

SCANNED

Date: _____

TYLER COUNTY COMMISSIONERS' COURT
SPECIAL MEETING
OCTOBER 07, 1996 --- 10:00 A.M.

THE STATE OF TEXAS

COUNTY OF TYLER ON THIS THE 7TH DAY OF OCTOBER, 1996 THE
COMMISSIONERS' COURT IN AND FOR TYLER COUNTY, TEXAS CONVENED IN A
SPECIAL MEETING AT THE COMMISSIONERS' COURTROOM IN WOODVILLE, TEXAS,
THE FOLLOWING MEMBERS OF THE COURT PRESENT, TO WIT:

JEROME OWENS	COUNTY JUDGE, PRESIDING
MAXIE L. RILEY	COMMISSIONER, PCT. #1
A.M. BARNES	COMMISSIONER, PCT. #2
JERRY MAHAN	COMMISSIONER, PCT. #3
HENRY EARL SAWYER	COMMISSIONER, PCT. #4
DONECE GREGORY	COUNTY CLERK, EX-OFFICIO

THE FOLLOWING WERE ABSENT: NONE THEREBY CONSTITUTING A QUORUM. IN
ADDITION TO THE ABOVE WERE:

JOYCE MOORE	COUNTY AUDITOR
TINA BUMP	COUNTY TREASURER

THE COUNTY TREASURER UPDATED THE COURT AS TO CHANGES IN PREMIUMS AND
BENEFITS WITH FORTIS, THE PRESENT HEALTH INSURANCE CARRIER. CURRENT
COST OF COVERAGE \$229.97 WILL BE INCREASED TO \$316.58 PER EMPLOYEE.

GREENTREE PROPOSES A PARTIALLY SELF FUNDED INSURANCE; IN-NETWORK WILL
BE PAID AT 90% AND NON-NETWORK AT 70%; \$15 CO-PAY FOR DOCTOR'S
VISITS; PRE-PAID MATERNITY CARE; \$100 DEDUCTIBLE FOR HOSPITAL
SERVICES; SIX FREE PHONE CALLS FOR STRESS RELATED QUESTIONS; \$250
DEDUCTIBLE WITH \$1750 OUT-OF-POCKET EXPENSES; DRUGS AT \$5.00 GENERIC,
\$15.00 NON GENERIC, \$25 NON-GENERIC WHEN GENERIC IS AVAILABLE.

TINA QUESTIONED THE \$1000 RENEWAL FEE. THE OWNER REPLIED THAT AN
ANNUAL COBRA STUDY. TINA FELT THAT SINCE THE COUNTY ONLY HAD 3
PERSONS ON THE COBRA PLAN THIS FEE SHOULD BE FOREGONE.

MAXIMUM LIABILITY WOULD BE \$335,000. IF CLAIMS COME IN UNDER THIS
AMOUNT, THE COUNTY GETS TO KEEP THE DIFFERENCE. THE ADVANTAGES OF A
PAID CONTRACT VS. DISADVANTAGES OF A 12/12 CONTRACT WERE DISCUSSED.
IN FINALITY, GLEN STATED HE WOULD BE MAKING VISITS ON A QUARTERLY
BASIS.

THE MEETING WAS RECESSED FOR 15 MINUTES.

COURT IN SESSION: 10:10 A.M.

J.W. RAY INTRODUCED GEORGE REYNOLDS WHO PROPOSED COVERAGE FROM
AMERICAN MEDICAL SECURITY COMPARABLE TO GREENTREE. THE COVERAGE
WOULD BE FROM BLUE CROSS WISCONSIN OF WISCONSIN. HE OFFERED A 12/12
CONTRACT; OUT-OF-NETWORK COVERAGE PAID ON 80%-20% BASIS; TOTAL OUT OF
POCKET EXPENSES \$2000 + DEDUCTIBLE. A "DRUG CARD" WAS NOT A PART OF
THIS PLAN, HOWEVER IT PROVIDED FOR \$15 CO-PAY FOR DRUGS. THE
EMPLOYEE WOULD PAY FULL AMOUNT, THEN BE REIMBURSED FROM THE INSURANCE
COMPANY. THE PREMIUM WOULD BE \$236.65 PER EMPLOYEE.

COMMISSIONER RILEY MOTIONED TO RECESS THE MEETING UNTIL 8:30A.M.,
OCTOBER 8TH.

