

RECORDERS MEMORANDUM All or parts of the text on this page was not clearly legible for satisfactory recordation.

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

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