

NAVARRO COUNTY COMMISSIONER'S COURT

A Special meeting of the Navarro County Commissioner's Court was held on Monday, the 1<sup>st</sup> day of August, 2016 at 9:00 a.m., in the County Courtroom of the Navarro County Annex Building 601, North 13<sup>th</sup> Street, in Corsicana, Texas. Presiding Judge HM Davenport Jr., Commissioners present Jason Grant, Dick Martin, and David Warren.

1. 9:00 A.M. Motion to convene by Comm. Grant sec by Comm. Warren  
Carried unanimously
2. Opening Prayer by Judge Davenport
3. Pledge of Allegiance
4. Public comments-No comments
5. No action taken on Burn Ban remains off

This will be taken up in budget this afternoon

6. Motion to approve alternate plan that was present by TAC for Group Health Insurance by Comm. Martin sec by Comm. Grant **TO WIT PG 3594-3598**  
Carried unanimously
7. Motion to approve awarding bid to James Industrial Contracting, Inc. for proposals for structural beam for courthouse vault by Comm. Grant sec by Comm. Warren **TO WIT PG 3599-3600**  
Carried unanimously
8. Motion to go into Executive Session Pursuant to the Texas Government code Section 551.0774 to discuss Personnel by Comm. Martin sec by Com. Grant  
Carried unanimously  
10:15 Motion to come out of Executive Session by Comm. Martin sec by Comm. Grant  
Carried unanimously
9. No action taken on Executive Session Pursuant to the Texas Government Code Section 551.074 to discuss Personnel
10. Budget Workshop-Motion to break until 2:30 p.m. by Comm. Grant sec by Comm. Warren  
Carried unanimously  
2:33 Motion to come out of break by Comm. Grant sec by Comm. Warren  
Carried unanimously

Discussed item #6

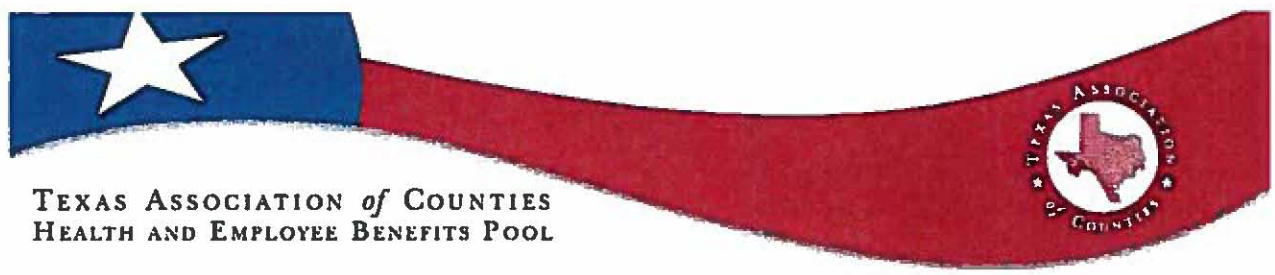
11. Motion to adjourn by Comm. Martin sec by Comm. Grant  
Carried unanimously

I, Sherry Dowd, Navarro County Clerk, Attest that the Foregoing is a True and accurate accounting of the commissioners Court's authorized proceeding for August 1<sup>st</sup>, 2016.

Signed 1<sup>st</sup>, day of August, 2016

  
\_\_\_\_\_  
Sherry Dowd, County Clerk





**TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL**

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

**Group: 66504 - Navarro County**

**Anniversary Date: 10/01/2016**

**Return to TAC by: 08/01/2016**

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to [marjac@county.org](mailto:marjac@county.org).

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

**MEDICAL**

**Medical: Plan 800 \$25 Copay, \$500 Ded, 80%, \$2500 OOP Max**

**RX Plan: Option 4A \$10/25/40**

**Your % rate increase is: 7.50%**

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

Tier	Current Rates	New Rates Effective 10/1/2016	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$835.04	\$897.66	\$ 869.92	\$ 00.00	\$ 869.92
Employee + Child	\$1,135.34	\$1,220.48	\$ 869.92	\$ 312.68	\$1,182.60
Employee + Child(ren)	\$1,495.72	\$1,607.90	\$ 869.92	\$ 687.94	\$1,557.86
Employee + Spouse	\$1,753.64	\$1,885.16	\$ 869.92	\$ 956.50	\$1,826.42
Employee + Family	\$2,271.58	\$2,441.94	\$ 869.92	\$ 1,495.78	\$2,365.70

HeD Initial to accept Medical Plan and New Rates.

