

FILED FOR RECORD: 5-16 19 83 at 9:30 o'clock A M
 DULY RECORDED: 5-17 19 83 at 9:00 o'clock A M
 INSTRUMENT NO. _____ GRACE BOSTICK, TYLER CO. CLK.
 BY: Jean Phillips Deputy
 JEAN PHILLIPS

TYLER COUNTY COMMISSIONER'S COURT
 EMERGENCY MEETING
 APRIL 27, 1983

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An emergency meeting of the Commissioner's Court met on Wednesday, April 27, 1983 at 4:00 P. M. All members being present. The meeting was opened with prayer by County Treasurer Austin Fuller.

A motion was made by Commissioner Mahan to accept the bid from Blue Cross-Blue Shield of Texas for County Employees' hospitalization insurance, stating his reasons for doing so were because of the Pre-existing conditions accepted, ICU regulations, and the regulations regarding dependent children. The motion died from lack of a second.

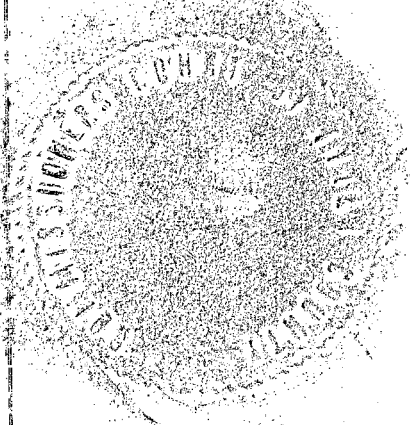
A motion was made by Commissioner Lowe and seconded by Commissioner Odom to accept the bid from American National Insurance Company for County Employees' hospitalization insurance, Plan No. 2. All voted yes and none no. See Attached.

RECESSED UNTIL FRIDAY, APRIL 29, 1983, AT 8:00 A. M.- IN SESSION

A motion was made by Commissioner Odom and seconded by Commissioner Lowe to approve the proposal for repairs on Sheriff's office as submitted by Clyde Taylor. All voted yes and none no. See Attached.

There being no further business, the meeting adjourned.

SIGNED: Allen Sturrock Allen Sturrock, County Judge
Maxie Riley Maxie Riley, Comm. Pct. #1
H. K. Lowe H. K. Lowe, Comm. Pct. #2
Jerry Mahan Jerry Mahan, Comm. Pct. #3
Berton A. Odom Berton A. Odom, Comm. Pct. #4
 ATTEST Grace Bostick Grace Bostick, County Clerk



4-29-83

Courthouse Sheriff Office

To repair roof at flashing on south east side at gutter.

To plaster behind gutter pipe down part.

To replace three (3) Windows 30x50 two-over-two-half screen.

The wooden windows will have treated lumber on outside that will paint, 2 coats of paint outside on wood.

Repair south wall around windows, replace panelling.

All elec. wire goes back as is -
To paint the new panelling 2 coats & rest of office 1 coat the same color as office is now.

To repair metal frame work in new drop in ceiling, Baseboard & trim to match office.

The window below will be painted the same color as present office.

To furnish all material & labor.

14,700⁰⁰

Talk glossed
~~other~~
 about the floor

A proposal from the...

group
DEPARTMENT

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AMERICAN NATIONAL INSURANCE COMPANY, GALVESTON, TEXAS

**PROPOSAL
OF
GROUP INSURANCE PROTECTION**

For
Tyler County

This proposal is valid for:
for an effective date not later than: May 1, 1983
An extension will be considered upon written request.

Submitted By

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

VOL 008 PAGE 75

FACTS ABOUT AMERICAN NATIONAL INSURANCE COMPANY

American National Insurance Company is Texas' largest insurance company.

American National Insurance Company was chartered in 1905 and has experienced persistent growth since its beginning.

American National Insurance Company is licensed to do business in 49 states, the District of Columbia, Puerto Rico, Western Europe, and Guam.

American National Insurance Company is an industry leader, ranking among the top stock life insurance companies in the United States with over 16 billion of life insurance in force.

Up-to-date American National Group policies and certificate-booklets clearly define benefits and provisions.

Accounting and administration are streamlined for policyholder convenience.

Modern computer technology constantly improves service to policyholders.

VOL 008 PAGE 76

SCHEDULE OF BENEFITS

COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

*Maximum Lifetime Benefit.....	\$ 1,000,000
Mental and Nervous Maximum.....	\$ 15,000
Annual Automatic Restoration.....	\$ 2,000
Cash Deductible per Calendar Year.....	\$ 200
Maximum Deductibles per Family.....	3
Accumulation Period.....	Calendar Year

****Percentage Payable by American National:**

Outpatient Psychiatric Care.....	50%
All Other Covered Expenses.....	80%

Maximum Daily Room and Board Rate:

Hospital Normal Care.....	Most Common Semi-Private
Hospital Intensive Care.....	Two and One-Half Times Normal Care
Convalescent Facility.....	One Half Normal Care

*The Maximum Lifetime Benefit for individuals eligible for Medicare is \$1,000,000.

**After the insured person has paid \$ 1200. out of pocket including the Deductible for covered expenses in a calendar year, American National will pay 100% of any further covered expenses incurred by such insured person during that calendar year. For purposes of this statement, benefits payable for treatment of mental and nervous disorders are not included.

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SCHEDULE OF BENEFITS

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit.....\$ N/A

MATERNITY EXPENSE INSURANCE

As Any Other Illness

Also available (under such terms, conditions and premium rates as may be agreed upon), are insurance provisions covering alcoholism and other drug dependency.

VOL 008 PAGE 78

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of \$
AD&D (24 hour coverage) per \$1,000 (based on a volume of \$

Employee and Dependent Coverage

Medical Expense Insurance

Employee.....	\$	41.26
Additional for Dependents.....	\$	33.03

Supplemental Medicare Expense Insurance

Per eligible individual.....	\$	65.03
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COST SUMMARY AND PLAN SPECIFICATIONS

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 70 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

The rates quoted in this proposal are based upon the information submitted and the census data which indicated eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains enforce, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

Rates are guaranteed for _____ months. Covered employees must work a minimum of 30 hours per week. The limiting age for dependent children in school is 23 years of age.

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GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.

- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.

*A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

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MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life insurance and the Hospital and Surgical insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

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JUN

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractic, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

EXISTING ILLNESS LIMITATION

The following limitation applies to the coverages indicated in the Plan Specifications.

Payment in excess of the amount specified in the Schedule of Benefits will not be made (if no amount is specified, no payment will be made) for charges or confinements due to a pre-existing condition (a condition which received medical attention during the 3 months preceding coverage):

- for a 3-month period during which the person received no care or treatment for the condition, or
- in the case of an employee, for a 6-month period during which he was continuously insured and actively at work on a full-time basis, or
- in the case of a dependent, for a 12-month period during which he was continuously insured.

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CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the calendar year which includes the effective date of American National's group policy, that part of all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.

A proposal from the...

group
DEPARTMENT

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AMERICAN NATIONAL INSURANCE COMPANY, GALVESTON, TEXAS



AMERICAN NATIONAL INSURANCE COMPANY

J. W. RAY, ASSISTANT GENERAL AGENT

1006 WEST BLUFF P. O. BOX 777 WOODVILLE, TEXAS 75979

BUS.: 713/283-3781

RES.: 713/547-2558

SPECIFICATIONS BIDS

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**PROPOSAL
OF
GROUP INSURANCE PROTECTION**

For
Tyler County

This proposal is valid for:
for an effective date not later than: May 1, 1983
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

VOL. 1008 PAGE 90

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SCHEDULE OF BENEFITS

TERM LIFE, ACCIDENTAL DEATH and DISMEMBERMENT, and
DISABILITY INCOME INSURANCE

<u>Insurance Classification</u>	<u>Term Life</u>	<u>AD&D</u>	<u>Disability Income (weekly amount)</u>
I all eligible employees	\$10,000	\$10,000	\$100

Term Life reduces 75% at age 70. AD&D terminates at age 70.

Disability Income

Day Benefits Begin:

Injury:

1st day

Illness:

8th day

Maximum Benefit Period:

26 weeks

Maximum Benefit Period

for Pregnancy:

As any other illness

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Plans I and II

SCHEDULE OF BENEFITS

	I	II
COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE		
*Maximum Lifetime Benefit.....	\$ 1,000,000	
Mental and Nervous Maximum.....	\$ 15,000	
Annual Automatic Restoration.....	\$ 2,000	
Cash Deductible per Calendar Year	\$ 100	& 200
Maximum Deductibles per Family.....		
Accumulation Period.....		Calendar Year

****Percentage Payable by American National:**

Outpatient Psychiatric Care.....	50%
All Other Covered Expenses.....	80%

Maximum Daily Room and Board Rate:

Hospital Normal Care.....	Most Common Semi-Private
Hospital Intensive Care.....	Two and One-Half Times Normal Care
Convalescent Facility.....	One Half Normal Care

*The Maximum Lifetime Benefit for individuals eligible for Medicare is \$1,000,000.

After the insured person has paid \$ * out of pocket including the Deductible for covered expenses in a calendar year, American National will pay 100% of any further covered expenses incurred by such insured person during that calendar year. For purposes of this statement, benefits payable for treatment of mental and nervous disorders are not included.

***\$600 out of pocket for Plan I
700 out of pocket for Plan II

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SCHEDULE OF BENEFITS

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit.....\$ N/A

MATERNITY EXPENSE INSURANCE

As Any Other Illness

Also available (under such terms, conditions and premium rates as may be agreed upon), are insurance provisions covering alcoholism and other drug dependency.

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COST SUMMARY AND PLAN SPECIFICATIONS

<u>Employee Coverage</u>	Plan I	Plan II
Term Life Insurance per \$1,000 (based on a volume of	\$.86	.86
AD&D (24 hour coverage) per \$1,000 (based on a volume of	\$.09	.09
<u>Dependent Coverage</u>		
Life Insurance	\$ 1.41	1.41
<u>Employee and Dependent Coverage</u>		
Medical Expense Insurance		
Employee.....	\$ 53.29	43.98
Additional for Dependents.....	\$ 84.00	69.31
Supplemental Medicare Expense Insurance		
Per eligible individual.....	\$ 42.66	35.21
Disability Income Insurance per \$10 (based on a volume of	.93	.93

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COST SUMMARY AND PLAN SPECIFICATIONS

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 70 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

The rates quoted in this proposal are based upon the information submitted and the census data which indicated eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains enforce, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

Covered employees must work a minimum of 30 hours per week.

The limiting age for dependent children in school is 23 years of age.

Rates are guaranteed until the annual renewal date for this group.

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**AMERICAN NATIONAL INSURANCE COMPANY****AL DAVIS, REGIONAL GROUP MANAGER**

SOUTHWEST REGIONAL GROUP OFFICE 1120 NASA ROAD 1, SUITE 404 HOUSTON, TEXAS 77058 713/333-1550

April 8, 1983

Tyler County
Austin Fuller, County Treasurer
Room 100, County Courthouse
Woodville, Texas 75979

RE: TYLER COUNTY EMPLOYEES ASSOC.
GROUP NO. 0720

The rates for another alternate plan for the county, in which they would maintain what they have except for adding a \$5,000 stop loss to the Major Medical portion of the benefits would be:

Medical	
Employee	\$66.23
Add'l for Dependent(s)	104.38
Medicare	53.02

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.

*A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life insurance and the Hospital and Surgical insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

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TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

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ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(if indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(if scheduled)*

All benefits payable to the employee

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HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractor, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

EXISTING ILLNESS LIMITATION

The following limitation applies to the coverages indicated in the Plan Specifications.

Payment in excess of the amount specified in the Schedule of Benefits will not be made (if no amount is specified, no payment will be made) for charges or confinements due to a pre-existing condition (a condition which received medical attention during the 3 months preceding coverage):

- for a 3-month period during which the person received no care or treatment for the condition, or
- in the case of an employee, for a 6-month period during which he was continuously insured and actively at work on a full-time basis, or
- in the case of a dependent, for a 12-month period during which he was continuously insured.

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DISABILITY INCOME INSURANCE

Payable in the event of loss of earnings due to injury or illness during a period of disability which commences while insured

Disabled insureds need not be house confined.

Payments may not exceed two-thirds of normal weekly wages or salaries.

Payable for pregnancy only if indicated in the Schedule of Benefits

The maximum benefit period is again available after the employee has returned to work for two weeks for a related disability or one day for an unrelated disability.

(Not available in California, Hawaii, New Jersey or Puerto Rico)

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CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the calendar year which includes the effective date of American National's group policy, that part of all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

- Payable once each calendar year
- Satisfied during the accumulation period specified in the Schedule of Benefits
- Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.
- The Cash Deductible applies separately to each person, except:
 - **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
 - **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.



COMPREHENSIVE BLUE CROSS BLUE SHIELD PLAN

**AN EMPLOYEE BENEFIT PROGRAM
FOR**

TYLER COUNTY

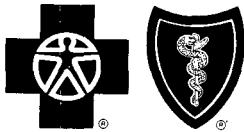
APRIL 5, 1983



Vicky Walton
District Representative

Bert Gann Building
1002 Lee, Suite 121
P. O. Box 1208, Lufkin, Texas 75901

(713) 632-6605



BLUE CROSS AND BLUE SHIELD FEATURES

Membership with a Blue Cross and Blue Shield Plan means belonging to the world's largest voluntary health care expense protection organization.

The size and strength of this organization yield three advantages to its subscribers:

1 Superior Claims Handling Service

The Blue Cross and Blue Shield Plans have home offices throughout the nation with a contractual arrangement with most of the nation's hospitals. This gives the Blue Cross and Blue Shield Plans the capacity to meet localized needs and maintain the ability to deliver benefits on a national or international basis.

2 More Bargaining Power

The Blue Cross and Blue Shield Plans have the expertise to work with providers of health care services:

- To effect needed controls on costs
- To accomplish wise utilization of health care services
- To make services more conveniently available

3 Exchange of Expertise

Blue Cross and Blue Shield Plans employ more than 60,000 employees, which comprises one of the country's largest pools of health care administrative talent, and we've been in the business a long time. A continual exchange of cost-saving techniques is a significant reason why Blue Cross and Blue Shield Plans return more of each membership dollar to their members (in the form of benefits) than most other major insurance companies.

BLUE CROSS AND BLUE SHIELD FEATURES:

As a part of this exclusive organization, Blue Cross and Blue Shield of Texas constantly works on behalf of its subscribers:

Convenience, Acceptance

Blue Cross and Blue Shield membership makes possible a simplified, no-red-tape means of obtaining benefits for services rendered. Blue Cross and Blue Shield Plans are endorsed by the American Medical Association, American Hospital Association, and state and local health care providers. This acceptance means convenience for your employees at their time of need.

Quality Coverage

Benefits are structured to meet modern health care needs:

Spiraling health care costs fed by inflation
Medical progress — marvelous but costly advances in modern medicine

Continuity

Conversion without proof of insurability

Cost Controls

Cost control through review of administrative procedures and benefit utilization assures the greatest possible return of benefits and services for each dollar invested.

Confidential and Easy Claims Handling

This acceptance means convenience for your employees at their time of need. A rigid policy of professional ethics is enforced to protect physician/patient confidence and frankness.

Simplified Group Maintenance

Minimum effort is required of your staff for program maintenance.

COMPREHENSIVE BLUE CROSS AND BLUE SHIELD PLAN OFFERS THESE FEATURES:

Benefit Cost Controls

- Negotiate prices with hospitals
- Check claims against negotiated prices
- Publish results of non-duplication
- Guarantee rate period
- Offer stop-loss feature

Employee Services

- Guarantee a conversion policy
- Receive, accumulate, and provide accounting for patient care
- Pay claims without your involvement
- Issue I.D. cards and contracts
- Provide a salaried sales representative to service your group

Extra Employee Benefits

- Maintain a viable relationship with the medical community
- Cover newborn from birth
- Coverage can be available for employees and retirees after age 65



NATIONAL ACCEPTANCE

How the Top 12 Choose

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FIRM	CARRIER
Exxon	*Blue Cross and Blue Shield
General Motors	Blue Cross
Mobil	*Blue Cross and Blue Shield
Ford	Blue Cross and Blue Shield
Texaco	*Blue Cross and Blue Shield
Standard Oil of California	*Blue Cross and Blue Shield
Gulf Oil	*Blue Cross and Blue Shield
IBM	*Blue Cross
General Electric	Blue Cross
Standard Oil of Indiana	**
IT&T	*Blue Cross and Blue Shield
Atlantic Richfield	*Blue Cross and Blue Shield

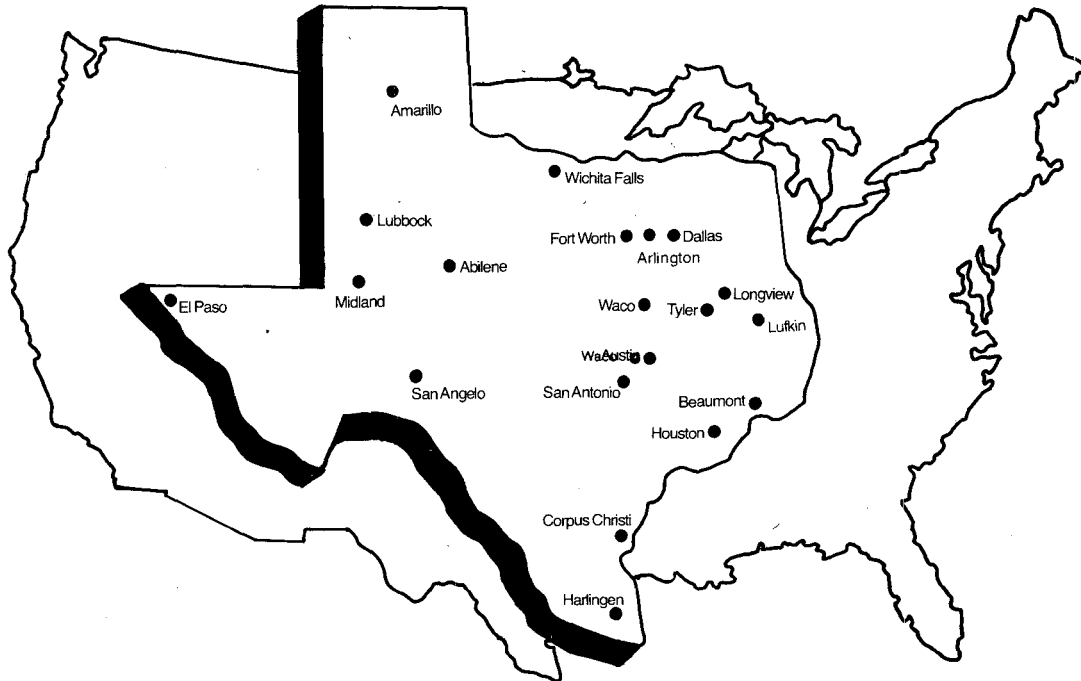
*Partial Enrollment (Certain employees exercise local option.)