TYLER COUNTY COMMISSSTONERS' COURT

THERE BEING NO FURTHER BUSINESS, THE MEETING ADJOURNED.....12:05P.M.

SIGNED: *Jerome Owens*

JEROME OWENS, COUNTY JUDGE

Maxie L. Riley

MAXIE L. RILEY, COMM. PCT. #1

A. M. Barnes

A. M. BARNES, COMM. PCT. #2

J. M.

JERRY MAHAN, COMM. PCT. #3

Henry Earl Sawyer

HENRY EARL SAWYER, COMM. PCT. #4

ATTEST: *Donece Gregory*

DONECE GREGORY, COUNTY CLERK

TYLER COUNTY COMMISSIONERS' COURT
SPECIAL MEETING
OCTOBER 7, 1996 -- 10:00 A.M.

THE STATE OF TEXAS

COUNTY OF TYLER

ON THIS THE 7TH DAY OF OCTOBER, A.D. 1996

*More detail of
Oct. 7 meeting than
transcribed at later date; presented to
Court for AA*

the Commissioners' Court in and for Tyler County, Texas convened in a Special Meeting at the Commissioners' Courtroom in Woodville, Texas, the following members of the Court present, to wit:

JEROME OWENS	COUNTY JUDGE, presiding
MAXIE L. RILEY	COMMISSIONER, PCT. #1
PETE BARNES	COMMISSIONER, PCT. #2
JERRY MAHAN	COMMISSIONER, PCT. #3
HENRY EARL SAWYER	COMMISSIONER, PCT. #4
DONECE GREGORY	COUNTY CLERK, Ex-Officio

the following were absent: none thereby constituting a quorum. In addition to the above were:

JOYCE MOORE	COUNTY AUDITOR
TINA BUMP	COUNTY TREASURER
JAMES A CLARK	CRIMINAL DISTRICT ATTORNEY

Commissioner Mahan motioned the meeting adjourned.

Tina Bump updated the Court as to changes in premiums & benefits with the present health insurance carrier, Fortis. She introduced a representative from GREENTREE Administrators, a partially self funded insurance.

The plan presented covers:

- * child immunizations to age 6
- * female exams
- * well baby care up to 18 months
- * voluntary sterilization
- * mandatory second surgical opinion
- * prepaid maternity benefit - (i.e. enrolled at St. Elizabeth plan pays 100%)
- * \$100 deductible in-patient hospital confinement- plan pays 100% after deductible
- * \$100 deductible out-patient hospital - plan pays 90%
- * \$100 co-pay to an out-patient facility with 100% coverage
- * employee assistance program for mental health benefits with 6 free phone calls to a clinician
- * calendar year deductible is \$250 (X3 for family)
maximum out of pocket for employee is \$1750
- * drug benefits is \$5.00 for generics; \$15 for name brand when no generic is available and \$25 for name brand when generic is available
- * life-time maximum is 1 million dollars
- * covers pre-existing conditions on current employees already covered
- * life insurance of \$25,000

Based on a \$20,000 specific the maximum liability for this plan is \$350,000 for 101 total employees. Based on the numbers provided as to the Fortis plan - expecting the cost to come in at \$287,196 rather than \$335,676, the difference in the amounts would be the County's funds- minimum savings with Greentree would be \$86,119. If costs go over \$335,676 there is a re-insurance that will pick up the difference.

The County Treasurer was concerned about the \$1000 renewal rate which is for cobra study and proposals.

Plan will cost \$258 per employee per month; children \$222.69; spouse \$233.16 (family \$516.32).

Additionally, the stop-loss contract was explained. An incurred contract proposes that claims incurred and paid within the plan year

TYLER COUNTY COMMISSIONERS' COURT

apply to the \$335,000. Claims that are incurred prior to new plan but have not been presented will be covered by state mandated reserve under Fortis. "Run-out claims" for the next year.....

THERE BEING NO FURTHER BUSINESS, THE MEETING ADJOURNED..... 9:20 A.M.

