER MONTH	131	\$3 96	\$3 96
TOTAL MONTHLY		\$518 76	\$518 76
TOTAL ANNUAL		\$6,225 12	\$6,225 12

CARRIER	ANTHEM LIFE INSURANCE		ANTHEM LIFE INSURANCE	
	OPTION I		OPTION II	
	PPO: EAST TEXAS HEALTH BENEFIT NETWORK DRUGS: UNDER MAJOR MEDICAL		PPO: EAST TEXAS HEALTH BENEFIT NETWORK DRUGS: BEHRENS PRxN PRESCRIP. NETWORK	
SPECIFIC DEDUCTIBLE	\$25,000.00		\$25,000.00	
TOTAL FIXED COSTS				
SPECIFIC STOP LOSS		\$176,757.72		\$176,757.72
AGGREGATE STOP LOSS		\$8,991.84		\$8,991.84
LIFE		\$17,677.80		\$17,677.80
ADMINISTRATION/ACORDIA		\$14,934.00		\$14,934.00
ADMINISTRATION/TAC		\$4,716.00		\$4,716.00
UTILIZATION REVIEW		\$4,244.40		\$4,244.40
HOTT **		\$6,225.12		\$6,225.12
TOTAL ANNUAL		<u>\$233,546.88</u>		<u>\$233,546.88</u>
MAX. AGGREGATE CLAIMS FACTORS				
EMPLOYEE	57	\$300.54		\$278.26
EMP/DEPENDENT	74	(COMPOSITE)		(COMPOSITE)
TOTAL ANNUAL		<u>\$472,448.88</u>		<u>\$437,424.72</u>
CONTRACT BASIS		15/12		15/12
COMBINED FIXED COSTS & "WORST CASE" LIABILITY:		<u>\$705,995.76</u>		<u>\$670,971.60</u>
		ALL EMPLOYEE AT \$25,000 SPEC LEVEL		ALL EMPLOYEE AT \$25,000 SPEC LEVEL

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** HOTT (HUMAN ORGAN TISSUE TRANSPLANT) PRODUCT REQUIRED BY ANTHEM AS FULLY-INSURED PRODUCT.



The Travelers Plan Administrators, Inc. / Ft. Worth
6116 N. Central Expressway
Suite 1400
Dallas, Texas 75206
(214) 360-1328 • Fax (214) 360-1325

May 6, 1993

Mrs. Myra Harris
County Treasurer
County of Upshur, Texas
P. O. Box 730
Gilmer, Texas 75644

Re: Group Medical Proposal

Dear Myra:

Enclosed is the proposal for life and medical benefits for the employees and covered dependents of Upshur County. Our proposal is based on administering a plan of benefits that is similar to the current plan of benefits as described in the employee handbook that was included in the bid specifications. We have proposed coverage on an ASO basis for the medical benefits, with the Specific and Aggregate Stop Loss coverages on an immediate reimbursement basis and stop loss coverages on a 15/12 basis.

The proposal includes Specific Stop Loss coverage at the \$40,000 level. The monthly rates shown in the proposal for "dependents" are for employee and dependent costs. If a \$30,000 Specific Stop Loss level were used instead of the proposed \$40,000 level, the cost for the SSL coverage would be increased by about \$4,211 per month. The Aggregate Stop Loss (maximum claims) level would be reduced by approximately \$2,633 per month, if you elected the \$30,000 Specific level of coverage.

The proposal contains a notation that the reinsurers have requested that additional information be provided on four individuals who have had large claims this past year. They will want to review this information in order to verify their health status before including these individuals in the stop loss coverages

FILED
REX A. SHAW
COUNTY CLERK
93 MAY 17 PM 3:46
UPSHUR COUNTY, TX.
BY _____ DEPUTY

The information contained in the proposal response regarding the prescription drug discounts and charges is for the mail order prescription program. There is no drug card included for the local pharmacy purchases, but this benefit could be added to the plan, if desired. However, the drug card, if added, would increase your plan costs. Our proposal anticipates that local prescription drug benefits are covered under the major medical benefits on the same basis as any other illness or injury.

If we can provide any additional information or be of assistance in any way, please be sure to let me know.

Sincerely,



B. L. (Skip) Roark
Regional Manager

VOL 40 PG 702

For the Consideration
of

UPSHUR COUNTY

Presented by:

B. L. (SKIP) ROARK

BY _____
DEPUTY

IN CHARGE CLERK, TX

59 MAY 17 PM 3:45

REX A. SHAW
COUNTY CLERK

FILED

Offered by:

The Travelers Plan Administrators, Inc./Fort Worth
714 Main Street
Fort Worth, Texas 76102
(800) 433-7090 ext. 8041

Expiration Date - June 1, 1993

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for
UPSHUR COUNTY

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INTRODUCTION

The Travelers Plan Administrators appreciates this opportunity to present this proposal for the administration of the Benefit Program for your employees. We are offering services based on the requests in the specifications. We would be pleased to discuss any variances, or other services, which would enable you to select those which best meet your objectives and goals.

The Travelers Plan Administrators business philosophy is to provide flexible, quality and responsive administrative services to our customers. Since this is our only business, we focus our resources and efforts on customizing our systems and procedures to satisfy our customer's needs. Our ability to deliver on our commitments has been market tested, demonstrated by the fact that since we opened our first office in January 1986, we have been selected by 575 employers to provide claim, benefit and administrative services for over 390,000 employees.

The TPA is a full service administrator with systems and resources available to assist you in meeting your objectives. A description of our capabilities in claim adjudication, flexible benefits, flexible spending and COBRA administration is documented in Section 4 of the proposal.

When you select the TPA, you can be assured that your requirements and standards will be met. With the support of The Travelers, The TPA has access to the financial and human resources required to service a major employer such as yourself. Our unique relationship with Travelers enables us to offer you the advantages of national vendor agreements with hospital audit firms, medical and dental consultants and preferred provider organizations. Through the Travelers Employee Benefits Department, and other sources, you can acquire underwriting, actuarial, legal service, conversion plans and medical underwriting on an unbundled basis.

SECTION IV

1. General Information Requested

Stop Loss Insurance Carrier The Travelers

Stop Loss Insurance Carrier Best's Rating "A"

Claims Administrator The Travelers Plan Administrators, Inc./Fort Worth

Claims Administrator Locations 714 Main Street Fort Worth, Texas 76102

Claims Administrator Number of Years in Operation 7

Number of Employee Lives You Administer Claims for 390,000

Is There an Actively at Work Provision in Your Plan YES

Explain your procedure for funding processed claims _____

Refer to "Banking" pages in Section 5 of the proposal

Detail financial arrangements on prescription cards such as purchase price related to AWP, dispensing fee, and service fee. Include provider listing.

Brand	AWP -10%
Generic	AWP -24%
Dispensing Fee	\$3.00/prescription
Set UP Fee	No Charge
Admin Fee	No Charge

How is customer service provided? The Travelers Plan

Administrators, Inc /Fort Worth will assign a Service Representative,

Claims Examiner and an Accounting Representative All other office
personnel would be available for service.

2. Rates

Section A. Fixed Costs	Per Employee/ Dependent	Monthly Total
Specific Loss Level 40,000		
Monthly Specific Stop Loss Rates:		
Employee Dependents (INCLUDES EMPLOYEE)	37 10 70 75	7,491 70
Monthly Aggregate Stop Loss Rates: Employee	5 22*	694 26
Monthly Aggregate Stop Loss Factors: Employee	See "B" below	See "B" below
Monthly Administration Fees: Employee Utilization Review Prescription Drug Card Administration	9 25 2 00 N/A	1,230 25 266.00 N/A
Other Monthly Fees	1 92	255 61
Total All Monthly Administration Fees	13.17	1,751 86
Total Fixed Costs		9,937 38

Section B. Claims Cost	Per Employee/ Dependent	Monthly Total
Maximum Claims Cost	385 15	51,224 95

Section C. Total	Per Employee/ Dependent	Monthly Total
TOTAL PLAN COST (A & B)	459 87	61,162 33

PROPOSAL RESPONSE

The rates below shall include coverages or exclusions as specified in the current benefit specifications.

Failure to submit a policy that provides for all of the benefits, coverages and exclusions specified will result in your proposal being rejected.

<u>SPECIFIC STOP LOSS PREMIUM</u>	40,000 25,000
Employee	<u>37 10</u>
Dependent (INCLUDES EMPLOYEE)	<u>70 75</u>
Estimated Annual	<u>89,900 40</u>

<u>AGGREGATE STOP LOSS PREMIUM</u>	
Per Employee Per Month	<u>5.22</u>
Monthly Aggregate Cap	<u>1.00/EE</u>
Estimated Annual	<u>9,927.12</u>

<u>AGGREGATE ATTACHMENT POINT</u>	
Factors:	
Employee Composite	<u>385.15</u>
Dependent	
Estimated Annual	<u>614,699.40</u>

<u>TERM LIFE PLAN</u>	
Volume:	<u>2,389 650</u>
Term:	<u>.52 / \$1,000</u>
AD&D:	<u>.08 / \$1,000</u>
Estimated Annual	<u>17,205 48</u>

Above rates will be guaranteed 12 months effective 6-1-93.

Signature *[Handwritten Signature]*

Title _____

Company _____

ASSUMPTIONS

THE FOLLOWING ASSUMPTIONS WERE USED IN DEVELOPING THE COSTS FOR UPSHUR COUNTY:

- Current date is May 5, 1993.
- Effective date on or after June 1, 1993.
- The TPA will provide the services listed in the Services Provided section of this proposal.
- The TPA will administer Upshur County's current benefit plan.
- 133 employees covered initially for Medical.
- Checks will be drawn on a TPA or client bank account with Upshur County providing fund transfers to the account to maintain the balance as checks are issued.
- Upshur County will provide an initial eligibility listing.
- The TPA will work with any PPO/Utilization Review vendor in the market place.
- Claims administration of all claims incurred after the effective date.

LIFE & AD&D

VOL 40 PG 709

The Travelers

GROUP LIFE INSURANCE

All Active Full-Time Employees

One times Basic Annual earnings to a maximum of \$100,000.

ACCIDENTAL DEATH & DISMEMBERMENT

All Active Full-Time Employees

One times Basic Annual earnings to a maximum of \$100,000.

**NOTE: GROUP LIFE AND AD&D BENEFITS REDUCE:
35% AT AGE 65
50% AT AGE 70
AND TERMINATES AT RETIREMENT**

<u>Benefit</u>	<u>Number of Employees</u>	<u>Volume</u>	<u>Rate/\$1,000</u>	<u>◆Monthly Premium</u>
Life	133	\$ 2,389,650	\$ 0.52	\$ 1,242.62
AD&D	133	\$ 2,389,650	\$ 0.08	\$ 191.17

- ◆Includes Agent Commission - 0% of Life Insurance Premium.
- ◆The TPA retains 6 5% of the Life and AD&D premium for billing and administration.

Groups of 400 or less: The Travelers requires a minimum of \$15,000 Life volume per employee. If there is an existing life plan in effect with the group that is less than \$15,000, The Travelers require that lesser amount.

UPSHUR COUNTY

THE TPA

05/05/93/kdc

SPECIFIC STOP LOSS ESTIMATED COSTS

Rollover Basis (15/12 Contract)

All estimates are based on 57 singles and 76 families.

Specific Deductible -	\$ 40,000.00
Co-Insurance -	100%
Maximum Benefits -	\$ 1,000,000.00
Annual Specific Premium -	\$ 89,900.40
Single -	\$ 37.10
Family -	\$ 70.75
Run In Limitation -	90 day

The specific deductible represents the maximum benefit payment that the plan will be responsible for in a plan year. Eligible claims exceeding the specific deductible will be reimbursed at 100% by The Travelers.

This stop loss proposal is offered on a "Paid" claim basis, and coverage includes eligible claims paid within 12 months following the effective date of the reinsurance policy provided by the listed reinsurer. Claims incurred prior to the effective date will be limited to expenses incurred in a 90 day period preceeding the effective date of coverage.

Funding for claims presented for payment after termination of the reinsurance agreement is the sole responsibility of the employer.

Specific coverage is offered on a reimbursement basis. All eligible claims are to be funded by the employer and those eligible claims in excess of the specific will be reimbursed by the reinsurer within the time frame indicated in the reinsurance agreement.

Dental claims are excluded from Specific Stop Loss.

AGGREGATE STOP LOSS ESTIMATED COSTS**Rollover Basis (15/12 Contract)***All estimates are based on 57 singles and 76 families.*

Expected Paid Claims Level	\$ 491,759.52
Stop Loss Attachment Point (125% of expected claims)	\$ 614,699.40
Aggregate Attachment factors: Composite	\$ 385.15
Minimum Attachment Point	\$ 583,964.43
Co-Insurance	100%
Maximum	\$ 1,000,000.00
Minimum Annual Aggregate Premium -	\$ 8,331.12
Run In Limitation -	\$ 122,940.00

NOTE: An Annual aggregate premium of \$8,335.00 is payable in advance. Monthly aggregate accommodation is \$1.00 per employee per month

The stop loss attachment point represents the maximum benefit payment that the plan will be responsible for in a plan year. Eligible claims exceeding the attachment point will be reimbursed 100% by The Travelers.

This stop loss proposal is offered on a "Paid" claim basis, and coverage includes eligible claims paid within 12 months following the effective date of the reinsurance policy provided by the listed reinsurer. Claims incurred prior to the effective date will be limited to expenses incurred in a 90 day period preceeding the effective date of coverage

Funding for claims presented for payment after termination of the reinsurance agreement is the sole responsibility of the employer.

Aggregate coverage is offered on a reimbursement basis. All eligible claims are to be funded by the employer and those eligible claims in excess of the aggregate will be reimbursed by the reinsurer within the time frame indicated in the reinsurance agreement.

