



**DE WITT COUNTY, TEXAS
RFP DOCUMENT CHECKLIST
FULLY-INSURED GROUP HEALTH
WITH RX, DENTAL AND VISION
RFP NO: 2026-0009**

Items required with RFP

Items submitted with bid
(Bidder's INITIALS)

Medical Questionnaire	_____
Rate Submission Form	_____
Medical Specifications	_____
Dental Specifications	_____
Vision Specifications	_____

The undersigned proposer herewith submits the above required documents. Also acknowledging that failure to submit any of these items with the bid shall be cause for rejection.

Company Name: _____
Signed By: _____
Printed Name and Title: _____
Date: _____

This checklist should be initialed and signed where indicated and returned with all completed documents.

REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE



**DE WITT COUNTY
REQUEST FOR PROPOSAL
2026-0009**

**Fully-Insured
Group Health with Rx, Dental and Vision**

Plan Year: 10/01/2026 to 09/30/2027

Proposal Due Date:

07/07/2026 at 3:00 P.M.

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE**

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**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE**

Section I

Introduction and Timetable

De Witt County (hereinafter referred to as the County) is seeking proposals in response to this Request for Proposal (RFP) for a fully insured group medical program for employees, officials, and dependents from carriers qualified to provide these services and/or products for the County’s benefits plan. This RFP is for the purpose of soliciting fully insured proposals in accordance with *Texas Local Government Code Chapter 262*.

Sealed proposals, one (1) original and four (4) copies, must be clearly marked “GROUP MEDICAL PROPOSAL”, and will be received no later than July 7, 2026 at 3:00 p.m. Delivery may only be made in person, from U.S. Post Office or delivery service. The County/Entity will not be responsible for any lost or late deliveries. Address proposals to the County/Entity to the attention of:

Ashley E. Hunt
Human Resource Director
102 N. Clinton St., Ste. 230
Cuero, Texas 77954
361-275-0888

All proposals shall be net of commissions for the medical and industry standard commission on dental and vision.

Timetable for Proposals

Schedule	Date
RFP Release Date:	<u>06/17/2026</u>
RFP Questions Due:	<u>06/25/2026</u>
Response to Questions:	<u>06/29/2026</u>
Proposal Due Date:	<u>07/07/2026</u>
Targeted Proposal Award Date:	<u>07/13/2026</u>
Enrollment Meetings to be scheduled within:	<u>09/01/2026</u>
Plan Effective Date:	<u>10/01/2026</u>

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE**

County/Entity Information

Group: De Witt County
Current Census: 148 Employees
Medical Premium Rate Structure: 5-tier rate basis: Employee Only, Employee and Spouse, Employee and Child, Employee and Child(ren), Employee and Family

Health Benefits Plan History for the past 5 years:

Medical Carrier:	Coverage Date (s):	Dental Carrier:	Coverage Date (s):	Vision Carrier:	Coverage Date (s):
Texas Association of Counties	10/01/2020 to Current	Texas Association of Counties	10/01/2020 to Current	Texas Association of Counties	10/01/2020 to Current

Waiting Period:

The County plan will have a 60-day waiting period for new enrollees.
 Effective: 1st of the month following 60 days

The County plan will have a 0-day waiting period for Elected Officials.
 Effective: 1st of the month BUT 1st of the month

Ex. Hire Date = June 2, coverage effective July 1st; Hire Date = June 1st, coverage effective June 1st

Employer Contribution:

The County/Entity pays 100% of the cost for employees and \$0.00 for dependents. Actual rates charged to the employees and dependents will be determined by Commissioners' Court.

Number of COBRA participants and benefit expiration date for each:

Two (2): September 30, 2026 and December 31, 2027

Number of employees waiving coverage:

- Medical: 4
- Dental: 30
- Vision: 45

Retiree Medical Benefits:

Group Plan: Retiree Benefits are not requested at this time

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE**

**Section II
General Proposal Information**

A. Requested Proposals

The County is seeking proposals on group medical benefits for eligible employees and their dependents. Proposals shall include fully-insured PPO group medical plans from carriers qualified to provide these services and/or products for the County's benefit plan. All costs of proposal preparation shall be assumed by the proposer.

Proposed medical plan should duplicate current benefits as closely as possible. Alternate plans may be considered but differences should be fully disclosed. Additionally, the County is requesting alternative plan options featuring \$2,000, \$2,500, and \$3,000 deductibles.

B. Proposed Coverage Period

The effective date of coverage is specified in Section I. Proposed rates shall remain in effect and be guaranteed for at least 12 months. Rates shall be firm, except for changes in census data and number of participants, at the time proposal is due. All underwriting shall be completed by due date.

The County reserves the right to terminate contract at any time with a 30-day written notice. It is the intention of the County to continue coverage for at least 12 months.

Proposals may be withdrawn, in writing, prior to the due date specified in Section I. All offers will remain open and guaranteed for at least 90 days after the due date.

C. Period of Contract

The initial period of this contract and any resulting renewals shall be for a one (1) year period with the option to renew for two additional one-year periods.

D. Proposal Deadline

Original and copies of the proposal must be submitted no later than July 7, 2026 at 3:00pm. Proposals received after the deadline may be returned.

E. Company Eligibility

All proposals must include the name of the insurance carrier, which should have a current general policyholder rating of "A-" published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or a Pool in accordance with the *Texas Local Government Code Chapter 172*. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company should be submitted.

The Insurance Carrier must pay claims in Texas for at least 10,000 employee lives.

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY-INSURED GROUP MEDICAL COVERAGE**

F. Reservation of Rights

The County reserves the right to reject all proposals, in whole or in part, waive any technicalities, and to accept the proposal which in its judgment is in the best interest of the county and its employees.

G. Award Consideration

Selection will be based on the following evaluation criteria. There are 100 total points available, and the system is weighted so that important aspects such as price and network availability/effectiveness are given more value. This weighing system is typical of the evaluation criteria that many local governments use in order to comply with the Texas Local Government Code; however, it may be adapted to reflect the priorities of the County/Entity.

Scoring System:

Total cost	30%
Benefits	20%
Network	20%
Service	20%
Financial stability	10%

H. Participant Eligibility Criteria

All employees and their dependents covered by the current plan will receive immediate coverage as of the effective date. Coverage for current participants will be covered with no pre-existing condition limitations according to HIPAA. Proposal must also cover COBRA participants who opt to continue coverage.

Eligible participants:

1. Employees working 30 hours per week
2. Elected and Appointed Officials

I. Requests for Additional Information

Requests for additional information may be submitted via e-mail until June 25, 2026 to:

Ashley E. Hunt
HR@dwcotx.org
361-275-0888

Please note the County/Entity believes the information contained in this RFP to be correct. Proposers must assume ultimate responsibility for ensuring its accuracy.

Responses will be forwarded to all known proposers by date shown in Section I.

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
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J. Legal

All proposers are expected to comply with all federal, state, and local laws and regulations relative to the preparation and submission of insurance proposals.

K. Confidentiality

The information contained in this RFP is confidential and may be used solely for the purpose of preparing proposals for the County/Entity. This includes all information relating to the medical condition of persons covered by county's benefit program. **The contents of proposals shall also remain confidential during the review process.**

L. Continuity of Coverage

All employees, COBRA participants, and covered dependents on the current plan are to be administered on a "no-loss/ no gain" basis by the insurance coverage. "Actively At Work" provisions must not apply to persons covered under the plan on October 1, 2026.

In fulfilling the continuity of coverage requirements, full credit must be allowed for all or any part of the major medical deductibles, coinsurance and preexisting conditions satisfied under the current program.

M. Census

The current census is provided. For proposing purposes, rates must be based on the participation figures provided in the census.

N. Negotiated Proposals

This RFP and any negotiations shall be made in compliance with the Texas Local Government Code Chapter 262.030.

During this portion of the process, if selected, proposers may be provided with an opportunity to change pricing or benefit provisions to become more competitive or in response to more current medical claims information.

O. Disqualification and Rejection of Proposals

Proposals shall conform to the attached specifications and any deviations may be grounds for rejection of the proposal. Benefit options will be allowed, if clearly and specifically identified and explained. The County/Entity reserves the right to disqualify proposers who fail to comply with the provisions of this RFP. Any deviations must be clearly noted.

P. Reports / Renewal

The Insurance carrier guarantees to provide complete annual claims information. This information must include paid claims and detailed information on all claims over \$10,000 (in accordance with the Health Insurance Portability and Accountability Act- HIPAA). The Insurance Carrier further agrees to deliver the complete renewal no later than 60 days prior to renewal date.

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
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Q. Enrollment Meetings

Selected carrier will conduct initial employee meetings to explain new program benefits and be responsible for enrollment materials.

R. Proposal Questionnaire

Each proposal must include a completed Proposal Questionnaire. The questionnaire is provided in Section III of the RFP. Proposers electing not to answer certain questions should explain the reasons for not responding.

S. Submission Forms

Each proposal must include a completed Rate Submission Form for each plan being quoted. The form is provided in Section III of the RFP.

Each proposer must complete the Medical, Dental and Vision specifications sheets. The specifications sheets are provided in Section III. Proposers requiring an Excel version of the Specification Sheets may request one via e-mail at:

Ashley E. Hunt
HR@dwcotx.org
361-275-0888

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
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SECTION III

Medical Questionnaire

About the Insurance Company

1. Provide insurance carrier's name, location, and contact person

2. What is the current AM Best rating for your company?

3. Is your company regulated by the Texas Department of Insurance? Yes No
If no, describe the kind of arrangement and guarantee provided to ensure payment of claims if the company becomes insolvent.

4. Please indicate number of covered employees and length of time firm has been in business in this capacity.

5. Are there a minimum number of participants required? Yes No
If so, what is that number percentage of eligible employees?

6. Have any lawsuits been filed against your organization related to any of your health care products or administrative services in the last three years? Please describe the nature of any lawsuits, dates, and outcomes.

7. Provide three (3) governmental entity references, including contact name and phone number, for which your company provides group health insurance services. Include groups of similar size if possible.

8. Describe your proposal's wellness programs including all events, programs, nurse related services and condition management efforts.

Plan Implementation

9. Do you agree to a no-loss/no-gain takeover of all benefits? Yes No

10. Will credit be given for deductible and coinsurance accumulations upon the initial plan takeover?
 Yes No

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
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11. Does your plan include a deductible carryover into a subsequent year? Yes No
What is the carryover period?

Account and Customer Services

12. Will our account be handled by one main contact person or team? Please provide the contact person or team leader's name and contact information.
13. Is there a toll-free customer service number available to plan participants to verify benefit information, claims questions, and for providing referrals? Yes No

COBRA

14. Please include the cost for using your company for COBRA services and describe the services provided.

Deviations

15. Describe any deviations from the requirements of this RFP. The company providing this proposal is liable for the addition, including the costs, of differences not clearly noted in this question.

Program Questions

16. Please outline your wellness platform and programs.
17. Please outline any rate caps willing to attach to your rates.

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Rate Submission Form

Proposer must fill out this form.