**Commercial Coverage

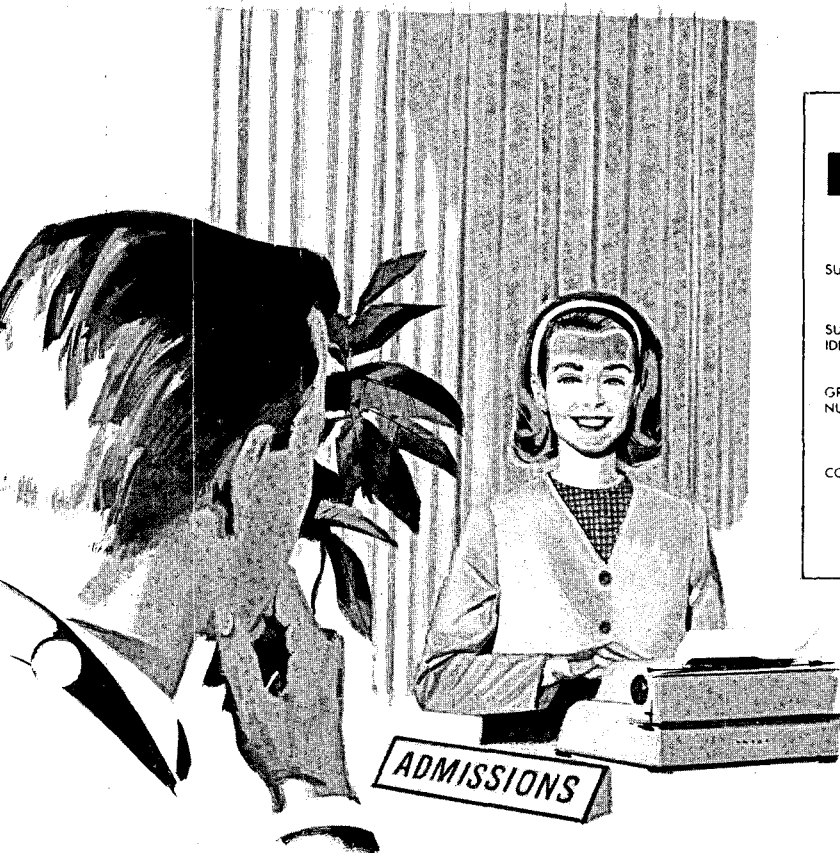
23 DISTRICT OFFICES IN 20 TEXAS CITIES PROVIDE SERVICES FOR EVERYONE




It pays to be covered by Blue Cross and Blue Shield of Texas—over 2.5 million Texans can verify it!

In 1978 alone, Blue Cross and Blue Shield of Texas paid a whopping \$602 million in benefits to Texas policyholders — that's over \$2.3 million each working day! Nationwide, Blue Cross and Blue Shield coverage paid over \$19 billion in medical benefits to policyholders — more than any other health care insurance company in the U.S. More importantly, each year Blue Cross and Blue Shield coverage returns more of its premiums in claim payments to policyholders than most other insurance companies. That adds up to a lot of people who know how much it means that their employers thought enough of them to provide the best health care insurance.



SIMPLIFIED HOSPITAL ADMISSIONS



		Blue Cross Blue Shield of Texas	
SUBSCRIBER NAME			
SUBSCRIBER IDENTIFICATION			
GROUP NUMBER	BLUE SHIELD PLAN CODE	BLUE CROSS PLAN CODE	
COVERAGE	EFFECTIVE DATE		

A Blue Cross and Blue Shield of Texas Identification Card can be one of the most valuable possessions a person can have. It's a fact — no other medical insurance card carries quite the prestige with physicians and hospitals as the familiar Blue Cross and Blue Shield of Texas Identification Card. It eliminates red tape, financial arrangements and legal commitments at a time of need.

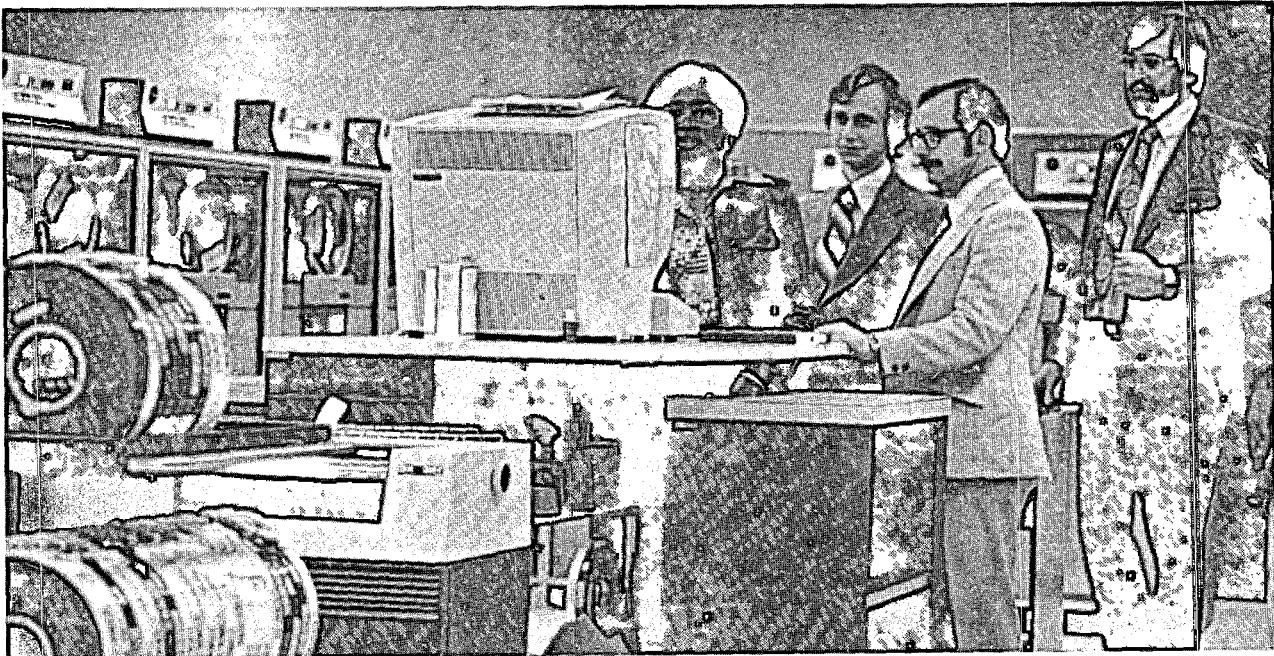
When hospital or medical care is necessary, the insured simply presents his Identification Card to the hospital admissions desk or his attending physician.

It is a symbol of the finest health care coverage available today.

Employer involvement in claims is often a hidden cost of health insurance. The Comprehensive Blue Cross and Blue Shield Plan can offer the employer Automatic Claims Handling.

Claims are filed directly by most hospitals and physicians. Blue Cross and Blue Shield of Texas keeps track of all expenses and notifies the employee when his deductible (if any) is satisfied and benefits are paid to the hospital or physician.

This saves you time, manpower and money. And your employees claims are handled more promptly and efficiently.



SIMPLIFIED GROUP BILLING



Blue Cross
GROUP HOSPITAL SERVICE, INC
Blue Shield
GROUP LIFE & HEALTH INSURANCE CO
of Texas

INSERT CODE

PAY COLUMN

IN EMPLOY
MEMBER'S REQUEST
FAMILY OFF PAYROLL
DEDUCTIBLE
GIVE EXPLANATION

ICATE	NAME	TOTAL DUE	
11248	Simpson, Tony	2014	
32215	Smith, Jane	5042	
18432	Smyth, Elbert	5042	EXA
21847	Snider, Jim	3228	
17332	Taylor, Randall	2014	
49631	Thomas, Jerry	3228	2014 EXA
21837	Woods, Paul	5042	
16903	STEVENS, PAT R	6456	EXA
		25610	
	PAY THIS AMOUNT	25610	
	Adjusted Amount Due	25810	

Every month, the group receives a statement which reflects employees who are enrolled, the type of coverage, the number of dependents covered, and the amount of premium due on each employee. The group simply marks on the statement any changes in employment and returns the statement with the monthly payment.



Blue Cross Blue Shield of Texas

COMPREHENSIVE BLUE CROSS AND BLUE SHIELD PLAN CLAIM

657467

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PLEASE PRINT OR TYPE

1. NAME OF SUBSCRIBER <u>John Doe</u>		PATIENT'S NAME <u>John Doe</u>	
STREET <u>113 Frank</u>		GROUP NUMBER <u>35200</u> <small>(AS SHOWN ON YOUR IDENTIFICATION CARD)</small>	CERTIFICATE <u>673 93 2000</u>
CITY & STATE <u>Lufkin, Tx</u> ZIP CODE <u>75901</u>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PATIENT'S RELATIONSHIP TO SUBSCRIBER 1. <input checked="" type="checkbox"/> SELF 2. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> CHILD
		PATIENT'S DATE OF BIRTH <u>3/5/57</u> MUST BE ACCURATE THIS IS A PART OF IDENTIFICATION Month Day Year	

2. DESCRIBE THE ILLNESS OR INJURY REQUIRING TREATMENT Broken leg

3. WAS TREATMENT RESULT OF: (ENTER EITHER 1, 2 OR 3) 2

1. ILLNESS (DATE FIRST SYMPTOM) OR SHOW DATE: MONTH DAY YEAR
2. INJURY (DATE ACCIDENT) OR 5/9/83
3. PREGNANCY (DATE OF CONCEPTION)

4. IF INJURY, WAS MOTOR VEHICLE INVOLVED Yes No

4. WAS ILLNESS OR INJURY IN ANY WAY WORK CONNECTED Yes No

5. IS PATIENT COVERED UNDER ANY OTHER HEALTH BENEFITS PLAN HELD BY REASON OF LAW OR EMPLOYMENT (IF "YES" COMPLETE THE REMAINDER OF THIS SECTION) Yes No

NAME OF INSURING CO. _____ ADDRESS _____

NAME OF POLICY HOLDER _____ BIRTH DATE ____/____/____ SEX Male Female

EMPLOYER'S NAME _____ EFFECTIVE DATE OF COVERAGE ____/____/____

6. TO BE COMPLETED REGARDLESS OF AGE OF PATIENT (SEE REVERSE SIDE FOR INSTRUCTIONS)

IS THE PATIENT ENTITLED TO BENEFITS UNDER MEDICARE HOSPITAL INSURANCE (PART A) Yes No EFF. ____/____/____

IS THE PATIENT ENTITLED TO BENEFITS UNDER MEDICARE MEDICAL INSURANCE (PART B) Yes No EFF. ____/____/____

IF "YES" GIVE MEDICARE IDENTIFICATION # (FROM MEDICARE ID CARD). _____

7. I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above.

Authorization is hereby given to any hospital, physician, or other provider which participated in any way in my care and treatment to release to the Blue Cross Plan or Blue Shield Plan any medical information which they in their judgment deem necessary to the adjudication of this claim.

John Doe SIGNATURE OF SUBSCRIBER 5-9-83 DATE (713) 632-7000 TELEPHONE NUMBER

ITEMIZED BILL(S) FOR COVERED SERVICES AND SUPPLIES MUST BE ATTACHED (See Instructions on Reverse Side)

BLUE CROSS AND BLUE SHIELD OF TEXAS
P. O. BOX 226184
DALLAS, TEXAS 75266

INSTRUCTIONS

IMPORTANT: DO NOT FILE THIS FORM IF YOUR PHYSICIAN IS SUBMITTING HIS CHARGES TO BLUE SHIELD.

011-201

PLEASE COMPLETE EVERY ITEM ON CLAIM FORM

1. SUBSCRIBER'S NAME AND ADDRESS

Please show the subscriber's name exactly as it appears on the Blue Shield identification card and specify the current address including the zip code.

PATIENT'S NAME

Use patient's full name. No nicknames, please.

FROM IDENTIFICATION CARD

Insert group and identification number as shown on your recent identification card.

PATIENT'S SEX, RELATIONSHIP OF PATIENT TO SUBSCRIBER

Check appropriate box in each block.

BIRTHDATE

Show patient's date of birth.

2. DIAGNOSIS OR SYMPTOMS OF ILLNESS OR INJURY

A brief description will suffice.

3. TREATMENT (INJURY, ILLNESS, PREGNANCY)

Enter either a 1, 2 or 3 for appropriate treatment in box and specify Date of Injury (accident), Date of Illness, or Pregnancy (date of conception).

4. IF INJURY

Give answer to question regarding motor vehicle.

IF ILLNESS OR INJURY ANY WAY WORK CONNECTED

Indicate appropriate box and enter name and address of employer.

5. OTHER GROUP INSURANCE

Please check appropriate box. If "yes" complete the required information.

6. ALL OR PART OF CHARGES COVERED BY GOVERNMENT PROGRAM

Specify "yes" or "no" if you are covered under Medicare. If "yes" show effective date and give Medicare identification number.

MEDICARE ENROLLEES SHOULD INCLUDE A COPY(S) OF THE MEDICARE EXPLANATION OF BENEFITS FORM(S) (EOB) WITH THEIR ITEMIZED STATEMENTS.

7. SUBSCRIBER'S SIGNATURE, DATE AND TELEPHONE NUMBER

Please sign and date this form and attach your physician's itemized letterhead statement(s). The itemized statement(s) should contain:

ITEMIZED BILLS CANNOT BE RETURNED

EXAMPLE OF ITEMIZED BILL

1. NAME OF THE PATIENT RECEIVING THE SERVICES OR SUPPLIES

Joseph Warowes
102 West 35th Street
Healthville, U.S.A.

Dayton Penridge, M.D.
101 Fourth Street
Healthville, U.S.A.

4. NAME OF THE PERSON OR ORGANIZATION PROVIDING THE SERVICES OR SUPPLIES

2. DATE EACH SERVICE OR SUPPLY WAS PROVIDED

7/1/71 Office Care:
Examination
Cortisone Injection
7/2/71 Examination at Home
7/6/71 Physical Therapy

\$XXX
XXX
~~XXX~~
XXX

5. CHARGE FOR EACH SERVICE OR SUPPLY

BILLS FOR PRIVATE DUTY NURSING
Service must show the professional status of the nurse (R.N. — Registered Nurse, L.V.N. — Licensed Vocational Nurse), the nurse's license number, and must include a statement from your physician indicating medical necessity and daily nurse's progress notes.

3. DESCRIPTION OF THE SERVICES OR SUPPLIES PROVIDED

PLEASE CROSS OUT THOSE CHARGES WHICH WERE INCLUDED ON A PREVIOUS CLAIM

BILLS FOR PRESCRIPTION DRUGS
Must show the prescription number for each drug, the name of each drug, the quantity dispensed, the date of purchase, and the amount charged for each drug.

THIS COMPLETED FORM, TOGETHER WITH THE ITEMIZED BILLS SHOULD BE SUBMITTED TO

BLUE CROSS AND BLUE SHIELD OF TEXAS

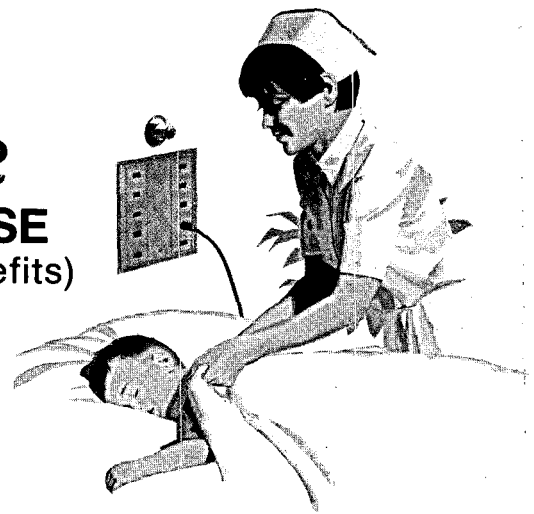
P. O. BOX 226184
DALLAS, TEXAS 75266

ADDITIONAL COPIES OF THIS FORM MAY BE OBTAINED FROM YOUR EMPLOYER, OUR NEAREST BLUE CROSS AND BLUE SHIELD DISTRICT OFFICE, OR THE ABOVE ADDRESS.

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BED-PATIENT
HOSPITAL EXPENSE

BED-PATIENT HOSPITAL EXPENSE (Other Than Psychiatric and Maternity Benefits)



If an insured is confined to a member or non-member hospital, charges incurred for items of supply or service during the hospital stay will be considered as BED-PATIENT HOSPITAL EXPENSE.

After a deductible of \$ -0- per admission has been satisfied, Blue Cross and Blue Shield of Texas will pay 100 % of all eligible BED-PATIENT HOSPITAL EXPENSE, provided they are necessary and consistent with the condition of the insured, including:

- Semi-Private Room
or
- Average Semi-Private Room Allowance toward Private Room
- Intensive and Coronary Care Unit
- Blood and Blood Plasma
- Operating and Recovery Rooms
- Cast and Cystoscopic Rooms
- All Drugs and Medicines
- Surgical Dressings and Plaster Casts
- X-Ray Services
- Laboratory Services
- Electrocardiograms

OUT-PATIENT HOSPITAL EXPENSE

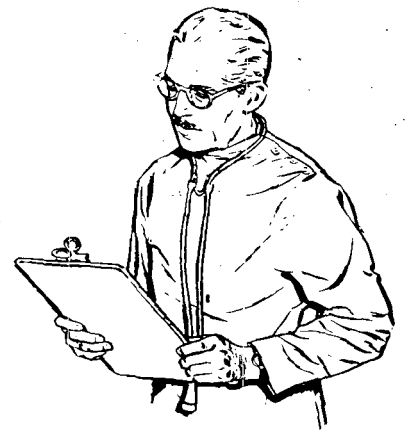
Blue Cross and Blue Shield of Texas will pay **100%** of OUT-PATIENT HOSPITAL EXPENSE for:

- Treatment of accidental injury within 72 hours of the accident.
- Minor surgery performed during the course of an out-patient visit.

All other Out-Patient Hospital Expense will be considered as Other Medical Expense.

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OTHER MEDICAL EXPENSE



OTHER MEDICAL EXPENSE (Other Than Psychiatric and Maternity Benefits)

Charges incurred for items of service or supply which are necessary for the care of an insured and are not included under Bed-Patient Hospital Expense or Out-Patient Hospital Expense, will be considered as OTHER MEDICAL EXPENSE. These items must be furnished by or at the direction or prescription of a physician.

Blue Cross and Blue Shield of Texas will pay 80% of the OTHER MEDICAL EXPENSE after the insured has satisfied a deductible of \$100 per calendar year. The deductible will be waived on any item of OTHER MEDICAL EXPENSE that is for treatment of accidental bodily injury occurring during that calendar year or during the last three (3) months of the immediately preceding calendar year.

When 3 insureds in a family have each satisfied their deductible for a calendar year, any other insured enrolled from that family will not have to satisfy a deductible for that calendar year.

Any OTHER MEDICAL EXPENSE or OUT-PATIENT HOSPITAL EXPENSE charges incurred during the last three months of a calendar year, which are or could be applied toward the satisfaction of the deductible for that year, may be applied toward satisfaction of the deductible for the following year.

OTHER MEDICAL EXPENSE
(Other than Psychiatric and Maternity Benefits)



**The items indicated below can be covered under
OTHER MEDICAL EXPENSE:**

Physicians' services

Services of a certified registered nurse-anesthetist

Services of a private-duty registered nurse or licensed vocational nurse

Services of a licensed professional physical therapist

Diagnostic x-ray and laboratory procedures

Radiation therapy

Rental of durable medical equipment required for therapeutic use

Professional ground ambulance service

Anesthetics and administration thereof

Oxygen and its administration

Blood transfusions

Prosthetic appliances

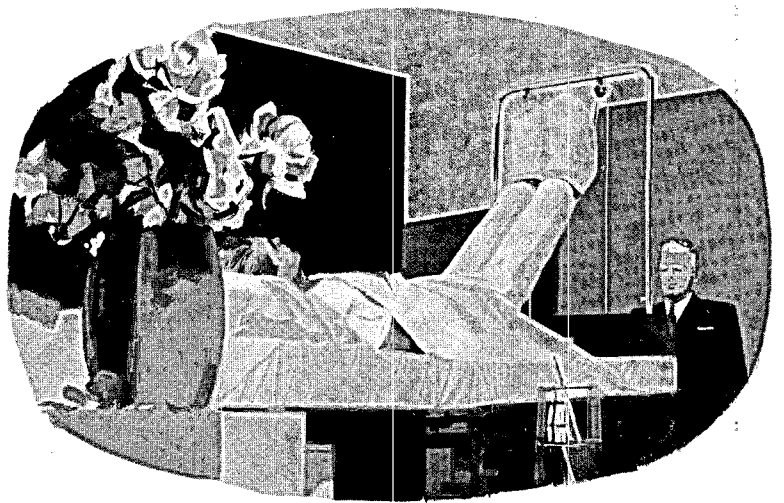
Orthopedic braces (except shoes) and crutches

Chemotherapy

Out-Patient prescription drugs Applied for Not applied for

ACCIDENTAL INJURY

\$300 paid, deductible is waived,
then regular benefits apply



Bed-Patient Hospital Expense

Blue Cross and Blue Shield of Texas will pay **100%** of all eligible Bed-Patient Hospital Expense resulting from treatment of an accidental injury. The deductible, if any, will not be applied to any Bed-Patient Hospital Expense that is for treatment of an accidental injury.