ADMINISTRATIVE COST SUMMARY

All estimates are based on 133 employees.

<u>Current Plan of Benefits</u>	<u>Monthly</u>	<u>Annual</u>
♦Specific Stop Loss Premium* (\$40,000.00)	\$ 7,491.70	\$ 89,900.40
♦Minimum Aggregate Stop Loss Premium*	N/A	\$ 8,331.12
Monthly Accomodation \$1.00 per employee per month	\$ 133.00	\$ 1,596.00
♦Claims Administration Charges** Medical \$9.25 per employee	\$ 1,230.25	\$ 14,763.00
Annual Administration Charge	N/A	\$ 1,200.00
Cost Containment Programs (\$2.00 per employee for ProAmerica UR)	\$ 266.00	\$ 3,192.00
One Time Set-Up Fee	\$ 266.00	\$ 266.00
TOTAL Estimated First Year Fixed Cost		\$ 119,248.52

♦Includes Agent Commission as follows:
 *10% of Specific and Aggregate Premium
 **\$2.00 per employee per month of the Claims Administration Charge

- Additional Details -

COBRA administration is offered for a monthly fee of \$0.50 per employee per month plus 2% of premium collected plus a set up fee of \$50.00 per current COBRA participant.

- Preparation of Plan Document and Identification Cards **Included**
- Printing of Employee Booklets **Printer Costs Are Not Included**
- Conversion **Available upon request**

Quotation is subject to an "actively at work" provision as stated in the Terms and Conditions of this proposal.

Claims administration charges are guaranteed for a period of twelve (12) months following the effective date of the plan.

FINANCIAL ANALYSIS

All estimates are based on 133 employees.

	<u>40,000</u>
Annual Fixed Costs	\$ 119,248.52
Expected Paid Claims	\$ 491,759.52
Expected Annual Cost	\$ 611,008.04
Annual Fixed Costs	\$ 119,248.52
Aggregate Attachment Point	\$ 614,699.40
Maximum Potential Annual Cost	\$ 733,947.92

The Travelers Insurance Company
The Travelers Indemnity Company

Prospect Name: Upshur County
TPA : The TPA, Inc./Ft. Worth

Quote #: E-99

Terms & Conditions

- This quote is issued based upon the proposed effective date shown on the quotation page. Any delay in the effective date must be approved in advance by the underwriter and may result in a change in rates and factors.
- This quote is contingent upon the review and approval of the medical diagnosis/prognosis and status of all claimants with claims in excess of \$10,000 for the current plan year. A completed "EMPLOYER DISCLOSURE STATEMENT" providing this information is required prior to underwriter approval and acceptance of COVERAGE.
- **ACTIVELY-AT-WORK PROVISION APPLIES:**
Employees who were actively-at-work on the effective date will be covered unless medically underwritten based upon the "EMPLOYER DISCLOSURE STATEMENT".

Dependents who are able to perform normal duties of like age and sex as of the effective date will be covered unless medically underwritten based on the "EMPLOYER DISCLOSURE STATEMENT".
- This quote is contingent upon the receipt and approval of the Plan Document or an interim Plan Document.
- A deposit premium equal to the first month's estimated ISL premium and the annual Aggregate premium and a signed "Preliminary Application for Stop Loss Insurance" are required prior to underwriter acceptance of coverage.
- Carrier documented paid claims to within 60 days of the effective date of coverage and a current census are required prior to underwriter acceptance of coverage.
- This quote assumes that Mental Nervous and Chemical Dependency will have a combined \$25,000 Lifetime maximum.
- This quote assumes the employer will pay 100% of the employee only cost and 100% of the eligible employees must be enrolled in the plan.
- This is not a contract of insurance. This quote does not bind coverage.
- A minimum of \$15,000 average Life and AD&D insurance per employee is required with the purchase of stop loss coverage unless existing amount is less.

Additional Terms and Conditions

- Quote is contingent upon the following items with final rates/factors subject to recalculation. (Response may effect risk assumption levels):
 - A. A current Attending Physicians Statement on the following large claimants.
 1. \$23,250 - Parox. atrial tachycardia
 2. \$36,088 - Intermed. Coronary Synd.Parox.
 3. \$105,747 - Parox. Tachycardia/MI
 4. \$53,553 - Emphysema

TERMS AND CONDITIONS

Essentially, this proposal is based upon replacement of the current benefits provided to Upshur County.

Unless otherwise indicated, this proposal is intended to duplicate the current benefits on a "no loss, no gain basis". However, the proposal assumes that all covered employees will be actively at work, and that no covered dependent is hospital confined or otherwise disabled, as of the effective date of the plan. Coverage will not commence until an eligible employee returns to active full time employment or an eligible dependent is no longer disabled.

This proposal is subject to the following terms and conditions:

- 1) All terms are tentative and subject to change based upon receipt, review, and acceptance of the following required information
 - a) For contributory benefits (i.e. employees contribute all or a portion of the premium) final enrollment. Minimum participation requirement of 75% of eligible employees, unless prior approval received. For dependent coverage, minimum participation requirement of 85% of enrolled employees for groups of 25 or less, and 75% participation for groups of more than 25
 - b) For non-contributory benefits, all eligible employees (and all eligible dependents if Dependent Life is included) must be enrolled
 - c) Written verification, satisfactory to the reinsurer, of the experience information provided in connection with the request for this proposal.
 - d) Updated experience information, paid claims and employee census for the period from June 1, 1992 to June 1, 1993
 - d) A list of all disabled individuals, retirees, and covered COBRA participants and the date of the qualifying event. Retirees and disabled lives are excluded from coverage. All employees must be "actively at work" on the effective date, and no dependents can be hospital confined.
 - e) A list of covered persons, in a form acceptable to the reinsurer (usually the employer's letterhead) whose claims under the plan exceed \$15,000 during the period from June 1, 1992 to June 1, 1993. Include the amount of each claim, diagnosis, and prognosis at this time.
 - f) The standard 3/12 pre-existing condition limitation applies.

No reinsurance will become effective until the reinsurer confirms acceptance in writing to the insured or its representative requesting this proposal. The terms of this proposal as well as the terms of the reinsurer's quotation are the sole basis for this offer and may not be altered by any agent, or broker, or representative and may be invalid if not presented in the original "The TPA" format.

UPSHUR COUNTY

THE TPA

05/05/93/4c

**THE TPA STANDARD ADMINISTRATIVE SERVICES FOR
UPSHUR COUNTY**

The TPA QicClaim software programs provide many special features in addition to those normally associated with the processing of claims. The features of the system include:

- *Full On-Line Eligibility Maintenance*
 - Issuance of ID cards after initial enrollment and as needed thereafter
 - Employee and dependent data
 - COB and special notes to file
 - Complies WITH TAX REFORM ACT of 1986
- *Direct Certification of Eligibility*
- *Fully Automated Claim Adjustment*
 - Multiple benefit plans in multiple locations completely computerized and on-line
 - Medical and Dental HIAA reasonable and customary guidelines in system, updated semi-annually
 - COB and claim cost containment prompts
 - Eighteen months of on-line rolling claims history
 - Five Years of accumulation history
- *System Provides*
 - Readable explanation of benefits
 - Standard checks, checks written daily, weekly or by mutual agreement
 - Standard Claim forms
 - Standard ID cards
 - Standard enrollment cards
- *Assistance in completing IRS 5500*

**THE TPA STANDARD ADMINISTRATIVE SERVICES FOR
UPSHUR COUNTY**

- ♦ *Claim Fraud and Abuse Prevention*
 - Four levels of security
- ♦ *Printing*
 - The production of standard checks, ID cards
 - Explanation of Benefit forms, statistical reports and correspondence
- ♦ *Automated Pending Letter Generator*
 - Generates correspondence to providers and employees requesting additional information on incomplete claims.
- ♦ *Fund Administration*
 - An ability to allocate claim drafts to the client's bank account and provide a monthly reconciliation of cashed and issued drafts
- ♦ *Automated system interface with most Utilization Review companies and Preferred Provider Organizations.*
- ♦ *Full COBRA Administration*
 - Notification and Election forms by employer
 - Billing and Termination of participants
 - Separate experience tracking
- ♦ *Statistical Reports*
 - Financial reports
 - Management reports and
 - Claims analysis reports
- ♦ *Advance Home Pharmacy Mail Order Drug Program*
- ♦ *800 claim number for telephone inquiries and assistance for use by claimants only.*

SERVICES AVAILABLE AT ADDITIONAL COST

- **On-Site Computer Terminal**
 - Claim status inquiry
 - Eligibility inquiry
- **PPO Administration**
- **Utilization Review Administration and Second Surgical Opinion**
- **Hospital Audits**
- **Professional Consultants - Peer Review by geographic area**

Medical	Psychiatric
Dental	Chiropractic
Podiatric	
- **Large Claim Management**
- **Customized Claim Analysis Reports**
- **Complete Flexible Benefit Administration** (in compliance with all provisions of Section 125 of Internal Revenue Code)
- **Health Care and Wellness Communication Program**
- **Actuarial and Underwriting Services for late entrants**
- **Multi carrier / HMO Line Item Group Billing**
- **Booklet Preparation and Printing**

ELIGIBILITY MAINTENANCE

OVERVIEW

Information from the completed enrollment forms will be loaded into the system and the data will be used for automatic certification of eligibility and benefits

The system maintains full family history, addresses and name changes (claim history is discussed in the claim adjudication section).

DETAIL

Enrollment forms will be completed by each employee at the time of eligibility. The form allows for a waiver of rights if coverage is non-contributory. Confirmation of all such eligibility and changes can be provided if desired.

Since the system maintains all information, including addresses, for automated inclusion in EOB's, inquiry letters, etc., it is necessary to have complete enrollment forms for each eligible employee.

HEALTH CARE COST CONTAINMENT

Eligibility dates prompt for scrutiny of suspected pre-existing conditions for all family members.

CLAIM ADJUDICATION

OVERVIEW

The plan of benefits is pre-loaded into the TPA system. At the time of the claim, the adjuster inputs information from provider bills, and the system checks history and prompts for pre-existing, duplicated bills, and specific information on the provider or claimant. The system determines deductibles and out-of-pocket maximums and calculates the benefits payable.

An easy to read Explanation of Benefits accompanies each claim check. If the benefit is paid direct to the provider, a separate EOB is sent to the employee.

If the plan of benefits includes Pre-admission Review, Second Surgical Opinion, PPO or other cost containment plan design features, the system will prompt the claim adjuster to check for proper performance of the cost control procedure. If the plan calls for benefit reduction if the procedure is not followed, the reduction will be built into the system.

All employee and/or family information is automatically updated on the system when the claim is paid.

DETAIL

We would be pleased to arrange a live demonstration of the system to show as much detail as you desire.

HEALTH CARE COST CONTAINMENT

The TPA claim system employs automatic reasonable and customary guidelines, prompts, overrides and claims history to insure quick, accurate, cost effective claim adjustment.

CLAIM COST CONTAINMENT**OVERVIEW**

Plan design is important in any cost containment strategy. The TPA has knowledge and experience to help you develop a plan of benefits that includes effective cost containment features without producing employee morale problems.

The Travelers Plan Administrators can access Preferred Provider Organizations and utilization review programs which will effect substantial plan cost savings.

DETAIL

The following is a partial list of the cost containment procedures that are available.

On-Line Procedures

- ♦ Reasonable and Customary Guidelines
- ♦ Semiprivate prompts
- ♦ Over-utilization reports
- ♦ Claim dollar maximums
- ♦ COB control and prompts

Claim Adjuster Controls

- | | |
|--------------------------|-----------------|
| ♦ Medical Necessity | ♦ Consultants |
| ♦ Custodial Care charges | ♦ Chiropractors |
| ♦ Diagnostic procedures | ♦ Podiatrists |
| ♦ Hospital audits | ♦ Psychiatric |
| ♦ Large claim management | |
| ♦ Peer review committees | |

HEALTH CARE COST CONTAINMENT

Plan Design, The TPA claim system and experienced claim adjusters will save plan costs.

COORDINATION OF BENEFITS

COB procedures include accessing the data gathered through enrollment and acquired through submission of each claim form where evidence indicates that the spouse does work. If there is evidence on the claim form that other insurance exists, the benefit analyst inquires or pends the claim for additional information from the provider of service or from the insured.

The TPA's current experience for COB savings is at least 5% of the total allowed amount. A major influence here is the number of working spouses in the group. The TPA maximizes the savings with strict COB scrutiny on all claims submitted

This objective can be accomplished by delivering excellent claim processing turnaround time, which will motivate providers to accept assignment and, in turn, complete the claim form and submit it to us on behalf of the insured. The provider's patient files usually contain the most recent and most accurate spousal and "other insurance" information.

AUDITS AND SECURITY

OVERVIEW

There are several levels of security built into The TPA claim system. These include controlled system entry, adjuster authority levels and routine periodic audit of claims.

DETAIL

The four levels of system security are made available through the use of various passwords assigned to individuals and terminals.

The Automatic Claim Hold function limits claim adjusters authority.

- ♦ maximum check amount hold
- ♦ automatic hold
- ♦ stop loss maximum hold
- ♦ specified bank account threshold

HEALTH CARE COST CONTAINMENT

Security and audits in the claim system offer savings for the employer due to the reduction of errors in the claim adjudication process and by limiting access to the system. The audit and security functions also provide maximum claims fraud and abuse prevention.

BANKING

The TPA offers two basic options for banking.

OUR BANK

Banking can be accomplished through a program where claims are charged to your portion of our bank account as checks are issued. Full reports of your fund will be provided. With this procedure, you will not have to be involved in any account reconciliation process. Also, you will not be responsible for the cost of check stock.