MEDICAL	RATES PER MONTH
Employee Only	\$
Employee and 1 Child (if applicable)	\$
Employee and Children	\$
Employee and Spouse	\$
Employee and Family	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

DENTAL	RATES PER MONTH
Employee Only	\$
Employee and Children	\$
Employee and Spouse	\$
Employee and Family	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*Rates shown above include an approximate broker commission of
\$ _____ Annually.

VISION	RATES PER MONTH
Employee Only	\$
Employee and Children	\$
Employee and Spouse	\$
Employee and Family	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*Rates shown above include an approximate broker commission of
\$ _____ Annually.

Please Detail Review/Compliance Requirements (or Enter N/A)					
Does The Enrollment Build Require Any User Acknowledgements? (Yes/No)					
Please Detail Acknowledgement Requirements (or Enter N/A)					
What Is the Timeframe For Changes Communicated in the EDI File to Appear In Your System?					
What Is the Timeframe For Delivery of Discrepancy Reports Per File?					
Will the Carrier Accept Individual EDI Files for Each Client?					
Will the Carrier Accept auto-terminations for Coverage Dependents? (Yes/No)					
Please Detail EDI File Validation Failures and Error Thresholds that Would Prevent File Processing					
How soon after the first data file is received, in good order, will services be available to participants?					
Name and Email Address of EDI Contact					
Please list any additional file types you will need upon implementation or post-enrollment.					

DENTAL - Proposer must fill out this form.

CARRIER NAME (AS IT SHOULD BE LISTED IN ENROLLMENT SYSTEM)						
PLAN NAME (AS IT SHOULD BE LISTED IN ENROLLMENT SYSTEM)	Current Plan	Option 1	Option 2	Option 3	Option 4	Option 5
ELIGIBILITY PROVISIONS						
New Employee Waiting Period	60 days for EE or 0 days for Elected Officials					
Minimum Hours Per Week Required for Eligibility	30					
Eligible Employment Status (Active, Retiree, COBRA, FMLA, etc.)	Active, COBRA					
Employee Eligibility Definition	an employee working 30 hours or more per week					
Dependent Spouse Eligibility Definition (Include Relation to EE)	legally married spouse of the employee					
Dependent Spouse Maximum Age	No Max Age					
Dependent Child(ren) Eligibility Definition (Include Relation to EE)	natural, adopted, step, disabled, and court-ordered child					
Dependent Child(ren) Maximum Age	To Age 26					
Disabled Child(ren) Covered Up To	No Max Age					
PLAN DETAILS						
Plan Funding Type: Fully-Insured, Self-Funded, ASO	Fully-Insured					
Network Type: DHMO, DPPO, EPO, DRP	DPPO					
INN Reimbursement Type: Negotiated Fees, Coinsurance, Copay	Coinsurance					
OON Reimbursement Type: UCR (# Percentile), MAC	UCR					
PROVIDER NETWORK						
Dental Network Name	BlueCare Dental PPO					
Provider Search Link	https://bcbsbx.com					
PLAN FEATURES						
Annual Maximum Benefit per Member	\$1,500					
Annual Deductible Amount: Individual / Family	\$50/\$150					
Plan Annual Maximum Rollover or Increasing Max Threshold and Amount	N/A					
PLAN FEATURES 2						
Annual Deductible Waived for Preventative?	Yes					
Is there a Plan Annual Maximum Rollover or Increasing Max Included? (YES/NO)	No					
Please Detail Increasing Max Eligibility	N/A					
REIMBURSEMENT PERCENTAGES						
Class 1: Preventative/Diagnostic Care	100%					
Class 2: Basic Restorative Care	80%					
Class 3: Major Restorative Care	50%					
Class 3: Implants - List if Full, Partial or Not Covered	Partial					
ORTHODONTIA						
Class 4: Orthodontia Reimbursement Percentage	50%					
Class 4: Orthodontia - Lifetime Max Amount	\$1,500					
Class 4: Orthodontia - Children Only or Adults & Child Coverage or enter N/A	Adults and Child Coverage					
Class 4: Orthodontia- What age are Children Covered up to?	To Age 26					
SERVICES CLASS (Indicate if Preventative, Basic or Major)						
Palliative Treatment	Basic					
Oral Surgery: Simple Extractions	Basic					
Oral Surgery: Surgical Extractions	Major					
Periodontics Non Surgical	Basic					

Periodontics Surgical	Major				
Endodontics Non Surgical	Basic				
Endodontics Surgical	Basic				
PLAN PROVISIONS					
Detail the Number of Dental Cleanings Available per Year	twice per Plan Year				
Do Waiting Periods Apply for Any Preventative, Basic, Major or Orthodontia Services?	Yes				
PLAN PROVISIONS 2					
Can Policy Year/Calendar Year be chosen by the client? (YES/NO)	Yes				
Are Benefits Determined by Policy Year or Calendar Year?	Policy Year				
Are Limitations For Late Entrants Included in the Policy? (YES/NO)	Yes				
Is a Missing Tooth Clause included in the policy? (YES/NO)	No				
Can Benefits Be Utilized Outside of the US? (YES/NO)	Yes				
OTHER SERVICES					
Are ID Cards Electronic Only or Mailed (Preferred) to the Participant's Home address?	Both				
RATES					
CONTRIBUTION & TAX ELECTION DETAILS					
Employer Contribution (Enter N/A, or the Amount Required)	N/A				
Employer Contribution for All Tiers or EE Only	N/A				
Tax Election (Pre or Post-Tax)	Pre-tax				
RATES BY TIER (PER MONTH, MUST END IN AN EVEN DIGIT)					
Employee Only	\$34.82				
Employee + Spouse	\$63.82				
Employee + Child(ren)	\$73.12				
Employee + Family	\$110.28				
RATE GUARANTEE					
In Years	2+ years preferred, will not consider less than 2				
Bundling/Multi-Line Discount (If so please detail)	No				
ADDITIONAL INFORMATION					
Participation Requirement					
Value-Add 1					
Value-Add 2					
Value-Add 3					
Please include any additional information you would like the employer to consider when selecting their benefits					
BUILD INFORMATION					
Please Provide Any Required Verbiage That Must be Included on the Enrollment Page					
ENROLLMENT SYSTEM BUILD & ELECTION DELIVERY					
Does The Enrollment Build Require Any User Acknowledgements? (Yes/No)					
Please Detail Acknowledgement Requirements (or Enter N/A)					
Name and Email Address of EDI Contact					

VISION - Proposer must fill out this form.

CARRIER NAME (AS IT SHOULD BE LISTED IN ENROLLMENT SYSTEM)						
PLAN NAME (AS IT SHOULD BE LISTED IN ENROLLMENT SYSTEM)						
ELIGIBILITY PROVISIONS						
	Current Plan		Option 1		Option 2	
New Employee Waiting Period	60 days for EE or 0 days for Elected Officials					
Minimum Hours Per Week Required for Eligibility	30					
Eligible Employment Status (Active, Retiree, COBRA, FMLA, etc.)	Active, COBRA					
Employee Eligibility Definition	an employee working at least 30 hours per week					
Dependent Spouse Eligibility Definition (Include Relation to EE)	legally married spouse of the employee					
Dependent Spouse Maximum Age	No Max Age					
Dependent Child(ren) Eligibility Definition (Include Relation to EE)	natural, adopted, step, disabled, and court-ordered child					
Dependent Child(ren) Maximum Age	To Age 26					
Disabled Child(ren) Covered Up To	No Max Age					
PROVIDER NETWORK						
Vision Network Name	BCBS Vision Care Value Plan					
Provider Search Link	https://bcbstx.com					
BENEFIT FREQUENCY (PER PLAN YEAR)						
Exam	once every 12 months					
Frames	once every 24 months					
Lenses	one every 12 months					
Contact Lenses	once every 12 months					
SERVICES (COPAYS)						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	\$10	up to \$30				
Retinal Imaging	N/A	N/A				
Standard Contact Lens Fitting	up to \$40 for standard; 10% off retail price for premium	N/A				
MATERIALS COPAY (PER PAIR)						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Frame Allowance	\$130; 20% off balance over \$130	up to \$65				
Materials Co-Pay	\$0	N/A				

Are Single Vision Lenses Covered In-Full (YES/NO & LIST COPAY IF APPLIES)	No; \$15 copay	up to \$25				
Are Bifocal Lenses Covered In-Full (YES/NO & LIST COPAY IF APPLIES)	No; \$15 copay	up to \$25				
Progressive Lenses by Tier - Standard - Premium	Standard: \$70 copay Premium: Tier 1 - \$90 copay Tier 2 - \$100 copay Tier 3 - \$115 copay Tier 4 - \$70 copay; 80% of charge less \$120 allowance	N/A				
LENS ENHANCEMENTS (List Copay/Allowance Amounts if Applicable)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Are Standard Polycarbonate Lenses Covered In-Full? (List: Children Only + Max Age, or Adult & Children w/Max Age)	Children Only	up to \$5 kids				
Standard Polycarbonate Lenses (Amount for Adults if Applicable)	\$40	N/A				
Anti-Reflective Coating - Standard - Premium	Standard: \$45 copay Premium: Tier 1 - \$57 Tier 2 - \$68 Tier 3 - 80% of charge	N/A				
Scratch-Resistant Coating	\$0	up to \$5				
UV Treatment	\$15	N/A				
CONTACTS & LASIK	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Are contacts in lieu of glasses? (YES/NO)	Yes					
Conventional Contact Lens Allowance	\$130; 15% off balance over \$130	up to \$104				
Medically Necessary Contact Lens Allowance	\$0 copay, paid-in-full	up to \$210				
Lasik Benefit	15% off retail price or 5% off promotional price	N/A				
PLAN PROVISIONS						
Can Policy Year/Calendar Year be chosen by the client? (YES/NO)	Yes					
Are Benefits Determined by Policy Year, Service Year or Calendar Year?	Policy Year					
Can Benefits Be Utilized Outside of the US? (YES/NO)	Yes					
OTHER SERVICES						
Are ID Cards Electronic Only or Mailed (Preferred) to the Participant's Home address?	Both					
RATES						

CONTRIBUTION & TAX ELECTION DETAILS			
Employer Contribution (Enter N/A, or the Amount Required)	N/A		
Employer Contribution for All Tiers or EE Only	N/A		
Tax Election (Pre or Post-Tax)	Pre-Tax		
RATES BY TIER (PER MONTH, MUST END IN AN EVEN DIGIT)			
Employee Only	\$4.58		
Employee + Spouse	\$8.72		
Employee + Child(ren)	\$9.18		
Employee + Family	\$13.52		
RATE GUARANTEE			
In Years	4 years preferred, will not consider less than 2		
Bundling/Multi-Line Discount (if so please detail)	No		
ADDITIONAL INFORMATION			
Participation Requirement			
Value-Add 1			
Value-Add 2			
Value-Add 3			
Please include any additional information you would like the employer to consider when selecting their benefits			
BUILD INFORMATION			
Please Provide Any Required Verbiage That Must be Included on the Enrollment Page			
ENROLLMENT SYSTEM BUILD & ELECTION DELIVERY			
Does The Enrollment Build Require Any User Acknowledgements? (Yes/No)			
Please Detail Acknowledgement Requirements (or Enter N/A)			
Name and Email Address of EDI Contact			

**REQUEST FOR PROPOSAL FOR DE WITT COUNTY
FULLY INSURED GROUP MEDICAL COVERAGE**

SECTION IV

EXHIBITS

1. Current Benefit Plan Design – for medical, Rx, dental and vision
2. Current Census – including gender, DOB, tier description (EO, EC, ES, EF), status (active, COBRA) for medical, Rx, dental, and vision
3. Census Summary
4. Employer Contribution Summary
5. Claims History – 2 years of monthly claims for medical Rx and dental
6. High Cost Claimants (HCC) Report (\$10,000+)
7. Current Billing Invoice
8. Invoice from Previous Plan Year



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com or by calling 1-855-357-5228. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/> or call 1-800-456-5974 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>In-Network</u> : \$1,500 Individual / \$4,500 Family <u>Out-of-Network</u> : \$4,500 Individual / \$13,500 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Services that charge a <u>copay</u> , <u>prescription</u> drugs, and <u>In-Network diagnostic tests</u> , <u>home health</u> , <u>skilled nursing</u> , and <u>hospice</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at: https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	<u>In-Network</u> : \$3,500 Individual / \$8,700 Family <u>Out-of-Network</u> : \$7,000 Individual / \$21,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services.
What is not included in the out-of-pocket limit?	<u>Deductibles</u> , <u>premiums</u> , <u>preauthorization</u> penalties, <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-855-357-5228 for a list of <u>In-Network</u> providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Do you need a referral to see a specialist?