Out-Patient Hospital Expense

Blue Cross and Blue Shield of Texas will pay **100%** of all eligible Out-Patient Hospital Expenses resulting from treatment for an accidental injury occurring not more than 72 hours preceding the out-patient visit. Eligible expenses incurred more than 72 hours after the accidental injury will be paid as Other Medical Expense.

Other Medical Expense

Blue Cross and Blue Shield of Texas will pay **80%** of all eligible Other Medical Expenses resulting from treatment for an accidental injury. The deductible will not be applied to any item of Other Medical Expense that is for treatment of an accidental injury which was sustained during the calendar year involved or during the last three months of the immediately preceding calendar year.

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PSYCHIATRIC BENEFITS

PSYCHIATRIC BENEFITS

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Bed-Patient Hospital Expense

If charges qualifying as Bed-Patient Hospital Expense are incurred by an insured for psychiatric care, eligible hospital benefits will be paid at **100%** after a deductible of **\$0=** per admission has been satisfied during a calendar year for a maximum of:

- 30 Days
- 60 Days
- 120 Days
- 365 Days

Other Medical Expense

If charges qualifying as Other Medical Expense are incurred by an insured for psychiatric care, and after the other Medical Expense deductible of **\$100** per calendar year has been satisfied, Blue Cross and Blue Shield of Texas will pay:

- None
- 50% of eligible charges up to \$1,000 per calendar year
- 80% of eligible charges up to \$1,000 per calendar year
- 50% of eligible charges up to \$2,000 per calendar year
- 80% of eligible charges up to \$2,000 per calendar year

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MATERNITY BENEFITS

MATERNITY BENEFITS



None

As Indicated Below

Eligibility Requirements for Maternity Benefits

Does Apply

Does Not Apply

Coverage under the contract must be held from conception to delivery for all participants.

Coverage under the contract must be held from conception to delivery for dependent females only.

All enrolled female employees only.

Both patient and spouse must be enrolled as employee and dependent.

All enrolled female employees and spouse of male employees only.

For all female participants.

Bed-Patient Hospital Expenses

If charges qualifying as Bed-Patient Hospital Expense are incurred by an insured for maternity care, eligible hospital benefits will be paid after the applicable Bed-Patient Hospital Expense deductible per admission has been satisfied.

	EMPLOYEE	DEPENDENT
Deductible	\$ -0-	\$ -0-
Regular Benefit	100 %	100 %
Maximum Benefit	\$	\$

Other Medical Expense

If charges qualifying as Other Medical Expense are incurred by an insured for maternity care, Blue Cross and Blue Shield of Texas will pay after the applicable Other Medical Expense deductible per calendar year has been satisfied.

	EMPLOYEE	DEPENDENT
Deductible	\$ 100	\$ 100
Regular Benefit	80 %	80 %
Maximum Benefit	\$	\$

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SECURITY PROVISION

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The SECURITY PROVISION gives added protection against the high costs of prolonged hospital and medical care resulting from a serious accident or chronic illness.

Once an insured's COINSURANCE AMOUNT reaches \$500 during the calendar year, Blue Cross and Blue Shield of Texas begins paying 100% on the remaining Bed-Patient Hospital Expense, Out-Patient Hospital Expense, and Other Medical Expense for the remainder of that calendar year.

Remember: Deductibles, ineligible expenses and coinsurance amounts when Blue Cross and Blue Shield of Texas is the secondary carrier, cannot be used to reach the "Coinsurance Amount" under the Security Provision.

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BENEFITS SUMMARY



PROPOSED SCHEDULE OF BENEFITS

FOR

TYLER COUNTY

HOSPITAL CHARGES

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Bed Patient Care for Sickness, Surgery, or Accident

- Semi-Private Room (no dollar limit)
- Intensive Care Unit
- Coronary Care Unit
- Hospital Services Such As:
 - Operating Room
 - Emergency Room
 - Recovery Room
 - Cystoscopy Room
 - Drugs & IV Solutions
 - Blood & Plasma
 - Radiation Therapy (Cobalt, Chemotherapy, etc.)
 - Crossmatching, etc.
 - X-rays
 - Laboratory Work
 - Physical Therapy
 - Casts, Bandage, etc.
 - Oxygen, Respiration Therapy

BLUE CROSS PAYS IN FULL (100%)

NO LIMIT ON DAYS

Out-Patient Care For:

- Accident Care (within 3 days of accident)
- Minor Surgery (on date of surgery)

OTHER CHARGES

- Doctors' Charges For:
 - Surgery (performed anywhere)
 - Assistant Surgery
 - Consultation
 - Hospital Visits
 - Office Visits
 - House Calls
 - Dental Care (Resulting from an accident)
- Other Charges For:
 - Prescription Drugs
 - Ambulance Service
 - Anesthesia
 - Private Duty Nurses
 - Physical Therapy (out-patient)
 - Diagnostic X-ray (out-patient)
 - Radiation Therapy, etc. (out-patient)
 - Durable Medical Equipment
 - Oxygen and its Administration
 - Blood Transfusions, etc.
 - Therapeutic Center
 - Artificial Limbs, Eyes, etc.
 - Orthopedic Braces

NO DEDUCTIBLE ON ACCIDENTS
Based on Usual, Customary, Reasonable Charges

BLUE SHIELD PAYS 80% of the FIRST \$2,500 then 100% to \$1,000,000.

\$100 Deductible per calendar year, Maximum 3 per family

These benefits include Modified Substance Abuse Benefits.
 MATERNITY CARE: Paid as any other illness for employees and covered dependent spouses.
 PSYCHIATRIC CARE: 30 days hospital care; 50% up to calendar year maximum of \$1,000.
 ACCIDENTAL INJURY BENEFIT: \$300 paid, DEDUCTIBLE IS WAIVED, then regular benefits

SUMMARY OF BENEFITS

Prepared by

VOL 008 PAGE 136

BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for

TYLER COUNTY

HOSPITAL EXPENSES

*1. Deductible per admission	\$ -0-
2. Semi-private room with average semi-private toward private	100 %
3. All usual hospital services including blood, plasma and intensive care	100 %
4. Out-patient care	100 %
5. Number of days available other than for psychiatric care	Unlimited
6. Number of days available for psychiatric care per calendar year	30 days
7. Maternity Applied for <input checked="" type="checkbox"/> Not Applied for <input type="checkbox"/>	100 %

ALL OTHER MEDICAL EXPENSES

*1. Deductible each calendar year, 3-month carryover included	\$ 100.00
2. Number of participants required for maximum family deductible	3
3. All other eligible expenses except psychiatric care	80 %
4. Maximum benefits for psychiatric care per calendar year	\$ 1000.00
5. For psychiatric care the Plan pays	50 %
6. For out-of-hospital drugs the Plan pays	80 %
7. Maternity Applied for <input checked="" type="checkbox"/> Not Applied for <input type="checkbox"/>	80 %

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit Supplement

Maximum benefits per accident \$ 300.00

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1,000.00.

SECURITY PROVISION

Applied for Not Applied for Coinsurance Amount

\$ 500.00

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000.00

RATES

Employee Only	\$61.07				
Child(ren)	+ 53.07	OR	Employee Only	\$61.07	
Spouse	+ 90.82		Dependent(s)	+ 99.10	
Family	+ 105.09				

Rates are guaranteed for a period of 12 months from the date of contract.
Dependent children are covered to age 25, disabled dependent children beyond age 25.
Pre-existing conditions covered immediately, including maternity. No physicals required.
Partially and fully satisfied deductibles will be honored.
Rates are firm for an effective date no later than 5-1-83.
Rates are based on the census provided. To the extent actual enrollment varies, so will the rates vary.
Payments are based on Usual, Customary, Reasonable charges.

SUMMARY OF BENEFITS

Prepared by
BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for
 TYLER COUNTY

VOL 008 PAGE 137

HOSPITAL EXPENSES

- *1. Deductible per admission \$ -0-
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 30 days
- 7. Maternity Applied for Not Applied for 80 %

ALL OTHER MEDICAL EXPENSES

- *1. Deductible each calendar year, 3-month carryover included \$ 100
- 2. Number of participants required for maximum family deductible 3
- 3. All other eligible expenses except psychiatric care 80 %
- 4. Maximum benefits for psychiatric care per calendar year \$ 1000
- 5. For psychiatric care the Plan pays 50 %
- 6. For out-of-hospital drugs the Plan pays 80 %
- 7. Maternity Applied for Not Applied for 80 %

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit Supplement
 Maximum benefits per accident \$ 300

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1000.

SECURITY PROVISION

Applied for Not Applied for Coinsurance Amount \$ 500

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

Employee Only	\$53.26		Employee Only	\$53.26
Child(ren)	+ 46.28	OR	Dependent(s)	+ 86.33
Spouse	+ 79.12			
Family	+ 91.54			

Rates are guaranteed for a period of 12 months from the date of contract.
 Dependent children are covered to age 25, disabled dependent children beyond age 25.
 Pre-existing conditions covered immediately, including maternity. No physicals required.
 Partially and fully satisfied deductibles will be honored.
 Rates are firm for an effective date no later than 5-1-83.
 Rates are based on the census provided. To the extent actual enrollment varies, so will the rates vary.
 Payments are based on Usual, Customary, Reasonable charges.

SUMMARY OF BENEFITS

Prepared by
BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for

TYLER COUNTY

VOL 008 PAGE 138

HOSPITAL EXPENSES

- *1. Deductible per admission \$ -0-
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 30 days
- 7. Maternity 80 %
 Applied for Not Applied for

ALL OTHER MEDICAL EXPENSES

- *1. Deductible each calendar year, 3-month carryover included \$ 200
- 2. Number of participants required for maximum family deductible 80
- 3. All other eligible expenses except psychiatric care 80 %
- 4. Maximum benefits for psychiatric care per calendar year \$ 1000
- 5. For psychiatric care the Plan pays 50 %
- 6. For out-of-hospital drugs the Plan pays 80 %
- 7. Maternity 80 %
 Applied for Not Applied for

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit Supplement
 Maximum benefits per accident \$ 300

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1000.

SECURITY PROVISION

Applied for Not Applied for Coinsurance Amount \$ 500

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

Employee Only	\$46.97			
Child(ren)	+ 40.77	OR	Employee Only	\$46.97
Spouse	+ 69.79		Dependent(s)	+ 76.19
Family	+ 80.84			

Rates are guaranteed for a period of 12 months from the date of contract.
 Dependent children are covered to age 25, disabled dependent children beyond age 25.
 Pre-existing conditions covered immediately, including maternity. No physicals required.
 Partially and fully satisfied deductibles will be honored.
 Rates are firm for an effective date no later than 5-1-83.
 Rates are based on the census provided. To the extent actual enrollment varies, so will the rates vary.
 Payments are based on Usual, Customary, Reasonable charges

Group Prospect TYLER COUNTY

Salesperson VICKY WALTON

Date Presented 4-11-83

SUBSTANCE ABUSE

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WHAT ARE THE OPTIONS OFFERED FOR ALCOHOL AND OTHER DRUG DEPENDENCY COVERAGE?

OPTION
DESIRED

Full benefits, covering detoxification and rehabilitation for substance abuse at the same benefit level as for any other illness or health condition.

X

These rates include this option

Modified benefit option, for treatment in an approved Substance Abuse Facility, which includes:

- *80 percent reimbursement level up to maximums, no deductible
- *Maximum 30 day admission per year or benefit period
- *\$10,000 calendar year or benefit period maximum
- *\$20,000 lifetime maximum
- *Outpatient counseling covered at 80 percent

No benefits for substance abuse rehabilitation. The law requires insurers to make benefits available for purchase but does not mandate that employers purchase the coverage.

_____ Full and Underwritten

_____ Modified and remain a 10-Plus group

_____ None and Underwritten

For 10-Plus groups (groups of 10 to 24 subscribers), the modified benefit option will become a standard part of your benefit package. If a 10-Plus group prefers full benefits or no benefits, it will be removed from the 10-Plus category and be rated on the basis of its claims experience. This will require that each new member must be medically underwritten when added to the group.

COMPREHENSIVE BLUE CROSS AND BLUE SHIELD PLAN

LIMITATIONS AND EXCLUSIONS:

Benefits are not available for:

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- A. A hospital admission for diagnostic or evaluation procedures unless the tests could not have been performed on an out-patient basis without adversely affecting the patient's physical condition or the quality of medical care rendered;
- B. Any services or supplies rendered in connection with a routine physical examination; or any services or supplies which are not medically necessary for the diagnosis or treatment of an illness, injury, or bodily malfunction;
- C. Any hospital services or supplies furnished by any institution or facility other than a member hospital, an approved non-member hospital, or a therapeutic center;
- D. Any services or supplies for which benefits are, or could upon proper claim be provided under the Workmen's Compensation law, or any other present or future laws enacted by the Legislature of any state, or by the Congress of the United States, or the laws, regulations or established procedures of any county or municipality, provided, however, that the exclusions of this Section D shall not be applicable to any coverage held by the participant for hospitalization and/or medical-surgical expenses which is written as a part of or in conjunction with any automobile insurance policy;
- E. Any services or supplies rendered for a pre-existing condition during the period of time, if any, shown on the Benefit Summary page, commencing with the effective date of the participant's coverage hereunder;
- F. Any items of Other Medical Expense or Out-Patient Hospital Expense incurred for dental care and treatments, dental surgery, or dental appliances, (1) except for covered oral surgery, or (2) unless such services are made necessary by accidental bodily injury effected solely through external means and occurring while the participant is covered hereunder; provided, however, that this Section F shall not be applicable to services and supplies rendered to a newborn child which are necessary for treatment or correction of a congenital defect;
- G. Eye glasses including contact lenses, hearing aids, or examinations for the prescription or fitting thereof;
- H. Services or supplies for cosmetic purposes, except for the correction of defects incurred through traumatic injuries sustained by the participant while covered hereunder, provided, however, that this Section H shall not be applicable to services and supplies rendered to a newborn child which are necessary for treatment or correction of a congenital defect;
- I. Travel, whether or not recommended by a physician, except as provided for professional ground ambulance;

COMPREHENSIVE BLUE CROSS AND BLUE SHIELD PLAN

LIMITATIONS AND EXCLUSIONS (CONT.):

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- J. Any services or supplies provided during the course of a hospital admission which commences before the patient is covered as a participant hereunder or after the termination of his coverage;
- K. Services or supplies rendered to any person who requires them by reason of acting as a donor of any organ or element of his body, unless such person is a participant hereunder;
- L. Any medical social services or occupational therapy services;
- M. Any services or supplies rendered to any participant for treatment of obesity or for weight reduction;
- N. Services or supplies not specifically defined as Bed-Patient Hospital Expense, Out-Patient Hospital Expense, or Other Medical Expense.

This proposal is not a contract. The necessary detailed provisions affecting the program would be contained in a master contract.

A PROPOSED PLAN OF EMPLOYEE BENEFITS
GROUP TERM LIFE INSURANCE
ACCIDENTAL DEATH AND DISMEMBERMENT SUPPLEMENT
DEPENDENTS' GROUP LIFE INSURANCE
DISABILITY INCOME INSURANCE

PREPARED FOR
TYLER COUNTY
WOODVILLE, TEXAS

Prepared By
Group Life & Health Insurance Company
Dallas, Texas

March 9, 1983

Policy Form Nos. GLP-4; SC-AD&D-8; SCDGL-2; GDIP-2



THE BENEFIT SCHEDULE

Classification of Employees	Term Life Insurance	Accidental Death and Dismemberment Benefit
Any full-time active employee or elected or appointed official	\$10,000	\$10,000

ADJUSTMENTS IN AMOUNTS OF INSURANCE

Increases or decreases in the amounts of insurance because of changes in salary, position, or age will be made effective on the anniversary date of the policy following the date of change; provided, however, the employee must be actively at work on the anniversary date for an increase to be effective.

Coverage reduces 50% at age 70 and ceases at retirement.



GROUP TERM LIFE INSURANCE

THE COST

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TERM LIFE

24-HOUR AD&D

COMBINED

1. Number of Employees	89	89	89
2. Amount of Insurance	\$875,000	\$875,000	\$1,750,000
3. Average Monthly Cost Per \$1,000	\$.70	\$.05	\$.75
4. Total Monthly Premium	\$612.50	\$43.75	\$656.25

The above rates were based upon the number of lives, the age distribution, and amounts of insurance from the census data made available. To the extent that these factors vary on the actual employees insured, so will the rate vary.

Rates based on enrollment will be guaranteed for a term of 12 months beginning on the policy date selected.

A minimum enrollment of 75% of the eligible employees will be required if the program is contributory. A minimum enrollment of 100% of the eligible employees will be required if the program is non-contributory.



WHO WILL BE ELIGIBLE

PRESENT EMPLOYEES

All active, full-time employees who:

- (a) Work at least 30 hours a week, and
- (b) Have satisfied the employer's minimum service requirement.

FUTURE EMPLOYEES

All active, full-time employees who:

- (a) Work at least 30 hours a week, and
- (b) Have satisfied the employer's minimum service requirement.

ELIGIBLE EMPLOYEES WILL BECOME INSURED

1. Employees eligible on the effective date of the policy will become insured on that date if actively at work.
2. Employees becoming eligible after the effective date will become eligible on the first premium due date which follows the date they become eligible and a properly completed and acceptable application card is received by GLH.

If the employer pays the entire cost of the employees' life insurance, then every employee will become automatically insured on the first premium due date which follows the date of his eligibility. If a part of the cost of the insurance is paid by the employee, then such employee will become insured on the first premium due date which follows the date he first becomes eligible, provided that he applies for the insurance and agrees to pay his part of the cost.



GROUP TERM LIFE INSURANCE

A WORD ABOUT BENEFITS

LIFE INSURANCE

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Payable in event of death from any cause.

TOTAL DISABILITY BENEFIT (Extended Insurance Benefit)

If the employee, while insured and while under age 60, becomes totally disabled from bodily injury or disease, thereby being prevented for a period of 6 months from performing any work or engaging in any occupation for compensation or profit, the employee's insurance will be continued without payment of premiums, subject to furnishing proofs of continuing disability.

BENEFICIARY DESIGNATIONS

The Employee may:

1. Name any beneficiary he desires.
2. Change his beneficiary at any time.

The Beneficiary may:

1. Elect to receive the death benefit in a lump sum, or
2. Elect a specified number of monthly installments or a fixed amount per installment, in which case the insurance company is obligated to pay interest, or
3. Elect to leave the funds on deposit with the insurance company with annual interest payments.

CONVERSIONS, WHILE GROUP CONTRACT IS IN FORCE

When an employee terminates his employment or otherwise becomes ineligible for all or a portion of his group insurance while the policy is in force, he will then have the guaranteed right to convert the amount of his group insurance so terminated.

The application for insurance must be made within 31 days after the date of termination of his insurance. The plan of insurance can be any plan except term insurance.

The premium rate will be the rate for his attained age for the plan of insurance and the amount of insurance so converted.

The effective date of his insurance will be 31 days after the date of the termination of his group insurance. In any event, he will always have 31 days of insurance without cost.

No evidence of good health will be required.



GROUP ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

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ACCIDENTAL DEATH

Provides for an additional payment to the beneficiary in case of accidental death. For example, if the term life amount was \$5,000, and the AD&D amount was \$5,000, the beneficiary would receive a combined payment of \$10,000.

DISMEMBERMENT

Provides for a payment to the employee in the event of accidental loss as follows:

Loss of one:

Hand-Foot-Eye.....One-half the principal sum

Loss of any two:

Hand-Foot-Eye.....The principal sum

The maximum payable for all consequences of a single accident is the amount of the accidental death benefit, but no payment for dismemberment is deducted from the benefit available in the event of a subsequent accident.

LIMITATIONS: Losses from the following are not covered:

- (1) suicide or attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) disease of the body or mental infirmity, or as a result of medical or surgical treatment or diagnosis thereof;
- (3) ptomaines or bacterial infection (except pyogenic infection which shall occur through or with accidental cut or wound);
- (4) war or insurrection or any act attributable thereto; or
- (5) travel or flight in any aircraft while a member of the crew thereof, or while engaged in any way in the operation of the aircraft, or while giving or receiving any kind of training or instruction.

