

AND BE IT FURTHER RESOLVED that the Texas Department of Transportation accept the new alignment for maintenance and designate the new alignment as FM 1869 and further, that the existing FM 1869 alignment be turned over to the County for operation and maintenance upon the completion and acceptance of the FM 1869 realignment.

John C. Doerfler 11-20-01
John C. Doerfler, County Judge

ATTEST:

Nancy E. Rister
Nancy Rister, County Clerk

AGENDA ITEM 21

Discuss and take appropriate action concerning approving revised employee health insurance rates for 2002.

Human Resources Director John Willingham addressed the court concerning revisions made by the Benefits Committee regarding employee insurance rates.

Moved: **Judge Doerfler**

Seconded: **Commissioner Boatright**

Motion: To approve revised employee health insurance rates for 2002.

Vote: **4 - 0** with Commissioner Heiligenstein absent from the meeting.

< Attachment >

ORIGINAL 2002
Williamson County Medical & Dental Plan Rates

Monthly Employee Rates

2002 Health Plan Options.xls: Rates for Plans		
Medical Plan A		
Employee	\$25.00	\$37.50
Employee + 1	\$75.00	\$112.50
Employee + Family	\$100.00	\$150.00
Medical Plan B		
Employee	\$0.00	\$15.00
Employee + 1	\$50.00	\$75.00
Employee + Family	\$75.00	\$112.50
HMO		
Employee	\$75.83	\$60.00
Employee + Spouse	\$205.83	\$170.00
Employee + Child(ren)	\$162.50	\$150.00
Employee + Family	\$281.67	\$225.00
Dental Plan 1		
Employee	\$34.00	\$34.00
Employee + Family	\$48.00	\$48.00
Dental Plan 2		
Employee	\$41.00	\$41.00
Employee + Family	\$68.00	\$68.00

Pay Period Employee Rates

Medical Plan A		
Employee	\$11.54	\$18.75
Employee + 1	\$34.62	\$56.25
Employee + Family	\$46.15	\$75.00
Medical Plan B		
Employee	\$0.00	\$7.50
Employee + 1	\$23.08	\$37.50
Employee + Family	\$34.62	\$56.25
HMO		
Employee	\$35.00	\$30.00
Employee + Spouse	\$95.00	\$85.00
Employee + Child(ren)	\$75.00	\$75.00
Employee + Family	\$130.00	\$112.50
Dental Plan 1		
Employee	\$15.69	\$17.00
Employee + Family	\$22.15	\$24.00
Dental Plan 2		
Employee	\$18.92	\$20.50
Employee + Family	\$31.38	\$34.00

*Semi-monthly payments will be made on the 1st and 2nd pay day of each month. No deduction will be taken on the 3rd pay day in a month.

RECORDERS MEMORANDUM

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RECORDERS MEMORANDUM

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REVISED 2002
Williamson County Medical & Dental Plan Rates

Monthly Employee Rates

	2001 Current	2002 Approved
Medical Plan A		
Employee	\$25.00	\$37.50
Employee + 1 Dependent	\$75.00	N/A
Employee + Spouse	N/A	\$120.00
Employee + Child(ren)	N/A	\$112.50
Employee + Family	\$100.00	\$150.00
Medical Plan B		
Employee	\$0.00	\$15.00
Employee + 1 Dependent	\$50.00	N/A
Employee + Spouse	N/A	\$82.50
Employee + Child(ren)	N/A	\$75.00
Employee + Family	\$75.00	\$112.50
HMO		
Employee	\$75.83	\$37.50
Employee + Spouse	\$205.83	\$120.00
Employee + Child(ren)	\$162.50	\$112.50
Employee + Family	\$281.67	\$150.00
Dental Plan 1		
Employee	\$34.00	\$34.00
Employee + Family	\$48.00	\$48.00
Dental Plan 2		
Employee	\$41.00	\$41.00
Employee + Family	\$68.00	\$68.00

Pay Period Employee Rates

	2001 Current @ Bi-weekly with 26 payments	2002 Approved @ Semi-monthly with 24 payments*
Medical Plan A		
Employee	\$11.54	\$18.75
Employee + 1 Dependent	\$34.62	N/A
Employee + Spouse	N/A	\$60.00
Employee + Child(ren)	N/A	\$56.25
Employee + Family	\$46.15	\$75.00
Medical Plan B		
Employee	\$0.00	\$7.50
Employee + 1 Dependent	\$23.08	N/A
Employee + Spouse	N/A	\$41.25
Employee + Child(ren)	N/A	\$37.50
Employee + Family	\$34.62	\$56.25
HMO		
Employee	\$35.00	\$18.75
Employee + Spouse	\$95.00	\$60.00
Employee + Child(ren)	\$75.00	\$56.25
Employee + Family	\$130.00	\$75.00
Dental Plan 1		
Employee	\$15.69	\$17.00
Employee + Family	\$22.15	\$24.00
Dental Plan 2		
Employee	\$18.92	\$20.50
Employee + Family	\$31.38	\$34.00

2002EmployeeRates2.xls;2002 Employee Rates

approved 11-20-01
John C. Daugherty

*Semi-monthly payments will be made on the 2nd and 3rd pay day of each month that has 3 pay days in the month 1/20/01