No.

You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Virtual visits available through MDLive <u>\$0 copay</u> . In-Network.
	<u>Specialist</u> visit	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. No Charge for child immunizations <u>Out-of-Network</u> through the 6 th birthday.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Office visit <u>copay</u> may apply.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at: www.mybenefits.org	Tier 1	Retail: \$10 <u>copay</u> / prescription Mail: \$20 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	Retail: one copay per 30-day supply Retail -90: two copays up to 90 day supply Mail: two <u>copays</u> up to 90-day supply. Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name <u>Copayment</u> . <u>Specialty drug</u> prescriptions must be filled through Lumicera Specialty Pharmacy. One <u>copay</u> per 30-day supply.
	Tier 2	Retail: \$25 <u>copay</u> / prescription Mail: \$50 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
	Tier 3	Retail: \$40 <u>copay</u> / prescription Mail: \$80 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
	<u>Specialty drugs</u>	\$25 / \$40 <u>copay</u> / prescription; <u>deductible</u> does not apply	Total Cost of prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u> after \$150 <u>copay</u> /visit	20% <u>coinsurance</u> after \$150 <u>copay</u> /visit	<u>Copay</u> waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$30 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	All services must be preauthorized; \$250 penalty applies. <u>Out-of-Network</u> for failure to preauthorize.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copay</u> / office visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> for other outpatient services	30% <u>coinsurance</u> office visit 40% <u>coinsurance</u> for other outpatient services	Certain services must be preauthorized; refer to benefit booklet for details.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	All services must be preauthorized; \$250 penalty applies <u>Out-of-Network</u> for failure to preauthorize.
If you are pregnant	Office visits	\$30 <u>copay</u> / initial visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	20% <u>coinsurance</u> applies after initial visit <u>In-Network</u> . <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	All services must be preauthorized; \$250 penalty applies <u>Out-of-Network</u> for failure to preauthorize.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Limited to 60 visits per <u>plan</u> year. All services must be preauthorized.
	<u>Rehabilitation services</u>	\$30 <u>copay</u> / visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Habilitation services</u>	\$30 <u>copay</u> / visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Limited to 25 days per plan year. All services must be preauthorized.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	All services must be preauthorized.
If your child needs dental or eye care	Children's eye exam	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing Aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Non-emergency care when traveling Outside the U.S.
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-855-357-5228, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross Blue Shield of Texas at 1-855-357-5228 or visit www.bcbstx.com, or contact the U.S. Department of Labor's Employee Benefits Security Administrations at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Contact the Texas Department of Insurance at 1-800-252-3439 or visit www.texashealthoptions.com.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-855-357-5228.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-357-5228.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-357-5228.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-357-5228.]

To see examples of how the plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$30
Coinsurance	\$2,000
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,560

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$900
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,560

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$150
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,350

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services Phone: 800-368-1019
200 Independence Avenue SW TTY/TDD: 800-537-7697
Room 509F, HHH Building 1019 Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Washington, DC 20201 Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 4A-NG NO DEDUCTIBLE

Prescription Drug Program

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	\$0 Individual / \$0 Family
Tier 3 Drug	\$40 Copayment Amount
Tier 2 Drug	\$25 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	\$80 Copayment Amount
Tier 2 Drug	\$50 Copayment Amount
Tier 1 Drug	\$20 Copayment Amount

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

DENTAL PLAN II WITH ORTHODONTIA

BLUECARE DENTAL PPO

Type of Service	Benefit**
General Provisions Plan Year Deductible Plan Year Maximum per Participant	\$50 Individual / \$150 Family \$1,500
Diagnostic and Preventive Care Benefits (deductible waived) <i>(Benefits do not apply to Plan Year Maximum)</i> Oral Examinations - 2 per plan year Prophylaxis - 2 cleanings per plan year Fluoride Treatment to age 19 - 2 per plan year Consultations – covered with no frequency limitation Problem-Focused and non-routine exams - 1 per plan year Dental X-Rays - Full Mouth/Panoramic X-rays (once every 60 months) Bitewing X-Ray Series - 1 per plan year Periapical X-Rays - 4 per plan year Intraoral Occlusal X-Rays - 2 per plan year Sealants for permanent unrestored bicuspid & molars excluding wisdom teeth; covered up to age 19 - 1 per tooth every 36 months Space Maintainers up to age 19 - 1 per arch per lifetime on posterior teeth only Interim caries Arresting Medicament Application up to age 19 - 1 per plan year per tooth Periodontal Maintenance - 2 per plan year; not combined with Preventive Prophylaxis Full Mouth Debridement - once per lifetime Cone Beam CT - 2 per plan year	100%
Miscellaneous Services Palliative Care Labs and Tests	80%
Restorative Services Amalgams and Composite - once every 24 months per tooth on the same surface Simple Extractions Pin Retention	80%
General Services Diagnostic Casts - 1 per Plan Year Prefabricated Stainless Steel and Resin Crowns – 1 per tooth per 36 months on primary & permanent teeth; No age limit	80%
Endodontic Services Root Canal Therapy Direct Pulp Cap Apicoectomy / Apexification Retrograde Filling Root Amputation / Hemisection Therapeutic Pulpotomy	80%
Periodontal Services Periodontal Scaling and Root Planing – 1 per 24 months per quadrant	80%
Oral Surgery Services Surgical tooth extractions Full Bony impacted tooth extractions Periodontal Surgery – 1 every 36 months per quadrant General Anesthesia / IV Sedation Alveoloplasty, Vestibuloplasty Gingivectomy / Gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	50%

Initials _____ Date _____



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Crowns, Inlays/Onlays Services Crowns, Inlays, Onlays, Labial Veneers - 1 per tooth every 84 months	50%
Prosthodontic Services Bridges and Dentures – 1 replacement every 84 months Denture Reline / Rebase – 1 per 36 months Denture Adjustments – 2 per plan year Crown and Bridge Re-cementation – 2 per crown and bridge per plan year Denture and Bridge Repairs – 1 per plan year Occlusal Guard for Bruxism – 1 appliance every 36 months Implants – 1 per tooth every 84 months	50%
Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults (no age limitation) and Dependent children (under age 26) Lifetime Maximum per Participant	50% \$1,500

****Each time you need dental care, you can choose to:**

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
<ul style="list-style-type: none"> Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses You are required to file claim forms You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:

- **Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.**
- **Retirees may be eligible, depending on employer contract.**
- **Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.**

When the course of treatment will be more than \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Vision Benefits

Texas Association of Counties

VALUE PLAN

INSIGHT NETWORK		
Frequency		
Examination		Once every 12 months
Lenses or contact lenses		Once every 12 months
Frame		Once every 24 months
Contact lens eval/fitting		N/A
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Lenticular	\$15 copay	Up to \$55
Standard progressive lens	\$70 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas



Summary of Benefits Continued

Progressive Price List ¹	Member Cost In-Network
Standard progressive	\$70 copay
Premium progressives ² as follows:	
Tier 1	\$90 copay
Tier 2	\$100 copay
Tier 3	\$115 copay
Tier 4	\$70 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ² coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross and Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Current Census

Group Number	County Name	Zipcode	Gender	Birth Date	Employment Status	Medical & Rx Tier	Dental Tier	Vision Tier
416252	De Witt County	77954	F	7/16/1976	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	F	4/30/1972	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	F	12/16/1979	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	8/23/1982	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	F	6/8/1974	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	11/30/1980	A	Employee & Child	Employee & Child(ren)	No Coverage
416252	De Witt County	77954	M	10/17/1987	A	Employee & Child	Employee & Child(ren)	No Coverage
416252	De Witt County	78164	F	8/23/1978	A	Employee & Child	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77995	M	4/3/1966	A	Employee & Child	Employee & Family	No Coverage
416252	De Witt County	77901	M	7/2/1991	A	Employee & Child	Employee Only	Employee Only
416252	De Witt County	77995	M	7/6/1972	A	Employee & Child	Employee Only	No Coverage
416252	De Witt County	77954	M	3/12/1989	A	Employee & Child	Employee Only	No Coverage
416252	De Witt County	77904	F	10/9/1981	A	Employee & Child	No Coverage	No Coverage
416252	De Witt County	78164	M	11/8/1984	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	F	10/7/1986	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	3/18/1982	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	M	6/1/1990	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77901	F	12/9/1993	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	10/19/1983	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	F	4/20/1991	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	8/11/1986	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	78164	M	5/7/1990	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	12/15/1982	A	Employee & Child(ren)	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	2/24/1988	A	Employee & Child(ren)	Employee & Family	Employee & Family
416252	De Witt County	77954	M	6/29/1976	A	Employee & Child(ren)	Employee & Family	Employee & Family
416252	De Witt County	77954	F	10/11/1986	A	Employee & Child(ren)	Employee Only	Employee Only
416252	De Witt County	77954	M	7/6/1981	A	Employee & Child(ren)	No Coverage	No Coverage
416252	De Witt County	77964	M	1/29/1961	A	Employee & Family	Employee & Family	Employee & Family
416252	De Witt County	77954	F	11/2/1967	A	Employee & Family	Employee & Family	Employee Only
416252	De Witt County	77954	F	7/4/1964	A	Employee & Spouse	No Coverage	No Coverage
416252	De Witt County	78164	F	6/14/1971	A	Employee Only	Employee & Child(ren)	Employee Only
416252	De Witt County	77954	F	7/22/1997	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	4/12/1974	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	4/14/1993	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	M	10/7/1974	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	8/30/1987	A	Employee Only	Employee & Child(ren)	Employee Only
416252	De Witt County	77954	F	4/1/1985	A	Employee Only	Employee & Child(ren)	Employee Only
416252	De Witt County	77954	F	4/27/1991	A	Employee Only	Employee & Child(ren)	No Coverage
416252	De Witt County	77905	F	9/22/1966	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77954	F	3/17/1967	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)