Accidental death or loss means a death or loss resulting directly from an accident within ninety (90) days from the date of the accident.



BENEFIT SCHEDULE

	<u>Plan I Benefit</u>	<u>Plan II Benefit</u>	<u>Plan III Benefit</u>
Spouse	\$ 2,000	\$ 3,000	\$ 5,000
Children (14 days to 6 months)	\$ 100	\$ 100	\$ 100
Children (6 months to age 25)	\$ 1,000	\$ 1,000	\$ 1,000

<u>Plan I</u>	<u>THE COST</u>	<u>Plan III</u>
<u>Rate per Employee</u>	<u>Plan II</u>	<u>Rate per Employee</u>
	<u>Rate per Employee</u>	<u>Rate per Employee</u>
\$1.32	\$1.88	\$3.00

ADJUSTMENTS IN AMOUNTS OF INSURANCE

The maximum amount of insurance on the insured spouse is \$5,000 or 50% of the amount of insurance provided on the insured employee, whichever is less. The amount of insurance on the insured spouse will terminate on the same date as the insured employee's insurance terminates.

ELIGIBLE DEPENDENTS

An employee's spouse, under age 70; any unmarried child not in active military service, who is over 14 days of age and under 21 years of age, or disabled; provided that in the case of a disabled child 21 years of age or older, such child is dependent upon the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States; and any unmarried child who is over 21 years of age and under 25 years of age who is dependent on the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States, and who is attending an accredited educational institution as a full-time student. Such child may be the natural child of an employee; a legally adopted child of an employee; a stepchild residing in the employee's household; or a child permanently residing in the household of which the employee is the head and to whom the employee is legal guardian or related to the child by blood or marriage.

MINIMUM REQUIREMENTS

This coverage may be offered to groups having 10 or more insured employees with dependents. On groups with less than 50 insured employees, only Plan I can be offered. On groups with 50 or more insured employees, any of the three plans can be offered. All plans are subject to a minimum enrollment of 10 employees with dependents or 75% of the employees with dependents, whichever is greater. Dependents' Group Life Insurance cannot be offered where any class of employees has less than \$2,000 of employee group life insurance.



THE BENEFIT SCHEDULE

Classification of Employees	Number of Employees	Amount of Weekly Indemnity
Any full-time, active employee	86	*70% of weekly salary rounded to the nearest \$5.00, if not an exact multiple of \$5.00; maximum \$100.00.

*Weekly salary means the initial gross amount of weekly earnings payable to the employee, excluding overtime or extra compensation other than bonuses and commissions.

Benefit payments begin on the:

1st day of disability resulting from an accident.

8th day of disability resulting from a sickness or pregnancy.

Benefit payments are payable for 26 weeks.

THE COST

The premium rate per \$10.00 unit of indemnity is \$ 81.

The total monthly cost will be \$ 696.60.

The above rates were based upon the number of lives, the age distribution, and amounts of insurance from the census data made available. To the extent that these factors vary on the actual employees insured, so will the rate vary.

Rates based on enrollment will be guaranteed for a term of 12 months beginning on the policy date selected.

A minimum enrollment of 75% of the eligible employees will be required if the program is contributory. A minimum enrollment of 100% of the eligible employees will be required if the program is non-contributory.



THE BENEFIT SCHEDULE

Classification of Employees	Number of Employees	Amount of Weekly Indemnity
Any full-time, active employee	86	*70% of weekly salary rounded to the nearest \$5.00, if not an exact multiple of \$5.00; maximum \$50.00.

*Weekly salary means the initial gross amount of weekly earnings payable to the employee, excluding overtime or extra compensation other than bonuses and commissions.

Benefit payments begin on the:

1st day of disability resulting from an accident.

8th day of disability resulting from a sickness or pregnancy.

Benefit payments are payable for 26 weeks.

THE COST

The premium rate per \$10.00 unit of indemnity is \$.84.

The total monthly cost will be \$ 361.20.

The above rates were based upon the number of lives, the age distribution, and amounts of insurance from the census data made available. To the extent that these factors vary on the actual employees insured, so will the rate vary.

Rates based on enrollment will be guaranteed for a term of 12 months beginning on the policy date selected.

A minimum enrollment of 75% of the eligible employees will be required if the program is contributory. A minimum enrollment of 100% of the eligible employees will be required if the program is non-contributory.



ADJUSTMENTS IN AMOUNTS OF INSURANCE

Increases or decreases in the amounts of insurance because of changes in salary, position, or age will be made effective on the anniversary date of the policy following the date of change; provided, however, the employee must be actively at work on the anniversary date for an increase to be effective.

Coverage ceases at age 70 or retirement, whichever occurs first.

EXCLUSIONS

Benefits are not payable for:

- (a) Any disability during which the employee is not under the regular care and attendance of a physician; or
- (b) Any disability due to sickness which is covered by any Workers' Compensation or Occupational Disease Law, or due to injury arising out of or in the course of any employment for wage or profit.



GROUP DISABILITY INCOME INSURANCE

WHO WILL BE ELIGIBLE

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PRESENT EMPLOYEES

Any full-time, active employee who:

- (a) Works at least 30 hours a week,
- (b) Is under age 70, and
- (c) Has satisfied the employer's minimum service requirement.

FUTURE EMPLOYEES

Any full-time, active employee who:

- (a) Works at least 30 hours a week,
- (b) Is under age 70, and
- (c) Has satisfied the employer's minimum service requirement.

ELIGIBLE EMPLOYEES WILL BECOME INSURED

1. Employees eligible on the effective date of the policy will become insured on that date if actively at work.
2. Employees becoming eligible after the effective date of the policy will become insured on their date of eligibility provided a properly completed and acceptable application card is received by GLH.

If the employer pays the entire cost of the employee's insurance, then every employee will become automatically insured on the date of his eligibility. If a part of the cost of the insurance is paid by the employee, then such employee will become insured on the date he first becomes eligible, provided that he applies for the insurance and agrees to pay his part of the cost.

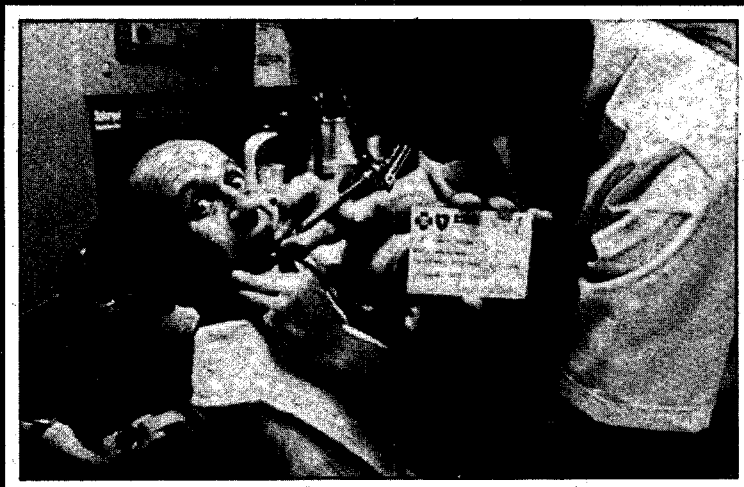




Blue Shield
of Texas

VOL 008 PAGE 153

Denta Plan



Does your company think enough of you to provide the best?

Dental care

... is an essential part of good general health; however, it is the largest single unmet health need in America today.

While most dental disease is not commonly considered as "emergency in nature," unlike a multitude of medical conditions, *it cannot cure itself—it will only grow worse*. As a result, some startling facts come to light when the impact of neglected dental needs is investigated, such as:

- 99% of Americans have some form of dental disease.
- Over 75% do not receive even adequate dental care.
- One out of every five Americans never visit a Dentist.
- 50% of all 2-year-old children have one or more cavities.
- Gum disease is the greatest single cause of loss of teeth after age 35.
- Almost half of all Americans age 55 or over have lost all their teeth.
- Over 85,000,000 man hours are lost each year as a result of dental conditions.

Why do these startling statistics exist?

- Most people are not aware of their dental needs.
- We equate dental treatment with pain and discomfort. Dental treatment is mistakenly avoided. However, modern techniques and equipment have vastly minimized yesterday's painful treatment.
- Delay of treatment can cause more complex dental care needs.
- Dental costs are too high. Cost, though a considerable factor, is not prohibitive *unless* dental care has been neglected. Maintenance of good, early dental habits and treatments result in significantly smaller costs.

Dental scientists have perfected the field of preventive dentistry to the degree that most people need never lose a single tooth to decay or gum disease.

Because dental disease is preventable, it is a health problem you can do something about! As you review the Denta Plan services outlined in this brochure, you will recognize many forms of diagnostic, preventive and restorative care.

The decision to include Denta Plan in your benefit program can help remove financial barriers to basic dental services and make good dental health possible for you, every employee and every enrolled family member.



Blue Shield
of Texas

Denta Plan

VOL 008 PAGE 155

B E N E F I T S C O V E R E D

P A Y M E N T M E T H O D

BASIC DENTAL BENEFIT - X-rays, fillings, Extractions, Cleaning, Scaling, Root Canal Treatment, Denture Repair, Biopsies, etc.

80% UCR *

ADDITIONAL BASIC BENEFIT - Oral Surgery, Periapical Services & Hemisection

80% UCR

PERIODONTICS - Treatment for Disease of the tooth & support tissues, gums

80% UCR

*USUAL, CUSTOMARY, REASONABLE

DEDUCTIBLE - Per Calendar Year

\$25 Per Individual

\$75 Per Family (3 Times (X) Individual Deductible)

The charge for any dental expense incurred during the last three (3) months of a calendar year and applied toward satisfaction of the deductible for that calendar year may be applied toward satisfaction of the deductible for the next succeeding calendar year.

MAXIMUMS

Yearly maximum \$750 per participant

RATES

Employee Only		\$4.56
Dependent(s)	+	8.00

PLAN B SAME BENEFITS AS DESCRIBED ABOVE EXCEPT \$50.00 DEDUCTIBLE

Employee Only		\$2.60
Dependent(s)	+	4.69

The Basic Benefits coverage includes frequently used services essential in aiding good dental health. It meets most of your basic needs before they become major problems.

SERVICES PROVIDED

1. **ORAL EXAMINATIONS** (Initial, Periodic and Emergency examinations which aid in making diagnostic conclusions about the oral health of an individual patient and the dental care required.)
2. **DENTAL X-RAYS** (Those X-Rays required for the treatment or diagnosis of localized diseases or abnormalities concerning the teeth and adjacent tissues including detecting the extent of dental decay.)
3. **TOPICAL APPLICATION OF FLUORIDE** for participants under age 19 (The direct application of fluoride to the exposed portions of the teeth to inhibit or retard the incidence of dental decay.)
4. **PROPHYLAXIS** (The cleaning, scaling and polishing of the exposed surfaces of the teeth.)
5. **REPAIR OF DENTURES** (The repair of broken removable dentures; this item also includes the recementing of Inlays, Crowns, and Bridges.)
6. **EMERGENCY PALLIATIVE TREATMENT** (Emergency dental procedures which are performed to temporarily alleviate or relieve acute pain or distress but does not necessarily effect a definite cure.)
7. **FILLINGS** (Operative dentistry that deals with the restoration of fractured, chipped, abnormally formed or decayed teeth: Includes silver amalgam, silicates, and composites.) Does not include crowns (caps), inlays or onlays.
8. **SIMPLE EXTRACTIONS** (The removal of erupted teeth using a local anesthetic. Normally accomplished through the use of forceps and/or elevators.) The benefit payment includes postoperative care, local anesthetics, suture, and suture removal.
9. **ENDODONTICS** - Includes root canal treatment, pulpotomy and pulp capping. (Procedures employed for the treatment of the dental pulp.)
10. **SPACE MAINTAINERS** (Fixed or removable appliances designed to prevent the movement of teeth and the resulting malocclusions, following the premature loss of a tooth.)
11. **OTHER BASIC SERVICES** (Procedures such as biopsies, house calls, hospital calls, casts and pulp vitality tests which are required to provide assistance in the diagnosis, treatment and prevention of dental diseases and disorders.)

PARTIAL LIMITATIONS AND EXCLUSIONS
(See General Limitations and Exclusions)

BASIC BENEFITS

1. Benefits for Periodic oral examinations, bitewing x-ray and prophylaxis are payable once each six (6) months. The six-month stipulation is to be interpreted as 180 days.
2. Routine or emergency oral examinations will not be allowed for palliative treatment, prosthetic or orthodontic adjustments.
3. Full mouth x-rays will not be paid more frequently than once in a consecutive three (3) year period.
4. Benefits for recementing of crowns, bridges and/or inlays will not be paid if less than six (6) months have elapsed since date of their insertion.
5. Benefits for a sedative filling will not be paid when a permanent restoration is placed in the tooth during the same visit.
6. Benefits paid for amalgam, silicate, plastic and composite restorations include all necessary bases (excluding pulp cap), liners, local anesthetics and postoperative care.
7. Benefits paid for root canal therapy also include all treatment radiographs taken during the course of active root canal treatment, as well as postoperative radiographs for a period of six (6) months after completion of root canal treatment.
8. Space maintainers used to maintain the space from prematurely lost teeth will be a covered benefit only when such service is necessary to prevent future orthodontic care or complications, and benefits will not be available after completion of orthodontic treatment. Benefits are not available for modification of an existing space maintainer.
9. The biopsy of oral tissue will be a paid benefit only if the claim form is accompanied by a biopsy report.
10. Pulp vitality tests are limited to one annually.
11. Hospital calls will not be a covered benefit for postoperative visits, special consultation or when the procedure(s) performed is/are not a covered service.

PARTIAL LIMITATIONS AND EXCLUSIONS
(See General Limitations and Exclusions)

ADDITIONAL BASIC BENEFITS

Oral Surgery

Benefits paid for oral surgical procedures include routine preoperative and postoperative care, including sutures, arch wire removal and local anesthetics.

The Additional Basic coverage is designed to extend the Basic benefits to provide for surgery of the jaws, teeth and related oral structures.

SERVICES PROVIDED

1. **ORAL SURGERY** (Procedures that deal with the surgical extraction of teeth, the treatment of fractures of the jaws and adjacent facial bones, and with other surgical procedures on the jaws, oral tissues, and adjacent tissues to correct disease and other abnormal conditions.)
2. **PERIAPICAL SERVICES**
 - a. **APICOECTOMY** (Amputation of the apex of the root of a tooth.)
 - b. **RETROGRADE FILLING** (Filling of the apex of a root including surgical procedures.)
3. **HEMISECTION** (The removal of a root of a multi-rooted tooth and its crown portion.)

PERIODONTAL SURGERY (Procedures that deal with the diagnosis and treatment of diseases of the tooth supporting tissues -- gums, bone, etc.)

SOME OF THE PROCEDURES COVERED ARE:

1. **GINGIVECTOMY** (The removal of the gingival tissue from around the necks of the teeth thus eliminating subgingival pockets.)
2. **GINGIVOPLASTY** (The recontouring of the gingival tissue.)
3. **GINGIVAL CURETTAGE AND ROOT PLANING** (Removal of diseased tissue and smoothing of root surface.)
4. **OSSEOUS SURGERY** (Surgery performed on the bone which surrounds the teeth.)
5. **VESTIBULOPLASTY** (A procedure to change the attachments of the cheek muscles to the jawbone.)
6. **PERIODONTAL SCALING** (A deep scaling for the removal of subgingival calculus or tarter.)

PARTIAL LIMITATIONS AND EXCLUSIONS
(See General Limitations and Exclusions)

PERIODONTIC BENEFITS

Benefits paid for periodontal services include, but are not limited to routine preoperative and postoperative care, sutures, suture removal, periodontal pack placement and removal and local anesthetics.

The benefits of the Dental contract are not available for any Covered Dental Expenses:

- A. Received or rendered through or in Veterans Administration facilities; any dental procedures for which benefits are or could upon proper claim be provided under the Workers' Compensation law, or any other present or future laws enacted by the Legislature of any state, or by the Congress of the United States, or the laws, regulations or established procedures of any county or municipality; provided, however, that the provisions of this Section A shall not be applicable to any coverage held by the Participant for Dental expenses which is written as a part of or in conjunction with any automobile insurance policy;
- B. Resulting from disease contracted or injuries sustained as a result of war, declared or undeclared, or any act of war;
- C. Rendered primarily for cosmetic purposes, except for services rendered for correction of defects incurred through traumatic injuries sustained by the Participant while covered hereunder and excepting Orthodontics; nor for procedures not dentally necessary;
- D. For which a benefit is not specifically listed in the master contract and indicated as "Applied For" in the Schedule, or for procedures for which the American Dental Association has not approved a specific procedure code;
- E. Received or rendered for consultation purposes;
- F. For replacement of dentures, removable or fixed prosthesis, and dental restorations containing gold or platinum due to theft, misplacement or loss;
- G. For replacement of dentures, removable or fixed prosthesis, and dental restorations containing gold or platinum within five (5) years after receiving such dentures, prosthesis or restorations;
- H. For any full-mouth x-ray rendered within three (3) years from the date of the Participant's last full-mouth x-ray. Any bitewing x-ray or prophylaxis rendered within six (6) months of the previous bitewing x-ray or prophylaxis;
- I. For which an optional technique of treatment or procedure carrying a lesser fee is payable under this contract;
- J. For personalized complete or partial dentures, overdentures and their related procedures, or other specialized techniques not normally taught in regular dental school classes;
- K. Rendered before the effective date of a Participant's coverage or after termination of coverage;

GENERAL LIMITATIONS AND EXCLUSIONS (Continued)

- L. For appliances, restorations, or special equipment used to increase vertical dimension, correct or determine proper occlusion except as provided for in the master contract, or to correct temporomandibular joint dysfunction or pain syndromes;
- M. For the administration or cost of drugs and/or gases used for sedation or as an analgesia;
- N. For which benefits are otherwise provided under Hospitalization, Medical-Surgical, or Prescription Drug Expense Coverages;
- O. For treatment by other than a Dentist, except that x-rays, scaling or cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist if the treatment is rendered under the supervision and guidance of the Dentist;
- P. For veneers or similar properties of crowns and pontics placed on or replacing second and third molar teeth;
- Q. For prosthetic devices (including bridges), crowns, inlays, onlays, and the fitting thereof, which began before the effective date of the Participant's coverage hereunder;
- R. For replacement or repair of an orthodontic appliance;
- S. Rendered through a medical department, clinic, or similar facility provided or maintained by the patient's employer;
- T. For which no charge is made or for which the employee is not legally obligated to pay or for which no charge would be made in the absence of this Dental Coverage;
- U. For services or supplies which do not meet accepted standards of dental practice, including charges for services or supplies which are experimental in nature or not fully approved by a council of the American Dental Association;
- V. For a duplicate prosthetic device, other duplicate appliances or duplicate dental restoration;
- W. For sealants, dietary instructions, or a plaque control program;
- X. For implants;
- Y. For splinting of teeth.

There is no benefit under the Dental contract for a charge resulting from the failure to keep a scheduled visit with a Dentist or for completion of any insurance forms.

Advantages of the Denta Plan by Blue Shield of Texas

More Return of Premium Dollar

Blue Shield of Texas returns more of its premiums in claims payments to policyholders than most other major insurance companies.

Personalized Service

A local, salaried sales and service representative is specifically assigned to your group to handle any benefit or claim question which might arise.

Preventative Care

The Blue Shield of Texas Denta Plan stresses preventative care to help avoid major dental problems in the future.




Realistic Coverage

Blue Shield of Texas offers well-rounded dental coverages to provide for the most frequently needed dental services at a realistic price.

The Blue Shield

Dental Identification Card

***"Your Passport to
Good Dental Health."***

		Blue Cross Blue Shield of Texas	
SUBSCRIBER NAME	SUBSCRIBER IDENTIFICATION	BLUE SHIELD PLAN CODE	BLUE CROSS PLAN CODE
GROUP NUMBER	CURRENT COVERAGE	EFFECTIVE DATE	
DENTAL COVERAGE ONLY			



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Group Insurance Plan



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This brochure describes the Group Insurance Benefit Program available for employees of all counties. This program is underwritten by the Pruco Life Insurance Company of Texas and is reinsured by, and administered by, The Prudential Insurance Company of America.