SIGNED: _____ Jerome Owens, County Judge

_____ Maxie L. Riley, Comm. Pct. #1

_____ A. M. Barnes, Comm. Pct. #2

_____ Jerry Mahan, Comm. Pct. #3

_____ Henry Earl Sawyer, Comm. Pct. #4

_____ Donece Gregory, County Clerk

THESE DOCUMENTS ARE THE PROPERTY OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT AND ARE TO BE KEPT IN THE OFFICE OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT. ANY PERSON WHO TAKES THESE DOCUMENTS AWAY FROM THE OFFICE OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT WITHOUT THE WRITTEN PERMISSION OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT IS SUBJECT TO PROSECUTION FOR THEFT OF PUBLIC PROPERTY. THE CLERK OF THE COUNTY COMMISSIONERS' COURT IS NOT RESPONSIBLE FOR THE LOSS OF THESE DOCUMENTS IF THEY ARE TAKEN AWAY FROM THE OFFICE OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT WITHOUT THE WRITTEN PERMISSION OF THE CLERK OF THE COUNTY COMMISSIONERS' COURT.

TYLER COUNTY GROUP HOSPITALIZATION

PLAN A: THIS IS A 12/12 PROPOSAL AND IS AVAILABLE WITH ANY OF THE FIRST THREE EXAMPLES BELOW.

PREMIUM \$204.10 PER EMPLOYEE (98 EMPLOYEES) \$20,001.80 \$240,024

PLAN B: THIS IS A 12/12 PROPOSAL WITH THE \$2/ \$12 CARD.

PREMIUM \$223.20 PER EMPLOYEE (98 EMPLOYEES) \$21,873.60 \$262,483

PLAN C: THIS IS A 12/15 PROPOSAL AND IS AVAILABLE WITH ANY OF THE FIRST THREE EXAMPLES BELOW.

PREMIUM \$236.65 PER EMPLOYEE (98 EMPLOYEES) \$23,191.70 \$278,300

PLAN D: THIS IS A 12/15 PROPOSAL WITH THE \$2/ \$12 CARD.

PREMIUM \$259.14 PER EMPLOYEE (98 EMPLOYEES) \$25,395.72 \$304,749

ON THE PROPOSAL DELIVERED ON OCT 7, 1996, THE FOLLOWING WAYS OF HANDLING THE PRESCRIPTION DRUGS ARE AVAILABLE.

- 1) NO CARD; THE DRUGS ARE COUNTED AS A EXPENSE AND PAID BY THE MAJOR MEDICAL. SUBJECT TO THE DEDUCTIBLE AND CO-IN %.
- 2) \$15.00 CARD; THIS IS THE STANDARD FOR THE \$20.00 PREMIUM GOLD. INSURED PAYS \$15.00 CO-PAY FOR EACH GENERIC PRESCRIPTION OR BRAND NAME IF NO GENERIC EXISTS. HE PAYS \$15.00 CO-PAY PLUS THE DIFFERENCE BETWEEN THE GENERIC AND BRAND NAME, IF A BRAND NAME IS USED.
- 3) 100% CO-PAY CARD; INSURED USES THE CARD AND GETS THE COMPANY'S DISCOUNT. HE PAYS THIS PRICE AND FILES THE CLAIM WITH THE INSURANCE COMPANY, SUBJECT TO DEDUCTIBLE AND CO-INSURANCE.
- 4) \$2.00 / \$12.00 CARD; INSURED PAYS \$2 FOR GENERIC PRESCRIPTIONS AND \$12 FOR BRAND NAMES.

FEE: FEE FOR SETTING UP THE MEDICAL PLAN. IS \$1,340.00 on 96 employees, THIS IS TO SET UP THE ORIGINAL PLAN. IF WE DO NOT CHANGE THE PLAN AT RENEWAL THERE IS NO NEW FEE.

IF YOU SELECT A PRESCRIPTION CARD THERE IS A SET UP FEE OF \$100.00.

IF YOU WANT US TO HANDLE THE COBRA FOR YOUR GROUP THERE IS A FEE OF \$.50 PER EMPLOYEE PER MONTH.

THERE IS A MONTHLY BILLING FEE OF \$25.00 THIS INCLUDES THE CUSTOM PLAN. THAT PLAN LETS ANY EMPLOYEE BUY DENTAL OR WEEKLY INCOME WITHOUT A MINIMUM NUMBER OF INSUREDS.

GEORGE A REYNOLDS CLU

PLAN A

Tyler County

Specific Attachment: \$10,000.00 Aggregate Cov Inc.
 Claims Settlement: 12 Month Incurred/12 Month Paid Basis
 Claims incurred and paid within the policy term.