Current Census

Group Number	County Name	Zipcode	Gender	Birth Date	Employment Status	Medical & Rx Tier	Dental Tier	Vision Tier
416252	De Witt County	77995	F	6/26/1990	A	Employee Only	Employee & Child(ren)	Employee & Child(ren)
416252	De Witt County	77901	F	6/29/1983	A	Employee Only	Employee & Family	Employee & Family
416252	De Witt County	78164	M	11/28/1953	A	Employee Only	Employee & Spouse	Employee & Spouse
416252	De Witt County	77905	M	7/26/1992	A	Employee Only	Employee & Spouse	No Coverage
416252	De Witt County	78151	M	1/28/1977	A	Employee Only	Employee & Spouse	Employee & Spouse
416252	De Witt County	77954	M	4/23/1957	A	Employee Only	Employee & Spouse	Employee & Spouse
416252	De Witt County	77995	M	9/29/1956	A	Employee Only	Employee & Spouse	No Coverage
416252	De Witt County	77904	M	1/31/1967	A	Employee Only	Employee & Spouse	Employee & Spouse
416252	De Witt County	77995	M	8/16/1996	A	Employee Only	Employee & Spouse	Employee & Spouse
416252	De Witt County	77954	F	9/19/1970	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	2/14/1964	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	8/22/1991	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	2/23/2002	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	7/28/1958	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	7/14/1997	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	M	9/18/1980	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	7/7/1987	A	Employee Only	Employee Only	Employee & Child(ren)
416252	De Witt County	77954	M	4/24/1970	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77904	F	7/30/1994	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	9/27/1968	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	12/4/1961	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	2/6/1988	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77984	F	4/7/1975	A	Employee Only	Employee Only	Employee & Spouse
416252	De Witt County	77954	F	11/18/1973	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	6/13/1965	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	F	7/6/1975	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77904	M	12/16/1997	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	8/11/1992	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77995	F	10/21/1993	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77901	F	6/24/1995	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	6/9/1976	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	1/11/1976	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	2/16/1960	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	8/24/1964	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	4/9/1966	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77954	M	7/10/2003	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	6/28/1996	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	2/23/1987	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	4/18/1979	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	7/25/1965	A	Employee Only	Employee Only	No Coverage

Current Census

Group Number	County Name	Zipcode	Gender	Birth Date	Employment Status	Medical & Rx Tier	Dental Tier	Vision Tier
416252	De Witt County	77905	F	4/12/1954	A	Employee Only	Employee Only	Employee & Spouse
416252	De Witt County	77954	F	8/16/1984	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	11/2/1988	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78629	M	7/30/1994	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	F	4/9/1996	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	6/23/2002	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77954	M	1/29/1990	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	11/23/1993	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78141	F	1/8/1981	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	2/25/1969	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	78164	M	5/9/1994	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	M	7/23/1982	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77901	F	2/27/1986	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	8/23/1985	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77974	F	4/7/1968	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78629	M	10/18/1985	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	10/18/1988	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	3/29/1976	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	7/1/1980	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	6/3/1969	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77954	M	3/12/1967	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78151	F	3/4/2001	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	F	2/4/1991	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	5/30/1962	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77905	F	4/22/1991	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	10/31/1965	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	1/20/1961	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	F	5/22/2000	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	F	12/5/1996	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77904	M	6/1/1974	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	M	3/25/1991	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	12/6/1988	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	78164	M	5/20/1974	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77954	F	8/8/1984	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	11/27/1991	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77904	M	3/31/1992	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	12/22/2003	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77995	F	5/2/1967	A	Employee Only	Employee Only	No Coverage
416252	De Witt County	77904	F	6/7/1978	A	Employee Only	Employee Only	Employee Only
416252	De Witt County	77954	M	2/26/1964	A	Employee Only	Employee Only	Employee Only

Current Census

Group Number	County Name	Zipcode	Gender	Birth Date	Employment Status	Medical & Rx Tier	Dental Tier	Vision Tier
416252	De Witt County	77954	M	1/9/1974	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	M	2/13/2004	A	Employee Only	No Coverage	Employee Only
416252	De Witt County	77954	M	11/24/1981	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	M	3/11/1963	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77905	M	11/25/1977	A	Employee Only	No Coverage	Employee & Family
416252	De Witt County	77954	M	10/13/1976	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77995	M	11/27/1964	A	Employee Only	No Coverage	Employee & Spouse
416252	De Witt County	77954	M	6/13/1963	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	78164	M	2/17/1952	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	78164	M	4/11/1958	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77995	F	11/14/1966	A	Employee Only	No Coverage	Employee Only
416252	De Witt County	77954	F	4/22/1969	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77995	M	12/25/1965	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	M	10/20/1957	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77904	M	9/4/1998	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	78141	M	5/8/1989	A	Employee Only	No Coverage	Employee Only
416252	De Witt County	77954	F	4/19/1964	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	M	7/14/2004	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77995	M	5/28/1979	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	F	3/1/1983	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77904	M	7/18/1977	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77995	M	1/14/1957	A	Employee Only	No Coverage	No Coverage
416252	De Witt County	77954	M	10/30/1950	A	No Coverage	No Coverage	No Coverage
416252	De Witt County	77954	M	12/15/1958	A	No Coverage	No Coverage	No Coverage
416252	De Witt County	77954	M	1/14/1980	A	No Coverage	No Coverage	No Coverage
416252	De Witt County	77954	F	11/12/1999	A	No Coverage	No Coverage	No Coverage
416252	De Witt County	75025	F	4/11/1968	C	Employee Only	No Coverage	No Coverage
416252	DeWitt County	77954	F	8/18/1957	C	No Coverage	Employee & Spouse	No Coverage

Census Summary

Proposals shall be based on the county/entity's current enrollment. Census attached. Below is a summary of how many employees are in each tier.

HEALTH	Active	COBRA	Retiree	Total
Employee Only	112	1	N/A	113
Employee and 1 Child	13	0	N/A	13
Employee and Children	14	0	N/A	14
Employee and Spouse	1	0	N/A	1
Employee and Family	2	0	N/A	2
Total HEALTH	142	1	N/A	143

DENTAL	Active	COBRA	Retiree	Total
Employee Only	75	0	N/A	75
Employee and Spouse	7	1	N/A	8
Employee and Children	29	0	N/A	29
Employee and Family	6	0	N/A	6
Total DENTAL	117	1	N/A	118

VISION	Active	COBRA	Retiree	Total
Employee Only	66	0	N/A	66
Employee and Spouse	8	0	N/A	8
Employee and Children	24	0	N/A	24
Employee and Family	5	0	N/A	5
Total VISION	103	0	N/A	103

Employer Contribution Summary

Listed below are current contribution amounts (or percentages) for each benefit.

	Amount Employer Pays	Amount Employee Pays	Amount Retiree pays (if applicable)
Health:			
Employee Only:	\$ <u>1,256.60</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Employee + 1 Child:	\$ <u>1,256.60</u>	\$ <u>277.32</u>	\$ <u>N/A</u>
Employee + Children	\$ <u>1,256.60</u>	\$ <u>576.26</u>	\$ <u>N/A</u>
Employee + Spouse	\$ <u>1,256.60</u>	\$ <u>1,051.04</u>	\$ <u>N/A</u>
Employee + Family	\$ <u>1,256.60</u>	\$ <u>1,551.76</u>	\$ <u>N/A</u>
Dental:			
Employee Only:	\$ <u>0.00</u>	\$ <u>34.82</u>	\$ <u>N/A</u>
Employee + Children	\$ <u>0.00</u>	\$ <u>73.12</u>	\$ <u>N/A</u>
Employee + Spouse	\$ <u>0.00</u>	\$ <u>63.82</u>	\$ <u>N/A</u>
Employee + Family	\$ <u>0.00</u>	\$ <u>110.28</u>	\$ <u>N/A</u>
Vision:			
Employee Only:	\$ <u>0.00</u>	\$ <u>4.58</u>	\$ <u>N/A</u>
Employee + Children	\$ <u>0.00</u>	\$ <u>9.18</u>	\$ <u>N/A</u>
Employee + Spouse	\$ <u>0.00</u>	\$ <u>8.72</u>	\$ <u>N/A</u>
Employee + Family	\$ <u>0.00</u>	\$ <u>13.52</u>	\$ <u>N/A</u>

DeWitt Co 24-Month Medical & Rx Report

Post Date : Apr 2026

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 24 Months [May 2024 - Apr 2026]

Coverage Type : (Medical)

Group : (048328 - DEWITT COUNTY - PPO - INACTIVE PLAN, 245372 - DEWITT COUNTY - HRA - INACTIVE PLAN, 416252 - DEWITT COUNTY - PPO)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
May 2024	139	198	\$173,230.40	\$130,170.94	\$36,063.50	\$166,234.44
Jun 2024	140	201	\$174,630.62	\$111,589.38	\$25,209.43	\$136,798.81
Jul 2024	141	203	\$175,761.14	\$153,721.11	\$39,086.29	\$192,807.40
Aug 2024	139	198	\$172,100.14	\$100,928.26	\$43,397.69	\$144,325.95
Sep 2024	139	198	\$172,350.34	\$57.94	\$36,394.12	\$36,452.06
Oct 2024	138	204	\$186,019.02	\$446,465.04	\$27,025.92	\$473,490.96
Nov 2024	141	209	\$190,243.38	\$39,463.22	\$35,337.15	\$74,800.37
Dec 2024	146	214	\$197,372.26	-\$360.99	\$33,290.37	\$32,929.38
Jan 2025	146	211	\$194,762.62	\$60,556.92	\$31,387.56	\$91,944.48
Feb 2025	146	212	\$195,885.58	\$26,439.52	\$36,579.61	\$63,019.13
Mar 2025	145	205	\$192,688.92	\$540,426.17	\$31,009.48	\$571,435.65
Apr 2025	146	206	\$194,741.58	\$177,229.26	\$30,667.45	\$207,896.71
May 2025	145	203	\$192,148.48	\$102,207.38	\$32,577.89	\$134,785.27
Jun 2025	147	205	\$194,590.40	\$20,824.91	\$45,902.51	\$66,727.42
Jul 2025	146	204	\$193,369.44	\$9,916.09	\$31,689.60	\$41,605.69
Aug 2025	148	206	\$195,811.36	\$642,610.35	\$34,374.48	\$676,984.83
Sep 2025	147	204	\$194,320.18	\$390,205.59	\$41,544.57	\$431,750.16
Oct 2025	146	205	\$198,992.02	\$200,455.45	\$29,375.75	\$229,831.20
Nov 2025	147	208	\$200,824.88	\$227,496.85	\$21,407.81	\$248,904.66
Dec 2025	149	210	\$203,338.08	\$147,034.59	\$39,071.46	\$186,106.05
Jan 2026	144	205	\$197,112.04	\$72,024.98	\$23,411.21	\$95,436.19
Feb 2026	140	201	\$192,085.64	\$215,658.59	\$23,176.87	\$238,835.46
Mar 2026	140	201	\$191,808.32	\$381,790.15	\$24,444.98	\$406,235.13
Apr 2026	142	202	\$194,321.52	\$303,352.16	\$26,324.83	\$329,676.99
Total: Selected Filter(s)	144	205	\$4,568,508.36	\$4,500,263.86	\$778,750.53	\$5,279,014.39