The following coverages are included:

- Term Life Insurance — Employees and Dependents
- Accidental Death and Dismemberment Insurance — Employees and Dependents
- Dental Expense Insurance — Employees and Dependents
- Supplemental Accident Expense Insurance — Employees and Dependents
- Major Medical Expense Insurance — Employees and Dependents
- Personal Accident Insurance — Employees and Dependents

This program provides protection to help cushion against the financial hardships caused by death, or serious illness or injury.

If there is any portion of this program which you do not understand or if you have any questions, please contact:

Sam E. Clonts
Executive Director
Texas Association of Counties
Mutual Savings Bldg.
Suite 411
Austin, Texas 78701

Telephone Number 512/478-8753

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WHEN THE INSURANCE BECOMES EFFECTIVE

WHEN THE EMPLOYER BECOMES A PARTICIPANT

In order for an eligible county to become a participant in the Plan, it is necessary that certain participation requirements be met. An employer must have at least two employees who (1) are in the classes of Employees eligible for insurance under the Group Insurance Plan and (2) qualify as full-time employees. An employer must cover all eligible employees for the basic amounts of Employee Term Life Insurance and Employee Accidental Death and Dismemberment Insurance and Major Medical Expense Insurance. At least 75% of all employees who have eligible dependents must enroll for the dependents medical insurance. If an employer elects Optional Employee Term Life Insurance, at least 50% of all employees must enroll. If an employer elects Dependent Term Life Insurance, at least 50% of all employees who have eligible dependents must enroll. If an employer elects Dental Expense Insurance, all eligible employees must be covered, and at least 75% of all employees who have eligible dependents must enroll for the dependents dental insurance.

If an Employer's dependent rate is on a composite basis, an individual enrolling for dependents insurance must include all qualified dependents (e.g. employees with spouse and children may not enroll children only). This provision does not apply if an Employer's dependent rate is on a 3-way basis.

The Texas Association of Counties requires each employer to pay the entire cost of the insurance including Dental Expense Insurance (other than employee optional insurance) for his employees. There are no requirements regarding who pays for the dependents insurance.

An employer who meets the participation requirements and requests to participate in the Plan will become a participant in the Plan on the first of the month coinciding with or next following the date the employer's request is received by the Texas Association of Counties.

WHEN THE EMPLOYEE BECOMES INSURED

Full-time employees of a participating employer may become insured for the employee insurance when the employee completes the employment waiting period, if any, established by his employer. The employee may at that time enroll his eligible dependents and thus have their insurance begin on the same day as his.

Should the employee not be working full time on the day he would ordinarily become insured, the insurance for the employee and his dependents will be delayed until the employee returns to full-time work.

If a retired employee or a dependent, except a newborn child, is confined for medical care or treatment in any institution or at home when coverage would normally start, the dependent or retired employee will not be covered until given a final release by the doctor from all such confinement.

If the employee does not enroll within 31 days after he could first be covered, he will be required to furnish evidence of good health for himself and for each eligible dependent.

Term Life Insurance is payable to the beneficiary designated by the insured in the event of his death from any cause. Term Life Insurance for dependents will be paid to the employee if one of his covered dependents dies.

EMPLOYEES BASIC AMOUNT

Counties have the option of selecting one of the following plans for their employees. The same plan is applicable to all employees of a county.

PLAN 1

All Employees \$ 5,000

PLAN 2

All Employees An amount equal to the employee's annual earnings adjusted to the next lower multiple of \$1,000.
 Maximum insurance \$100,000
 Minimum insurance \$ 5,000

PLAN 4

All Employees \$ 10,000

For all Plans, the amount of insurance for an employee age 70 and over will be 50% of the amount shown above.

EMPLOYEES OPTIONAL AMOUNT

Counties have the option of providing the following plan for their employees. Each participating employee is then permitted the option of purchasing an additional amount of group term life insurance in accordance with the plan.

All Employees less than age 70 when becoming insured An amount equal to the employee's annual earnings adjusted to the next lower multiple of \$1,000.
 Maximum insurance \$100,000 reduced by the basic amount of insurance.

The amount of insurance for an employee who attains age 70 while insured will be reduced to 50% of the amount shown above.

All Employees age 70 or more when becoming insured An amount equal to 1/2 the employee's annual earnings adjusted to the next higher multiple of \$1,000.
 Maximum insurance \$ 10,000

RETIRED EMPLOYEES BASIC AMOUNT

Counties have the option of providing the following plan for their retired employees. Each retired participating employee may then elect to purchase this insurance.

All Employees \$ 2,000

RETIRED EMPLOYEES OPTIONAL AMOUNT

If a retired employee has elected the basic amount of insurance he is also permitted the option of purchasing the following additional amount of group term life insurance.

All Employees An amount equal to 1/2 of the employee's annual earnings immediately prior to his retirement adjusted to the next higher multiple of \$1,000.
 Maximum insurance \$ 10,000

Annual Earnings for all Plans are based on earnings for a normal scheduled work week.

INSURANCE DURING TOTAL DISABILITY

If an employee becomes totally disabled before he reaches age 60, his Term Life Insurance may be continued at no cost to him while he remains totally disabled. He must furnish proof of total disability between 9 and 12 months after total disability starts and as required thereafter. Should he die during the first 12 months of total disability, his insurance will be paid even if the employee had not furnished proof of the disability or premiums had not been continued.

CHANGE TO AN INDIVIDUAL POLICY

During the 31 days following termination of employment, an employee may change his Group Term Life Insurance, without having to furnish evidence of good health, to one of a number of Prudential individual life policies. The policy will be effective at the end of the 31-day period, and the premiums will be the same as he would ordinarily pay if he applied for an individual policy at that time. If he dies during this 31-day period, his Group Term Life Insurance will be paid whether or not he has applied for an individual policy.

DEPENDENTS

Counties have the option of selecting Term Life Insurance for dependents of their employees. Each participating employee is then permitted the option of purchasing Term Life Insurance for each of his eligible dependents as indicated below. In addition, a retired employee who has elected the Employee Term Life Insurance is also permitted the option of purchasing Term Life Insurance for each of his eligible dependents as indicated below.

PLAN 1

For dependents of employees participating under either Plan 1, 2 or 4* Term Life Insurance.

Covered Spouse	\$ 2,000
Covered Children	
14 days to 6 months	100
6 months and over	1,000

PLAN 2

For dependents of employees participating under Plan 4* Term Life Insurance.

Covered Spouse	\$ 5,000
Covered Children	
14 days to 6 months	100
6 months and over	2,000

The amount of insurance for a dependent spouse may not exceed 50% of the employee's amount of Term Life Insurance.

*Employees participating in Plan 4 Term Life Insurance may select either of the above plans for their dependents.

CHANGE TO AN INDIVIDUAL POLICY

If an employee should die or terminate employment, the Term Life Insurance for his dependents will be continued for 31 days. During this period, arrangements may be made to change each dependent's insurance to one of a number of Prudential individual life insurance policies without the need to furnish evidence of good health. The policy will be effective at the end of the 31-day period, and the premium will be the same as would ordinarily be paid if an individual policy were applied for at that time.

This privilege also is available for a covered dependent who ceases to be eligible for the Term Life Insurance.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

This insurance will be paid for any of the following losses suffered by the employee or his dependent as a result of an accident occurring while the individual is covered. It is payable regardless of other insurance.

Loss of Life	Full Amount of Insurance
Loss of:	
Both hands,	}
Both feet,	
Sight of both eyes,	
One hand and one foot,	
One hand and sight of one eye, or One foot and sight of one eye	
	Full Amount of Insurance
Loss of:	
One hand,	}
One foot, or	
Sight of one eye	
	One-half of the Amount of Insurance

The employee's beneficiary will receive the benefits for loss of the employee's life. The benefits for the employee's loss of limb or eyesight will be paid to the employee. In the case of a covered dependent, the benefit for loss of life or other losses will be paid to the employee.

EMPLOYEES BASIC AMOUNT

Counties have the option of selecting one of the following plans for their employees. It must be the same plan selected for Term Life Insurance.

PLAN 1

All Employees \$ 5,000

PLAN 2

All Employees An amount equal to the employee's annual earnings adjusted to the next lower multiple of \$1,000.
 Maximum insurance \$100,000
 Minimum insurance \$ 5,000

PLAN 4

All Employees \$ 10,000

For all Plans, the amount of insurance for an employee age 70 and over will be 50% of the amount shown above.

EMPLOYEES OPTIONAL AMOUNT

For counties selecting the Optional Term Life Insurance Plan for their employees, the Optional Accidental Death and Dismemberment Insurance amount will be included.

All Employees less than age 70 when becoming insured

An amount equal to the employee's annual earnings adjusted to the next lower multiple of \$1,000.
 Maximum insurance
 \$100,000 reduced by the basic amount of insurance.

The insurance for an employee who attains age 70 will terminate.

Annual Earnings for all Plans are based on earnings for a normal scheduled work week.

RETIRED EMPLOYEES

Accidental Death and Dismemberment Insurance is not available for Retired Employees.

DEPENDENTS

For counties selecting the Term Life Insurance for dependents, Accidental Death and Dismemberment Insurance will be included as indicated below. It must be the same plan selected for Term Life Insurance for dependents.

PLAN 1

Covered Spouse	\$ 2,000
Covered Children	
14 days to 6 months	100
6 months and over	1,000

PLAN 2

Covered Spouse	\$ 5,000
Covered Children	
14 days to 6 months	100
6 months and over	2,000

The amount of insurance for a dependent spouse may not exceed 50% of the employee's amount of Accidental Death and Dismemberment Insurance.

EXCLUSIONS

The Accidental Death and Dismemberment Insurance does not cover loss that occurs more than 90 days after the accident, nor any loss resulting from war (including undeclared war and armed aggression), suicide, attempted suicide, bodily or mental infirmity or disease, an infection other than a pyogenic infection of an accidental cut or wound or travel in any moving aircraft aboard which the individual is giving or receiving training or has any duties.

The total payment for all losses due to any one accident will not be more than the full amount of insurance.

PERSONAL ACCIDENT INSURANCE

This insurance will be paid for any of the following losses suffered by an employee or dependent as the result of an accident occurring while the individual is covered. It is payable regardless of other insurance.

Loss of Life	}	Full Amount of Insurance At Time Of Accident
Loss of:		
Both hands,	}	Full Amount of Insurance At Time of Accident
Both feet,		
Sight of both eyes,		
One hand and one foot,		
One hand and sight of one eye, or One foot and sight of one eye		
Loss of:		
One hand,	}	One-half the Amount of Insurance At Time of Accident
One foot, or		
Sight of one eye		

An employee may name any beneficiary he wishes to receive the benefits for loss of his life, and may change his beneficiary at any time. The benefits for an employee's loss of limb or eyesight will be paid to him. In the case of a covered dependent, the benefits for loss of life or other losses will be paid to the employee.

Counties have the option of providing the following Personal Accident Insurance plan for their employees and their employee's dependents. Each participating employee under age 70 is then permitted the option of purchasing the benefits. The benefit is not available for employees age 70 or older or for retired employees.

AMOUNT OF INSURANCE

Employees — An employee may select any amount of insurance he wishes, in multiples of \$5,000 with a minimum of \$10,000 up to a maximum of \$100,000.

Dependents —

Spouse — 50% of the employee's amount of Personal Accident Insurance.

Children — If there is spouse coverage, each child will be eligible for 5% of the employee's amount of insurance. If no spouse coverage, each child will be eligible for 10% of the employee's amount of insurance.

EXCLUSIONS

The Personal Accident Insurance does not cover a loss that occurs more than 365 days after the accident, nor any loss resulting from war (including undeclared war and armed aggression), suicide, attempted suicide, bodily or mental infirmity or disease, an infection other than a pyogenic infection of an accidental cut or wound, or travel in any moving aircraft unless (a) the individual has no duties aboard the aircraft and is not giving or receiving training, and (b) the aircraft is a civilian aircraft licensed to carry passengers or its military equivalent, and piloted by a qualified licensed pilot or military equivalent.

For any one person the total payment for all losses due to any one accident will not be more than that person's amount of insurance in effect at the time of the accident.

Counties have the option of providing one of the following Dental Expense Insurance plans for their Employees and their Employee's dependents. The Plan chosen by the county is the Plan applicable to all employees.

PLAN II

This Dental Expense Insurance Plan covers "preventive services", "basic services" and "major services" included in a List of Dental Services. Examples from the List appear on a later page.

Schedule — A

Annual Deductible for Basic and Major services — \$50.00.

PLAN III

This Dental Expense Insurance Plan covers "preventive services", "basic services" and "major services" included in a List of Dental Services. Examples from the List appear on a later page.

Schedule — B

Annual Deductible for Basic and Major services — \$50.00.

PLANS IN DETAIL

Free Choice of Dentist

The employee may choose any licensed dentist practicing within the scope of his profession or any physician furnishing dental services for which he is licensed.

What the Insurance Covers

The insurance covers work included in a broad list of dental services, divided into "preventive services", "basic services" and "major services". Some examples appear later.

Many dental conditions can properly be treated in more than one way. This insurance is designed to help pay dental expenses, but not on the basis of treatment that is more expensive than necessary for good dental care.

Thus, if a condition is being treated for which two or more services included in the list are suitable under customary dental practices, the benefit under the insurance will be based on the listed service that, according to a determination made by the Insurance Company would produce a professionally satisfactory result.

To demonstrate the application of the above provision, take two examples involving treatment of cavities in several front teeth. First example: it is determined that fillings would produce a professionally satisfactory result, but the patient decides to have the teeth crowned for the sake of appearance as the teeth are stained due to smoking. Here, the benefit would be based on the amount that would be provided for fillings. Second example: it is determined that, because of the condition of the teeth, crowns rather than fillings are required for a professionally satisfactory result. Here the benefit would be based on the use of crowns.

If a dental service is performed that isn't in the list, but the list contains one or more other services that under customary dental practices are suitable for the condition being treated, then for the purpose of the insurance the listed service that the Insurance Company determines would produce a professionally satisfactory result will be considered to have been performed.

Predetermination of Benefits

Charges incurred by the employee or a covered dependent are eligible only when the dentist's proposed course of treatment ("Treatment Plan") has been submitted to and reviewed by the Insurance Company and returned to the dentist showing the estimated benefits. No "Treatment Plan" need be submitted if the total charges do not exceed \$300 or if emergency care is required.

A "Treatment Plan" is the dentist's report that (a) itemizes his recommended services, (b) shows his charge for each service, and (c) is accompanied by supporting X-rays or other diagnostic records where required or requested by the Insurance Company.

Predetermination of benefits permits the review of the proposed treatment in advance and allows for resolution of any questions before, rather than after, the work has been done. Additionally, both the employee and the dentist will know in advance what is covered and what the estimated insurance benefits are, assuming the employee or the dependent remains covered.

What an "Eligible Charge" Is

An "eligible charge" is one the dentist makes to the employee for a covered preventive, basic or major dental service furnished to the employee or a covered dependent, provided the service:

1. Is in the list of dental services,
2. Is part of a "Treatment Plan" as described above, and
3. Isn't excluded by the section "Exclusions Under Dental Expense Insurance".

The amount of the eligible charge for a service is equal to the charge made by the dentist, not to exceed the maximum eligible charge applying to that service in the list of dental services.

A charge will be considered to be incurred:

For an appliance, or modification of an appliance — on the date the impression is taken.

For a crown, bridge or gold restoration — on the date the tooth is prepared.

For root canal therapy — on the date the pulp chamber is opened.

For all other services — on the date the service is received.

Benefits for Preventive Dental Services

Benefits will be paid for eligible charges the individual incurs for preventive services while covered.

Benefits for Basic and Major Dental Services

After the employee or a covered dependent has satisfied the annual deductible shown below, during a calendar year, benefits will be paid for the eligible charges that the individual incurs for basic and major dental services during the rest of the calendar year.

The annual deductible must be satisfied each calendar year.

The annual deductible is the first \$50.00 of eligible basic and major dental charges that the individual incurs while insured during the calendar year.

Examples from the List of Dental Services — Continued

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Schedule A	Schedule B
Maximum Eligible Charge	Maximum Eligible Charge

ROOT CANALS (devitalized teeth only), Including necessary X-rays and cultures but excluding final restoration

Single rooted (Traditional therapy)	78.00	109.50
Bi-rooted " "	98.75	138.25
Tri-rooted " "	130.50	182.50
Single rooted (Sargenti technique)	54.00	75.50
Bi-rooted " "	69.50	97.50
Tri-rooted " "	91.50	128.00

MAJOR SERVICES

INLAYS AND CROWNS (Gold restorations and crowns are covered only if teeth cannot be restored with a filling material or if the tooth is an abutment to a covered partial denture or fixed bridge)

Inlay, 1 surface	\$ 28.00	\$ 39.00
2 surfaces	51.50	72.00
3 surfaces or more	63.00	88.00
Crown, Acrylic	35.75	50.25
Acrylic processed to gold	78.50	110.00
Acrylic processed to non-precious metal	70.00	98.00
Porcelain fused to gold	90.00	126.00
Porcelain fused to non-precious metal	78.00	110.00

PONTICS, Slotted facing (Steele's)	36.75	51.75
Porcelain fused to gold	90.00	119.25
Porcelain fused to non-precious metal	78.00	106.75

REMOVABLE BRIDGE (Unilateral)

One piece casting, gold or chrome cobalt alloy clasp attachment (all types), per unit including pontics	55.00	77.00
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DENTURES (Amounts include adjustment for 6 months after installation. Specialized techniques not eligible)

Complete upper or lower	111.00	155.50
Partial, acrylic with chrome cobalt alloy clasps:		
Base, all teeth and 2 clasps	112.75	157.25
Each additional clasp	4.25	5.75
Partial, with chrome cobalt alloy bar and acrylic saddles:		
Base, all teeth and 2 clasps	125.75	176.25
Each additional clasp	4.25	5.75
Laboratory relines	29.25	40.75

EXCLUSIONS UNDER DENTAL EXPENSE INSURANCE

In the case of an individual (other than a dependent less than age five) whose Dental Expense Insurance starts more than 31 days after that individual becomes eligible, the covered services received during the first year the insurance is in effect will be limited to those made necessary by an accident occurring while covered, and to preventive or basic dental services included in the list of dental services, in the certificate the employee will receive, under the headings "Visits" and "X-rays", "Visits and Examinations", "X-ray and Pathology" and "Restorative Dentistry".

The insurance does not cover:

1. A service or supply not included in the "List of Dental Services" except under the conditions explained in "What the Insurance Covers".
2. Anything not furnished by a dentist, except X-rays ordered by a dentist, and services by a licensed dental hygienist under the dentist's supervision; anything not necessary or not customarily provided for dental care.
3. Services (a) furnished by or for the U.S. Government, or any other government unless payment is legally required, or (b) to the extent provided under any government program or law under which the individual is, or could be, covered. This exclusion does not apply to the extent expenses for services or supplies are paid for by the Texas Department of Human Resources under the Medical Assistance Act of 1967, as amended.
4. An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before the patient was covered; root canal therapy if the pulp chamber was opened before the patient was covered.
5. A crown, gold restoration, or a denture or fixed bridge or addition of teeth to one, if the work involves a replacement or modification of a crown, gold restoration, denture or bridge installed less than five years before.
6. A denture or fixed bridge involving replacement of teeth missing before the individual was covered, unless it also replaces a tooth that is extracted while covered, and such tooth was not an abutment for a denture or fixed bridge installed during the preceding five years.
7. Services due to an accident or disease covered under workers' compensation or similar law.
8. Replacement of lost or stolen appliances: appliances or restorations or procedures for the purpose of splinting, or to alter vertical dimension or restore occlusion.
9. Orthodontics (a program to straighten teeth); services for cosmetic purposes unless made necessary by an accident occurring while covered. Facings on molar crowns or pontics are always considered cosmetic.
10. Any portion of a charge for a service in excess of the reasonable and customary charge (the charge usually made by the provider when there is no insurance, not to exceed the prevailing charge in the area for dental care of a comparable nature, by a person of similar training and experience).
11. Expenses applied toward satisfaction of a deductible under the Dental Expense Insurance.

