

AGENDA ITEM 27

Discuss and take appropriate action concerning awarding contract for HMO health plan provider as of January 1, 2004.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To award contract for HMO health plan provider to United Healthcare EPO as of January 1, 2004.

Vote: **5 - 0**

AGENDA ITEM 28

Discuss and take appropriate action concerning setting employee insurance rates as of January 1, 2004.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To set employee insurance rates as of January 1, 2004.

Vote: **5 - 0**

< Attachment >

Williamson County Medical & Dental Plan Rates

Monthly Employee Rates

Medical Plan A							
Employee	\$41.25	\$41.25	\$0.00	Employee	\$20.63	\$20.63	\$0.00
Employee + Spouse	\$132.00	\$132.00	\$0.00	Employee + Spouse	\$66.00	\$66.00	\$0.00
Employee + Child(ren)	\$123.75	\$123.75	\$0.00	Employee + Child(ren)	\$61.88	\$61.88	\$0.00
Employee + Family	\$165.00	\$165.00	\$0.00	Employee + Family	\$82.50	\$82.50	\$0.00
Medical Plan B							
Employee	\$16.50	\$16.50	\$0.00	Employee	\$8.25	\$8.25	\$0.00
Employee + Spouse	\$90.75	\$90.75	\$0.00	Employee + Spouse	\$45.38	\$45.38	\$0.00
Employee + Child(ren)	\$82.50	\$82.50	\$0.00	Employee + Child(ren)	\$41.25	\$41.25	\$0.00
Employee + Family	\$123.75	\$123.75	\$0.00	Employee + Family	\$61.88	\$61.88	\$0.00
HMO							
Employee	\$41.25	\$41.25	\$0.00	Employee	\$20.63	\$20.63	\$0.00
Employee + Spouse	\$132.00	\$132.00	\$0.00	Employee + Spouse	\$66.00	\$66.00	\$0.00
Employee + Child(ren)	\$123.75	\$123.75	\$0.00	Employee + Child(ren)	\$61.88	\$61.88	\$0.00
Employee + Family	\$165.00	\$165.00	\$0.00	Employee + Family	\$82.50	\$82.50	\$0.00
Dental Plan 1							
Employee	\$37.40	\$37.40	\$0.00	Employee	\$	\$	\$0.00
Employee + Family	\$52.80	\$52.80	\$0.00	Employee + Family	\$	\$	\$0.00
Dental Plan 2							
Employee	\$45.10	\$45.10	\$0.00	Employee			\$0.00
Employee + Family	\$74.80	\$74.80	\$0.00	Employee + Family			\$0.00

Semi-Monthly Pay Period Employee Rates

Medical Plan A							
Employee	\$20.63	\$20.63	\$0.00	Employee	\$20.63	\$20.63	\$0.00
Employee + Spouse	\$66.00	\$66.00	\$0.00	Employee + Spouse	\$66.00	\$66.00	\$0.00
Employee + Child(ren)	\$61.88	\$61.88	\$0.00	Employee + Child(ren)	\$61.88	\$61.88	\$0.00
Employee + Family	\$82.50	\$82.50	\$0.00	Employee + Family	\$82.50	\$82.50	\$0.00
Medical Plan B							
Employee	\$8.25	\$8.25	\$0.00	Employee	\$8.25	\$8.25	\$0.00
Employee + Spouse	\$45.38	\$45.38	\$0.00	Employee + Spouse	\$45.38	\$45.38	\$0.00
Employee + Child(ren)	\$41.25	\$41.25	\$0.00	Employee + Child(ren)	\$41.25	\$41.25	\$0.00
Employee + Family	\$61.88	\$61.88	\$0.00	Employee + Family	\$61.88	\$61.88	\$0.00
HMO							
Employee	\$20.63	\$20.63	\$0.00	Employee	\$20.63	\$20.63	\$0.00
Employee + Spouse	\$66.00	\$66.00	\$0.00	Employee + Spouse	\$66.00	\$66.00	\$0.00
Employee + Child(ren)	\$61.88	\$61.88	\$0.00	Employee + Child(ren)	\$61.88	\$61.88	\$0.00
Employee + Family	\$82.50	\$82.50	\$0.00	Employee + Family	\$82.50	\$82.50	\$0.00
Dental Plan 1							
Employee	\$	\$	\$0.00	Employee			\$0.00
Employee + Family	\$	\$	\$0.00	Employee + Family			\$0.00
Dental Plan 2							
Employee			\$0.00	Employee			\$0.00
Employee + Family			\$0.00	Employee + Family			\$0.00

Item 28

AGENDA ITEM 29

Discuss and take appropriate action concerning awarding contract for COBRA administration services as of November 1, 2003.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To award contract for COBRA administration services to United Healthcare as of November 1, 2003.

Vote: **5 - 0**

AGENDA ITEM 30

Discuss and take appropriate action concerning renewing contract for Employee Assistance Program (EAP) Services for FY 2003/2004.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To renew contract for Employee Assistance Program (EAP) Services for FY 2003/2004.

Vote: **5 - 0**

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