DeWitt Co 24-Month Dental Report

Post Date : Apr 2026

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 24 Months [May 2024 - Apr 2026]

Coverage Type : (Dental)

Group : (048328 - DEWITT COUNTY - PPO - INACTIVE PLAN, 245372 - DEWITT COUNTY - HRA - INACTIVE PLAN, 416252 - DEWITT COUNTY - PPO)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
May 2024	113	195	\$5,089.32	\$7,071.16
Jun 2024	114	198	\$5,145.34	\$2,499.50
Jul 2024	114	199	\$5,145.34	\$5,110.33
Aug 2024	113	196	\$5,048.56	\$9,080.91
Sep 2024	114	195	\$5,112.74	\$3,130.33
Oct 2024	111	209	\$5,247.24	\$6,146.43
Nov 2024	113	215	\$5,378.52	\$5,561.44
Dec 2024	115	217	\$5,467.08	\$7,708.30
Jan 2025	115	211	\$5,346.24	\$2,735.74
Feb 2025	115	211	\$5,380.62	\$5,759.86
Mar 2025	115	207	\$5,311.86	\$6,264.59
Apr 2025	116	208	\$5,377.50	\$5,245.61
May 2025	117	206	\$5,340.00	\$7,600.74
Jun 2025	119	208	\$5,402.52	\$4,550.90
Jul 2025	118	206	\$5,345.22	\$5,003.01
Aug 2025	119	207	\$5,376.48	\$5,776.83
Sep 2025	118	204	\$5,310.84	\$4,456.35
Oct 2025	120	208	\$6,098.02	\$10,159.48
Nov 2025	121	211	\$6,171.14	\$4,210.06
Dec 2025	123	210	\$6,165.32	\$6,912.12
Jan 2026	119	205	\$5,977.34	\$5,744.41
Feb 2026	116	201	\$5,843.88	\$7,454.05
Mar 2026	114	198	\$5,735.94	\$9,517.71
Apr 2026	117	202	\$5,869.40	\$8,199.46
Total: Selected Filter(s)	116	205	\$131,686.46	\$145,899.32



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

DeWitt County 24 Month HCC - No PHI

Post Date: Apr 2026

Service Category: Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics: (Paid)

Coverage Type: (Medical)

Group: (245372 - DEWITT COUNTY - HRA - INACTIVE PLAN, 416252 - DEWITT COUNTY - PPO)

Paid Month: (May 2024 - Apr 2026)

Paid: greater or equal 10000.00

Paid: (descending)

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
16150249372	Active	\$794,406.93	\$6,982.76	\$801,389.69
18000770844	Active	\$250,123.69	\$30,294.64	\$280,418.33
20040662244	Active	\$276,499.72	\$2,478.99	\$278,978.71
20220488504	Active	\$209,957.93	\$0.00	\$209,957.93
14730191783	Active	\$115,449.02	\$62,871.48	\$178,320.50
3060264619	Active	\$175,305.47	\$272.96	\$175,578.43
9490425146	Active	\$165,748.49	\$1,010.48	\$166,758.97
19570091558	Active	\$156,287.60	\$836.39	\$157,123.99
18100414385	Active	\$142,673.61	\$0.00	\$142,673.61
10910131559	Active	\$98,894.16	\$20,390.47	\$119,284.63
14230411519	Active	\$21,638.81	\$86,886.96	\$108,525.77
19600156845	Active	\$101,236.02	\$4,705.68	\$105,941.70
20040874129	Active	\$91,712.99	\$1,252.38	\$92,965.37
3049334280	Active	\$92,102.81	\$303.34	\$92,406.15
21061434824	Active	\$75,773.56	\$53.73	\$75,827.29
17740192016	Active	\$54,673.03	\$10,855.78	\$65,528.81
17944476437	Active	\$63,955.11	\$708.26	\$64,663.37
20860317480	Active	\$53,093.85	\$11,079.25	\$64,173.10
12540395710	Active	\$36,411.89	\$25,166.58	\$61,578.47
19860012461	Active	\$58,413.97	\$95.04	\$58,509.01
19070183050	Active	\$17,819.38	\$32,696.25	\$50,515.63
20860317480	Cobra	\$35,706.61	\$14,474.92	\$50,181.53
20020394452	Active	\$48,015.06	\$371.94	\$48,387.00
20000116441	Active	\$40,038.54	\$7,807.20	\$47,845.74



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
18410133020	Active	\$22,751.57	\$21,538.49	\$44,290.06
3240198137	Active	\$40,860.21	\$365.35	\$41,225.56
16830129895	Active	\$29,151.76	\$11,291.50	\$40,443.26
3170192205	Active	\$37,219.71	\$1,111.81	\$38,331.52
20050020397	Active	\$28,006.64	\$10,257.87	\$38,264.51
17380281912	Active	\$36,272.49	\$1,094.65	\$37,367.14
3040627295	Active	\$30,245.74	\$6,769.38	\$37,015.12
19770435089	Active	\$36,371.60	\$298.28	\$36,669.88
9490354750	Active	\$10,633.89	\$25,434.71	\$36,068.60
19890503477	Active	\$35,048.73	\$152.45	\$35,201.18
12360134881	Active	\$33,589.83	\$1,257.72	\$34,847.55
21040009614	Active	\$1,593.35	\$32,414.50	\$34,007.85
20630127131	Active	\$33,703.32	\$0.00	\$33,703.32
8380202405	Active	\$2,054.22	\$31,412.86	\$33,467.08
14060182655	Active	\$11,112.28	\$22,297.23	\$33,409.51
20220159156	Active	\$32,189.18	\$819.42	\$33,008.60
20170155933	Active	\$31,899.56	\$249.97	\$32,149.53
16940639529	Active	\$29,124.33	\$335.11	\$29,459.44
20090192467	Active	\$27,894.90	\$119.05	\$28,013.95
19770649047	Active	\$8,389.86	\$19,501.37	\$27,891.23
3061980210	Active	\$14,681.69	\$12,092.26	\$26,773.95
17600433141	Active	\$25,763.06	\$98.79	\$25,861.85
16740273505	Active	\$24,317.22	\$1,207.54	\$25,524.76
19320110659	Active	\$23,603.63	\$1,858.85	\$25,462.48
16990183936	Active	\$2,125.83	\$23,325.52	\$25,451.35
13100203618	Active	\$4,718.14	\$20,144.81	\$24,862.95
20150485665	Active	\$24,446.93	\$61.69	\$24,508.62
3040627243	Active	\$23,770.76	\$44.03	\$23,814.79
20000533190	Active	\$2,675.03	\$20,503.96	\$23,178.99
20820173889	Active	\$23,054.24	\$0.00	\$23,054.24
20130453925	Active	\$20,041.67	\$0.00	\$20,041.67
16400119205	Active	\$278.86	\$19,217.46	\$19,496.32
17890186287	Active	\$9,806.53	\$9,594.77	\$19,401.30
20020216526	Active	\$18,262.32	\$789.87	\$19,052.19
20900535688	Active	\$175.08	\$17,710.58	\$17,885.66
18770160246	Active	\$15,805.34	\$296.46	\$16,101.80
20600207362	Active	\$14,776.11	\$1,325.37	\$16,101.48
15770141501	Active	\$2,783.21	\$13,157.86	\$15,941.07
21080220884	Active	\$0.00	\$15,211.98	\$15,211.98



TEXAS ASSOCIATION *of* COUNTIES

HEALTH AND EMPLOYEE BENEFITS POOL

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
20790152019	Active	\$14,652.40	\$76.75	\$14,729.15
20760388890	Active	\$14,417.91	\$288.05	\$14,705.96
19230143377	Active	\$11,940.14	\$2,664.49	\$14,604.63
17380132741	Active	\$7,229.73	\$7,076.63	\$14,306.36
3040627223	Active	\$14,187.67	\$0.00	\$14,187.67
18870553721	Active	\$5,116.57	\$8,772.64	\$13,889.21
20440009546	Active	\$13,362.79	\$266.75	\$13,629.54
17350395683	Active	\$11,763.19	\$1,515.31	\$13,278.50
3150193347	Active	\$1,821.31	\$11,205.90	\$13,027.21
20790152057	Active	\$12,446.90	\$41.71	\$12,488.61
3510180326	Active	\$9,486.81	\$2,064.68	\$11,551.49
3080274074	Active	\$3,415.10	\$7,554.08	\$10,969.18
20670198448	Active	\$10,837.98	\$0.00	\$10,837.98
7710069981	Active	\$3,255.93	\$7,555.77	\$10,811.70
20760632797	Active	\$10,406.16	\$404.76	\$10,810.92
20840596766	Active	\$10,556.06	\$0.00	\$10,556.06
17350395685	Active	\$10,394.56	\$1.30	\$10,395.86
20330155220	Active	\$8,702.65	\$1,392.80	\$10,095.45
Query Totals: 81		\$4,119,130.93	\$715,840.62	\$4,834,971.55
Report Totals: 280		\$4,500,263.86	\$778,750.53	\$5,279,014.39

Health and Employee Benefits Pool Invoice

Personal Information

DESIRAE POTH-GARIBAY
DEWITT COUNTY

County Treasurer
102 N. Clinton Street Suite 230
Cuero, TX 77954

Invoice Date: 05/06/2026
Invoice Number: 416252202605

Billing Period: May 2026
Group Number: 416252

Invoice Summary

Previous Amount Due		\$200,789.34
Payments Received		
130432	Payment Received, 04/20/2026	\$1,320.42
5853	Payment Received, 04/20/2026	\$99,734.46
5858	Payment Received, 04/20/2026	\$99,734.46

Past Due **\$0.00**

Current Month New Charges

Medical	\$195,521.16
Dental	\$5,979.68
Vision	\$659.96
Sub-Total New Contributions	\$202,160.80
Prior Month(s) Retro-Active Adjustments Summary	\$0.00

\$202,160.80

Special Charges

Past Due	\$0.00
Total Due	\$202,160.80

Current Plan Charges Detail

* Note: Participants (Pts) refers to the number of employees. This does not count spouses or dependents.