YOUR BANK

If the anticipated utilization makes such an arrangement feasible, you may set up an account at your bank. These banking arrangements allow us to use your checks for benefit payments. This allows a zero balance banking for the funding process. We will provide you with records of all issued documents for your use in the reconciliation process.

COBRA ADMINISTRATION

TPA is to be notified by the employer of his employee's termination, retirement, reduction in hours, or death

Employer sends COBRA Notice Letter and Election form to employee within three business days of employer notification to The TPA of termination or status change.

Employee submits to his employer, change in enrollment status due to divorce, legal separation or dependents exceeding age limitation. TPA must be notified within 14 days of occurrence.

Should the employee or dependent decide to continue his group coverage, he is instructed to submit a completed election form with first months premium within 60 days to The TPA via certified mail. Upon receipt, employee and/or dependent eligibility as a COBRA participant is established in the system under a sub group to provide for individual premium/contribution billings and isolation of claims experience.

Thereafter, all claims processed on COBRA participants undergo a 100% monthly audit to ensure full compliance with plan benefits.

PROAMERICA UTILIZATION REVIEW

Controlling medical costs is a monumental task. To succeed, it is important that your employees and their families receive quality medical care in an appropriate setting.

This proposal includes the ProAmerica Utilization Review Plan, which:

Monitors the need for surgery and recommends second opinions on a discretionary basis,

Evaluates the need for inpatient care and suggests alternatives when appropriate,

Monitors the timely and effective discharge of patients from the hospital, and,

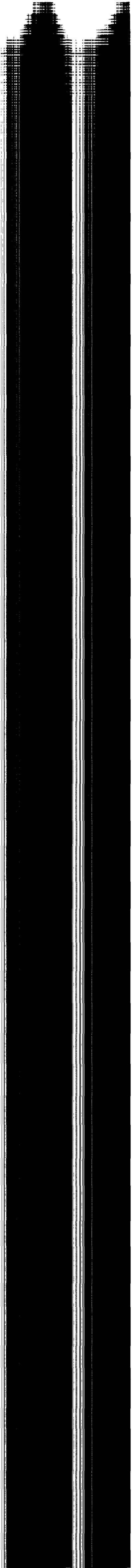
Works with providers to manage catastrophic cases

These services are performed using the most sophisticated computer system in the business and a staff of dedicated professionals who provide utilization review coast-to-coast.

We will charge you a one-time set-up fee in addition to the monthly charge per employee enrolled in your plan for these services. The charge is \$2.00 per employee and is included on the Administrative Cost Summary.

Your employee meets his requirements by calling ProAmerica whenever surgery or hospital confinement is scheduled. The ProAmerica staff of nurses and physicians then work with attending physicians to ensure that needed care is delivered efficiently. Appropriate disincentives are included in your plan to make employee compliance nearly universal.

Outpatient Review and Audits of hospital bills are optional services available at an additional cost.



ADVANCE MAIL SERVICE PHARMACY

AN OVERVIEW

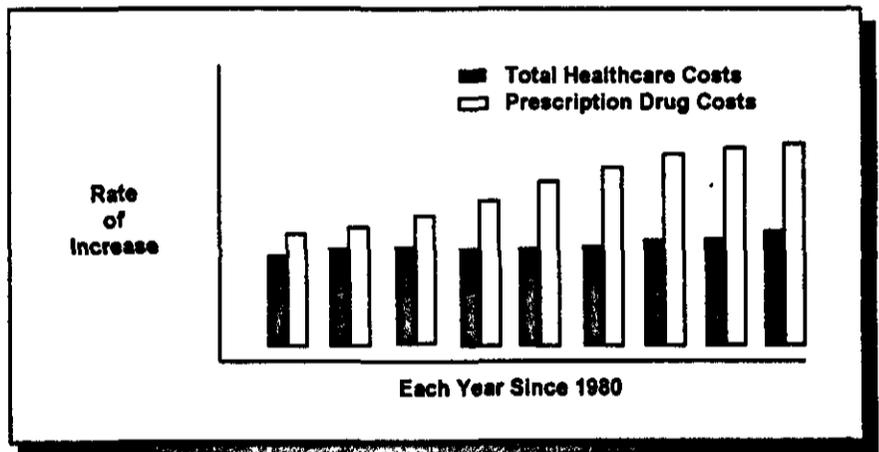
Advance Home Prescriptions, Inc's mail service pharmacy program has been specifically developed to address the problem of rising health care costs. This convenient service will immediately result in a dramatic decrease in your overall prescription drug costs with the correct plan design.

Rising Drug Costs

For the last several years, overall health care costs have risen at a rate of between 17% and 19%. Ten years ago, prescription drug costs represented approximately 6% of the total healthcare costs. Today, prescription drugs represent between 8% and 12% of the total. All indications are that this rapid price escalation will continue due to increasing drug prices and a sharp rise in prescription drug utilization.

Of all prescriptions written, up to 70% are for longer-term medications. These are drugs used for treating chronic conditions such as high blood pressure, ulcers, diabetes, arthritis, and many others. These medications account for 80% of the total money spent for prescription drugs. Maintenance medications are being used at an increasing rate by the aging population as medical research points to greater use of drugs to treat chronic diseases and as the size of the aging population itself grows at an ever increasing rate.

These rising health care costs have become an area of serious concern for those responsible for managing health benefit plans and providing related services. The especially sharp rise in prescription drug costs has created an immediate need for a way to contain and reduce these costs. Advance Home Prescriptions, Inc. has a solution to this problem.



The rising costs of prescription drugs are leading the rise in total healthcare costs.

The Advance Solution - The Advance Home Prescriptions Solution provides for the dispensing and delivery of prescription drugs at substantially reduced costs utilizing a convenient mail order service for longer-term medications. There are numerous benefits to plan sponsors and individual participants who use this service. The primary benefit to all, however, is that costs are reduced.

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REPORTS

OVERVIEW

There are three general areas of reports that can be provided

General Information Reports

- Monthly check register
- Monthly paid claims register
- Benefit analysis report
- Coverage analysis report
- Procedure analysis
- Lag Study
- Fund account reporting
- Productivity analysis
- Eligibility listings
- Provider listings
- 1099's and W-2's

Claim Analysis Reports

- Hospital utilization statistics
- Diagnosis reporting
- Claim payment analysis
- Benefit utilization analysis
- Weekend admissions
- Provider comparison analysis
- Loss ratio reporting
- Average length of stay
- Admission per 100
- Co-payment analysis
- Attending physician review

Customized Reports are available to meet your special needs

DETAILS

Please review the enclosed specimen reports.

HEALTH CARE COST CONTAINMENT

Reports can be used to analyze the effectiveness and utilization of various benefits. Employees and providers can be tracked for indication of possible abuse. Tracking of adjuster activities for productivity, errors and overrides is automatic with The TPA claim system

DISCLOSURE NOTICE CHANGE IN EXCESS RISK CARRIER

This notice is to inform you of a risk which is inherent when you change excess risk insurance carriers. It is important that you read this notice carefully so that you fully understand the extent of the risk.

Your current excess risk insurance policy reimburses eligible claims paid under your employee medical plan during the 12-month policy period. This is commonly known as a "paid" excess risk policy. When you change excess risk carriers, the new carrier will (for the first policy year) generally issue what is known as an "incurred and paid" excess risk policy (or a paid policy with a "run-in" limitation). These types of policies are similar to your current policy in that they cover eligible claims paid by your medical plan during the 12-month policy period. However, there is an additional requirement that the claim be incurred during the 12-month policy period, or within a certain period (usually 60 days) prior to the policy period. A claim is considered incurred on the date the medical services are rendered.

If you change from your current excess risk policy (a "paid" policy) to an "incurred and paid" policy (or a paid policy with a "run-in" limitation), there is a risk that a medical claim which is paid in the new policy year will not be reimbursable under the new policy because it was incurred prior to the policy year (or prior to the "run-in" period which may be specified in the new policy). It also will not be reimbursable under your prior policy, because it was not paid in the policy year of that policy.

To illustrate the problem, assume you change from a "paid" excess risk policy to an "incurred and paid" excess risk policy, effective May 1. Your employee is hospitalized for the month of February, incurring \$50,000 in medical charges. The claim is filed in April and processed and paid in May. The claim will not be reimbursable under the "paid" excess risk policy because the medical claim was paid in May, after your "paid" excess risk policy terminated. The claim will also not be reimbursable under the new "incurred and paid" excess risk policy because it was incurred in February, prior to the effective date of the new policy (May 1).

Although the TPA attempts to identify possible excess risk claims being processed prior to the effective date of a change in carriers, we cannot guarantee that all claims will be identified, or even if identified, processed and paid prior to the end of the policy period. It is possible The TPA may not have even received a claim, or that we have received a claim, but have not yet processed it. Therefore, there is a risk that these unknown claims will not be reimbursable under your excess risk policy if you change excess risk carriers.

VCL 40 PG 734

THE TPA

FILED
REX A. SHAW
COUNTY CLERK

93 MAY 17 PM 3:46

UPSHUR COUNTY, TX.

The Travelers Plan Administrators, Inc. / Ft. Worth
6116 N. Central Expressway
Suite 1400
Dallas, Texas 75208
(214) 360-1328 • Fax (214) 360-1325

BY _____ DEPUTY

May 6, 1993

Mrs. Myra Harris
County Treasurer
County of Upshur, Texas
P. O. Box 730
Gilmer, Texas 75644

Re: Group Medical Proposal

Dear Myra:

Enclosed is the proposal for life and medical benefits for the employees and covered dependents of Upshur County. Our proposal is based on administering a plan of benefits that is similar to the current plan of benefits as described in the employee handbook that was included in the bid specifications. We have proposed coverage on an ASO basis for the medical benefits, with the Specific and Aggregate Stop Loss coverages on an immediate reimbursement basis and stop loss coverages on a 15/12 basis.

The proposal includes Specific Stop Loss coverage at the \$40,000 level. The monthly rates shown in the proposal for "dependents" are for employee and dependent costs. If a \$30,000 Specific Stop Loss level were used instead of the proposed \$40,000 level, the cost for the SSL coverage would be increased by about \$4,211 per month. The Aggregate Stop Loss (maximum claims) level would be reduced by approximately \$2,633 per month, if you elected the \$30,000 Specific level of coverage.

The proposal contains a notation that the reinsurers have requested that additional information be provided on four individuals who have had large claims this past year. They will want to review this information in order to verify their health status before including these individuals in the stop loss coverages.

The information contained in the proposal response regarding the prescription drug discounts and charges is for the mail order prescription program. There is no drug card included for the local pharmacy purchases, but this benefit could be added to the plan, if desired. However, the drug card, if added, would increase your plan costs. Our proposal anticipates that local prescription drug benefits are covered under the major medical benefits on the same basis as any other illness or injury.

If we can provide any additional information or be of assistance in any way, please be sure to let me know.

Sincerely,



B. L. (Skip) Roark
Regional Manager

SECTION IV

1. General Information Requested

Stop Loss Insurance Carrier State Mutual Life Assurance Co.

Stop Loss Insurance Carrier Best's Rating At

Claims Administrator Southern Benefit Consultants, Inc.

Claims Administrator Locations Dallas, TX

Claims Administrator Number of Years in Operation 6 years

Number of Employee Lives You Administer Claims for 25,000

Is There an Actively at Work Provision in Your Plan Yes

Explain your procedure for funding processed claims _____

The client is called on a weekly basis and asked for the exact amount of processed claims. We keep a zero balance account for our clients.

Detail financial arrangements on prescription cards such as purchase price related to AWP, dispensing fee, and service fee. Include provider listing.

SBCPPO Drug Card: D/FW locations: Albertsons & Eckerd's

Cost Brand Name - AWP 8% Generic - MAC

Dispensing Fees - Brand Name \$2.50 Generic - \$3.50

Administration Fee - \$.80 per paid claim

How is customer service provided? Your account is assigned a service rep. That service rep will be your main contact. If you should have any questions or you need that person to come see you for any reason, you should contact your rep. Your rep will keep you updated on your claims and will send you our standard reports.

Section A. Fixed Costs	Per Employee/ Dependent	Monthly Total
Specific Loss Level	\$25,000	
Monthly Specific Stop Loss Rates:		
Employee Dependents	\$47.25 \$54.83	\$6,095.25 \$3,947.76
Monthly Aggregate Stop Loss Rates: Employee	\$6.46	\$833.34
Monthly Aggregate Stop Loss Factors: Employee	Not included in fixed cost. See section B for rates.	
Monthly Administration Fees: Employee Utilization Review Prescription Drug Card Administration	\$9.00 administration \$2.50 U.R. N/A N/A	\$1,161.00 \$ 322.50
Other Monthly Fees	\$2,500 Start Up Fee (one time fee)	
Total All Monthly Administration Fees	\$11.50 administration fees	
Total Fixed Costs		\$12,359.85

Section B. Claims Cost	Per Employee/ Dependent	Monthly Total
Maximum Claims Cost	\$190.23/\$238.46	\$41,708.79

Section C. Total	Per Employee/ Dependent	Monthly Total
TOTAL PLAN COST (A & B)	\$255.44/\$293.29	\$54,068.64

PROPOSAL RESPONSE

The rates below shall include coverages or exclusions as specified in the current benefit specifications.

Failure to submit a policy that provides for all of the benefits, coverages and exclusions specified will result in your proposal being rejected.

SPECIFIC STOP LOSS PREMIUM \$25,000
Employee \$47.25
Dependent \$54.83
Estimated Annual \$120,516.12

AGGREGATE STOP LOSS PREMIUM
Per Employee Per Month \$6.46
Monthly Aggregate Cap Included
Estimated Annual \$10,000.08

AGGREGATE ATTACHMENT POINT
Factors:
Employee \$190.23
Dependent \$238.46
Estimated Annual \$500,505.48

TERM LIFE PLAN
Volume: _____
Term: _____/\$1,000
AD&D: _____/\$1,000
Estimated Annual _____

Above rates will be guaranteed 12 months effective 6-1-93.

