

AGENDA ITEM 21

Discuss and take appropriate action concerning awarding contract for employer paid group life coverage for FY 2000-2001.

Moved: **Judge Doerfler**

Seconded: **Commissioner Hays**

Motion: To award contract for employer paid group life coverage for FY 2000/2001 to Standard Life Insurance Company.

Vote: Motion carried 5 – 0

AGENDA ITEM 22

Discuss and take appropriate action concerning awarding contract for COBRA administration services for FY 2000-2001.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To award contract for COBRA administration services for FY 2000/2001 to Cobra Compliance Systems.

Vote: Motion carried 4 - 0

AGENDA ITEM 23

Discuss and take appropriate action concerning renewing contract for Scott & White Health Plan as of January 1, 2001.

Moved: **Judge Doerfler**

Seconded: **Commissioner Boatright**

Motion: To renew contract for Scott & White Health Plan as of January 1, 2001.

Vote: Motion carried 4 - 0

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GROUP ELIGIBILITY REQUIREMENTS ATTACHMENT**Application For A Group Health Care Agreement**

Name of Employer Group: Williamson County
710 S Main
City/State/Zip Code: Georgetown, TX 78626

ELIGIBILITY:

Employer agrees that Scott & White Health Plan (SWHP) will be available only to full-time employees that work at least thirty (30) hours per week.

Employer agrees to maintain Workers Compensation or to be financially responsible for any work-related illness or injury on all employees covered by Scott & White Health Plan. Health Plan does not cover work-related illnesses or injuries and employer will be responsible for the payment of any such charges.

Employer agrees to notify SWHP if total number of employees falls below 2. Current total number of employees is 1000.

Effective Dates:

Current Employees

Contract Effective Date: January 1, 2001

Benefit Effective Date: January 1, 2001

New Hires: Effective 1st of the month following 60 days worked.

Late Enrollees: Effective 1st of the month following ninety (90) days. The ninety-day period will begin upon receipt of the signed enrollment form by the Health Plan Office.

Retirees:

Retirees are covered.

Employer agrees to notify Scott & White Health Plan of the retirement of any employee who desired to continue Scott & White Health Plan coverage.

Dependents: Age 19 to 25; if full-time student and not married

Dependent Notification: Employer agrees that notification of such must be made to the Scott & White Health Plan within thirty-one (31) days of the dependent satisfying eligibility requirements for coverage to be effective. Coverage will be effective the first (1st) of the month following receipt of enrollment application by SWHP.

Leave of Absence: Family & Medical Leave covered as required by Federal Law.

Literature: 10% of our employees would benefit from literature in a language other than English:
☐ Yes ☐ No

TERMINATION OF COVERAGE: End of month worked

MINIMUM GROUP SIZE: To continue Group coverage, employer group must maintain two (2) Subscriber Contracts.

Date: _____ By: _____
Group Administrator

SCOTT & WHITE HEALTH PLAN

SLOPED MONTHLY PREMIUM RATES FOR

Williamson County #873
DATES 01/01/2001 THROUGH 12/31/2001

<i>TIER</i>	<i>STANDARD MEDICAL</i>	<i>RX RIDER NO MAX</i>	<i>DIABETIC</i>	<i>SERIOUS MENTAL ILLNESS</i>	<i>TOTAL</i>
EMPLOYEE	\$187.25	\$65.21	\$4.63	\$1.95	\$259.04
EMPLOYEE & SPOUSE	\$325.82	\$113.47	\$8.06	\$3.39	\$450.74
EMPLOYEE & CHILDREN	\$307.09	\$106.94	\$7.59	\$3.20	\$424.82
FAMILY	\$374.50	\$130.42	\$9.26	\$3.90	\$518.08

***Above rates are for groups renewing January 1, 2001. Scott & White Health Plan premium rates above have been calculated using an adjusted community rating scale.

- ☐ I hereby accept these rates with all riders presented.
- ☐ I hereby accept these rates without the following riders:

By: _____ Date: _____
Name/Title

Please Note: Should this paperwork not be received by the deadline indicated in the cover letter, your group will be renewed as is with no changes allowed until next renewal period.

AGENDA ITEM 24

Discuss and take appropriate action regarding request from Cedar Park Economic Development Leadership Council for \$2,000.

No action taken on this item, which will be added to the agenda of October 24, 2000 meeting.

AGENDA ITEM 25

Consider adopting ground water availability certification form.

No action taken on this item, which was tabled until further notice.

AGENDA ITEM 26

Consider delegating County Judge to approve line item transfer forms each week.

No action taken on this item, which will be added to the agenda of October 24, 2000 meeting.

AGENDA ITEM 27

Consider delegating County Judge to approve fixed asset transfer/disposal forms each week.

No action taken on this item, which will be added to the agenda of October 24, 2000 meeting.

AGENDA ITEM 28

Consider declaring an emergency and approving a budget amendment from the cash ending balance of the Self Funding Insurance Fund:

Funds to be put in various line items (complete list to be filed with minutes) \$500,000.00

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To declare an emergency on the recommendation of the committee, and approve a budget amendment from the cash ending balance of the Self Funding Insurance Fund in various line items for a total of \$400,000.00.

Vote: Motion carried 4 - 0

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