3545



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

**2016 - 2017 Alternate Plan Proposal**

Group: 66504 - Navarro County

Effective Date: 10/01/2016

	Current Plan Year	Renewal Rates	Option 1
Plan:	800	800	800-G
Option:	RX-4A	RX-4A	RX-4A-G
<b>Rates</b>			
Employee Only	\$835.04	\$897.66	\$869.92
Employee + Child	\$1,135.34	\$1,220.48	\$1,182.60
Employee + Child(ren)	\$1,495.72	\$1,607.90	\$1,557.86
Employee + Spouse	\$1,753.64	\$1,885.16	\$1,826.42
Employee + Family	\$2,271.58	\$2,441.94	\$2,365.70
<b>Medical Plan</b>			
Deductible In/Out Network	\$500/750	\$500/750	\$600/900
Co-Insurance % In/Out	80/60	80/60	80/60
Co-Insurance Maximum	\$2500/5000	\$2500/5000	\$3000/6000
Office Visit	\$25	\$25	\$30
Emergency Room Hospital	\$90	\$90	\$90
<b>Prescription Plan</b>			
Prescription Card Co-Pay	10/25/40	10/25/40	10/30/45
Deductible	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 08/01/2016 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here OPTION 1 800-G RX-4A-G

Fax the signed document to 1-512-481-8481.

Signature  Date 8-1-16  
66504 - Navarro County, 2017, Alternate Plan Proposal

**LIFE - BASIC**

**Basic Life Products:** Coverage Volume per Employee: \$20,000  
(Rates are per thousand)

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2016</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Basic Term Life	\$0.122	\$0.122	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

skd Initial to accept New Basic Life Rates.

**LIFE - VOLUNTARY**

**Voluntary Life Products:** Coverage Volume per Retiree: \$5,000  
(Rates are per thousand)

	<b>Current Rates</b>	<b>New Rates Effective 10/1/2016</b>	<b>Amount Employer Pays</b>	<b>Amount Employee/ Retiree Pays (if applicable)</b>
Voluntary Retiree Life	\$0.139	\$0.139	0%	100%

(Rates are monthly charges) Coverage Volume: SP \$5K/CH \$5K

Voluntary Dependent Life	\$1,900	\$1,900	0%	100%
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\* Please see attachment for detail listing of Voluntary Life product rates

skd Initial to accept New Voluntary Life Rates

**RETIREE**

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical	Pre 65	Post 65	Both
Voluntary Retiree Life	Pre 65	Post 65	Both

skd Initial to confirm.

**WAITING PERIOD**

Waiting period applies to all benefits

<b>Employees</b>	<b>Elected Officials</b>
30 days - 1st of the month following waiting period	30 days - 1st of the month following waiting period

skd Initial to confirm.

**COBRA ADMINISTRATION**

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASYS  
*\*County/Group is responsible for fulfilling COBRA notification process and requirements*

BCBS COBRA Department processes COBRA  
*\*BCBS COBRA Department administers via COBRA contract with the County/Group*

 Initial to confirm COBRA Administration.

**PLAN INFORMATION**

**Broker or Consultant Information**

Please confirm your broker or consultant's name, if applicable: N/A

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Number and Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Broker Representative or Consultant's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

 Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- Broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by **08/01/2016** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

### TAC HEBP Member Contact Designation Navarro County

#### CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

Name/Title Honorable Ryan Douglas/County Treasurer  
Address 601 North 13th Street #4  
Corsicana, TX 75110-4672  
Phone 903-654-3091  
Fax 903-875-3391  
Email [rdouglas@navarrocounty.org](mailto:rdouglas@navarrocounty.org)

#### BILLING CONTACT

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

Please list changes and/or corrections below.

Name/Title Honorable Ryan Douglas/County Treasurer  
Address 601 North 13th Street #4  
Corsicana, TX 75110-4672  
Phone 903-654-3091  
Fax 903-875-3391  
Email [rdouglas@navarrocounty.org](mailto:rdouglas@navarrocounty.org)  
HIPAA Secured Fax


#### PRIMARY CONTACT

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

Please list changes and/or corrections below.

Name/Title Jane McCollum/County Chief Deputy Treasurer  
Address 601 North 13th Street #4  
Corsicana, TX 75110  
Phone 903-654-3090  
Fax 903-654-3391  
Email [jmccollum@navarrocounty.org](mailto:jmccollum@navarrocounty.org)

903-875-3391

Signature of County Judge or Contracting Authority  


Date: 8-1-16

H.M. DAVENPORT JR./COUNTY JUDGE

Please PRINT Name and Title

*The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.*







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## Fwd: Shelving & Layout Quote

1 message

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Cody Muldner <codymuldner@gmail.com>

Tue, Jul 26, 2016 at  
2:32 PM

To: H Davenport <hdavenport@navarrocounty.org>, Dick Martin  
<dmartin@navarrocounty.org>

Good afternoon. Here is the proposal from James Industrial Contractors, Inc. I am a bit concerned that they are that much lower than the other 2 bids, but they are reputable and they guarantee their work. The scopes of work are apples to apples. Please let me know how you plan to proceed and I will advise the Contractors accordingly. Hopefully we can push this through without a CC consideration. Please advise.

Thanks,  
Cody

----- Forwarded message -----

From: "Angela" <jmiangelad@sbcglobal.net>

Date: Jul 26, 2016 1:10 PM

Subject: Shelving & Layout Quote

To: <codymuldner@gmail.com>

Cc:

Please see attached quote and warranty per Dion Looney.

Thank you!

Angela Martinez  
James Mfg  
James Industrial Contracting  
Phone: 903-872-6251  
Fax: 903-872-6001