Signature _____

Title _____

Company _____

GROUP INSURANCE PROPOSAL
FOR
UPSHUR COUNTY

Presented By:
SHARP INSURANCE
06-May-93

FILED
REX A. SHAW
COUNTY CLERK
93 MAY 17 PM 3:44
UPSHUR COUNTY, TX
BY _____
DEPUTY

SOUTHERN BENEFIT
CONSULTANTS, INC.

REFERENCES

DARR EQUIPMENT COMPANY
P.O. Box 540788
Dallas, Texas 75354
Mike Shropshire - Public Relations Manager
(214) 721-2000

WRIGHT BRAND FOODS
P.O. Box 1779
Vernon, Texas 76384-1779
Bob Williamson
(817) 553-1811

DUNLOP SLAZENGER CORPORATION
Highway 123, East
Westminster, S.C. 29693
Mike Simmons - Senior Vice President
(803) 647-4000

FORETRAVEL, INC.
1221 N.W. Stallings Drive
Nacogdoches, Texas 75961
Karen Moore - Personnel Manager
(409) 564-8367

BUSINESS RECORDS CORPORATION
1111 Mockingbird
Suite 1400
Dallas, Texas 75247
Mickey Collins - Director of Human Resources
(214) 688-1800

SOUTHERN BENEFIT
CONSULTANTS, INC.

VOL 40 PG 740

SOUTHERN BENEFIT CONSULTANTS, INC.

1. Southern Benefit Consultants, Inc. (SBC) as an organization has been operating since 1975 as a group insurance marketing operation.
2. SBC began group insurance administration in 1987.
3. SBC currently administers claims on over 75,000 employees and their dependents.
4. SBC currently employs over 60 full time employees.
5. SBC employees 20 claims processors with an average length of experience of 11.3 years.
6. SBC maintains claims paying authority for the following companies:
 - a. John Alden Life
 - b. Commonwealth Life
 - c. Fidelity Security
 - d. Franklin Life
 - e. Lexington Life
 - f. Lamar Life
 - g. Lloyd's of London (several different syndicates)
 - h. Manulife Group and Pension
 - i. Phoenix Mutual
 - j. Standard Insurance
 - k. State Mutual
 - l. Sun Life of Canada
7. SBC is automated utilizing an IBM System 36 for billing, check writing and statistical reporting.
8. SBC maintains on retainer an M.D., D.D.S. and D.C.

SOUTHERN BENEFIT
CONSULTANTS, INC.

STATE MUTUAL MEDICAL BENEFITS

This proposal assumes a plan design that is similar to the following:

Deductible:	\$500 Individual \$1,500 Family
Coinsurance:	80% to \$5,000 \$1,000 out-of-pocket
Supplemental Accident:	\$300
Mental & Nervous/Alcohol & Drug:	\$25,000 Inpatient Lifetime Maximum \$1,000 Outpatient Annual Maximum
Lifetime Maximum:	\$25,000

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SOUTHERN BENEFIT
CONSULTANTS, INC.

VOL 40 PG 743

Insurance Company

Specific Aggregate STATE MUTUAL LIFE ASSURANCE CO.
STATE MUTUAL LIFE ASSURANCE CO.

Third-Party Administrator SOUTHERN BENEFIT CONSULTANTS, INC.
DALLAS, TEXAS

Number of Employees 129

Specific Deductible:

Individual Deductible \$25,000 Per Person
Reimbursement 100%
Coverage Included Medical
Contract Basis 15/12

Aggregate Deductible:

Aggregate Attachment Point \$500,505
Expected Claims \$400,404
Reimbursement 100%
Coverages Included Medical
Contract Basis 15/12

SOUTHERN BENEFIT
CONSULTANTS, INC.

VOL 40 PG 744

MEDICAL ONLY
STOP LOSS \$25,000
15/12 SPECIFIC & 15/12 AGGREGATE
MINIMUM ATTACHMENT POINT: \$500,505
ASSUMING 129 EMPLOYEES

PREMIUM ILLUSTRATION

STATE MUTUAL

	UNIT	ANNUAL
Start Up Fee	N/A	\$2,500.00
Administration Fee	\$9.00	\$13,932.00
Conversion	N/A	N/A
Cost Containment Fee	\$2.50	\$3,870.00
Rx Start Up Fee	N/A	N/A
Specific Stop Loss Cost:		
Employee (129)	\$47.25	\$73,143.00
Dependent (72)	\$54.83	\$47,373.12
Aggregate Stop Loss Premium	\$6.46	\$10,000.08
Total Fixed Cost		\$150,818.20
Expected Claims:		
Employee Medical (129)	\$152.18	\$235,580.83
Dependent Medical (72)	\$190.77	\$164,823.55
Total Expected Claims		\$400,404.38
Maximum Liability:		
Employee Medical (129)	\$190.23	\$294,476.04
Dependent Medical (72)	\$238.46	\$206,029.44
Total Claim Liability	N/A	\$500,505.48
Minimum Cost	N/A	\$150,818.20
Maximum Cost	N/A	\$651,323.68

SOUTHERN BENEFIT
CONSULTANTS, INC.

VOL 40 PG 745

STATE MUTUAL ASSUMPTIONS

This proposal assumes the following:

There are no totally disabled individuals or totally disabled COBRA continuees and Actively at Work Provisions will apply.

This proposal does not bind insurance coverage. All rates and factors are subject to final underwriting.

This proposal is contingent upon the underwriters receipt and review of information through the effective date on paid claims experience, renewal rates, any large or ongoing claims and average enrollment.

This proposal assumes a June 1, 1993 effective date.

This proposal includes the Monthly Advance Reimbursement Option.

The following information will be required on the following individuals before a final rating commitment can be made. Please be aware that a higher individual deductible may be necessary for these individuals and/or situations:

Atrial Tachycardia Claimant, Coronary Syndrome Claimant, Tachycardia/MI Claimant, Emphysema Claimant and Coronary Atherosclerosis Claimant. Please note that State Mutual has a policy of no higher Specific Deductibles at renewal. If a higher specific deductible has been set in the first contract, State Mutual reserves the right to continue that higher specific deductible. However, they will never increase that higher deductible, nor will they set any new higher deductibles at renewal.

SOUTHERN BENEFIT
CONSULTANTS, INC.

Please note that dental was not included in the aggregate. SBC recommends that the dental be totally self-funded. A \$1.50 dental claims processing fee will need to be included in the administration fee. To include dental in the aggregate, claims experience for the last year will be required.

Run-in expenses incurred within 90 days prior to the effective date will be limited to \$67,000.

VOL 40 PG 746

SOUTHERN BENEFIT
CONSULTANTS, INC.

ADMINISTRATION EXPENSES

1. Start-Up Fee - \$2,500
 - A. Initial design and printing of employee benefits booklets
 - B. Initial design and printing of employee hospitalization I.D. cards
 - C. Design and printing of hospital claim checks
 - D. Initial Design of Plan Document
 - E. Establishment of claim payment procedures
 - F. Placement of all insurance coverage per proposal and coordinating all details for the insurance carriers
 - G. Assistance in the establishment of a 501(c) (9) trust
2. Monthly Service Fees (\$9.00 per employee)
 - A. Claims adjustment and payment
 - B. Itemized monthly billings
 - C. All necessary forms (enrollment cards, claim forms, etc...)
 - D. Preparation of all government forms
 - E. Employee communication
 - F. Management information systems
 1. Group claims analysis
 2. Employee claims analysis
 3. Year-to-date claims paid analysis
 4. Loss fund summary
 5. Loss prevention consultation

SOUTHERN BENEFIT
CONSULTANTS, INC.

COBRA SERVICES OF SOUTHERN BENEFIT CONSULTANTS, INC.

1. To mail to Qualified Beneficiaries at the time SBC is notified of a Qualifying Event, an election for COBRA Continuation Coverage
2. To provide Qualified Beneficiaries, who elect COBRA Continuation coverage, appropriate claims, supplies and instruction for the filing of claims.
3. To provide monthly premium billing and to collect applicable premium from Qualified Beneficiaries who elect COBRA Continuation Coverage.
4. To provide Qualified Beneficiaries, who elect COBRA Continuation Coverage, as applicable health conversion information.
5. To notify Qualified Beneficiaries that their coverage is in a state of lapse or has terminated due to failure to pay premium.
6. To notify Qualified Beneficiaries of the changes in Plan benefits or premium costs related to COBRA coverage.
7. To provide COBRA sponsor, on a monthly basis, a listing of participants in the form of a Monthly Qualified Beneficiary Report.

VOL. 40 PG 748

**SOUTHERN BENEFIT
CONSULTANTS, INC.**

SERVICE FEE FOR COBRA

1. An initial fee of \$15.00 for each covered person who experiences a Qualifying Event, payable simultaneously with the COBRA Sponsor's delivery to SBC of the written notice.
2. A monthly Service Fee of \$10.00 per Qualified Beneficiary who elects COBRA Continuation Coverage payable on the first day of each month during the term of this Agreement or until said Qualified Beneficiary terminates or is no longer eligible for COBRA Continuation Coverage. In the event the Qualifying Event occurs on any day after the first day of any month, no Monthly Service Fee shall be due hereunder for said person for such first partial month. In the event the Qualified Beneficiary terminates or is no longer eligible for COBRA Continuation Coverage any day after the first day of any month, a full Monthly Service Fee shall be due hereunder for such partial month.

**SOUTHERN BENEFIT
CONSULTANTS, INC.**

VOL 40 PG 730

FILED
REX A. SHAW
COUNTY CLERK

INSURANCE AND FINANCIAL SERVICES
93 MAY 17 PH 3:47

UPSHUR COUNTY, TX.

BY _____
DEPUTY

P.O. BOX 584
406 W. 2ND, SUITE 109
MT. PLEASANT, TEXAS 75455
(903) 577-1195
FAX (903) 572-3430

May 7, 1993

Upshur County Officials
Upshur County Courthouse
Gilmer, Texas 75644

Dear Officials,

Thank you for the opportunity to present a Proposal of Partially Self Funded Medical Benefits for the employees of Upshur County. I have selected HealthCare Benefits, Inc. as the third party administrator and John Alden Life Insurance Company as the stop loss carrier. John Alden Life is rated A+ by A.M. Best Co. HealthCare Benefits has an excellent reputation for their claims paying ability and excellent service.

Below, please find pertinent information relating to the proposal from HealthCare Benefits, Inc.

- (1) The specific stoploss does include an advance funding provision.
- (2) The aggregate stoploss includes a monthly accommodation provision.
- (3) There will be a one time start-up fee of \$800.00.
- (4) The proposal includes access to the hospital discounts negotiated by Blue Cross and Blue Shield of Texas, Inc. Attached please find a Facility Savings Report which reflects the average statewide savings generated by the Blue Cross and Blue Shield of Texas, Inc. contracts.
- (5) The run-in is limited to 15% of the aggregate attachment point.
- (6) Proposal includes quotes for both \$25,000 and \$30,000 specific.

INDIVIDUAL AND GROUP LIFE, HEALTH, DISABILITY, AND RETIREMENT PLANS

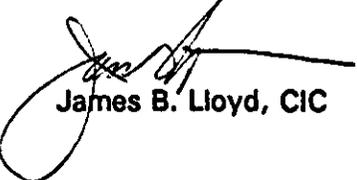
- (7) Enclosed please find a brochure which explains Large Case Management services provided by HealthCare Benefits, Inc. This brochure sites actual cased which produced estimated savings of \$380 to \$11,000 per day.

Based on the information provided in the specifications, the limited time frame, every effort has been made to offer a competitive proposal. However, it is most likely the proposed cost could be significantly reduced if the following information could be provided.

- (1) Additional medical information on large claims for period 4/1/92 through 4/1/93.
- (2) Large claim information for period 4/1/91 to 4/1/92. There appears to be possible claims during this period which are not ongoing. This could have a favorable impact on proposed stoploss rates.

We look forward to meeting with you to further discuss how HealthCare Benefits, Inc. can be of benefit to Upshur County. If you have any questions or need more information, please contact either myself (903/577-1195) or Debbie England (903/597-8737).

Very Truly Yours,


James B. Lloyd, CIC

SECTION IV

1. General Information Requested

Stop Loss Insurance Carrier John Alden Risk Management Services

Stop Loss Insurance Carrier Best's Rating A+ (Superior)

Claims Administrator HealthCare Benefits, Inc.

Claims Administrator Locations 1201 Sherman St., Suite 200, Richardson, Tx
75081

Claims Administrator Number of Years in Operation 6 Years

Number of Employee Lives You Administer Claims for 25,575

Is There an Actively at Work Provision in Your Plan Yes

Explain your procedure for funding processed claims _____

The group is responsible for funding their own account. HealthCare

Benefits, Inc. will notify Upshur County of claim dollars to be
released on designated check run date.

Detail financial arrangements on prescription cards such
as purchase price related to AWP, dispensing fee, and
service fee. Include provider listing.

Prescription Drug Program by arrangement with Blue Cross & Blue Shield
of Texas, Inc. acting as agent of Contractor to provide benefits
substantially the same as its insured Prescription Drug Program.

Your billing will include applicable dispensing fees, Discounted pricing
and one and 50/100 dollars (\$1.50) per prescription filed payable to the
drug card company. Although a prescription card is not included in this
proposal, one is available on request.

How is customer service provided? Eligibility and claims

personnel dedicated to Upshur County account will respond to customer
complaints or problems in a timely, accurate and courteous manner.

Telephone inquiries will be answered personally between 9:00 a.m.
to 4:00 p.m., Monday through Friday.