<u>Benefit</u>	<u>Option</u>	<u>Coverage Tier</u>	<u>Last Month's No. Of Ptps</u>	<u>Current Month's No.Of Ptps</u>	<u>Current Month Contribution</u>	<u>Total</u>
Medical	Waive Coverage	No Coverage	5	5	\$0.00	\$0.00
Medical	Plan 1300-NG	Employee Only	112	113	\$1,256.60	\$141,995.80
Medical	Plan 1300-NG	Employee & Spouse	1	1	\$2,307.64	\$2,307.64
Medical	Plan 1300-NG	Employee & Child	13	13	\$1,533.92	\$19,940.96
Medical	Plan 1300-NG	Employee & Child(ren)	14	14	\$1,832.86	\$25,660.04
Medical	Plan 1300-NG	Employee & Family	2	2	\$2,808.36	\$5,616.72
Medical		Sub-Total	147	148	\$0.00	\$195,521.16
Dental	Waive Coverage	No Coverage	30	30	\$0.00	\$0.00
Dental	Dental - II-O	Employee Only	74	74	\$34.82	\$2,576.68
Dental	Dental - II-O	Employee & Spouse	8	8	\$63.82	\$510.56
Dental	Dental - II-O	Employee & Child(ren)	29	29	\$73.12	\$2,120.48
Dental	Dental - II-O	Employee & Family	6	7	\$110.28	\$771.96
Dental		Sub-Total	147	148	\$0.00	\$5,979.68
Vision	Waive Coverage	No Coverage	45	45	\$0.00	\$0.00
Vision	Value Plan	Employee Only	65	66	\$4.58	\$302.28
Vision	Value Plan	Employee & Spouse	8	8	\$8.72	\$69.76
Vision	Value Plan	Employee & Child(ren)	24	24	\$9.18	\$220.32
Vision	Value Plan	Employee & Family	5	5	\$13.52	\$67.60
Vision		Sub-Total	147	148	\$0.00	\$659.96

Total: \$202,160.80

Participant Changes and Adjustments

This section lists participants with first time benefit coverage, a change in tier/election coverage, or a rate change compared to the previous month(s) billed amount. All participants with retroactive adjustment(s) are also displayed.

Section	Identifier	Participant Name	Billing Period	Adj Period	Adj Reason	Eff Date	Benefit	Coverage Tier	Contribution	Total
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						05/01/2026	Dental	Employee & Family	\$110.28	
						03/01/2025	Vision	Employee Only	\$4.58	
							Total			\$1,371.46
0001			May 2026			05/01/2026	Medical	Employee Only	\$1,256.60	
						05/01/2026	Dental	Employee Only	\$34.82	
						05/01/2026	Vision	Employee Only	\$4.58	
							Total			\$1,296.00

Participant Charges Detail

An asterisk (*) represents changes to the participants election, coverage level or rate compared to the previous month's invoice. All employees with a retroactive adjustment are also shown with an asterisk (*).

Section	Identifier	Participant Name	Billing Period	Adj Period	Adj Reason	Eff Date	Benefit	Coverage Tier	Contribution	Total
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
							Total			\$1,291.42
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
						08/31/2022	Vision	Employee Only	\$4.58	
							Total			\$1,296.00
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee & Child(ren)	\$73.12	
						10/01/2022	Vision	Employee & Child(ren)	\$9.18	
							Total			\$1,338.90
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
							Total			\$1,291.42
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
						10/01/2025	Vision	Employee Only	\$4.58	
							Total			\$1,296.00
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2018	Vision	Employee & Spouse	\$8.72	
							Total			\$1,265.32
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
						10/01/2018	Vision	Employee Only	\$4.58	
							Total			\$1,296.00
0001			May 2026			04/01/2026	Medical	Employee Only	\$1,256.60	
						04/01/2026	Dental	Employee & Spouse	\$63.82	
						04/01/2026	Vision	Employee & Spouse	\$8.72	
							Total			\$1,329.14
0001			May 2026			10/01/2025	Medical	Employee Only	\$1,256.60	
						10/01/2025	Dental	Employee Only	\$34.82	
						10/01/2018	Vision	Employee Only	\$4.58	
							Total			\$1,296.00

0001		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026					
		10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
		10/01/2025	Dental	Employee & Child(ren)	\$73.12	
		10/01/2018	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,915.16
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee & Child(ren)	\$73.12	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,334.30
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		01/01/2025	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026					
		10/01/2025	Medical	Employee & Child	\$1,533.92	
		10/01/2025	Dental	Employee Only	\$34.82	
			Total			\$1,568.74
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
			Total			\$1,256.60
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
			Total			\$1,291.42
0001	May 2026					
		12/01/2025	Medical	Employee Only	\$1,256.60	
		12/01/2025	Dental	Employee Only	\$34.82	
		12/01/2025	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026					
		10/01/2025	Medical	Employee & Child	\$1,533.92	
		10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			Total			\$1,607.04
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		08/01/2019	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026					
		10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		10/01/2020	Vision	Employee Only	\$4.58	

0001		May 2026		Total		\$1,296.00
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee & Child(ren)	\$73.12
			10/01/2024	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,338.90
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			01/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Vision	Employee & Family	\$13.52
				Total		\$1,270.12
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			07/01/2021	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,300.60
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			10/01/2018	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			10/01/2018	Vision	Employee & Spouse	\$8.72
				Total		\$1,300.14
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			08/01/2025	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
				Total		\$1,256.60
0001		May 2026				
			10/01/2025	Medical	Employee & Child	\$1,533.92
			10/01/2025	Dental	Employee Only	\$34.82
			10/01/2024	Vision	Employee Only	\$4.58
				Total		\$1,573.32
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			05/01/2026	Dental	Employee & Family	\$110.28
			03/01/2025	Vision	Employee Only	\$4.58
				Total		\$1,371.46

0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee & Spouse	\$63.82	
					Total		\$1,320.42
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2025	Vision	Employee Only	\$4.58	
					Total		\$1,296.00
0001		May 2026	10/01/2025	Medical	Employee & Spouse	\$2,307.64	
					Total		\$2,307.64
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			08/01/2025	Vision	Employee Only	\$4.58	
					Total		\$1,296.00
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			06/01/2024	Vision	Employee Only	\$4.58	
					Total		\$1,261.18
0001		May 2026	01/01/2026	Medical	Employee Only	\$1,256.60	
			01/01/2026	Dental	Employee Only	\$34.82	
			01/01/2026	Vision	Employee Only	\$4.58	
					Total		\$1,296.00
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
				Total		\$1,256.60	
0001	May 2026	04/01/2026	Medical	Employee Only	\$1,256.60		
		04/01/2026	Dental	Employee Only	\$34.82		
		04/01/2026	Vision	Employee Only	\$4.58		
				Total		\$1,296.00	
0001	May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86		
		01/01/2026	Dental	Employee & Child(ren)	\$73.12		
		01/01/2026	Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,915.16	
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
		10/01/2025	Dental	Employee & Child(ren)	\$73.12		
		11/01/2024	Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,338.90	
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
				Total		\$1,256.60	

0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 01/01/2024 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 01/31/2024 Vision Total	Employee Only Employee & Spouse Employee & Spouse	\$1,256.60 \$63.82 \$8.72	\$1,329.14
0001		May 2026	10/01/2025 Medical Total	Employee Only	\$1,256.60	\$1,256.60
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2025 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42
0001		May 2026	10/01/2025 Medical Total	Employee Only	\$1,256.60	\$1,256.60
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2020 Vision Total	Employee Only Employee & Child(ren) Employee & Child(ren)	\$1,256.60 \$73.12 \$9.18	\$1,338.90
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 12/31/2019 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 01/01/2022 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42

0001	[REDACTED]	May 2026	10/01/2025	Medical Total	Employee Only	\$1,256.60	\$1,256.60
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			03/01/2025	Vision Total	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2018	Vision Total	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child	\$1,533.92	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2022	Vision Total	Employee & Child(ren)	\$9.18	\$1,616.22
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2023	Vision Total	Employee & Child(ren)	\$9.18	\$1,338.90
0001	[REDACTED]	May 2026	12/01/2025	Medical	Employee Only	\$1,256.60	
			12/01/2025	Dental	Employee Only	\$34.82	
			12/01/2025	Vision Total	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2018	Vision Total	Employee Only	\$4.58	\$1,261.18
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			12/31/2024	Vision Total	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			01/01/2025	Vision Total	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical Total	Employee Only	\$1,256.60	\$1,256.60
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2024	Vision	Employee Only	\$4.58	

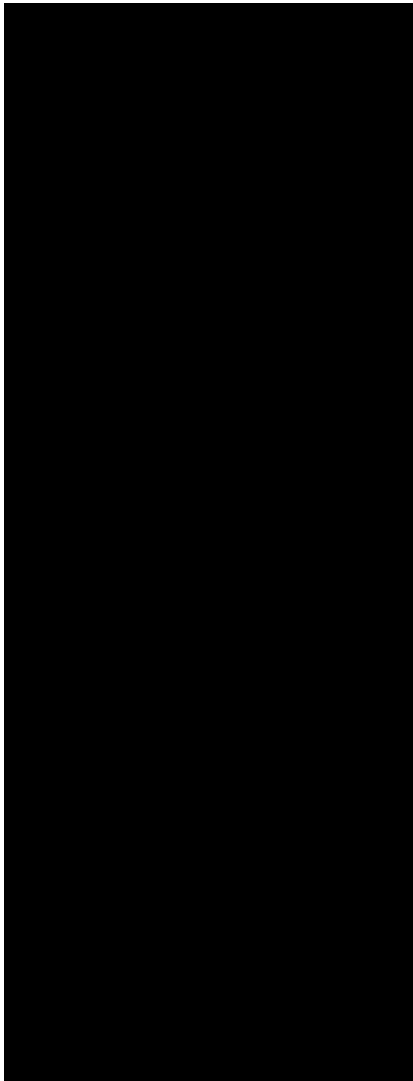
0001		May 2026		Total			\$1,334.30
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
				Total			\$1,291.42
0001		May 2026					
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2023	Vision	Employee & Spouse	\$8.72	
				Total			\$1,300.14
0001		May 2026					
			10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			01/01/2024	Vision	Employee & Child(ren)	\$9.18	
				Total			\$1,915.16
0001		May 2026					
			10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2018	Vision	Employee & Child(ren)	\$9.18	
				Total			\$1,915.16
0001		May 2026					
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2022	Vision	Employee Only	\$4.58	
				Total			\$1,296.00
0001		May 2026					
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee & Spouse	\$63.82	
			10/01/2018	Vision	Employee & Spouse	\$8.72	
				Total			\$1,329.14
0001		May 2026					
			11/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
			11/01/2025	Dental	Employee & Child(ren)	\$73.12	
			11/01/2025	Vision	Employee & Child(ren)	\$9.18	
				Total			\$1,915.16
0001		May 2026					
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee & Spouse	\$63.82	
				Total			\$1,320.42
0001		May 2026					
			10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2021	Vision	Employee Only	\$4.58	
				Total			\$1,296.00
0001		May 2026					
			10/01/2025	Medical	Employee & Child	\$1,533.92	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			08/01/2023	Vision	Employee & Child(ren)	\$9.18	

0001		May 2026		Total		\$1,616.22
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			12/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			05/01/2026	Medical	Employee Only	\$1,256.60
			05/01/2026	Dental	Employee Only	\$34.82
			05/01/2026	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			05/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			07/01/2021	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			09/01/2024	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee & Child(ren)	\$73.12
				Total		\$1,329.72
0001		May 2026				
			10/01/2025	Medical	Employee & Family	\$2,808.36
			10/01/2025	Dental	Employee & Family	\$110.28
			10/01/2023	Vision	Employee Only	\$4.58
				Total		\$2,923.22
0001		May 2026				
			10/01/2025	Medical	Employee & Child(ren)	\$1,832.86
			10/01/2025	Dental	Employee Only	\$34.82
			10/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,872.26
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			12/01/2024	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60