Plan Benefits: \$20 PREMIUM GOLD ACCOUNTABLE HEALTH-TEXAS
 Includes: Maternity, X-Health
 MAC: 100%
 Variations: CHEM. DEP. COMB. W/X-HEALTH & LMTD. TO \$10K LFTM;
 SERIOUS NERV/MENTAL INCL; GAR #1 INCL;
 OUT-OF-NETWORK CHANGED TO: \$400 DED. 80% TO 5,000

GROUP MEDICAL MONTHLY COST:

	Fixed Cost	Expected Cost	Maximum Cost
Excess Loss/Admin	10,419.97	10,419.97	10,419.97
PPO/HMO Services	432.00	432.00	432.00
Capitation			
Cost Control	(Included)	(Included)	(Included)
Instant Reimbursement/ Cash Flow Protection	(Included)	(Included)	(Included)
Claims		9,405.07	10,816.02
Total	10,851.97	20,257.04	21,667.99

One time Medical Startup Fee: \$1,340.00 for 96 lives.

GROUP MEDICAL ANNUAL COST:

	Fixed Cost	Expected Cost	Maximum Cost
Fixed	130,223.64	130,223.64	130,223.64
Claims		112,860.84	129,792.24
Total	130,223.64	243,084.48	260,015.88

EQUIVALENT MONTHLY PREMIUM:

Number of Lives	Fixed Cost	Expected Cost	Maximum Cost
Single 87	102.61	190.86	204.10
Family 4	264.95	506.18	542.36
Emp/SP	197.49	374.25	400.76
Emp/CH 5	173.02	325.50	348.37

LIFE COVERAGE and AD&D (required):

Total benefit of \$0.00 at 0.00 per \$1000 for 0 employees
 Monthly Cost: \$0.00

DENTAL: Start up Fee: \$250.00

Admin. fee of \$3.00 per employee for 96 employees.
 Monthly Cost: \$288.00

WEEKLY INCOME: Start up Fee: \$100.00

Benefit Schedule (1-8-26)
 Admin. fee of \$1.00 per employee for employees.
 Monthly Cost: \$0.00

* Prescription Drug Card: Add start up fee of \$100.00.

Prescription drug claims are not included in each specific attachment but are included in the aggregate attachment.

* Employers Security Package: \$1.25 per month per employee.
 (Includes Cobra Care and Terminal Liability)

Monthly Cost: \$120.00

* Cobra Care Only: \$0.50 per month per employee.

Monthly Cost: \$48.00

* Terminal Liability Only: \$1.00 per month per employee.

Monthly Cost: \$96.00

A group billing fee of \$15.00 will appear on your monthly statement. These rates are valid for a proposed effective date on or before 11/01/96. This quote was prepared based on rates for the state of TX and the county of TYLER. Rates will vary if enrollment information differs from census information submitted, and are subject to American Medical Security Home Office approval.

NB:1.0000 R:5.8632 RM:1.3500 UC:1.0000 MC:M02 RS:M03 FF:1.0000 EF:1.0000 TX CD:6E OTJP:1.0000 IND:1.0000 DIA:1.3500 BEN:0.9800 CM:1.1000 MULT:1.0000
 18MTH:1.0000 DNTL:1.0000 LIFE:1.0000 PCS:1.0000 WKLY:1.0000 (1-8-26) LVS: 96 DT:10/07/96 AGG:115% Quote No: 155

1340⁰²

PLW B

Tyler County

Specific Attachment: \$10,000.00 Aggregate Cov Inc.
 Claims Settlement: 12 Month Incurred/12 Month Paid Basis
 Claims incurred and paid within the policy term.

Plan Benefits: \$20 PREMIUM GOLD ACCOUNTABLE HEALTH-TEXAS
 Includes: Maternity, X-Health
 MAC: 100%
 Variations: CHEM. DEP. COMB. W/X-HEALTH & LMTD. TO \$10K LFTM;
 SERIOUS NERV/MENTAL INCL; GAR #1 INCL;
 OUT-OF-NETWORK CHANGED TO: \$400 DED. 80% TO 5,000

\$2/12

GROUP MEDICAL MONTHLY COST:

	Fixed Cost	Expected Cost	Maximum Cost
Excess Loss/Admin	11,333.41	11,333.41	11,333.41
PPO/HMO Services	432.00	432.00	432.00
Capitation			
Cost Control	(Included)	(Included)	(Included)
Instant Reimbursement/	(Included)	(Included)	(Included)
Cash Flow Protection			
Claims		10,376.76	11,933.41
Total	11,765.41	22,142.17	23,698.82

One time Medical Startup Fee: \$1,340.00 for 96 lives.