2. Rates

VOL 40 pg 753

Section A. Fixed Costs	Per Employee/ Dependent	Monthly Total
Specific Loss Level	\$25,000.00	\$25,000.00
Monthly Specific Stop Loss Rates:		
Employee (57) This rate includes Dependents (76) cost for employee and dependents	\$ 57.48 \$ 118.30	\$ 3,276.36 \$ 8,990.80
Monthly Aggregate Stop Loss Rates: Employee	\$ 7.43	\$ 988.19
Monthly Aggregate Stop Loss Factors: Employee	\$ 285.99	\$38,036.67
Monthly Administration Fees:		
Employee	\$ 8.00	\$ 1,064.00
Utilization Review	\$ 1.50	\$ 199.50
Prescription Drug Card		
Administration Blue Cross Access Fee	\$ 2.50	\$ 332.50
Other Monthly Fees (Broker Fee)	\$ 2.00	\$ 266.00
Total All Monthly Administration Fees	\$ 14.00	\$ 1,862.00
Total Fixed Costs		\$15,117.35

Section B. Claims Cost	Per Employee/ Dependent	Monthly Total
Maximum Claims Cost	\$ 285.99	\$38,036.67

Section C. Total	Per Employee/ Dependent	Monthly Total
TOTAL PLAN COST (A & B)		\$53,154.02

Projections are based on 133 employees with 76 carrying dependents.

PROPOSAL RESPONSE

The rates below shall include coverages or exclusions as specified in the current benefit specifications.

Failure to submit a policy that provides for all of the benefits, coverages and exclusions specified will result in your proposal being rejected.

SPECIFIC STOP LOSS PREMIUM \$25,000
Employee (57) This rate includes cost \$ 57.48
Dependent (76) for employee and dependents \$118.30
Estimated Annual \$147,205.92

AGGREGATE STOP LOSS PREMIUM
Per Employee Per Month \$ 7.43
Monthly Aggregate Cap Included
Estimated Annual \$11,858.28

AGGREGATE ATTACHMENT POINT
Factors:
Employee (Composite) \$285.99
Dependent
Estimated Annual \$456,440.04

TERM LIFE PLAN
Volume: \$2,410,900
Term: \$0.51 / \$1,000
AD&D: \$0.06 / \$1,000
Estimated Annual \$ 16,490.52

Above rates will be guaranteed 12 months effective 6-1-93.

Signature Debbie England
Debbie England
Title Group Account Executive
Company Blue Cross and Blue Shield of Texas, Inc

Projections are based on 133 employees with 76 carrying dependents.

2. Rates

Section A. Fixed Costs	Per Employee/ Dependent	Monthly Total
Specific Loss Level	\$30,000.00	\$30,000.00
Monthly Specific Stop Loss Rates:		
Employee (57) This rate includes	\$ 48.01	\$ 2,736.57
Dependents (76) cost for employee and dependents	\$ 98.81	\$ 7,509.56
Monthly Aggregate Stop Loss Rates: Employee	\$ 7.43	\$ 988.19
Monthly Aggregate Stop Loss Factors: Employee	\$ 296.51	\$39,435.83
Monthly Administration Fees:		
Employee	\$ 8.00	\$ 1,064.00
Utilization Review	\$ 1.50	\$ 199.50
Prescription Drug Card Administration Blue Cross Access Fee	\$ 2.50	\$ 332.50
Other Monthly Fees (Broker Fees)	\$ 2.00	\$ 266.00
Total All Monthly Administration Fees	\$ 14.00	\$ 1,862.00
Total Fixed Costs		\$13,096.32

Section B. Claims Cost	Per Employee/ Dependent	Monthly Total
Maximum Claims Cost	\$ 296.51	\$39,435.83

Section C. Total	Per Employee/ Dependent	Monthly Total
TOTAL PLAN COST (A & B)		\$52,532.15

Projections are based on 133 employees with 76 carrying dependents.

PROPOSAL RESPONSE

The rates below shall include coverages or exclusions as specified in the current benefit specifications.

Failure to submit a policy that provides for all of the benefits, coverages and exclusions specified will result in your proposal being rejected.

<u>SPECIFIC STOP LOSS PREMIUM</u>		<u>\$30,000</u>
Employee		<u>\$ 48.01</u>
Dependent		<u>\$ 98.81</u>
Estimated Annual		<u>\$122,953.56</u>

<u>AGGREGATE STOP LOSS PREMIUM</u>		
Per Employee Per Month		<u>\$ 7.43</u>
Monthly Aggregate Cap		<u>Included</u>
Estimated Annual		<u>\$11,858.28</u>

<u>AGGREGATE ATTACHMENT POINT</u>		
Factors:	(Composite)	<u>\$296.51</u>
Employee		
Dependent		
Estimated Annual		<u>\$473,229.96</u>

<u>TERM LIFE PLAN</u>		
Volume:	<u>\$2,410,900</u>	
Term:	<u>\$0.51 / \$1,000</u>	
AD&D:	<u>\$0.06 / \$1,000</u>	
Estimated Annual		<u>\$16,490.52</u>

Above rates will be guaranteed 12 months effective 6-1-93.
 Projections are based on 133 employees with 76 carrying dependents.

Signature Debbie England
 Title Group Account Executive
 Company Blue Cross and Blue Shield of Texas, Inc.

**UPSHUR COUNTY
ADMINISTRATIVE SERVICES ONLY
AND STOPLOSS ARRANGEMENT
\$25,000 - 15/12**

VOL. 40 PG. 757

	Composite	Monthly	Annual Cost
Number of Employees	133		
Expected Claims Factor	\$228.79	\$30,429.07	\$365,148.84
Administrative Charge	\$8.00	\$1,064.00	\$12,768.00
Broker Commission ²	\$2.00	\$266.00	\$3,192.00
Precertification Charge	\$1.50	\$199.50	\$2,394.00
Blue Cross Access Fee	\$2.50	\$332.50	\$3,990.00
Maintenance Tax	\$0.05	\$9.31	\$111.72
Start-Up Fee*			\$800.00
Specific Stoploss			
EO (57)	\$57.48	\$12,267.16	\$147,205.92
EF (76)	\$118.30		
** Aggregate Stoploss	\$5.94	\$790.02	\$9,480.24
Attachment Factor	\$285.99	\$38,036.67	\$456,440.04

Expected Cost \$545,090.72

Expected Maximum Cost \$636,381.92

Suggested Funding Rates

Estimated Minimum Cost

EO	\$184.59
EF	\$479.93

Estimated Maximum Cost

EO	\$215.96
EF	\$561.50

Suggested rates for funding purposes should fund expected incurred claims (expected incurred and paid claims plus estimated reserves), administration, and stoploss charges.

* START-UP FEE INCLUDES ALL STANDARD REPORTS AND ONE EMPLOYEE BENEFIT BOOKLET PER EMPLOYEE.

*Article 21 07-6 of the Texas Insurance Code provided for a .5 percent Maintenance Tax to be levied on the gross amount of administrative or service fee paid to a Third Party Administrator, under this proposed agreement, which tax the Employer (Union, Trust, etc.) is obligated to pay. This is apart from and in addition to any premium amount or other charges described in this proposal. HealthCare Benefits, Inc. will account for, collect and pay the Maintenance Taxes due under Article 21 07-8 on behalf of the Employer.

** To include a monthly accommodation, the aggregate premium will increase from \$5.94 to \$7.43.

HealthCare
Benefits Inc.

VOL 40 PG 758

**UPSHUR COUNTY
ADMINISTRATIVE SERVICES ONLY
AND STOPLOSS ARRANGEMENT
\$30,000 - 15/12**

	<u>Composite</u>	<u>Monthly</u>	<u>Annual Cost</u>
Number of Employees	133		
Expected Claims Factor	\$237.21	\$31,548.93	\$378,587.16
Administrative Charge	\$8.00	\$1,064.00	\$12,768.00
Broker Commission	\$2.00	\$266.00	\$3,192.00
Precertification Charge	\$1.50	\$199.50	\$2,394.00
Blue Cross Access Fee	\$2.50	\$332.50	\$3,990.00
Maintenance Tax	\$0.05	\$9.31	\$111.72
Start-Up Fee*			\$800.00
Specific Stoploss			
EO (57)	\$48.01	\$10,246.13	\$122,953.56
EF (76)	\$98.81		
** Aggregate Stoploss	\$5.94	\$790.02	\$9,480.24
Attachment Factor	\$296.51	\$39,435.83	\$473,229.96
Expected Cost			<u>\$534,276.68</u>
Expected Maximum Cost			<u>\$628,919.48</u>
<u>Suggested Funding Rates</u>			
<u>Estimated Minimum Cost</u>			
EO	\$181.27		
EF	\$471.30		
<u>Estimated Maximum Cost</u>			
EO	\$213.79		
EF	\$555.85		

Suggested rates for funding purposes should fund expected incurred claims (expected incurred and paid claims plus estimated reserves), administration, and stoploss charges.

- * START-UP FEE INCLUDES ALL STANDARD REPORTS AND ONE EMPLOYEE BENEFIT BOOKLET PER EMPLOYEE.

*Article 21 07-6 of the Texas Insurance Code provided for a 5 percent Maintenance Tax to be levied on the gross amount of administrative or service fee paid to a Third Party Administrator, under this proposed agreement, which tax the Employer (Union, Trust, etc.) is obligated to pay. This is apart from and in addition to any premium amount or other charges described in this proposal. HealthCare Benefits, Inc. will account for, collect and pay the Maintenance Taxes due under Article 21 07-6 on behalf of the Employer.

** To include a monthly accommodation, the aggregate premium will increase from \$5.94 to \$7.43.

HealthCare
Benefits Inc.

COMMENTS AND DEVIATIONS

VOL 40 PG 759

UPSHUR COUNTY

Quote is based on an effective date no later than June 1, 1993 or re-rate will occur. Quote is provided by John Alden Risk Management Services.

- (1) All employees must be **Actively-At-Work** and dependents non-institutional confined on the effective date.
- (2) The Minimum Attachment Point quoted reflects current enrollment. Actual Minimum Attachment Point will be based upon enrollment in the first month of the renewal policy year.
- (3) Please complete "Mandated Benefits" listing and "Disclosure Report" at the time of sale.
- (4) Documentation of paid claims from 4-1-93 to 6-1-93.
- (5) Documentation of any individual shock-loss claims in excess of \$10,000 during the 6-1-92 to 6-1-93 period.
- (6) Quote is based on current benefits assuming Blue Cross Hospital Differentials. Upshur County could expect to see 24% average savings on all facility claims.
- (7) This proposal complies with House Bill II.
- (8) For the 15/12 contract the Run-In claims will be limited to a maximum of 15% of the Attachment Point.
- (9) Will need a current APS on the individuals with the claims for \$105,747; \$75,474; \$53,553; \$36,086 and \$12,226 before the needed Specific Deductible can be determined.
- (10) Will need Large Claim History for 6-1-91 to 6-1-92.
- (11) Will need to know any benefit changes in the last three (3) years.
- (12) John Alden Risk Management Services is an A+ (Superior) rated carrier.

Blue Cross Hospital Differentials can be sold only to groups who meet the following criteria:

1. The claims are not employer certified. (Claims will be submitted direct to HBI).
2. The group does not require a copy of the Explanation of Benefits.
3. The group does not require their signature on checks. (All checks will be signed and mailed out by HBI).

May 8, 1993

**HEALTH BENEFITS SUMMARY
UPHSUR COUNTY**

This Benefit Summary was prepared for HealthCare Benefits, Inc. by its field agent to facilitate the rating process. It contains only key items deemed relevant for such rating purposes and is not intended to be a complete statement of all possible benefits available under the group's health benefit plan.

	<u>Current Coverage</u>	<u>Proposed Coverage</u>
<u>Inpatient Hospital Expenses</u>		
Semi-private (average semi-private toward private)	80%	80%
All usual hospital services including blood, plasma	80%	80%
Intensive/Coronary Care	80%	80%
Covered days per calendar year	365	365
Certification deductible admission (when not certified)	\$500	\$500
Regular per admission hospital deductible	N/A	N/A
<u>Medical-Surgical Expenses</u>		
All eligible expenses, including outpatient hospital	80%	80%
Second surgical opinions if required (with deductible waived)		100%
Prescription Drugs or Prescription Drug Card Program (co-pay)	80%	80%
Deductible per calendar year per participant	\$500	\$500
Includes three-month carryover	Yes	Yes
Maximum deductible per family	\$1,500	\$1,500
<u>Extended Care Expenses</u>		
Home Health - with calendar year maximum		Standard
Skilled Nursing Facilities - with calendar year maximum		Standard
Hospice - with lifetime maximum		Standard
Psychiatric care covered under Extended Care		Standard/Yes
Drug abuse covered under Extended Care		Standard/Yes
Alcohol abuse covered under Extended Care		Standard/Yes

	<u>Current Coverage</u>	<u>Proposed Coverage</u>
<u>Preventive Care Expenses</u>		
Routine physical, immunizations, well-baby care, vision exams, hearing exams, (Medical-Surgical deductible waived)	N/A	N/A
Maximum benefits per ___-year period per participant	N/A	N/A
<u>Drug Abuse, Alcohol and Psychiatric Expenses</u>		
Maximum Lifetime Benefits		
Drug Abuse	AAOI	AAOI
Alcohol Abuse	AAOI	AAOI
Psychiatric Care	\$25,000	\$25,000
Inpatient Medical Expenses		
Drug Abuse	80%	80%
Alcohol Abuse	80%	80%
Psychiatric Care	80%	80%
Outpatient Expenses		
Drug Abuse	80%	80%
Alcohol Abuse	80%	80%
Psychiatric Care	80%	80%
<u>Other Plan Features</u>		
Lifetime maximum benefit per participant	INCLUDE SMI \$1,000,000	\$1,000,000
Coinsurance Stop-Loss		
Coinsurance Stop-Loss per participants	\$1,000	\$1,000
Coinsurance Stop-Loss per family	N/A	N/A
Maternity benefits for female employees and spouses	80%	80%
Dependent children covered for maternity benefits	No	No
Dependent children are covered to age	25	25
Accidental Injury Benefit	\$300	\$300
Pre-existing condition exclusion (3/12, 6/24, etc.)	6/12	6/12
Invitro Fertilization	No	No



May 6, 1993

CARLA LAVITTE JOHNSON
HEALTHCARE BENEFITS, INC.
1201 S. SHERMAN ST. #200
RICHARDSON, TEXAS 75081

RE: UPSHUR COUNTY
PROPOSED EFFECTIVE DATE: 06/01/93

Dear Carla,

We are pleased to provide you with the attached proposal for Stop Loss Insurance. This proposal is based upon the information in our possession at this time. If coverage is effective as of the proposed effective date shown above, we reserve the right to change factors based on our review of the information requested below.