0001	[REDACTED]	May 2026	10/01/2025 Dental 10/01/2023 Vision Total	Employee & Spouse Employee & Spouse	\$63.82 \$8.72	\$1,329.14
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2020 Vision Total	Employee & Family Employee & Family Employee & Family	\$2,808.36 \$110.28 \$13.52	\$2,932.16
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 08/01/2022 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical Total	Employee Only	\$1,256.60	\$1,256.60
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2022 Vision Total	Employee & Child Employee & Child(ren) Employee & Child(ren)	\$1,533.92 \$73.12 \$9.18	\$1,616.22
0001		May 2026	04/01/2026 Medical 04/01/2026 Dental 04/01/2026 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 05/01/2025 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 09/01/2023 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2019 Vision Total	Employee & Child(ren) Employee & Family Employee & Family	\$1,832.86 \$110.28 \$13.52	\$1,956.66
0001		May 2026	10/01/2025 Medical Total	Employee Only	\$1,256.60	\$1,256.60

0001		May 2026	12/01/2025	Medical	Employee Only	\$1,256.60		
			12/01/2025	Dental	Employee Only	\$34.82		
			12/01/2025	Vision	Employee Only	\$4.58		
					Total		\$1,296.00	
0001			May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
				10/01/2025	Dental	Employee Only	\$34.82	
				10/01/2022	Vision	Employee Only	\$4.58	
					Total		\$1,296.00	
0001			May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
					Total		\$1,256.60	
0001			May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
				10/01/2024	Dental	Employee & Child(ren)	\$73.12	
				10/01/2024	Vision	Employee & Child(ren)	\$9.18	
					Total		\$1,915.16	
0001			May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82		
			10/01/2023	Vision	Employee Only	\$4.58		
				Total		\$1,296.00		
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
				Total		\$1,256.60		
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
			10/01/2025	Dental	Employee & Child(ren)	\$73.12		
			10/01/2023	Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,338.90		
0001		May 2026	10/01/2025	Medical	Employee & Child	\$1,533.92		
			10/01/2025	Dental	Employee & Child(ren)	\$73.12		
			10/01/2022	Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,616.22		
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
			10/01/2025	Dental	Employee Only	\$34.82		
			06/01/2022	Vision	Employee Only	\$4.58		
				Total		\$1,296.00		
0001		May 2026	10/01/2025	Medical	Employee Only	\$1,256.60		
			10/01/2025	Dental	Employee Only	\$34.82		
			05/31/2021	Vision	Employee Only	\$4.58		
				Total		\$1,296.00		
0001		May 2026	10/01/2025	Medical	Employee & Child	\$1,533.92		

0001	[REDACTED]	May 2026	10/01/2025	Dental Total	Employee Only	\$34.82	\$1,568.74
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			07/01/2023	Vision	Employee & Child(ren)	\$9.18	\$1,915.16
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2018	Vision	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			03/01/2023	Vision	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child	\$1,533.92	
			10/01/2025	Dental	Employee & Family	\$110.28	\$1,644.20
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	\$1,256.60
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			10/01/2020	Vision	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2021	Vision	Employee & Child(ren)	\$9.18	\$1,915.16
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child	\$1,533.92	
			10/01/2025	Dental	Employee & Child(ren)	\$73.12	
			10/01/2023	Vision	Employee & Child(ren)	\$9.18	\$1,616.22
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	\$1,832.86
0001	[REDACTED]	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			10/01/2025	Dental	Employee Only	\$34.82	
			03/31/2024	Vision	Employee Only	\$4.58	\$1,296.00
0001	[REDACTED]	May 2026		Total			\$1,296.00

0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 03/01/2020 Vision Total	Employee & Child(ren) Employee & Child(ren) Employee & Child(ren)	\$1,832.86 \$73.12 \$9.18	\$1,915.16
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee & Child Employee & Child(ren)	\$1,533.92 \$73.12	\$1,607.04
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 06/01/2025 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2025 Vision Total	Employee Only Employee & Family Employee & Family	\$1,256.60 \$110.28 \$13.52	\$1,380.40
0001		May 2026	10/01/2025 Medical Total	Employee & Child	\$1,533.92	\$1,533.92
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 09/01/2025 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental Total	Employee Only Employee Only	\$1,256.60 \$34.82	\$1,291.42
0001		May 2026	04/01/2026 Medical 04/01/2026 Dental 04/01/2026 Vision Total	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	\$1,296.00
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2018 Vision Total	Employee & Child Employee & Child(ren) Employee & Child(ren)	\$1,533.92 \$73.12 \$9.18	\$1,616.22
0001		May 2026	10/01/2025 Medical 10/01/2025 Dental 10/01/2018 Vision	Employee Only Employee Only Employee Only	\$1,256.60 \$34.82 \$4.58	

0001				Total		\$1,296.00
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			Total			\$1,256.60
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		10/01/2020	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		04/30/2025	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
			Total			\$1,291.42
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		02/01/2023	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee & Child(ren)	\$73.12	
		10/01/2018	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,338.90
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
			Total			\$1,256.60
0001	May 2026	10/01/2025	Medical	Employee & Child(ren)	\$1,832.86	
		10/01/2025	Dental	Employee & Family	\$110.28	
		10/01/2019	Vision	Employee & Family	\$13.52	
			Total			\$1,956.66
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,296.00
0001	May 2026	03/01/2026	Medical	Employee Only	\$1,256.60	
			Total			\$1,256.60
0001	May 2026	10/01/2025	Medical	Employee Only	\$1,256.60	
		10/01/2025	Dental	Employee Only	\$34.82	
		06/01/2023	Vision	Employee Only	\$4.58	

0001		May 2026		Total		\$1,296.00
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee & Spouse	\$63.82
			01/01/2019	Vision	Employee & Spouse	\$8.72
				Total		\$1,329.14
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2018	Vision	Employee Only	\$4.58
				Total		\$1,261.18
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee & Child(ren)	\$73.12
			10/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,334.30
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
			10/01/2025	Dental	Employee Only	\$34.82
			08/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,296.00
0001		May 2026				
			10/01/2025	Medical	Employee & Child(ren)	\$1,832.86
			10/01/2025	Dental	Employee & Child(ren)	\$73.12
			07/01/2022	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,915.16
0001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
				Total		\$1,256.60
X001		May 2026				
			10/01/2025	Medical	Employee Only	\$1,256.60
				Total		\$1,256.60
X001		May 2026				
			10/01/2025	Dental	Employee & Spouse	\$63.82
				Total		\$63.82

Section: 0001

Sub-Total: \$200,840.38

Section: X001

Sub-Total: \$1,320.42

Total: \$202,160.80

1 The Effective Date is defined as the effective date of the coverage described.

2 The Total represents the Sub-Total Contributions and Retroactive Adjustments Summary. These are both shown in the Invoice Summary.

Adjustment Reason Legend:

00 = Previous election

01 = New coverage

02 = Family status change

03 = Terminated employee

04 = Employee Status Change

05 = County transfer

06 = Non-benefit eligible to benefit eligible

07 = Benefit eligible to non-benefit eligible

08 = Salary change

09 = Go out on leave

10 = Return from leave

11 = Annual Enrollment

99 = Miscellaneous Correction

Remittance Page

Please make checks payable and send to:

Texas Association of Counties Health & Employee Benefits Pool
P.O. Box 1896
San Antonio, Texas 78297-1896

To ensure proper credit to your account, please enclose this remittance page with your payment. For questions regarding the bills or payment posting, please contact your Employee Benefit Specialist at Texas Association of Counties at 1-800-456-5974.

Desirae Poth-Garibay
County Treasurer
Cuero, TX 77954

Invoice Number	416252202605
Invoice Date	05/06/2026
Group Number	416252
Billing Period	May 2026
Payment Due Date	5/20/2026
Total Due	\$202,160.80
Total Paid	<u> </u>

Health and Employee Benefits Pool Invoice

Personal Information

DESIRAE POTH-GARIBAY
DEWITT COUNTY

County Treasurer
102 N Clinton Street
Cuero, TX 77954

Invoice Date: 04/21/2025
Invoice Number: 245372202505

Billing Period: May 2025
Group Number: 245372

Invoice Summary

Previous Amount Due			\$398,536.26
Payments Received			
128631	Payment Received, 03/24/2025		\$2,446.50
5720	Payment Received, 03/24/2025		\$97,797.53
5715	Payment Received, 03/24/2025		\$98,397.99

Past Due **\$199,894.24**

Current Month New Charges

Medical	\$192,688.92
Dental	\$5,374.38
Vision	\$641.24
Sub-Total New Contributions	\$198,704.54
Prior Month(s) Retro-Active Adjustments Summary	(\$2,473.18)
	<hr/>
	\$196,231.36

\$199,894.24

\$396,125.60

Current Plan Charges Detail

* Note: Participants (Pts) refers to the number of employees. This does not count spouses or dependents.

<u>Benefit</u>	<u>Option</u>	<u>Coverage Tier</u>	<u>Last Month's No. Of Ptps</u>	<u>Current Month's No.Of Ptps</u>	<u>Current Month Contribution</u>	<u>Total</u>
Medical	Waive Coverage	No Coverage	2	3	\$0.00	\$0.00
Medical	Plan HRA 100	Employee Only	113	112	\$1,220.96	\$136,747.52
Medical	Plan HRA 100	Employee & Spouse	1	1	\$2,245.04	\$2,245.04
Medical	Plan HRA 100	Employee & Child	18	18	\$1,491.18	\$26,841.24
Medical	Plan HRA 100	Employee & Child(ren)	12	12	\$1,782.44	\$21,389.28
Medical	Plan HRA 100	Employee & Family	2	2	\$2,732.92	\$5,465.84
Medical		Sub-Total	148	148	\$0.00	\$192,688.92
Dental	Waive Coverage	No Coverage	32	31	\$0.00	\$0.00
Dental	Dental - II-O	Employee Only	68	69	\$31.26	\$2,156.94
Dental	Dental - II-O	Employee & Spouse	12	12	\$57.30	\$687.60
Dental	Dental - II-O	Employee & Child(ren)	31	31	\$65.64	\$2,034.84
Dental	Dental - II-O	Employee & Family	5	5	\$99.00	\$495.00
Dental		Sub-Total	148	148	\$0.00	\$5,374.38
Vision	Waive Coverage	No Coverage	49	49	\$0.00	\$0.00
Vision	Value Plan	Employee Only	60	60	\$4.58	\$274.80
Vision	Value Plan	Employee & Spouse	10	10	\$8.72	\$87.20
Vision	Value Plan	Employee & Child(ren)	26	26	\$9.18	\$238.68
Vision	Value Plan	Employee & Family	3	3	\$13.52	\$40.56
Vision		Sub-Total	148	148	\$0.00	\$641.24

Total: \$198,704.54

Participant Changes and Adjustments

This section lists participants with first time benefit coverage, a change in tier/election coverage, or a rate change compared to the previous month(s) billed amount. All participants with retroactive adjustment(s) are also displayed.