GROUP MEDICAL ANNUAL COST:

	Fixed Cost	Expected Cost	Maximum Cost
Fixed Claims	141,184.92	141,184.92	141,184.92
		124,521.12	143,200.92
Total	141,184.92	265,706.04	284,385.84

EQUIVALENT MONTHLY PREMIUM:

Number of Lives	Fixed Cost	Expected Cost	Maximum Cost
Single 87	111.20	208.59	223.20
Family 4	288.09	553.91	593.78
Emp/SP	214.50	409.34	438.57
Emp/CH 5	187.73	355.84	381.06

LIFE COVERAGE and AD&D (required):
 Total benefit of \$0.00 at 0.00 per \$1000 for 0 employees
 Monthly Cost: \$0.00

DENTAL: Start up Fee: \$250.00
 Admin. fee of \$3.00 per employee for 96 employees.
 Monthly Cost: \$288.00

WEEKLY INCOME: Start up Fee: \$100.00
 Benefit Schedule (1-8-26)
 Admin. fee of \$1.00 per employee for employees.
 Monthly Cost: \$0.00

* Prescription Drug Card: Add start up fee of \$100.00.
 Prescription drug claims are not included in each specific attachment but are included in the aggregate attachment.

* Employers Security Package: \$1.25 per month per employee.
 (Includes Cobra Care and Terminal Liability)
 Monthly Cost: \$120.00

* Cobra Care Only: \$0.50 per month per employee.
 Monthly Cost: \$48.00

* Terminal Liability Only: \$1.00 per month per employee.
 Monthly Cost: \$96.00

A group billing fee of \$15.00 will appear on your monthly statement. These rates are valid for a proposed effective date on or before 11/01/96. This quote was prepared based on rates for the state of TX and the county of TYLER. Rates will vary if enrollment information differs from census information submitted, and are subject to American Medical Security Home Office approval.

NB:1.0000 R:6.4555 RM:1.3500 UC:1.0000 MC:M02 RS:M03 FF:1.0000 EF:1.0000 TX CD:6E OTJP:1.0000 IND:1.0000 DIA:1.3500 BEN:1.0790 CM:1.1000 MULT:1.0000
 18MTH:1.0000 DNTL:1.0000 LIFE:1.0000 PCS:1.0000 WKLY:1.0000 (1-8-26) LVS: 96 DT:10/07/96 AGG:115% Quote No: 155

PLANIC

Tyler County

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Specific Attachment: \$10,000.00 Aggregate Cov Inc.
 Claims Settlement: 12 Month Incurred/15 Month Paid Basis
 Claims incurred within the policy term, and paid within the policy term and three months immediately thereafter.

Plan Benefits: \$20 PREMIUM GOLD ACCOUNTABLE HEALTH-TEXAS
 Includes: Maternity, X-Health
 MAC: 100%
 Variations: CHEM. DEP. COMB. W/X-HEALTH & LMTD. TO \$10K LFTM;
 SERIOUS NERV/MENTAL INCL; GAR #1 INCL;
 OUT-OF-NETWORK CHANGED TO: \$400 DED. 80% TO 5,000

GROUP MEDICAL MONTHLY COST:

	Fixed Cost	Expected Cost	Maximum Cost
Excess Loss/Admin	11,981.27	11,981.27	11,981.27
PPO/HMO Services	432.00	432.00	432.00
Capitation			
Cost Control	(Included)	(Included)	(Included)
Instant Reimbursement/	(Included)	(Included)	(Included)
Cash Flow Protection			
Claims		11,064.49	12,723.91
Total	12,413.27	23,477.76	25,137.18

One time Medical Startup Fee: \$1,340.00 for 96 lives.

GROUP MEDICAL ANNUAL COST:

	Fixed Cost	Expected Cost	Maximum Cost
Fixed	148,959.24	148,959.24	148,959.24
Claims		132,773.88	152,686.92
Total	148,959.24	281,733.12	301,646.16

EQUIVALENT MONTHLY PREMIUM:

Number of Lives	Fixed Cost	Expected Cost	Maximum Cost
Single 87	117.26	221.08	236.65
Family 4	305.00	588.80	631.37
Emp/SP	226.83	434.78	465.97
Emp/CH 5	198.33	377.72	404.63

LIFE COVERAGE and AD&D (required):

Total benefit of \$0.00 at 0.00 per \$1000 for 0 employees
 Monthly Cost: \$0.00

DENTAL: Start up Fee: \$250.00

Admin. fee of \$3.00 per employee for 96 employees.
 Monthly Cost: \$288.00

WEEKLY INCOME: Start up Fee: \$100.00

Benefit Schedule (1-8-26)
 Admin. fee of \$1.00 per employee for employees.
 Monthly Cost: \$0.00

* Prescription Drug Card: Add start up fee of \$100.00.
 Prescription drug claims are not included in each specific attachment but are included in the aggregate attachment.