Other exclusions appear on prior pages describing the Dental Expense Insurance. Also see "Coordination With Other Plans" on a later page.

EXTENSION OF BENEFITS

If the Dental Expense Insurance for the employee or a dependent is terminated, the protection will be extended to cover charges incurred within the next 30 days for basic services, provided benefits would have been paid had the insurance remained in effect.

COORDINATION WITH OTHER PLANS

Texas Association of Counties' Group Insurance Plan contains a non-profit provision coordinating it with other plans under which an individual is covered so that total benefits available will not exceed 100% of the allowable expenses.

An "allowable expense" is any necessary, reasonable and customary expense covered, at least in part, by one of the plans of the same type (medical, dental or vision care).

"Plans" means these types of medical, dental and vision care benefits: (a) coverage (other than Medicare or Medicaid) under

a governmental program or provided or required by statute, including no fault coverage, to the extent required in policies or contracts by a motor vehicle insurance statute or similar legislation, and (b) group insurance or other coverage for a group of individuals, including student coverage obtained through an educational institution above the high school level.

When a claim is made the **primary** plan pays its benefits without regard to any other plans. The **secondary** plans adjust their benefits so that the total benefits available will not exceed the allowable expenses. No plan pays more than it would without the coordination provision.

A plan without a coordinating provision similar to ours is always the primary plan. If all plans have such a provision: (1) the plan covering the patient directly, rather than as an employee's dependent, is primary and the others secondary; (2) if a child is covered under both parents' plans, the father's is primary; but when the parents are separated or divorced, their plans pay in this order: (a) if a court decree has established financial responsibility for the child's health care expenses, the plan of the parent with this responsibility; (b) the plan of the parent with custody of the child; (c) the plan of the stepparent married to the parent with custody of the child; (d) the plan of the parent not having custody of the child; (3) if neither (1) nor (2) applies, the plan covering the patient longest is primary.

When TAC's plan is the secondary plan and its payment is reduced to consider the primary plan's benefits, a record is kept of the reduction. This amount will be used to increase TAC's Group Insurance Plan's payments to the patient's later claims in the same calendar year — to the extent there are allowable expenses that would not otherwise be fully paid by TAC's Group Insurance Plan and the others.

CHANGES TO MAJOR MEDICAL PLANS EFFECTIVE JANUARY 1, 1983

	<u>TAC Plan A (High)</u>	<u>TAC Plan B (Mid)</u>	<u>TAC Plan D (Low)</u>
<u>Supplemental Accident</u>	No Change	No Change	No Change
<u>Deductible</u>	\$100 annually per individual. Limit of 3 deductibles per family. Applies to all charges except hospital.	\$100 annually per individual. Limit of 3 deductibles per family. Applies to all charges.	\$200 annually per individual. Limit of 3 deductibles per family. Applies to all charges.
<u>Hospital Bills</u>	No Change	80% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000.	70% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000.
<u>All other eligible expenses</u>	80% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000.	No Change	No Change
<u>Overall Lifetime Maximum</u>	No Change	No Change	No Change

2/2/83

MAJOR MEDICAL INSURANCE

Counties have the option of selecting one of the following plans for their employees and the employees' dependents. The Plan chosen by the county is the Plan applicable to all employees.

SCHEDULE

BENEFITS	PLAN A (HIGH)	PLAN B (MID)	PLAN D (LOW)
Supplemental Accident	Pays 100% up to \$500. No deductible applies.	Pays 100% up to \$500. No deductible applies.	Pays 100% up to \$500. No deductible applies.
Deductible	\$100 annually per individual. Family Aggregate Deductible — \$300. The deductible applies to all charges other than Hospital bills.	\$100 annually per individual. Family Aggregate Deductible — \$300. The deductible applies to all charges.	\$200 annually per individual. Family Aggregate Deductible — \$400. The deductible applies to all charges.
Hospital Bills	Pays 100%* of eligible expenses for room and board and other hospital services per confinement.	Pays 80%* of the first \$2,500 of expenses and 100%* of the expenses above \$2,500 during a calendar year.	Pays 70%* of the first \$5,000 of expenses and 100%* of the expenses above \$5,000 during a calendar year.
All Other Eligible Expenses	Pays 80%* of the first \$2,500 of expenses and 100%* of the expenses above \$2,500 during a calendar year.	Pays the same as above and is combined with Hospital bills.	Pays the same as above and is combined with Hospital bills.
Overall Lifetime Maximum (For employee and each dependent)	Unlimited*	Unlimited*	\$250,000*

*Refer to the "Plans in Detail" for amounts paid for mental, psychoneurotic and personality disorders.

PLANS IN DETAIL

The Major Medical Expense Insurance applies to covered expenses for the treatment of injuries, sicknesses and pregnancies.

After the employee or a covered dependent has satisfied the deductible explained in the Schedule during a calendar year, benefits will be paid at the rate shown in the Schedule for all eligible expenses incurred by that individual during the rest of the year. **Remember that the deductible does not apply to Hospital Bills for Plan A.**

Each person need satisfy the deductible only once a year. However, if the sum of incurred eligible expenses of covered members of a family total the Aggregate Family Deductible amount (considering only that part of each member's expenses not exceeding the applicable deductible) during a calendar year, benefits will be paid the rest of the year for all covered members without additional deductibles.

If two or more covered family members are injured in the same accident, only one yearly deductible will be charged to their combined eligible expenses due to the accident.

Deductible Carry-over Provision — Although a new deductible will apply each calendar year, under certain conditions expenses incurred late in a year which are applied against that year's deductible will also be applied toward the deductible for the next year and thus reduce or eliminate that year's deductible.

ELIGIBLE EXPENSES

HOSPITAL BILLS

Hospital Room and Board — Charges for room and board. (For private accommodations, in a hospital, the eligible expenses for room and board are subject to a daily limit equal to the hospital's standard semi-private room rate).

Other Hospital Services — Services and supplies furnished by the hospital for medical care such as operating room, X-rays, laboratory tests, medicines, etc., but not professional services.

However, for **Plan A (High)**, the **Hospital Bills** section is replaced by the following:

For each confinement, this part of the insurance will pay the following eligible hospital expenses in full, up to the amount shown in the schedule.

Room and Board — Charges for room and board. (For private accommodations in a hospital, the eligible expenses for room and board are subject to a daily limit equal to the hospital's standard semi-private room rate).

Other Hospital Services — Expense incurred during a hospital stay resulting in a room and board charge for: (1) services and supplies furnished by the hospital for medical care such as operating room, X-rays, laboratory tests, medicines, etc., but not professional services, (2) administration of anesthetics by a doctor, and (3) ambulance service for local travel. Pre-admission X-ray and laboratory tests in the hospital are also included provided the resulting confinement starts within 10 days.

Even if there is no room and board charge, the expenses for the services and supplies under Other Hospital Services above will be paid under this part of the insurance if the visit is for emergency care within 48 hours after an accident or is for a surgical procedure. Otherwise, these expenses will be combined with the "Other Eligible Expenses" listed below.

Separate hospital confinements due to the same cause will be considered one confinement unless separated by complete recovery, or unless (in case of an employee) separated by return to full-time work.

Newborn Baby Care Provision — Charges for the following services and supplies incurred on account of a newborn child during the seven days immediately following birth will be considered reasonably necessary charges for treatment of the mother's pregnancy:

1. Hospital room and board, and
2. Other services and supplies furnished by the hospital for care, but not professional services.

The above benefits will be determined without regard to the amount of benefits that would be payable for the charges incurred in connection with the mother's pregnancy.

OTHER ELIGIBLE EXPENSES

Doctor's services — Surgery, home, office and hospital visits, and other medical care and treatment.

Nursing care — Private duty nursing by a registered graduate nurse.

Speech therapy — By a qualified speech therapist to restore speech loss, or correct an impairment, due to (a) a congenital defect for which corrective surgery has been performed, or (b) an injury or sickness except a mental, psychoneurotic or personality disorder.

Physiotherapy — Treatment by a physiotherapist.

Occupational therapy — Treatment by an occupational therapist.

Ambulance service for local travel.

Anesthetics and their administration.

X-ray and laboratory examinations.

X-ray and radium treatments and treatments with other radioactive substances.

Medical supplies — Drugs and medicines dispensed by a licensed pharmacist; blood and blood plasma not replaced by or for the patient; artificial limbs, eyes and larynx; electronic heart pacemaker; surgical dressings; casts; splints; trusses; braces; crutches; rental of wheel chair, hospital bed, or iron lung; oxygen and rental of equipment for administration.

Oral contraceptive pills ordered by a doctor for use by the employee or dependent while a covered individual. This item will be eligible even though not necessary for medical care.

This part of the insurance provides benefits without a deductible for certain expenses due to an accident occurring while covered.

An expense paid under this part will be excluded from the benefits previously described.

This insurance will make a payment, up to the amount shown in the schedule, toward the expenses incurred within 90 days after the accident for the following services and supplies.

Hospital services and supplies for medical care.

Doctors' services for surgery and other medical care.

Dental Treatment. Treatments by a dentist, physician or dental surgeon of a fractured jaw or injuries to natural teeth, including their replacement.

X-ray and laboratory examinations.

Services of a registered graduate nurse.

Drugs and medicines dispensed by a licensed pharmacist.

Surgical dressings, casts, splints, trusses, braces and crutches.

EXCLUSIONS

Mental, Psychoneurotic and Personality Disorders

In the case of mental, psychoneurotic and personality disorders, the benefits for a doctor's services will be payable at the rate of 50%, after satisfaction of the yearly deductible, instead of the usual rate. Also, not more than \$40 a visit will be counted as eligible expenses (the maximum payment being \$20 a visit, or 50% of \$40), and not more than \$1,000 of benefits will be paid in a calendar year.

The above limits do not apply to doctor's services during a hospital confinement resulting in a room and board charge, nor for administering convulsive therapy.

Mouth Conditions

The insurance does not cover treatment of periodontal or periapical disease or any condition (other than a malignant tumor or a congenital birth defect of the oral cavity) involving teeth, surrounding tissue or structure. However, this exclusion doesn't apply to:

- a. The benefits for dental treatment described under the "Supplemental Accident Expenses" section, or
- b. Charges for the following dental services received within 12 months after an accident. Treatment by a physician, dentist, or dental surgeon of injuries to natural teeth including replacement of such teeth, and related X-rays. The charges for these services will be included with the "Other Eligible Expenses" previously described.

The Major Medical Expense Insurance Does Not Cover:

1. Services or supplies received as a result of an accident or sickness covered under workmen's compensation or similar law.
2. Services or supplies (a) furnished by or for the U.S. Government, or (b) furnished by or for any other government unless payment is legally required, or (c) to the extent provided under any governmental program or law under which the individual is, or could be, covered. This exclusion does not apply to the extent expenses for services or supplies are paid for by the Texas Department of Human Resources under the Medical Assistance Act of 1967, as amended.
3. Anything not ordered by a doctor, or not necessary for medical care; hospital charges to the extent they are allocable to scholastic education or vocational training; the portion of a charge for a service or supply in excess of the reasonable and customary charge (the charge usually made by the provider when there is no insurance, not to exceed the prevailing charge in the area for a service of the same nature and duration and performed by a person of similar training and experience, or for a substantially equivalent supply).
4. Nursing, speech therapy, physiotherapy, or occupational therapy, rendered by the employee, spouse, or a child, brother, sister, or parent of the employee or spouse.
5. Services or supplies received as a result of an act of war occurring while covered.
6. Expenses in connection with cosmetic surgery unless due to an accident occurring while covered; examinations in connection with glasses or a hearing aid.
7. Treatment of (a) weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, except open cutting operations, (b) corns, calluses or toenails, except the removal of nail roots and necessary services in the treatment of metabolic or peripheral-vascular disease.
8. Expenses applied toward satisfaction of the deductible previously described.

Also see "Modified Health Care Insurance for Persons Eligible for U.S. Medicare" and "Coordination With Other Plans".

COORDINATION WITH OTHER PLANS

Texas Association of Counties' Group Insurance Plan contains a non-profit provision coordinating it with other plans under which an individual is covered so that total benefits available will not exceed 100% of the allowable expenses.

An "allowable expense" is any necessary, reasonable and customary expense covered, at least in part, by one of the plans of the same type (medical, dental or vision care).

"Plans" means these types of medical, dental and vision care benefits: (a) coverage (other than Medicare or Medicaid) under a governmental program or provided or required by statute, including no fault coverage to the extent required in policies or contracts by a motor vehicle insurance statute or similar legislation, and (b) group insurance or other coverage for a group of individuals, including student coverage obtained through an educational institution above the high school level.

When a claim is made the **primary** plan pays its benefits without regard to any other plans. The **secondary** plans adjust their benefits so that the total benefits available will not exceed the allowable expenses. No plan pays more than it would without the coordination provision.

A plan without a coordinating provision similar to ours is always the primary plan. If all plans have such a provision: (1) the plan covering the patient directly, rather than as an employee's dependent, is primary and the others secondary; (2) if a child is covered under both parents' plans, the father's is primary; but when the parents are separated or divorced, their plans pay in this order: (a) if a court decree has established financial responsibility for the child's health care expenses, the plan of the parent with this responsibility; (b) the plan of the parent with custody of the child; (c) the plan of the stepparent married to the parent with custody of the child; (d) the plan of the parent not having custody of the child; (3) if neither (1) nor (2) applies, the plan covering the patient longest is primary.

When TAC's plan is the secondary plan and its payment is reduced to consider the primary plan's benefits, a record is kept of the reduction. This amount will be used to increase TAC's Group Insurance Plan's payments to the patient's later claims in the same calendar year — to the extent there are allowable expenses that would not otherwise be fully paid by TAC's Group Insurance Plan and the others.

OVERALL MAXIMUM FOR EACH INDIVIDUAL

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There is an overall maximum Major Medical Expense benefit for each employee and for each covered dependent as shown in the schedule. Whenever benefits are paid they are charged against the individual's overall maximum. The benefits for expenses due to mental, psychoneurotic and personality disorder will not exceed \$50,000.

Extension of Benefits

Under certain circumstances, Major Medical Expense benefits will be available for a limited period after the termination of insurance if the employee or a covered dependent is totally disabled when the insurance terminates. This extension of benefits will apply only to expenses due to the sickness or injury which caused the total disability. Additional information will be found in the individual certificates.

CHANGE TO AN INDIVIDUAL HOSPITAL AND SURGICAL EXPENSE INSURANCE POLICY

Prudential makes available an individual Hospital and Surgical Expense policy, subject to established rules, to an employee whose Major Medical Expense Insurance is terminated through termination of employment. The benefits and provisions of the individual policy differ from those of the Group Insurance Plan. Prudential does not make available an individual Hospital and Surgical Policy to an employee covered by Medicare.

This privilege also is available to certain covered dependents of an employee who dies — also for a covered dependent who ceases to be an eligible dependent for Major Medical Expense Insurance.

Application for the individual policy must be made within 31 days from the termination of the Group coverage and is subject to the employee having been insured under the Group Insurance Plan for at least 3 months.

MODIFIED HEALTH CARE INSURANCE FOR PERSONS ELIGIBLE FOR U.S. MEDICARE

The following applies to an individual who is covered under this Group Insurance Plan and also is eligible for part A under Medicare.

This insurance plan excludes expenses for service and supplies to the extent benefits are payable for them under Medicare. For this purpose, the individual will be assumed to have full Medicare coverage (that is, both part A and part B) whether or not the individual has enrolled for the full coverage.

GENERAL INFORMATION

WHO IS ELIGIBLE TO ENROLL

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EMPLOYERS — Any legally constituted political subdivision of the State of Texas and other than incorporated cities, towns and villages who elect to participate in the Group Insurance Plan.

EMPLOYEES — All employees of a participating employer who work full-time, elected and appointed officials, and the full time staff employees of Texas Association of Counties.

An employee is considered full-time if he works for the employer at least the number of hours in the normal work week established by the employer, but not less than 20 hours per week.

RETIRED EMPLOYEES — Employees who have retired while covered under the Texas Association of Counties sponsored Group Insurance Plan.

ELIGIBLE DEPENDENTS — Eligible dependents are the employee's spouse (except in the event of divorce or annulment) and unmarried children less than 19 years old.

Children are eligible for Term Life Insurance and Accidental Death and Dismemberment Insurance when 14 days old and are eligible for Major Medical Insurance from birth. A newborn child will not become insured for Personal Accident Insurance before the first premium due date following birth.

Unmarried children age 19 or over also are eligible provided they depend primarily upon the employee for support and maintenance and are full-time students in an educational institution.

Stepchildren, foster children and legally adopted children may be included provided they depend on the employee for support and maintenance.

No one will be eligible as a dependent while covered as an employee or while in military service.

If an Employer's dependent rate is on a 3-way basis, employees covered under this plan may enroll children only without enrolling the spouse. However, satisfactory evidence of the spouse's good health will be required if the employee later wishes to enroll the spouse.

A child who is physically or mentally incapable of self-support upon attaining age 19 may be continued under the insurance while remaining incapacitated and unmarried, subject to the employee's own coverage continuing in effect. This privilege also will apply to a child who has remained in the Group Insurance Plan beyond his nineteenth birthday if he later ceases to be a qualified dependent and is then physically or mentally incapable of self-support and is not married. To continue a child under this provision, proof of incapacity must be received by the Insurance Company within 31 days after coverage would otherwise terminate. Additional proof will be required from time to time but not more often than once a year after the second year following the child's attainment of any limiting age.

Change in Family Status — It is necessary that an employee notify his employer promptly when his first dependent becomes eligible or when the employee no longer has any eligible dependents.

If your dependent rate is on a composite basis — the employee need not report additional children if the employee has one or more covered children. However, if only children are covered and a spouse becomes eligible, a report is needed.

If your dependent rate is on a 3-way basis — A report is needed whenever an employee changes from one to another of the following classifications: no eligible dependents; eligible spouse only; eligible spouse and children, or eligible children only.

NOTE: If an employee has no dependents when first covered under the Group Insurance Plan, he must report his first dependent within 31 days after the dependent becomes eligible. Otherwise, satisfactory evidence of each dependent's good health will be required.

NEWBORN PROVISION — This provision will apply if, when a child is born an employee is carrying insurance for himself but not for dependents. This provision assures the employee that the child will be covered at birth for the health care insurance. However, the employee should report the child for the insurance within the 31-day period following birth on a form available for that purpose, since otherwise the child's coverage will terminate at the end of that period, and the provisions explained earlier whereby the health care benefits are extended to cover certain expenses incurred after an individual's coverage ceases will not be applicable to the child. If the employee reports the child within the 31-day period, any other eligible dependents the employee then has must also be reported. However, the preceding paragraph concerning evidence of good health will apply to the other dependents.

A participating Employer may withdraw from the Plan only at the end of the insurance month.

TERMINATION OF A PARTICIPATING EMPLOYER

An employer will cease to be a participant in the Plan if:

1. The employer withdraws.
2. The employer discontinues premium payments.
3. The employer fails to meet the participation requirements.

TERMINATION OF INDIVIDUAL'S INSURANCE

All of an individual's insurance will terminate if:

1. The employee ceases to be an eligible employee.
2. The Employer ceases to be a participant in the Plan.
3. The Group Policy terminates.
4. The employee discontinues any required contribution.

A dependent's insurance will terminate when he is no longer an eligible dependent.

If the employee dies his dependents may, under certain conditions, continue their health care insurance.

If an Employer's dependent rate is on a 3-way basis, a spouse's insurance will terminate when the employee makes a written request to the Employer for termination of such insurance.

DEFINITIONS FOR THE PURPOSE OF THIS INSURANCE

DOCTOR — A licensed practitioner of the healing arts acting within the scope of his practice.

HOSPITAL — A legally operated institution which meets either of these tests:

1. Is accredited as a hospital under the Hospital Accreditation Program of the Joint Commission on the Accreditation of Hospitals, or
2. Is supervised by a staff of doctors, has 24-hour-a-day nursing service and is primarily engaged in providing either:
 - (a) General inpatient medical care and treatment through medical, diagnostic and major surgical facilities on its premises or under its control, or
 - (b) Specialized inpatient medical care and treatment through medical and diagnostic facilities (including X-ray and laboratory on its premises, or under its control, or through a written agreement with a hospital (which itself qualifies under 1 or 2 of this definition) or with a specialized provider of these facilities.