Your failure to provide the requested information within 90 days of the effective date of coverage may result in a return of the premium paid and coverage deemed as never having been in effect.

Our proposal, therefore, is contingent. It is subject to change based upon our receipt and review of the following information:

1. Documentation of paid claims from 04/01/93 to 06/01/93.
2. Documentation of any individual shock-loss claim in excess of \$10,000 during the 06/01/92 to 06/01/93 period.
3. Receipt and review of the plan document.
4. This proposal is based on the Proposed benefit plan design and includes the BCBS Hospital Discounts.
5. This proposal complies with House Bill II.
6. For the 15/12 contract thr Run-In claims will be limited to a maximum of 15% of the Attachment Point.
7. Will need a current APS on the individuals with the claims for \$105,747, \$75,474, \$53,553, \$36,086, & \$12,226 before the needed Specific Deductible can be determined.
8. Will need Large Claim History for 06/01/91 - 06/01/92.
9. Will need to know of any benefit changes in the last 3 years.

Note that our policy includes an actively at work provision; it will not include as covered persons individuals or COBRA continuees who are totally disabled on the effective date of the policy.

VOL 40 PG 762



VOL 40 PG 763

Our rates include 15% commission, and the quote is valid for 30 days.

Sincerely,

CHRISTOPHER Y. ENGELMAN
REGIONAL REPRESENTATIVE
ALDEN RISK MANAGEMENT SERVICES

VOL 40 PG 764JOHN ALDEN RISK MANAGEMENT SERVICESTHIS IS NOT A BINDER OR CONTRACT OF INSURANCE

Proposed Coverage for: UPSHUR COUNTY

Effective From:06/01/93 To: 05/31/94

Benefits Covered: MEDICAL ONLY

AGGREGATE EXCESS LOSS Max. Benefit: \$1,000,000 excess of Attachment Point

Opt	Est Attach Point	Attach Factor	Premium Rate	Est Annual Premium	Spec Deduct	Cover Basis
01	456,440	285.99	5.94	9,480	25,000	15/12
02	473,230	296.51	5.94	9,480	30,000	15/12

THIS PROPOSAL INCLUDES 15% COMMISSIONS.

THIS PROPOSAL IS BASED ON THE PROPOSED BENEFIT PLAN DESIGN AND INCLUDE THE BCBS HOSPITAL DISCOUNTS.

THIS PROPOSAL COMPLIES WITH HOUSE BILL II.

Specific Excess Loss	Proposed OPTION 01	Proposed OPTION 02
Spec Deduct/Individual	25,000	30,000
Benefit Percentage	100%	100%
Maximum Specific Benefit	975,000	970,000
Premium Rates	SINGLE= FAMILY=	57.48 48.01 118.30 98.81
Initial Number of Covered Units	SINGLE= FAMILY=	57 76 57 76
Estimated Annual Premium	147,206	122,954
Coverage Basis	15/12	15/12

Proposed Coverage For:	Lives	Volume	Premium Rate	Est Monthly Premium
Life	0	0	0.000	0.00
AD&D	0	0	0.000	0.00
Dependent Life	N/A	N/A	0.000	N/A
Conversion Fee	0	N/A	0.000	N/A

VOL 40 PG 765

UPSHUR COUNTY
PROPOSAL RESPONSE
6-1-93

SECTION IV

1. General Information Requested

Stop Loss Insurance Carrier John Alden Risk Management Services

Stop Loss Insurance Carrier Best's Rating A+ (Superior)

Claims Administrator HealthCare Benefits, Inc.

Claims Administrator Locations 1201 Sherman St, Suite 200, Richardson, Tx
75081

Claims Administrator Number of Years in Operation 6 Years

Number of Employee Lives You Administer Claims for 25,575

Is There an Actively at Work Provision in Your Plan Yes

Explain your procedure for funding processed claims _____

The group is responsible for funding their own account. HealthCare

Benefits, Inc. will notify Upshur County of claim dollars to be
released on designated check run date.

Detail financial arrangements on prescription cards such
as purchase price related to AWP, dispensing fee, and
service fee. Include provider listing.

Prescription Drug Program by arrangement with Blue Cross & Blue Shield

of Texas, Inc. acting as agent of Contractor to provide benefits

substantially the same as its insured Prescription Drug Program.

Your billing will include applicable dispensing fees, Discounted pricing

and one and 50/100 dollars (\$1.50) per prescription filed payable to the

drug card company.

How is customer service provided? Eligibility and claims

personnel dedicated to Upshur County account will respond to customer

complaints or problems in a timely, accurate and courteous manner.

Telephone inquiries will be answered personally between 9:00 a.m.

to 4:00 p.m., Monday through Friday.

2. Rates

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Section A. Fixed Costs	Per Employee/ Dependent	Monthly Total
Specific Loss Level	\$25,000.00	\$25,000.00
Monthly Specific Stop Loss Rates:		
Employee	\$ 57.48	\$ 3,276.36
Dependents	\$ 118.30	\$ 8,990.80
Monthly Aggregate Stop Loss Rates: Employee	\$ 5.94	\$ 790.02
Monthly Aggregate Stop Loss Factors: Employee	\$ 285.99	\$38,036.67
Monthly Administration Fees:		
Employee	\$ 8.00	\$ 1,064.00
Utilization Review	\$ 1.50	\$ 199.50
Prescription Drug Card Administration Blue Cross Access Fee	\$ 2.50	\$ 332.50
Other Monthly Fees (Broker Fee)	\$ 2.00	\$ 266.00
Total All Monthly Administration Fees	\$ 14.00	\$ 1,862.00
Total Fixed Costs		\$52,955.85

Section B. Claims Cost	Per Employee/ Dependent	Monthly Total
Maximum Claims Cost		\$30,429.07

Section C. Total	Per Employee/ Dependent	Monthly Total
TOTAL PLAN COST (A & B)		\$83,384.92

Approved Disbursements
ALL Checking Accounts

THE SOFTWARE GROUP, INC

Disbursements Made from 05/01/93 thru 05/10/93

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
56655-APCA	HC 05/06/93	DON NORRIS	\$500 00	\$500 00	D A-INVESTIGATOR/KELLY WILSON
56656-APCA	HC 05/06/93	GIFFORD-HILL & COMPANY	\$1,080 29	\$269 12 \$275 22 \$260 73 \$275 22	PCT#4-(24 69)TONS TYPE A FLEXBASE PCT#4-(25 25)TONS TYPE A FLEXBASE PCT#4-(23 92)TONS TYPE A FLEXBASE PCT#4-(25 25)TONS TYPE A FLEXBASE
56708-APCA	05/10/93	A & E MILL AND WELDING SUPPL	\$112 25	\$19 20 \$52 80 \$24 00 \$16 25	PCT#2-(1)ACEL&ACEM, (2)OX275 PCT#1-(5)ACEM, (6)OX275 PCT#4-(2)ACEM; (1)OX150; (2)OX275 PCT#2-(1)SG320; OX275
56709-APCA	05/10/93	ABC AUTO PARTS	\$9 95	\$9 95	PCT#3-BRAKE PARTS
56710-APCA	05/10/93	ABC AUTO PARTS	\$20 94	\$20 94	D A-HOT CK RESTITUTION/JULIE G. FRISINO
56711-APCA	05/10/93	ACE LOCK & SAFE SERVICE	\$5 00	\$5 00	CD CTH-(2)D/SIDED KEYS
56712-APCA	05/10/93	BAKER & TAYLOR, INC	\$603 89	\$603 89	CD LIB-74 BOOKS
56713-APCA	05/10/93	BANCROFT PAPER COMPANY	\$40 00	\$40 00	J CTR-LABOR/LOBBY AREA
56714-APCA	05/10/93	BAXTER SALES CO , INC	\$607 00	\$467 00 \$140 00	CD JAIL-STAIN REMOVER, TOILET TISSUE, NEPTUNE, CUPS CD JAIL-(1)COMBO BUCKET W/WRINGER OUTFIT
56715-APCA	05/10/93	BENNETT EQUIPMENT COMPANY	\$144 79	\$144 79	PCT#1-PARTS FOR BOOM AX
56716-APCA	05/10/93	BETTIE VOL FIRE DEPARTMENT	\$300 00	\$300 00	PCT#1-(4)TIRES & WHEELS
56717-APCA	05/10/93	BIG SANDY WATER&SEWER DEPT	\$15 90	\$15 90	JP#5-ACCT#4745/APRIL 29'93 BILLING
56718-APCA	05/10/93	BILLY BILLINGSLEY	\$11 20	\$11 20	PCT#1-REIMBURSE/40mi@ 28ea(TRIP TO LONGVIEW, PARTS)
56719-APCA	05/10/93	BOB'S PRINTING	\$579 75	\$304 50 \$11 99 \$65 60 \$23 71 \$42 24 \$42 50 \$14 57 \$29 64 \$69 80 \$24 80CR	PRP'93-(1)HON 31021-WK DESK CD AUD-(1)EXP FILE D CT-(1)LETTER SIZE/2 DRAWER FILE CABINET CD S-(5)PK INDEX CARDS, GUIDES JUV PROB-PEER/ROLODEX, DAILY APPT BK CD TAX-(1)cs 2 PART COMPUTER PAPER CD IND-(1)RUBBER STAMP CD TREAS-(13)SNEAD ACCS LABELS/INS DEPT CD TREAS-"INS DEPT"(6)bx FASTENERS(3)bx FOLDE RS(5)ACCO JUV PROB-PEER/RETURNED APPT BK
56720-APCA	05/10/93	BRODART CO	\$343 70	\$343 70	CD LIB-ACCT#4233982/29 BOOKS
56721-APCA	05/10/93	BROOKSHIRES	\$58 54	\$28 20	D A-HOT CK RESTITUTION/CALVIN AARON

UPSHUR COUNTY

ACCOUNTS PAYABLE SYSTEM
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THE SOFTWARE GROUP, INC

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
				\$30 34	D A-HOT CK RESTITUTION/DONNY CHALK
56722-APCA	05/10/93	BUSINESS COMMUNICATIONS	\$225 80	\$225 80	CO LIB-(1)SET'93 THOMAS REGISTER OF AMERICAN MANUFACTURERS&CATALOGUE
56723-APCA	05/10/93	CHEM-SERV, INC	\$239 50	\$239 50	CO JAIL-(2)MOP BUCKET&WRINGLER(6)54"JR QUICK CO HDLE
56724-APCA	05/10/93	CHEMAX CORPORATION	\$113 31	\$113 31	PCT#1-(1)DZ NEW GENERATION, FRGT
56725-APCA	05/10/93	CLIFF'S FOOD MARKET	\$15 25	\$15 25	PCT#1-GAS
56726-APCA	05/10/93	COMPLETE BUSINESS	\$709 13	\$17 37 \$95 59 \$41 90 \$75 87 \$113 80 \$53 30 \$3 56 \$22 41 \$2 11 \$11 08 \$44 83 \$39 93 \$34 61 \$52 77	JP#5-RICOH F4415(1287copies 4/16/93) D A-RICOH F4418(7081copies 4/16/93) D CLK-RICOH F5520(3104copies 4/16/93) A PROB-RICOH F4415(5620copies 4/16/93) CO S-RICOH F4418(8430copies 4/16/93) CO S-RICOH F3050(3948copies 4/16/93) JP#5-RICOH F3060(264copies 4/16/93) CO TAX-RICOH F3050(1660copies 4/16/93) CO AUD-RICOH F3050(156copies 4/16/93) CO EXT-RICOH F3060(8228copies 4/16/93) A PROB-MISD/RICOH F4415(3321copies 4/16/93) CO TREAS-RICOH F4418(2958copies 4/16/93) COMM CT-RICOH F5520(2564copies 4/16/93) CO CLK-RICOH F5540(3909copies 4/16/93)
56727-APCA	05/10/93	CONOCO INC	\$16 54	\$16 54	CO S-ACCT#247152226/APRIL 23'93 BILLING
56728-APCA	05/10/93	CONROY FORD TRACTOR, INC	\$105 97	\$105 97	PCT#2-TOOTH, PARTS
56729-APCA	05/10/93	CONTEMPORARY BOOKS, INC	\$21 27	\$21 27	CO LIB-LITERACY/ACCT#505174, MATH, READING, WRIT ING, SCIENCE, S STUDY
56730-APCA	05/10/93	CONTINENTAL BUSINESS PRODUCT	\$87 36	\$87 36	CO S-(12)NUKOTE PRINTER RIBBONS
56731-APCA	05/10/93	CROLEY FUNERAL HOME	\$1,535 00	\$1,535 00	D A-CAUSE#10, 458/RESTITUTION, EUSEBIA GREEN
56732-APCA	05/10/93	DAVID B GRIFFITH	\$250 00	\$250 00	D CT-CAUSE#10, 885/SHAWN WOOLDRIDGE
56733-APCA	05/10/93	DEAN'S LAWNMOWER &	\$142 94	\$142 94	J CT-(1)MUTE CLUTCH, BELT
56734-APCA	05/10/93	EAST TEXAS RADIOLOGY CONSULT	\$9 14	\$9 14	IND-DWIGHT DAVIS/X-RAY 4/12/93
56735-APCA	05/10/93	ECONOMY AUTO SUPPLY, INC	\$365 43	\$12 77 \$130 76 \$14 35 \$49 67 \$105 28	PCT#4-BLUE PAINT, LIGHT BULBS-50 WT PCT#4-OIL DRY, OIL 400-30, OIL 95-40, TRANSMISSION FLUID, GREASE PCT#4-TUBE OF GREASE, SPARK PLUGS PCT#4-RATCHET, SOCKET PCT#2-BRAKE PADS, TURN BRAKE DRUM