* Employers Security Package: \$1.25 per month per employee.
 (Includes Cobra Care and Terminal Liability)
 Monthly Cost: \$120.00

* Cobra Care Only: \$0.50 per month per employee.
 Monthly Cost: \$48.00

* Terminal Liability Only: \$1.00 per month per employee.
 Monthly Cost: \$96.00

A group billing fee of \$15.00 will appear on your monthly statement. These rates are valid for a proposed effective date on or before 11/01/96. This quote was prepared based on rates for the state of TX and the county of TYLER. Rates will vary if enrollment information differs from census information submitted, and are subject to American Medical Security Home Office approval.

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 18MTH:1.0000 DNTL:1.0000 LIFE:1.0000 PCS:1.0000 WKLY:1.0000 (1-8-26) LVS: 96 DT:10/07/96 AGG:115% Quote No: 155

PLAN "D"

Tyler County

Specific Attachment: \$10,000.00 Aggregate Cov Inc.
 Claims Settlement: 12 Month Incurred/15 Month Paid Basis
 Claims incurred within the policy term, and paid within the policy term and three months immediately thereafter.

\$22/12

Plan Benefits: \$20 PREMIUM GOLD ACCOUNTABLE HEALTH-TEXAS
 Includes: Maternity, X-Health
 MAC: 100%
 Variations: CHEM. DEP. COMB. W/X-HEALTH & LMTD. TO \$10K LFTM;
 SERIOUS NERV/MENTAL INCL; GAR #1 INCL;
 OUT-OF-NETWORK CHANGED TO: \$400 DED. 80% TO 5,000

GROUP MEDICAL MONTHLY COST:

	Fixed Cost	Expected Cost	Maximum Cost
Excess Loss/Admin	13,057.10	13,057.10	13,057.10
PPO/HMO Services	432.00	432.00	432.00
Capitation			
Cost Control	(Included)	(Included)	(Included)
Instant Reimbursement/	(Included)	(Included)	(Included)
Cash Flow Protection			
Claims		12,207.41	14,038.93
Total	13,489.10	25,696.51	27,528.03

One time Medical Startup Fee: \$1,340.00 for 96 lives.

GROUP MEDICAL ANNUAL COST:

	Fixed Cost	Expected Cost	Maximum Cost
Fixed	161,869.20	161,869.20	161,869.20
Claims		146,488.92	168,467.16
Total	161,869.20	308,358.12	330,336.36

EQUIVALENT MONTHLY PREMIUM:

Number of Lives	Fixed Cost	Expected Cost	Maximum Cost
Single 87	127.38	241.95	259.14
Family 4	332.21	644.94	691.85
Emp/SP	246.85	476.07	510.45
Emp/CH 5	215.64	413.42	443.09

LIFE COVERAGE and AD&D (required):

Total benefit of \$0.00 at 0.00 per \$1000 for 0 employees
 Monthly Cost: \$0.00

DENTAL: Start up Fee: \$250.00

Admin. fee of \$3.00 per employee for 96 employees.
 Monthly Cost: \$288.00

WEEKLY INCOME: Start up Fee: \$100.00

Benefit Schedule (1-8-26)
 Admin. fee of \$1.00 per employee for employees.
 Monthly Cost: \$0.00

* Prescription Drug Card: Add start up fee of \$100.00.

Prescription drug claims are not included in each specific attachment but are included in the aggregate attachment.

* Employers Security Package: \$1.25 per month per employee.

(Includes Cobra Care and Terminal Liability)
 Monthly Cost: \$120.00

* Cobra Care Only: \$0.50 per month per employee.

Monthly Cost: \$48.00

* Terminal Liability Only: \$1.00 per month per employee.

Monthly Cost: \$96.00

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 18MTH:1.0000 DNTL:1.0000 LIFE:1.0000 PCS:1.0000 WKLY:1.0000 (1-8-26) LVS: 96 DT:10/07/96 AGG:115% Quote No: 155