In no event will the term "hospital" include a nursing home or an institution or part of one which (i) is primarily a facility for convalescence, nursing, rest, or the aged, or (ii) furnishes primarily domiciliary or custodial care, including training in daily living routines, or (iii) is operated primarily as a school.

POLICY AND CERTIFICATES

For simplicity, the Group Insurance Plan has been described in a rather general manner in this announcement. The benefits are described more fully in the individual certificates and booklets given to insured employees. The extent of the insurance for each individual is governed at all times by the complete terms of the master Group Insurance Policy or Policies issued by the Pruco Life Insurance Company of Texas on Policy Form Number 47100 GEN AS5-101.

COST OF INSURANCE

Cost will be furnished upon request.

The Prudential
Insurance Company
of America

Southwestern Home Office
P.O. Box 2075
Houston, TX 77001

Tel. 713/663-5273

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Prudential

April 13, 1983

Judge Allen Sturrock
Tyler County
County Courthouse
Woodville, Texas 75979

Re: TAC/Prudential Group
Insurance Proposal

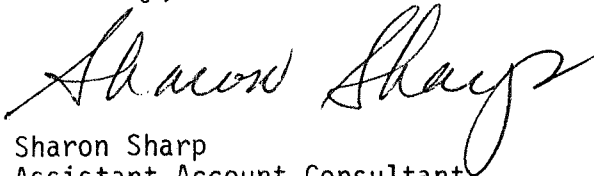
Dear Judge Sturrock:

On behalf of the Texas Association of Counties, we are pleased to enclose our proposed monthly rates to cover the Tyler County employees under TAC Group Life Plan 1 and 4 with Major Medical plans A, B and C.

Along with our monthly rate summaries, I have enclosed an exhibit detailing the TAC deviations from the bid specifications. One of the most important is the 100% employee participation requirement. Dependent coverage is, of course, optional, but all employees must be covered for Life and Medical at the County's expense. Since your current coverage is optional for employees, if TAC were chosen as the new carrier the rates included here (based on the covered employee census) would have to be re-evaluated with data on all employees. The resulting rates could be higher or lower depending on the make-up of the group currently excluded. Please call if any clarification is needed.

We appreciate your interest and participation in the Texas Association of Counties.

Sincerely,



Sharon Sharp
Assistant Account Consultant
Group Insurance Administration Division

SS:sg

Enclosures

cc: Camille Costen - TAC



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TEXAS ASSOCIATION OF COUNTIES
INSURANCE TRUST FUND

PROPOSAL PREPARED FOR

TYLER COUNTY

Judge Allen Sturrock
Tyler County
County Courthouse
Woodville, Texas 75979

Date: April 13, 1983

Underwritten By Pruco Life Insurance Company of Texas
Reinsured and Administered by
The Prudential Insurance Company of America

STANDARD ASSUMPTIONS

This proposal assumes:

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1. At least 2 eligible employees on the effective date.
2. Basic Life and Accidental Death, Major Medical, and Dental Insurance (if elected) will be provided to all eligible employees on a non-contributory basis. (This means the employer pays the entire cost.)
3. A minimum of 100% participation for all non-contributory coverages.
4. A minimum of 75% participation for contributory dependent coverages.
5. A minimum of 50% participation for Contributory Optional Coverages (Optional Employee Term Life, Dependent Life.)
6. The rate level used assumes a coverage effective date of June 1, 1983.

For later effective dates, an additional 2% per month will be added to our quoted Medical rate level. This is necessary to compensate for increased medical costs.

7. The rates enclosed to be valid for 90 days, after which they should be reviewed.
8. The experience figures provided are used as a basis for rate determination on groups of 50 or more employees.

We are available to discuss this proposal in greater detail, if desired.
Feel free to call:

Sharon Sharp
Account Assistant
(713) 663-5273

Carol Newman
Account Executive
(713) 663-5268

Anna Kluender
Account Consultant
(713) 663-5969

Deviations from Bid Specifications

Dependent Life Insurance

TAC Plan 1 includes:

Spouse coverage of \$2,000
Child(ren) coverage of \$1,000 (6 months old and over)
\$ 100 (14 days to 6 months)

*TAC Plan 2 includes:

Spouse coverage of \$5,000
Child(ren) coverage of \$2,000 (6 months old and over)
\$ 100 (14 days to 6 months)

* This plan only available when TAC Basic Life 4 plan (\$10,000 per employee) is selected.

Medical Insurance

TAC plans A & B have a \$100 annual deductible; plan C has a \$200 annual deductible. Plan A deductible does not apply to hospital charges. All three plans have a 3 deductible per family limit.

Coinsurance Comparison

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	<u>TAC A</u> <i>100 Ded</i>	<u>TAC B</u> <i>100 Ded</i>	<u>TAC C</u> <i>200</i>
Hospital	100%	80% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000.	70% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000.
Other Charges	80% of the first \$5,000 of expenses, 90% of expenses over \$5,000 and less than \$10,000, 100% over \$10,000	Pays the same as above and is combined with hospital bills.	Pays the same as above and is combined with hospital bills.
Individual Maximum*	Unlimited	Unlimited	\$250,000

*Brochure details maximums for mental, psychoneurotic, and personality disorders.

The TAC policy requires 100% employee participation at the employer's expense.

Short term disability coverage is not currently available through the TAC.



TEXAS ASSOCIATION OF COUNTIES MONTHLY RATE SUMMARY FOR

Tyler County
(Rates guaranteed until 10-1-83)

All rates subject
to re-calculation
upon final enrollment

BASIC LIFE AND AD&D PLAN _____

Life: \$ _____ /\$1,000 × \$ _____ Volume = \$ _____ Monthly Premium
AD&D \$.05 /\$1,000 × \$ _____ Volume = \$ _____ Monthly Premium

MEDICAL PLAN A (High)

Employee: \$ 114.22 × 70 Lives = \$ 7,995.40 Monthly Premium
Dependent: \$ 115.36 × 55 Lives = \$ 8,544.80 Monthly Premium

Medicare Integration—

Employee: \$ 62.93 × 0 Lives = \$ 0 Monthly Premium
Dependent: \$ 62.93 × 0 Lives = \$ 0 Monthly Premium

OPTIONAL COVERAGES (check mark indicates request for rates)

Employee Life and AD&D (rates based on current age)

Age	Rate per \$1,000
Under 35	\$.15
35 — 44	.25
45 — 49	.50
50 — 54	.79
55 — 59	1.35
60 — 64	1.55
65 — 69	2.59
70 & over	4.90

Dependent Life and AD&D (rates based on current age of employee)

Age of Employee	Rate per Dependent Unit
Under 35	\$.45
35 — 44	.58
45 — 49	.86
50 — 54	1.22
55 — 59	1.76
60 — 64	2.53
65 — 69	3.50
70 & over	6.34

Personal Accident Insurance

Employee Only: \$.05 /\$1,000
Family (includes Employee): \$.075 /\$1,000



TEXAS ASSOCIATION OF COUNTIES
MONTHLY RATE SUMMARY FOR

Tyler County
(Rates guaranteed until 10-1-83)

BASIC LIFE AND AD&D PLAN 1
 Life: \$.74 /\$1,000 × \$ 337,500 Volume = \$ 249.75 Monthly Premium
 AD&D \$.05 /\$1,000 × \$ 337,500 Volume = \$ 16.87 Monthly Premium

MEDICAL PLAN B (Mid)
 Employee: \$ 95.18 × 70 Lives = \$ 6,662.60 Monthly Premium
 Dependent: \$ 129.47 × 55 Lives = \$ 7,120.85 Monthly Premium
 Medicare Integration —
 Employee: \$ 52.44 × 0 Lives = \$ 0 Monthly Premium
 Dependent: \$ 52.44 × 0 Lives = \$ 0 Monthly Premium

OPTIONAL COVERAGES (check mark indicates request for rates)

Employee Life and AD&D (rates based on current age)

Age	Rate per \$1,000
Under 35	\$.15
35 — 44	.25
45 — 49	.50
50 — 54	.79
55 — 59	1.35
60 — 64	1.55
65 — 69	2.59
70 & over	4.90

Dependent Life and AD&D (rates based on current age of employee)

Age of Employee	Rate per Dependent Unit
Under 35	\$.45
35 — 44	.58
45 — 49	.86
50 — 54	1.22
55 — 59	1.76
60 — 64	2.53
65 — 69	3.50
70 & over	6.34

Personal Accident Insurance

Employee Only: \$.05 /\$1,000
 Family (includes Employee): \$.075 /\$1,000



TEXAS ASSOCIATION OF COUNTIES MONTHLY RATE SUMMARY FOR

Tyler County
(Rates guaranteed until 10-1-83)

BASIC LIFE AND AD&D PLAN 4

Life: \$.74 /\$1,000 × \$ 675,000 Volume = \$ 499.50 Monthly Premium

AD&D \$.05 /\$1,000 × \$ 675,000 Volume = \$ 33.75 Monthly Premium

MEDICAL PLAN C (Low)

Employee: \$ 76.14 × 70 Lives = \$ 5,329.80 Monthly Premium

Dependent: \$ 103.58 × 55 Lives = \$ 5,696.90 Monthly Premium

Medicare Integration —

Employee: \$ 41.95 × 0 Lives = \$ 0 Monthly Premium

Dependent: \$ 41.95 × 0 Lives = \$ 0 Monthly Premium

OPTIONAL COVERAGES (check mark indicates request for rates)

Employee Life and AD&D (rates based on current age)

Age	Rate per \$1,000
Under 35	\$.15
35 — 44	.25
45 — 49	.50
50 — 54	.79
55 — 59	1.35
60 — 64	1.55
65 — 69	2.59
70 & over	4.90

Dependent Life and AD&D (rates based on current age of employee)

Age of Employee	Rate per Dependent Unit
Under 35	\$.45
35 — 44	.58
45 — 49	.86
50 — 54	1.22
55 — 59	1.76
60 — 64	2.53
65 — 69	3.50
70 & over	6.34

Personal Accident Insurance

Employee Only: \$.05 /\$1,000

Family (includes Employee): \$.075 /\$1,000



American Teachers Life

INSURANCE COMPANY

HOUSTON, TEXAS

VOL 008 PAGE 198

THIS PLAN PAYS YOU FULL BENEFITS FOR INJURIES BOTH ON AND OFF THE JOB -- REGARDLESS OF ANY OTHER INSURANCE YOU MAY OWN.

A

OPTIONAL TOTAL LOSS OF TIME ACCIDENT INDEMNITY (26 weeks)

units	per day	per week	per month
2	\$30.00	\$210.00	\$900.00
1	\$15.00	\$105.00	\$450.00
2/3	\$10.00	\$ 70.00	\$300.00

For Loss of Time Due to Injury. Loss of Time Indemnity Benefits Terminate at Age 65. Hospital Confinement Benefits Continue.

This policy pays \$50.00 per week for partial disability beginning with the first day following a period of total disability. This will continue for 4 weeks.

B

PLUS

\$50.00 PER DAY - \$350.00 PER WEEK - \$1500.00 PER MONTH

FOR AS LONG AS 26 WEEKS WHILE CONFINED IN THE HOSPITAL - Confinement must begin within six months of accident

OR

YOU CHOOSE -- AT CLAIM TIME -- THE CASH BENEFIT PAYMENT OPTION MOST BENEFICIAL TO YOU

C

YOU MAY ELECT TO TAKE THE "LUMP-SUM" PAYMENT AS SPECIFIED FOR DISLOCATIONS AND FRACTURES IN THE SCHEDULE OF BENEFITS.

Specific Loss must occur within 90 days of Accident and are payable in lieu of and precludes any other benefit payable.

SCHEDULE OF BENEFITS FOR SPECIFIC INJURIES*

For Accidental Death: \$5,000.00

FOR LOSS OF:

Both Eyes..... \$5,000.00
One Eye..... \$1,250.00

FOR AMPUTATION OR SEVERANCE OF:

Both Hands or Both Arms..... \$5,000.00
Both Feet or Both Leggs..... \$5,000.00
One Hand or Arm and One Foot or Leg..... \$5,000.00
One Hand or One Arm..... \$2,500.00
One Foot or One Leg..... \$2,500.00
One or more entire Toes..... \$ 800.00
One or more entire Fingers..... \$ 600.00

FOR COMPLETE DISLOCATION OF:

Hip Joint..... \$1,300.00
Knee Joint (except Patella)..... \$ 600.00
Bone or Bones of the Foot, other than toes..... \$ 600.00
Ankle Joint..... \$ 600.00
Wrist Joint..... \$ 500.00
Elbow Joint..... \$ 400.00
Shoulder Joint..... \$ 300.00
One or Bones of the Hand, other than Fingers..... \$ 200.00

Collar Bone..... \$ 200.00
Two or More Fingers..... \$ 100.00
Two or More Toes..... \$ 100.00
One Finger..... \$ 50.00
One Toe..... \$ 50.00

FOR COMPLETE SIMPLE FRACTURE OF BONE OR BONES OF:

Skull (except bones of face or nose) both tables..... \$1,400.00
Hip, Thigh (Femur)..... \$1,300.00
Pelvis (except Coccyx)..... \$1,100.00
Arm, between Elbow and Shoulder..... \$ 800.00
Shoulder Blade (Scapula)..... \$ 800.00
Leg (Tibia or Fibula)..... \$ 800.00
Ankle..... \$ 600.00
Knee Cap (Patella)..... \$ 600.00
Collar Bone (Clavicle)..... \$ 600.00
Forearm (Radius or Ulna)..... \$ 600.00
Foot (except Toes)..... \$ 500.00
Hand or Wrist (except Fingers)..... \$ 500.00
Lower Jaw (except Alveolar Process)..... \$ 300.00
Two or More Ribs, Fingers or Toes..... \$ 200.00
Bones of Face or Nose..... \$ 200.00
One Rib, Finger or Toe..... \$ 100.00
Coccyx..... \$ 100.00

Scheduled benefits are only payable for accidental injury.



VERY IMPORTANT - YOU DON'T EVEN HAVE TO MISS A DAYS WORK TO RECEIVE BENEFITS



No Guessing! You Know Exactly How Much You Will Receive BENEFITS WILL BE PAID DIRECT TO YOU OR WHOM-EVER YOU DESIGNATE



ELIGIBILITY: Individuals may be insured who are gainfully employed at ages 18 through 64 inclusive.

The amount payable for accidental injury resulting in an Open or Compound Fracture will be **ONE AND ONE-HALF TIMES** the amount as scheduled for Simple Fractures.

The Amount payable for accidental injury resulting in an Open Operation with Bone Graft or Metallic Fixation will be **TWO-TIMES** the amount as scheduled for Simple Fractures.

YOU MAY ELECT TO TAKE THE PHYSICIANS, SURGEONS, CHIROPRACTORS, DENTIST AND MEDICAL FEES (\$10 DEDUCTIBLE) — UP TO \$250.00

For accidental injuries the policy will pay physicians, surgeons, chiropractors, dentists and medical fees up to \$250.00 (including X-Rays) after the first \$10.00 such fees has been paid by the insured. Treatment must begin within 60 days of the accident.

YOU MAY ELECT PAYMENT UNDER ONLY ONE OF THE OPTIONS, C OR D, PLUS, IF APPLICABLE, LOSS OF TIME BENEFIT.

FOR ACCIDENTAL INJURIES NOT SCHEDULED IN OPTION C, YOU MAY ELECT TO TAKE OPTION D OR, IF APPLICABLE, LOSS OF TIME BENEFIT.

FEATURES OF THE PROGRAM

This Policy is designed especially for executives, owners, managers, and key employees of businesses. It protects YOUR MOST VALUABLE ASSET — YOUR ABILITY TO EARN AN INCOME — from the disastrous effects of disabling accidents.

THIS PLAN PAYS YOU FULL BENEFITS FOR INJURIES BOTH ON AND OFF THE JOB — REGARDLESS OF ANY OTHER INSURANCE YOU MAY OWN.

No hospital or house confinement necessary for the optional Loss of Time Benefit.

Hospital and Loss of Time benefits begin with the date of confinement or the date you become totally disabled.

Your choice of physician, M.D. — Osteopath — Chiropractor — Dentist — Optometrist — Podiatrist.

World-wide, full 24 hours coverage — any hospital, anywhere.

No reduction in benefits for change of occupation.

No limit is set on the number of accidents.

No increase in premium if you change employment. This plan is portable.

DIRECT CLAIM PAYMENTS — Claim checks are normally sent to you, not to your Doctor of the hospital, unless you ask us to.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE OF EACH INSURED MEMBER, SUBJECT TO THE COMPANY'S RIGHT TO ADJUST PREMIUMS BY CLASS. BENEFITS REDUCE AT AGE 65 TO DAILY HOSPITAL INDEMNITY ONLY.

EXCLUSIONS AND REDUCTIONS

The insurance under this policy shall not cover any loss caused by or contributed to (1) bacterial infections except pyogenic infections which shall occur with and through an accidental cut or wound, or (2) intentionally self-inflicted injuries, or (3) war or any act of war, whether declared or not, or suffered by a Covered Person while serving in the armed forces of any country or international authority at war, whether declared or not (the Company to return the pro rata premium for any period not covered by this policy while a Covered Person is in such service); nor shall it cover (4) any loss resulting from hernia; or (5) suicide or any attempt thereat whether sane or insane; or (6) injuries sustained while driving in any race or speed test or while testing an automobile on any race track or speedway; or (7) any loss caused or contributed to by disease, or bodily or mental infirmity, or medical or surgical treatment or diagnostic procedure therefor.

NOTICE TO APPLICANT — PART TWO

Information regarding your insurability will be treated as confidential. American Teachers Life Insurance Company may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

American Teachers Life Insurance Company may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

AMERICAN TEACHERS LIFE INSURANCE CO. — HOUSTON, TEXAS 77093

CONDITIONAL RECEIPT

Date _____ 19____

Received of _____

the sum of _____ Dollars, \$

for first _____ months premium, with application for policy form _____. If for any reason the application is not approved and policy issued, this payment is to be refunded. No liability is credited or assumed by the Company until the Policy applied for has been issued, and delivered to Insured while all applicants are alive and in good health.

Authorized Agent _____ License No. _____

Address	Street, Number R.F.D.	City or Town	State	Zip Code
Residence				
Address of Employer				

Employer's Name _____ All occupations _____
 (Title and exact duties) _____ b) Average monthly earned income \$ _____
 Birthplace: (State) (Country) (All Applicants) _____ \$500 \$700 \$900 \$1100 \$1,300

FOR HOME OFFICE USE ONLY				CASH WITH APPL. \$ _____						PAYOR NUMBER			
POLICY NUMBER	PLAN	MODE PREMIUM	ANNUAL PREMIUM	HOW PAYABLE (CHECK /)						PAY.	DI	WP	CR OR FR
		&	&	ANN.	S.A.	QTR.	MO.	B.D.	P.D.C.				UNITS
		&	&										
		&	&										

FULL NAME OF PROPOSED INSURED	RELATIONSHIP	SINGLE MARRIED	SEX	AGE	BORN			HEIGHT		WEIGHT POUNDS	PLAN		PLAN	
					MO.	DAY	YR.	FT.	IN.		AMOUNT	RATE	AMOUNT	RATE
1.														
2.														

CHILDREN - Include all children, step-children, and legally adopted children age 19 and under who reside in the proposed insured's household.

1.														
2.														
3.														
4.														
5.														
6.														
7.														