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ALL Checking Accounts

THE SOFTWARE GROUP, INC

Disbursements Made from 05/01/93 thru 05/10/93

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
				\$17 98	PCT#2-SEAL
				\$11 03	PCT#4-S/16 FUEL HOSE, HOSE CLAMPS
				\$23 59	PCT#3-EMORY CLOTH; LABOR(TURN BRAKE DRUMS)
56736-APCA	05/10/93	EDDIE J SMITH	\$42 28	\$42 28	PCT#1-REIMBURSE/157mi@ 28ea(TRIPS FOR PARTS)
56737-APCA	05/10/93	ETEX TELEPHONE COOP, INC	\$145 34	\$33 63	PCT#1-#734-5609/MAY 1'93 BILLING
				\$35 15	PCT#2-#762-6266/MAY 1'93 BILLING
				\$26 10	PCT#4-#762-6731/MAY 1'93 BILLING
				\$50 46	PCT#3-#734-5822/MAY 1'93 BILLING
56738-APCA	05/10/93	EXXON COMPANY U S A	\$224 86	\$224 86	CD S-ACCT#1828093870-04/APRIL 14'93 BILLING
56739-APCA	05/10/93	FIRST NATIONAL BANK GILMER	\$430,000 00	\$430,000 00	CD#22713 PURCHASED@3 67%(35days)MATURE 6/14/93
56740-APCA	05/10/93	FLUID POWER SERVICES, INC	\$166 06	\$166 06	PCT#2-PARTS TO REPAIR HYDRAULIC CYLINDER; LABOR
56741-APCA	05/10/93	FOLLETT LIBRARY BOOK CO	\$173 28	\$173 28	CD LIB-CUST#04775/BOOKS
56742-APCA	05/10/93	GENERAL TELEPHONE COMPANY	\$581 21	\$108 65	CD LIB-#843-5001/APRIL 28'93 BILLING
				\$35 06	TELE COMM-COMPUTER/#1LA-3895 APRIL 28'93 BILLING
				\$35 06	TELE COMM-COMPUTER/#1LA-3893 APRIL 28'93 BILLING
				\$35 06	TELE COMM-#1LA-3894/APRIL 28'93 BILLING
				\$32 10	CD TAX-#1FD-2004/APRIL 28'93 BILLING
				\$38 02	TELE COMM-COMPUTER/#1FD-3891 APRIL 28'93 BILLING
				\$32 51	CD S-#843-5398/APRIL 28'93 BILLING
				\$29 25	CD EMRG-#843-2328/MAY 4'93 BILLING
				\$157 71	D A-#843-5513/MAY 4'93 BILLING
				\$77 79	JP#1-#843-5023/MAY 4'93 BILLING
56743-APCA	05/10/93	GEORGE P BANE, INC	\$245 18	\$245 18	PCT#2-(2)LIFT BALL, PIN WELD ASY
56744-APCA	05/10/93	GILMER AUTO SUPPLY, INC	\$35 00	\$20 05	PCT#1-TRUCRAFT
				\$1 75	PCT#1-(5)FUSES
				\$13 20	PCT#1-(1)MUD GUARD
56745-APCA	05/10/93	GILMER COUNSELING SERVICES	\$1,900 00	\$250 00	PRP'93-FEB 1-28'93 BILLING/PARENTS ANON.
				\$1,650 00	PRP'93-FEB&MARCH'93/CONTRACT SERVICES
56746-APCA	05/10/93	GILMER LUMBER COMPANY INC	\$27 76	\$1 61	PEER-SCREWS
				\$4 80	PCT#1-(2)SAKRETE CONCRETE MIX
				\$1 60	PEER-(40)1/2x6 WOOD SCREWS
				\$19 75	PEER-CABINET HANDLES, FLUSH MOUNT, BOX WOOD SCREWS

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
56747-APCA	05/10/93	GILMER MUFFLER SHOP	\$10 00	\$10 00	PCT#1-TRUCK #104/LABOR
56748-APCA	05/10/93	GORMAN COSTON	\$180 20	\$151 20	JP#2-REIMBURSE/540mi@ 28ea(JP'S SCHHOL@AUSTIN)
				\$29 00	JP#2-REIMBURSE/(1)ROLL OF STAMPS
56749-APCA	05/10/93	GRADY GILES	\$5,190 00	\$3,595 00	COMPUTER-IBM CPU 170MB HARDDRIVE; MONITOR, BOARDS, CABLES (JUV PROB. PEER PROGRAM TO REIMBURSE COMPUTER EA MONTH)
				\$1,595.00	PRP '92-(1)HP LASER JET IV PRINTER; S#USBBD97739
56750-APCA	05/10/93	H&D TIRE & AUTOMOTIVE	\$1,026 43	\$11 33	PCT#1-WELDING CABLE & CABLE ENDS
				\$99.72	PCT#1-FUEL PUMP, BATTERY; RECYCLE FEE, FUSE HOLDER; FUSES, TOGGLE SWITCH
				\$224 08	PCT#3-TIRE, RECYCLE FEE, TUBE, GASKET
				\$2 00	PCT#3-BRASS FITTINGS
				\$9 46	J CTR-BOLTS, LOCK NUTS, NIPPLE, COUPLING, TRANSMISSION FLUID, PUNCH, WASHER
				\$240 51	PCT#1-TIRE, RECYCLE FEE
				\$268 40	PCT#4-HYDRAULIC OIL; TIRES, RECYCLE FEE, LABOR
				\$21 30	PCT#1-GEAR OIL, GLOVES, PLYERS
				\$29 00	PCT#1-TUBE
				\$46 00	PCT#1-BATTERY, RECYCLE FEE
				\$3 49	PCT#1-VALVE
				\$29 95	PCT#1-MOUNTING COMPOUND
				\$18 72	J CTR-LOCK, LOCK; HASP
				\$25 59	CD S-WRENCHES
				\$24 81	PCT#1-BUSHING, COUPLINGS, FILTERS
				\$1 07	PCT#1-UNION
				\$29 00CR	PCT#1-(1)TUBE 16 9-24 RETURNED
56751-APCA	05/10/93	HADLEY PRESS	\$77 94	\$77 94	PRP '93-ADULT PLACEMENT A, ANSWER SHEETS; SCORING MASK A
56752-APCA	05/10/93	HART FORMS & SERVICES	\$203 26	\$203 26	D CLK-(1000)BILL OF COST FORMS, FRGT
56753-APCA	05/10/93	HERBERT L YOUNG	\$91 64	\$71 85	PCT#2-(17)gal PREM GAS, MT 34 OIL,
				\$19 79	PCT#2-(18)gal PREM GAS
56754-APCA	05/10/93	HEWITT CORP	\$4 50	\$4 50	PCT#3-NAILS
56755-APCA	05/10/93	HOLMES CONCRETE PIPE	\$510 00	\$87 75	PCT#4-(4)15"X36", 12"X36"CULVERTS
				\$276 75	PCT#4-(9)24"X36"CULVERTS
				\$116 40	PCT#2-(8)12"X36"CULVERTS
				\$29 10	PCT#2-(2)12"X36"CULVERTS
56756-APCA	05/10/93	HOPKINS COUNTY	\$76 96	\$76 96	IND-JACKIE FULLER/OUTPATIENT 4/22/93

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ALL Checking Accounts

Check #	HC Date	Vendor	Check Amount	Invoice Amts	Invoice Descriptions
56757-APCA	05/10/93	INFORMATION GUIDE ON COUNTY	\$60 00	\$60 00	CO AUD-ANNUAL SUBSCRIPTION RENEWAL '93
56758-APCA	05/10/93	IRVIN TIRE COMPANY	\$443 56	\$95 64 \$14 00 \$95 64 \$14 00 \$5 00 \$191 28 \$28 00	CO S-UNIT#13/2 EAGLE GT TIRES CO S-UNIT#13/2 STEMS, LABOR CO S-TIRES FOR UNIT #9, STEMS, LABOR CO S-UNIT#9, (2) VALVE STEMS, LABOR CO S-UNIT#219/FLAT FIXED CO S-UNIT#12, 4 EAGLE GT TIRES CO S-UNIT#12, 4 STEMS, LABOR
56759-APCA	05/10/93	JAN WILLIAMS	\$55 74	\$55 74	CO LIB-REIMBURSE/178mi @ 28ea, MEAL (PARIS WORKSHOP)
56760-APCA	05/10/93	JOBE DRUG COMPANY	\$40 69	\$35 38 \$5 31	IND-CHARLIE CROWE/PRESCRIPTION#749-002 IND-CHARLIE CROWE/PRESCRIPTION#749-001
56761-APCA	05/10/93	JOYCE MORRISON	\$22 40	\$22 40	CO LIB-REIMBURSE/80mi @ 28ea, FOREST TRAIL CONSORTIUM@TYLER
56762-APCA	05/10/93	JUSTICES OF THE PEACE&CONSTA	\$15 00	\$15 00	JP#5-CAROLYN PERRY/DUES FOR '93
56763-APCA	05/10/93	K&S KWIK STOP	\$5 00	\$5 00	CO BLDG-(4 6)gals GAS
56764-APCA	05/10/93	KIRBY RESTAURANT SUPPLY	\$101 09	\$101 09	CO JAIL-REPLACE CORD, LABOR/FWE WARMER
56765-APCA	05/10/93	LAWYERS COOPERATIVE PUBLISHI	\$52 45	\$52 45	LAW LIB-ALR FED VOL#1112Z7V111 SP
56766-APCA	05/10/93	LISA JACOBS	\$95 36	\$95 36	PEER-REIMBURSE/287mi @ 28ea; MEALS APRIL '93 TRAVEL
56767-APCA	05/10/93	LITERACY VOLUNTEERS	\$73 00	\$73 00	CO LIB-LITERACY/(1)GOAL LESSON PLAN
56768-APCA	05/10/93	LONG MOTOR COMPANY, INC	\$563 85	\$10 50 \$49 08 \$46 02 \$10 50 \$192 74 \$255 01	CO S-INSPECTION STICKER/UNIT#18 PCT#4-POWER STEERING LINE PCT#3-(2)AXILE SEALS/TRUCK#311 PCT#3-STATE INSPECTION/'75 CHEVY TRUCK CO S-'91 FORD/SHOES, BRK SET, LABOR CO S-'90 FORD/HEATER CORE, COOLENT, LABOR
56769-APCA	05/10/93	LONGVIEW ASPHALT INC	\$656 92	\$283 80 \$226 82 \$146 30	PCT#2-(12 90)TONS OIL SAND@22 00ea PCT#2-(10 31)TONS OIL SAND@22 00 PCT#3-(6 65)TONS OIL SAND@22 00ea
56770-APCA	05/10/93	LONGVIEW SPRING & BRAKE CO	\$209 60	\$65 20 \$144 40	PCT#1-U-BOLTS FOR TRUCK #104 PCT#3-REWORK SPRINGS ON TRUCK #315
56771-APCA	05/10/93	MED SHOP	\$105 19	\$7 39 \$97 80	CO JAIL-UPS SHIPPING TICKET#5645 CO JAIL-JAMES CAMPBELL/PRESCRIPTION#43042