NOTE: The beneficiary of each Person named above is the proposed Insured #1 unless stated as special requests.
 1A. Primary Beneficiary of #1 Proposed Insured. Relationship _____
 1B. Contingent Beneficiary: Show full names. Relationship _____

GENERAL INFORMATION AND POLICY DATE

- 1. Has Any Person Proposed For Insurance:**
- a) Had any application for insurance or reinstatement declined, postponed, modified, cancelled or rated in any way? Yes No
 - b) An application for other Life or Disability Income insurance now pending or contemplated? Yes No
 - c) Ever had a driver's license revoked or suspended or been arrested for other than a misdemeanor? If yes, give details. Yes No
 - e) Engaged in any type of flying, skin or sky diving, racing or rodeo within the past 3 years? Is any contemplated? (If "yes" complete Hazardous Activities Ques.) Yes No
 - f) Have you, or any family members, been treated by a physician, or been confined to a hospital in the past 5 years? Yes No
 - g) Are you, and all family members, now in good health to the best of your knowledge and belief? Yes No
- 2. Disability Income Insurance:**
- a) Total Disability Amount \$ _____ Per Week
 Partial Disability Amount \$50.00 Per Week
 - b) Are you actively employed outside the home 30 hrs. or more per week?
 Yes No
 - c) I have been absent from work _____ days in the last 3 years.
 - d) Have you, or any of our family members (if they are to be covered by the policy), suffered from any of the following: heart or cardiovascular disorders, stroke, diabetes, epilepsy or blindness? Yes No. If yes, state the full names of said persons _____ who are hereby excluded from coverage of this accident policy unless included by special endorsement.
 - e) Have you, or any of your family members (if they are to be covered by the policy), been unable to work or attend school for a week or longer and were required to seek the personal care and attendance of a physician because of an injury or impairment to your back or neck in the last two years? Yes No. If yes, state the full names of said persons who are hereby excluded from coverage of this accident policy unless included by special endorsement.

h) In good health except: _____
 If no exception, state "none"

Use separate sheet for additional information

To the best of your knowledge and belief are all answers to the above questions true and complete? Yes _____ No _____
 I understand and agree that the insurance shall not take effect unless the application has been accepted and approved by the company and full first premium paid.

Dated at _____ on _____ 19____ X _____
 Signature Applicant

AUTHORIZATION FOR DEDUCTION FOR AMERICAN TEACHERS LIFE INSURANCE CO.

TO (Employer) _____

You are hereby authorized to deduct \$ _____ from my pay each month, beginning _____ 19____, and remit it to AMERICAN TEACHERS LIFE INSURANCE CO., Houston, Texas in payment of the monthly premium due.

Such deductions are to continue until...
 (1) Termination of my employment; (2) Written notice by me to you of cancellation of this authorization; or (3) Termination of the payroll deduction plan by either you or AMERICAN TEACHERS LIFE INSURANCE CO.

Signature of employee _____ Date _____

AUTHORIZATION TO HONOR CHECKS DRAWN BY AMERICAN TEACHERS LIFE INSURANCE CO.

Name of Bank Depositor _____ (Print name as shown on Bank Records)

To _____ (Name of Bank and Branch Name, if any) (Transit No.) _____

(Address of Bank or branch where account is maintained)

As a convenience to me I hereby request and authorize you to pay and charge to my account checks drawn on my account by the AMERICAN TEACHERS LIFE INSURANCE COMPANY to its own order. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I agree that your treatment of each such check, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance or other rights.

The AMERICAN TEACHERS LIFE INSURANCE COMPANY is instructed to forward authorization to you.

Date _____ X _____ (Account No.) _____ (Signature of Bank Depositor)

Name	Street, Number, RFD -- City -- State -- Zip	Age	Occupation	Phone No.

MONTHLY RATES 10% OF ANNUAL PREMIUM

	QTRLY.	MONTHLY GROUP BILLING	M. B. D.	ANN.
Individual	\$34.00	\$10.50	\$11.35	\$126.00
Husband & Wife to Age 64	\$53.50	\$16.50	\$17.85	\$198.00
One Parent and up to 5 Children	\$64.80	\$20.00	\$21.60	\$240.00
Husband-Wife to Age 64 & up to 5 Children	\$84.25	\$26.00	\$28.10	\$312.00
Where more than 5 Children, or add on After Issue Each Child 0-17	\$ 6.50	\$ 2.00	\$ 2.20	\$ 24.00
#1. Insureds Optional Disability Income				
\$900 per month \$210. per week	\$58.35	\$18.00	\$19.45	\$216.00
\$600 per month \$140. per week	\$38.90	\$12.00	\$13.00	\$144.00
\$450 per month \$105. per week	\$29.20	\$ 9.00	\$ 9.75	\$108.00
\$300 per month \$70. per week	\$19.45	\$ 6.00	\$ 6.50	\$ 72.00
\$150. per month \$35. per week	\$ 9.75	\$ 3.00	\$ 3.25	\$ 36.00
\$100. per month \$23.25 per week	\$ 6.50	\$ 2.00	\$ 2.20	\$ 24.00

AUTHORIZATION AND ACKNOWLEDGMENT STATEMENT

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records of knowledge of me or my health, to give to the American Teachers Life Insurance Company any such information.

I also acknowledge receipt of the NOTICE OF APPLICANT Part Two. A photographic copy of this authorization and acknowledgment shall be as valid as the original.

Date _____
 Signature of Applicant _____ Signature of Spouse (If Spouse is to be insured) _____

IMPORTANT NOTICE TO CLIENT AND AGENT

As part of our processing of your application, our Home Office may telephone you to confirm medical history and to obtain information concerning finances and mode of living. This phone call would take five to ten minutes to complete and all information given would be kept strictly confidential. Please provide the following:

Telephone Number Home: Area Code () Business: Area Code ()
 It would be most convenient to contact me on weekdays between 8:00 A.M. and 5:00 P.M. at home business (check only one)
 Special Requests _____

I certify that all of my dependent children are listed on this application, and that all health questions on the application have been answered completely and truthfully, to the best of my knowledge and belief, regarding the health of all the applicants.

Agent _____ Date _____ Proposed Insured _____

To: The Bank named on the reverse side.

So that you may comply with your depositor's request this Company agrees:

- To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment (under this plan), including any costs or expenses reasonably incurred in connection therewith.
- In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of insurance or other right.
- To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of payment collection.

To Whom It May Concern:

I have been given an opportunity to apply for this Cancer Coverage now being offered through my Employer.

I waive my right to apply for this coverage at this time. I am aware that this policy of protection will not be provided to me and/or my family.

Please Sign Your Name

American Teachers Life Insurance Company
Louis A. Harris
 President

Coverage	<u>Monthly Premium</u>	
	<u>\$10,000</u>	<u>\$25,000</u>
Age		
0-39	\$4.41	\$11.03
40-49	10.44	26.10
50-54	16.29	40.73
55	17.82	44.55
56	19.44	48.60
57	21.24	53.10
58	23.22	58.05
59	25.38	63.45
60	27.81	69.53
61	30.33	75.83
62	33.12	82.80
63	36.27	90.68
64	39.69	99.23

(An HR 10 Program is also available)

UNITS OF FAMILY LIFE RIDER ALL AGES TO 65

\$6.75 per month

UNITS OF CHILD RIDER AGES 14 DAYS TO AGE 18

\$ 2.70 per month

MINIMUM NUMBER OF THREE PEOPLE ON GROUP BILLING:

LESS THAN THREE MEMBERS WILL BE ON MONTHLY BANK DRAFT !

PLAN 100 SLA - SLB - SLC - SLD - SLI - SLJ - SLK & SLL

Policy Fee — \$25.00 to be paid with each Individual or Family Group Application in addition to the mode premium.
 Policy Fee is payable only once with application.

American Teachers Life Major Medical Hospitalization Policy
 Coinsurance Percentage 80% - 20% \$100,000 Maximum
 Ages Nearest Birthday — Individual 18 - 64 Children 0 - 17 Family Group 1 - 5 Children
 \$100,000.00 Maximum \$10,000 Surgery Doctor's Visits \$35.00

	\$125. Per Day Room \$100 Deductible SLA 100			\$125. Per Day Room \$300. Deductible SLB 100			\$125. Per Day Room \$500. Deductible SLC 100			\$125. Per Day Room \$1000. Deductible SLD 100		
	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann
Individual 18 - 64	67.50	202.50	750.00	58.50	175.55	650.00	49.50	148.50	550.00	45.00	135.00	500.00
Family Group	150.00	450.00	1,666.67	130.00	390.00	1,444.45	120.00	360.00	1,333.33	100.00	300.00	1,111.11
Husband & Wife	135.00	405.00	1,500.00	117.00	351.00	1,300.00	99.00	297.00	1,100.00	90.00	270.00	1,000.00
Per Child or Child Added On Age 0 - 17	33.75	101.25	375.00	29.25	87.75	325.00	24.75	74.25	275.00	22.50	67.50	250.00

American Teachers Life Major Medical Hospitalization Policy
 Coinsurance Percentage 80% - 20% \$250,000 Maximum
 Ages Nearest Birthday — Individual 18 - 64 Children 0 - 17 Family Group 1 - 5 Children
 \$250,000.00 Maximum \$20,000 Surgery Doctor's Visits \$55.00

	\$160.00 Per Day Room \$100. Deductible SLI 100			\$160.00 Per Day Room \$300. Deductible SLJ 100			\$160.00 Per Day Room \$500. Deductible SLK 100			\$160.00 Per Day Room \$1000. Deductible SLL 100		
	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann
Individual 18 - 64	81.00	243.00	900.00	72.00	216.00	800.00	58.50	175.50	650.00	54.00	162.00	600.00
Family Group	180.00	540.00	2,000.00	160.00	480.00	1,777.78	150.00	450.00	1,666.67	120.00	360.00	1,333.34
Husband & Wife	162.00	486.00	1,800.00	144.00	432.00	1,600.00	117.00	351.00	1,300.00	108.00	324.00	1,200.00
Per Child or Child Added On Age 0 - 17	40.50	121.50	450.00	36.00	108.00	400.00	31.50	94.50	350.00	27.00	81.00	300.00

Optional Maternity Benefit: M

After a 10 month waiting period, the Company will pay a Maternity Benefit for normal pregnancy.

Rates for Husband and Wife or Family Plans:

No deductible is applied to the Optional Maternity Benefit.

	MBD	Quar	Ann	PLAN
Up to \$1500	36	108	400	M
Up to \$2000	48	144	532	N

DIRECT MAIL MONTHLY PREMIUM IS 10% OF THE ANNUAL PREMIUM.

Family Group includes husband and wife or 1 parent and 1 to 5 children 0 to 17 years of age. For 5 or more children add the Per-Child rate for each additional child. Single Parent plans may be written by use of Individual rate and per-Child rate. Children may be insured by themselves—charge Individual rate for oldest child, then Per-Child rate for each additional child. For 5 or more children without an adult, use Family Group rate.

The Company will pay the Insured 80%, (the Coinsurance Percentage shown in the Policy Schedule), of such Eligible Expenses in excess of the Deductible Amount incurred for such injury or sickness; until such eligible expenses in excess of the Deductible Amount should equal \$5,000.00 **THEREAFTER THE COMPANY WILL PAY 100% OF SUCH ELIGIBLE EXPENSES INCURRED.** The Company will pay 50% of any Eligible Expenses in excess of the Deductible Amount which are incurred for services of a registered nurse for private duty nursing care outside of a hospital.

Pre-existing covered after 6 mo.

Policy Fee — \$25.00, to be paid with each Individual or Family Group Application in addition to the Mode Premium. Policy Fee is payable only once with application.

American Teachers Life Major Medical Hospitalization Policy
 Coinsurance Percentage 80% - 20% \$100,000 Maximum
 Ages Nearest Birthday - Individual 18 - 64 Children 0-17 Family Group 1 - 5 Children
 \$100,000.00 Maximum \$10,000 Surgery Doctor's Visits \$35.00 **PLAN 100**

	\$125. Per Day Room \$100. Deductible A			\$125. Per Day Room \$300. Deductible B			\$125. Per Day Room \$500. Deductible C			\$125. Per Day Room \$1000. Deductible D		
	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann
Individual 18 - 64	50	150	556	43	129	478	37	111	411	32	96	356
Family Group	105	315	1167	90	270	1000	77	231	856	66	198	733
Husband & Wife	95	285	1056	81	243	900	69	207	767	59	177	656
Per Child or Child Added On Age 0 - 17	25	75	278	22	66	245	19	57	211	17	51	189

American Teachers Life Major Medical Hospitalization Policy
 Coinsurance Percentage 80% - 20% \$150,000 Maximum
 Ages Nearest Birthday - Individual 18 - 64 Children 0-17 Family Group 1 - 5 Children
 \$150,000.00 Maximum \$15,000 Surgery Doctor's Visits \$45.00 **PLAN 100**

	\$150. Per Day Room \$100. Deductible E			\$150. Per Day Room \$300. Deductible F			\$150. Per Day Room \$500. Deductible G			\$150. Per Day Room \$1000. Deductible H		
	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann
Individual 18 - 64	57	171	633	49	147	544	42	126	467	37	111	411
Family Group	120	360	1333	103	309	1144	88	264	978	76	228	844
Husband & Wife	109	327	1211	92	276	1022	79	237	878	68	204	756
Per Child or Child Added On Age 0 - 17	29	87	322	26	78	289	22	66	244	20	60	222

American Teachers Life Major Medical Hospitalization Policy
 Coinsurance Percentage 80% - 20% \$250,000 Maximum
 Ages Nearest Birthday - Individual 18 - 64 Children 0-17 Family Group 1 - 5 Children
 \$250,000.00 Maximum \$20,000 Surgery Doctor's Visits \$55.00 **PLAN 100**

	\$160. Per Day Room \$100. Deductible I			\$160. Per Day Room \$300. Deductible J			\$160. Per Day Room \$500. Deductible K			\$160. Per Day Room \$1000. Deductible L		
	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann	MBD	Quar	Ann
Individual 18 - 64	65	195	722	56	168	622	48	144	533	43	129	478
Family Group	137	411	1522	118	354	1311	100	300	1111	87	261	967
Husband & Wife	124	372	1378	105	315	1167	91	273	1011	78	234	867
Per Child or Child Added On Age 0 - 17	34	102	378	30	90	333	26	78	289	23	69	256

Optional Maternity Benefit: M

After a 10 month waiting period, the Company will pay a Maternity Benefit for normal pregnancy.

Rates for Husband and Wife or Family Plans:

No deductible is applied to the Optional Maternity Benefit.

	MBD	Quar	Ann	PLAN
Up to \$1500	36	108	400	M
Up to \$2000	48	144	532	N

Direct Mail Monthly Premium is 10% of the Annual Premium.

Family Group includes husband and wife or 1 parent and 1 to 5 children 0 to 17 years of age. For 5 or more children add the Per-Child rate for each additional child. Single Parent plans may be written by use of Individual rate and Per-Child rate. Children may be insured by themselves—charge Individual rate for oldest child, then Per-Child rate for each additional child. For 5 or more children without an adult, use Family Group rate.

Pre existing covered after 6 mo.

America Teachers

NO. _____ TIME: 9:33 AM

APR 15 1983

GRACE BOSTICK, COUNTY CLERK
TARRANT COUNTY, TEXAS
BY: *Jean Phillips*

JEAN PHILLIPS

~~NO. _____ TIME: 9:58 AM~~

~~APR 11 1983~~

~~GRACE BOSTICK, COUNTY CLERK
TARRANT COUNTY, TEXAS
BY: *Jean Phillips*~~

~~JEAN PHILLIPS~~

SUMMARY OF BENEFITS

Prepared by

VOL 008 PAGE 206

BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for

TYLER COUNTY

HOSPITAL EXPENSES

- | | |
|---|-----------|
| *1. Deductible per admission | \$ -0- |
| 2. Semi-private room with average semi-private toward private | 100 % |
| 3. All usual hospital services including blood, plasma and intensive care | 100 % |
| 4. Out-patient care | 100 % |
| 5. Number of days available other than for psychiatric care | Unlimited |
| 6. Number of days available for psychiatric care per calendar year | 30 days |
| 7. Maternity Applied for <input checked="" type="checkbox"/> Not Applied for <input type="checkbox"/> | 100 % |

ALL OTHER MEDICAL EXPENSES

- | | |
|---|------------|
| *1. Deductible each calendar year, 3-month carryover included | \$ 100.00 |
| 2. Number of participants required for maximum family deductible | 3 |
| 3. All other eligible expenses except psychiatric care | 80 % |
| 4. Maximum benefits for psychiatric care per calendar year | \$ 1000.00 |
| 5. For psychiatric care the Plan pays | 50 % |
| 6. For out-of-hospital drugs the Plan pays | 80 % |
| 7. Maternity Applied for <input checked="" type="checkbox"/> Not Applied for <input type="checkbox"/> | 80 % |

*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit <input checked="" type="checkbox"/> Supplement <input type="checkbox"/>	\$ 300.00
Maximum benefits per accident	

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1,000.00.

SECURITY PROVISION

Applied for <input checked="" type="checkbox"/> Not Applied for <input type="checkbox"/> Coinsurance Amount	\$ 500.00
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MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant	\$ 1,000,000.00
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RATES

Employee Only	\$61.07		Employee Only	\$61.07
Child(ren)	+ 53.07	OR	Dependent(s)	+ 99.10
Spouse	+ 90.82			
Family	+ 105.09			

Rates are guaranteed for a period of 12 months from the date of contract.
 Dependent children are covered to age 25, disabled dependent children beyond age 25.
 Pre-existing conditions covered immediately, including maternity. No physicals required.
 Partially and fully satisfied deductibles will be honored.
 Rates are firm for an effective date no later than 5-1-83.
 Rates are based on the census provided. To the extent actual enrollment varies, so will the rates vary.
 Payments are based on Usual, Customary, Reasonable charges.

SUMMARY OF BENEFITS

Prepared by

VOL 008 PAGE 207

BLUE CROSS & BLUE SHIELD OF TEXAS

Prepared for

TYLER COUNTY

HOSPITAL EXPENSES

- *1. Deductible per admission \$ -0-
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 30 days
- 7. Maternity Applied for Not Applied for 80 %

ALL OTHER MEDICAL EXPENSES

- *1. Deductible each calendar year, 3-month carryover included \$ 100
 - 2. Number of participants required for maximum family deductible 3
 - 3. All other eligible expenses except psychiatric care 80 %
 - 4. Maximum benefits for psychiatric care per calendar year \$ 1000
 - 5. For psychiatric care the Plan pays 50 %
 - 6. For out-of-hospital drugs the Plan pays 80 %
 - 7. Maternity Applied for Not Applied for 80 %
- *THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit Supplement
 Maximum benefits per accident \$ 300

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1000.

SECURITY PROVISION

Applied for Not Applied for Coinsurance Amount \$ 500

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

Employee Only	\$53.26		Employee Only	\$53.26
Child(ren)	+ 46.28	OR	Dependent(s)	+ 86.33
Spouse	+ 79.12			
Family	+ 91.54			

Rates are guaranteed for a period of 12 months from the date of contract.
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 Rates are firm for an effective date no later than 5-1-83.
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SUMMARY OF BENEFITS

Prepared by
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VOL **008** PAGE **208**

HOSPITAL EXPENSES

- * 1. Deductible per admission \$ -0-
- 2. Semi-private room with average semi-private toward private 80 %
- 3. All usual hospital services including blood, plasma and intensive care 80 %
- 4. Out-patient care 80 %
- 5. Number of days available other than for psychiatric care Unlimited
- 6. Number of days available for psychiatric care per calendar year 30 days
- 7. Maternity 80 %
 Applied for Not Applied for

ALL OTHER MEDICAL EXPENSES

- * 1. Deductible each calendar year, 3-month carryover included \$ 200.
 - 2. Number of participants required for maximum family deductible 80
 - 3. All other eligible expenses except psychiatric care 80 %
 - 4. Maximum benefits for psychiatric care per calendar year \$ 1000
 - 5. For psychiatric care the Plan pays 50 %
 - 6. For out-of-hospital drugs the Plan pays 80 %
 - 7. Maternity 80 %
 Applied for Not Applied for
- * THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES.

ADDITIONAL ACCIDENT

Accidental Injury Benefit Supplement \$ 300
 Maximum benefits per accident

AIR AMBULANCE - 50% up to a Calendar Year Maximum of \$1000.

SECURITY PROVISION

Applied for Not Applied for Coinsurance Amount \$ 500

MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant \$ 1,000,000

RATES

Employee Only		\$46.97			
Child(ren)	+	40.77	OR	Employee Only	\$46.97
Spouse	+	69.79		Dependent(s)	+ 76.19
Family	+	80.84			

Rates are guaranteed for a period of 12 months from the date of contract.
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