UPSHUR COUNTY

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56772-APCA	05/10/93	MELVIN LOYD	\$25 00	\$25 00	PRP'92-LABOR ON CARPET/FACILITY RENOVATION
56773-APCA	05/10/93	METROPLEX CONTROL SYS INC	\$79 00	\$79 00	CO JAIL-SERVICE ORDER#25797/REPAIR DOOR CONTROL CARD
56774-APCA	05/10/93	MICHAEL MARTIN, ATTY	\$250 00	\$125 00 \$125 00	D CT-CUASE#10,441/JAMISON LEROY TAVE 4/23/93 D CT-CAUSE#10,207/CHARLES GARRETT 4/23/93
56775-APCA	05/10/93	MOSBY MECHANICAL CO, INC	\$28 01	\$28 01	J CTR-(1)WHITE RODGERS THERMOSTAT
56776-APCA	05/10/93	NATIONSBANK, NA	\$11 82	\$11 82	CO S-ACCT#1155-1155/APRIL 24'93 BILLING
56777-APCA	05/10/93	NICHOLS MACHINERY COMPANY	\$844 54	\$844 54	PCT#3-PACKER PARTS
56778-APCA	05/10/93	PATRICIA HARRISON	\$550 00	\$550 00	CO CT-COURT REPORTER 4/26, 27, 29, 30/93
56779-APCA	05/10/93	PEGUES - HURST MOTOR CO	\$1,308 33	\$194 57 \$136 83 \$105 58 \$660 90 \$194 74	PCT#1-AXLE ELECTRIC SHIFT PCT#4-EXPANDER ASY KIT/UNIT#412 PCT#4-BRAKE SHOES/UNIT#412 PCT#1-BRAKE REPAIR UNIT #113 PCT#1-BRAKE REPAIR-PUMP & MOTOR ASSY, WHEEL CYLINDER REPAIR KIT PCT#1-KIT BRK WHL CYL REPAIR
56780-APCA	05/10/93	PLILER INTERNATIONAL	\$58 05	\$58 05	PCT#1-(1)VALVE, KIT, BUSHING
56781-APCA	05/10/93	PRITCHETT WATER SUPPLY CORP	\$12 39	\$12 39	PCT#1-ACCT#1406/APRIL 21'93 BILLING
56782-APCA	05/10/93	PRO-MED OFFICE SYSTEMS	\$4,175 69	\$4,175 69	D CLK-MOBILE CARRIAGE ADD-ON, FILING SYSTEM
56783-APCA	05/10/93	RANDY REEVES	\$210 03	\$107 24 \$102 79	CO EXT-REIMBURSE/383mi @ 28ea APRIL '93 CO EXT-REIMBURSE/BEEF&FORAGE TOUR 4/18-20/93
56784-APCA	05/10/93	RICKY TAFF HEATING	\$60 00	\$60 00	CO CTH-LABOR DN A/C
56785-APCA	05/10/93	ROADWAY OIL CO, INC	\$2,310 00	\$2,310 00	PCT#1&2-(140)BBL CRUDE OIL @ \$16 50ea
56786-APCA	05/10/93	ROBERT D BENNETT	\$250 00	\$250 00	D CT-CAUSE#10,793/CLINTON RAY ALLEN
56787-APCA	05/10/93	ROBROY INDUSTRIES TEXAS, INC	\$108 48	\$108 48	PCT#1-(2)DOZ SIGN POST PIPE
56788-APCA	05/10/93	SANDY LIVENGOOD	\$1,900 00	\$250 00 \$150 00 \$150 00 \$150 00 \$150 00	D CT-CAUSE#J-6-93/J A 4/29/93 D CT-CAUSE#189-92/KERR, MINOR CHILD 5/4/93 D CT-CAUSE#461-90/MONK, MINOR CHILDREN 5/4/93 D CT-CAUSE#247-90/V GIBSON, MINOR CHILD 5/4/93 D CT-GREEN, VENTERS&MILLER/MINOR CHILDREN 5/4/93
				\$150 00	D CT-CAUSE#186-89/K BRITTON, MINOR CHILD 5/4/93
				\$150 00	D CT-CAUSE#333-87/J STRICKLAND, MINOR CHILD

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Disbursements Made from 05/01/93 thru 05/10/93

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Check #	HC Date	Vendor	Check Amount	Invoice Amts	Invoice Descriptions
				\$150 00	D CT-CAUSE#529-91/T RUSSOM, MINOR CHILD 5/4/93
				\$150 00	D CT-CAUSE#207-80/A WRIGHT, MINOR CHILD 5/4/93
				\$150 00	D CT-CAUSE#515-91/R WORSHAM, MINOR CHILD 5/4/93
				\$150 00	D CT-CAUSE#443-90/J LEE, MINOR CHILD 5/4/93
				\$150 00	D CT-CAUSE#35-91/PRATT CHILDREN; 5/4/93
56789-APCA	05/10/93	SANDY SMITH	\$5 90	\$5 90	CO LIB-REIMBURSE/MEAL@PARIS WORKSHOP
56790-APCA	05/10/93	SCHWAAB, INC	\$187 55	\$187 55	D CLK-(8)PREINKED STAMPS
56791-APCA	05/10/93	SHELL OIL COMPANY	\$25 89	\$25 89	CO S-ACCT#092821628/APRIL 19'93 BILLING
56792-APCA	05/10/93	SMITH OIL COMPANY	\$880 40	\$204 00	PCT#1-(1)1000 AMP BATTERY(DODGE PICKUP)(2)DELO, UNIVER OIL
				\$497 40	PCT#3-(1)55 RPM-30, UNIVER TRACTOR FLD, HYD FLD
				\$179 00	PCT#3-(1)55 DEXRON II
56793-APCA	05/10/93	SOBOL	\$20 00	\$20 00	PCT#3-CUST#551100, (2)sm OXY(1)lg OXY(2)sm ACE TY
56794-APCA	05/10/93	SWIFT INDEPENDENT PACKING	\$458 64	\$458 64	CO JAIL-CUST#17130/ASSORTED FOODS
56795-APCA	05/10/93	TAC PROPERTY&CASUALTY	\$6 00	\$6 00	NON DEPT-ADDING LOCATION 15 TO BLDG&CONTENTS SCHED.
56796-APCA	05/10/93	TEXAS COUNTY PRINTING	\$2,413 21	\$2,413 21	ELECTION-13, 100 OFFICIAL AIS BALLOTS, 100 TEST KITS
56797-APCA	05/10/93	TEXAS DEPT OF CRIMINAL JUSTI	\$75 00	\$75 00	CO JAIL-(5)DZ TERRY BATH TOWELS
56798-APCA	05/10/93	TEXAS DEPT OF HUMAN SERVICES	\$6 03	\$6 03	CO JAIL-APRIL '93, (9)CS OF COMMODITIES
56799-APCA	05/10/93	THE GILMER MIRROR	\$590 00	\$249 20	CO TREAS-QTRLY REPORT PUBLISHED
				\$15 60	D CLK-HELP WANTED NOTICES 4/17&21/93
				\$108 60	COMM CT-PUBLIC NOTICE OF ELECTION
				\$91 80	CO S-IMPOUNDMENT NOTICE/BRAHMA 4/17&21/93
				\$51 00	CO S-IMPOUNDMENT/COW&CALF 4/17&23/93
				\$90 60	COMM CT-NOTICE OF ELECTION 4/21/93
				\$16 80CR	CO TREAS-DISCT ON GTR REPORT
56800-APCA	05/10/93	THE SOFTWARE GROUP, INC	\$1,639 40	\$1,639 40	CO TAX-(19600)DELIQ TAX NOTICES
56801-APCA	05/10/93	TIM CONE	\$337 85	\$337 85	D A-REIMBURSE/NELSON&WHITE CASE(TRAVEL EXP)
56802-APCA	05/10/93	TIME WARNER	\$144 43	\$62 48	CO LIB-CUST#0264967/VIDEOS
				\$81 95	CO LIB-CUST#0264967/VIDEOS
56803-APCA	05/10/93	TUDOR MERCANTILE CO, INC	\$35 77	\$5 29	PCT#2-(1)FEEDER GAUGE
				\$3 90	PCT#2-(2)SPARK PLUGS, 4'ROPE

Approved Disbursements
ALL Checking Accounts

THE SOFTWARE GROUP, INC

Disbursements Made from 05/01/93 thru 05/10/93

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Check #.	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
				\$26 58	PCT#2-BOLTS, WASHERS, NUTS, LOCK WASHERS
56804-APCA	05/10/93	UPSHUR COUNTY DISTRICT CLERK	\$84 50	\$84 50	D A-CAUSE#10, 458/COURT COSTS; EUSEBIA GREEN
56805-APCA	05/10/93	UPSHUR COUNTY FORD TRACTOR	\$18 75	\$18 75	PCT#1-(9)pr GLOVES
56806-APCA	05/10/93	UPSHUR-RURAL ELECTRIC COOP	\$128 39	\$50 01 \$8 10 \$70 28	PCT#3-ACCT#902475306/MAY '93 BILLING WASTE-ACCT#2226090/MAY 5 '93 BILLING PCT#1-ACCT#31885226/MAY 5 '93 BILLING
56807-APCA	05/10/93	VALU-LINE	\$891 79	\$2 71 \$106 85 \$4 97 \$286 41 \$468 82 \$22 03	CO LIB-ACCT#87400/MAY 1 '93 BILLING D A-ACCT#13782/MAY 1 '93 BILLING JP#5-ACCT#13762/MAY 1 '93 BILLING CO S-ACCT#87420/MAY 1 '93 BILLING TELE COMM-ACCT#87390/MAY 1 '93 BILLING DIST CLK-ACCT#13772/MAY 1 '93 BILLING
56808-APCA	05/10/93	VINGO FOODS	\$5 72	\$5 72	CO JAIL-YELLOW ONIONS
56809-APCA	05/10/93	VINYARDS'	\$100 00	\$100 00	D A-HOT CK RESTITUTION/ILLY J BEASLEY
56810-APCA	05/10/93	W V RAY, JP#1	\$20 00	\$20 00	D A-ADDITIONAL COURT COSTS/STATE vs LLOYD CARRELL
56811-APCA	05/10/93	WAL-MART #146	\$27 45	\$27 45	D A-HOT CK RESTITUTION/PHYLLIS JONES
56812-APCA	05/10/93	WALKER MD/PATHOLOGY	\$14 33	\$4 16 \$10 17	IND-WILLIAM E JONES/LAB 4/13/93 IND-WILLIAM E JONES/LAB 4/13/93
56813-APCA	05/10/93	WALMART STORE #146	\$357 29	\$7 73 \$25 89 \$49 76 \$11 02 \$43 36 \$42 43 \$3 94 \$159 60 \$6 62 \$6 94	PCT#1-SPRAY PAIN, MASKING TAPE, PAPER PUNCH J CTR-(1)ROSE BRUSH, LYSOL, DEODORIZER CO S-25 FT BASE CORD, DECAL KIT, MEMORY PHONE, PHOTO PROCESSING, MUSIC VIDEO CO S-AA HD BATTERIES, MICROCASSETTE TAPE CO S-BATTERIES, 25 FT BASE CORD, PHONE RINGER CO S-PUSH PINS, BL HELLO BDG, VIDEO CABLES, FILE FOLDERS, J CTR-LYSOL SPRAY, DEODORIZER CO BLDG-ROOT STIMULATOR CO JAIL-(10)PK FILM(#600)@15 96ea ELECTIONS-PENCILS, RED PENS, PENCIL SHARPENER CO EXT-BATTERIES FOR CAMERA
56814-APCA	05/10/93	WESLEY A BISHOP, D. D S	\$150 00	\$54 00 \$96 00	CO JAIL-CLINTON RAY ALLEN/DENTIST 4/6/93 CO JAIL-CURTIS HAWKINS/DENTIST 4/7/93
56815-APCA	05/10/93	WEST PUBLISHING	\$143 95	\$19 00 \$124 95	D CLK-TX RLS CT-ST&FD 93PA CO LIB-"GUIDE TO AMERICAN LAW" SUPPLEMENT
56816-APCA	05/10/93	WESTERN AUTO ASSOCIATE STORE	\$56 95	\$25 00 \$13 99	PCT#3-(1)CHAIN, SHARPEN CHAIN CO BLDG-(1)WEEDER-LINE

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UPSHUR COUNTY

ACCOUNTS PAYABLE SYSTEM

10 MAY 1993

Approved Disbursements

ALL Checking Accounts

Disbursements Made from 05/01/93 thru 05/10/93

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THE SOFTWARE GROUP, INC

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
				\$2 99	CO BLDG-WATERING CAN (FOR FLOWERS)
				\$14 97	CO BLDG-GAS CAN, EDGER BLADES
56817-APCA	05/10/93	WHITE SWAN, NORTH	\$350 37	\$350 37	CO JAIL-CUST#420711/ASSORTED FOODS
56818-APCA	05/10/93	WILSON CULVERTS, INC	\$986 40	\$986 40	PCT#1-(1)48"x24'x60"x24'16ga 5x1 CULVERTS
Total for APCA - Accounts Payable Clearing Account			\$474,024 89		

UPSHUR COUNTY

ACCOUNTS PAYABLE SYSTEM

10 MAY 1993

THE SOFTWARE GROUP, INC

Approved Disbursements
ALL Checking Accounts
Disbursements Made from 05/01/93 thru 05/10/93

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Check #	HC Date	Vendor	Check Amount	Invoice Amt	Invoice Descriptions
559-FNB INS	HC 05/06/93	ACORDIA BENEFITS OF TEXAS, I	\$17,055 96	\$17,055 96	UPS01-CLAIMS, EMP, DEP, COBRA 4/30/93 CUT OFF
560-FNB INS	HC 05/06/93	FIRST NATIONAL BANK	\$350,000 00	\$350,000 00	CD#22706/PURCHASED@3 67%(14days)MATURE 5/20/93
561-FNB INS	HC 05/10/93	ACORDIA BENEFITS OF TEXAS, I	\$13,228 67	\$13,228 67	MONTHLY COSTS/UPS01 FOR MAY '93
Total for FNB INS - INSURANCE			\$380,284 63		
Grand Total			\$854,309 52		

FILED
 REX A. SHAW
 COUNTY CLERK
 93 MAY 11 AM 10:45
 UPSHUR COUNTY, TX.
 BY _____ DEPUTY

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Everett Dean
 County Judge, Everett Dean

Gaddis Lindsey
 Commissioner Pct. #1, Gaddis Lindsey

Tommy Stanley
 Commissioner Pct. #2, Tommy Stanley

David Loyd
 Commissioner Pct. #3, David Loyd

Tommy Eatherton
 Commissioner Pct. #4, Tommy Eatherton

Date: 5-17-93

COMMISSIONER COURT
ATTENDANCE SHEET

Name	City of Residence
Lona Higgs	Delmer
Wynne Harris	Gilmer
J. McCarter	Mirror
Bartholomew	TAC
JIM SLACK	ACORDIA
K. Wade	Behrens
W.D. Crennan	Upshur Cnty. E.D. Board
J. Long	Plano
Kama Steelma	Gilmer
Linda Howell	Delmer
Cecilia Hill	Behrens

FILED
REX A. SHAW
COUNTY CLERK
93 MAY 17 AM 10 19
BY _____
DEPUTY

VOL 40 PG 780