Section	Identifier	Participant Name	Billing Period	Adj Period	Adj Reason	Eff Date	Benefit	Coverage Tier	Contribution	Total
0001			May 2025			05/01/2025	Medical	Employee Only	\$1,220.96	
						05/01/2025	Dental	Employee Only	\$31.26	
							Total			\$1,252.22
0001			May 2025			05/01/2025	Medical	Employee Only	\$1,220.96	
						05/01/2025	Dental	Employee Only	\$31.26	
						05/01/2025	Vision	Employee Only	\$4.58	
							Total			\$1,256.80
0001			May 2025	April 2025	00	10/01/2018	Medical	Employee Only	(\$1,220.96)	
							Total			(\$1,220.96)
0001			May 2025			05/01/2025	Medical	Employee Only	\$1,220.96	
						05/01/2025	Dental	Employee Only	\$31.26	
						05/01/2025	Vision	Employee Only	\$4.58	
							Total			\$1,256.80
0001			May 2025	April 2025	00	04/30/2021	Medical	Employee Only	(\$1,220.96)	
				April 2025	00	10/01/2021	Dental	Employee Only	(\$31.26)	
							Total			(\$1,252.22)
						04/01/2025	Dental	Employee & Spouse	\$57.30	
							Total			\$57.30

Participant Charges Detail

An asterisk (*) represents changes to the participants election, coverage level or rate compared to the previous month's invoice. All employees with a retroactive adjustment are also shown with an asterisk (*).

Section	Identifier	Participant Name	Billing Period	Adj Period	Adj Reason	Eff Date	Benefit	Coverage Tier	Contribution	Total
0001			May 2025			10/01/2024	Medical	Employee Only	\$1,220.96	
						10/01/2024	Dental	Employee Only	\$31.26	
							Total			\$1,252.22
0001			May 2025			02/28/2025	Medical	Employee & Child	\$1,491.18	
						11/01/2024	Dental	Employee & Child(ren)	\$65.64	
						11/01/2024	Vision	Employee & Child(ren)	\$9.18	
							Total			\$1,566.00
0001			May 2025			02/28/2022	Medical	Employee Only	\$1,220.96	
						08/31/2022	Dental	Employee Only	\$31.26	
						08/31/2022	Vision	Employee Only	\$4.58	
							Total			\$1,256.80
0001			May 2025			10/01/2019	Medical	Employee Only	\$1,220.96	
						10/01/2023	Dental	Employee & Child(ren)	\$65.64	
						10/01/2022	Vision	Employee & Child(ren)	\$9.18	
							Total			\$1,295.78
0001			May 2025			01/01/2025	Medical	Employee Only	\$1,220.96	
						01/01/2025	Dental	Employee Only	\$31.26	
							Total			\$1,252.22
0001			May 2025			11/01/2024	Medical	Employee Only	\$1,220.96	
						11/01/2024	Dental	Employee Only	\$31.26	
							Total			\$1,252.22
0001			May 2025			10/01/2018	Medical	Employee Only	\$1,220.96	
						10/01/2018	Vision	Employee & Spouse	\$8.72	
							Total			\$1,229.68
0001			May 2025			10/01/2018	Medical	Employee Only	\$1,220.96	
						10/01/2020	Dental	Employee & Spouse	\$57.30	
						10/01/2020	Vision	Employee & Spouse	\$8.72	
							Total			\$1,286.98
0001			May 2025			10/01/2018	Medical	Employee Only	\$1,220.96	
						10/01/2021	Dental	Employee Only	\$31.26	
						10/01/2018	Vision	Employee Only	\$4.58	
							Total			\$1,256.80
0001			May 2025			10/01/2018	Medical	Employee Only	\$1,220.96	

0001		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		12/01/2024	Medical	Employee Only	\$1,220.96	
		12/01/2024	Dental	Employee Only	\$31.26	
			Total			\$1,252.22
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		10/01/2018	Medical	Employee & Child(ren)	\$1,782.44	
		10/01/2020	Dental	Employee & Child(ren)	\$65.64	
		10/01/2018	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,857.26
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2024	Dental	Employee & Child(ren)	\$65.64	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,291.18
0001	May 2025					
		01/01/2025	Medical	Employee Only	\$1,220.96	
		01/01/2025	Dental	Employee Only	\$31.26	
		01/01/2025	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		04/01/2023	Medical	Employee & Child	\$1,491.18	
		10/01/2024	Dental	Employee Only	\$31.26	
			Total			\$1,522.44
0001	May 2025					
		02/01/2023	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
			Total			\$1,252.22
0001	May 2025					
		05/01/2025	Medical	Employee Only	\$1,220.96	
		05/01/2025	Dental	Employee Only	\$31.26	
			Total			\$1,252.22
0001	May 2025					
		12/31/2024	Medical	Employee Only	\$1,220.96	
		08/01/2019	Vision	Employee Only	\$4.58	
			Total			\$1,225.54
0001	May 2025					
		10/01/2020	Medical	Employee Only	\$1,220.96	



0001		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2020	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		05/31/2020	Medical	Employee Only	\$1,220.96	
		10/01/2024	Dental	Employee & Child(ren)	\$65.64	
		10/01/2024	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,295.78
0001	May 2025					
		01/01/2023	Medical	Employee Only	\$1,220.96	
		01/01/2023	Dental	Employee Only	\$31.26	
		01/01/2023	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		05/01/2023	Medical	Employee Only	\$1,220.96	
		02/24/2024	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,230.14
0001	May 2025					
		10/01/2024	Medical	Employee Only	\$1,220.96	
		07/01/2021	Dental	Employee & Child(ren)	\$65.64	
		07/01/2021	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,295.78
0001	May 2025					
		12/01/2024	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee & Spouse	\$57.30	
		10/01/2020	Vision	Employee Only	\$4.58	
			Total			\$1,282.84
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2018	Vision	Employee & Spouse	\$8.72	
			Total			\$1,260.94
0001	May 2025					
		12/02/2020	Medical	Employee & Child	\$1,491.18	
		10/01/2022	Dental	Employee & Child(ren)	\$65.64	
			Total			\$1,556.82
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					

0001		10/01/2024	Medical	Employee & Child	\$1,491.18	
		10/01/2024	Dental	Employee Only	\$31.26	
		10/01/2024	Vision	Employee Only	\$4.58	
			Total			\$1,527.02
0001	May 2025					
		03/01/2025	Medical	Employee Only	\$1,220.96	
		03/01/2025	Dental	Employee Only	\$31.26	
		03/01/2025	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		05/31/2022	Medical	Employee Only	\$1,220.96	
		05/31/2022	Dental	Employee & Spouse	\$57.30	
			Total			\$1,278.26
0001	May 2025					
		02/01/2024	Medical	Employee Only	\$1,220.96	
		02/01/2024	Dental	Employee Only	\$31.26	
			Total			\$1,252.22
0001	May 2025					
		01/01/2022	Medical	Employee & Spouse	\$2,245.04	
			Total			\$2,245.04
0001	May 2025					
		06/01/2024	Medical	Employee Only	\$1,220.96	
		06/01/2024	Vision	Employee Only	\$4.58	
			Total			\$1,225.54
0001	May 2025					
		01/01/2023	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					
		09/01/2023	Medical	Employee & Child(ren)	\$1,782.44	
		03/01/2023	Dental	Employee Only	\$31.26	
		03/01/2023	Vision	Employee Only	\$4.58	
			Total			\$1,818.28
0001	May 2025					
		11/01/2024	Medical	Employee Only	\$1,220.96	
		11/01/2024	Dental	Employee & Child(ren)	\$65.64	
		11/01/2024	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,295.78
0001	May 2025					
		10/01/2019	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					
		01/01/2024	Medical	Employee Only	\$1,220.96	
		01/01/2024	Dental	Employee Only	\$31.26	
		01/01/2024	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		01/31/2024	Medical	Employee Only	\$1,220.96	
		01/31/2024	Dental	Employee & Spouse	\$57.30	



0001	[REDACTED]	May 2025	01/31/2024	Vision Total	Employee & Spouse	\$8.72	\$1,286.98
0001	[REDACTED]	May 2025	07/01/2021	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001	[REDACTED]	May 2025	11/01/2024	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001	[REDACTED]	May 2025	10/01/2018 10/01/2020	Medical Dental Total	Employee Only Employee Only	\$1,220.96 \$31.26	\$1,252.22
0001	[REDACTED]	May 2025	07/01/2023	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001	[REDACTED]	May 2025	02/01/2023 02/01/2023	Medical Dental Total	Employee Only Employee Only	\$1,220.96 \$31.26	\$1,252.22
0001	[REDACTED]	May 2025	05/01/2019 10/01/2024 10/01/2020	Medical Dental Vision Total	Employee Only Employee & Child(ren) Employee & Child(ren)	\$1,220.96 \$65.64 \$9.18	\$1,295.78
0001	[REDACTED]	May 2025	12/31/2019 10/01/2020 12/31/2019	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
0001	[REDACTED]	May 2025	01/01/2022 01/01/2022 01/01/2022	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
0001	[REDACTED]	May 2025	01/01/2025 01/01/2025	Medical Dental Total	Employee Only Employee Only	\$1,220.96 \$31.26	\$1,252.22
0001	[REDACTED]	May 2025	10/01/2018	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001	[REDACTED]	May 2025	03/01/2025 03/01/2025 03/01/2025	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
0001	[REDACTED]	May 2025	03/01/2021	Medical	Employee Only	\$1,220.96	

0001		10/01/2023	Dental	Employee & Spouse	\$57.30	
		10/01/2023	Vision	Employee & Spouse	\$8.72	
			Total			\$1,286.98
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		08/31/2022	Medical	Employee & Child	\$1,491.18	
		10/01/2020	Dental	Employee & Child(ren)	\$65.64	
		10/01/2022	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,566.00
0001	May 2025					
		02/01/2021	Medical	Employee Only	\$1,220.96	
		10/01/2023	Dental	Employee & Child(ren)	\$65.64	
		10/01/2023	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,295.78
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2018	Vision	Employee Only	\$4.58	
			Total			\$1,225.54
0001	May 2025					
		08/31/2020	Medical	Employee Only	\$1,220.96	
		12/31/2024	Dental	Employee Only	\$31.26	
		12/31/2024	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		01/01/2025	Medical	Employee Only	\$1,220.96	
		01/01/2025	Dental	Employee Only	\$31.26	
		01/01/2025	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025					
		10/01/2021	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee & Child(ren)	\$65.64	
		10/01/2024	Vision	Employee Only	\$4.58	
			Total			\$1,291.18
0001	May 2025					
		10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2023	Dental	Employee Only	\$31.26	
			Total			\$1,252.22
0001	May 2025					
		06/01/2021	Medical	Employee Only	\$1,220.96	
		10/01/2022	Dental	Employee Only	\$31.26	
		10/01/2023	Vision	Employee & Spouse	\$8.72	

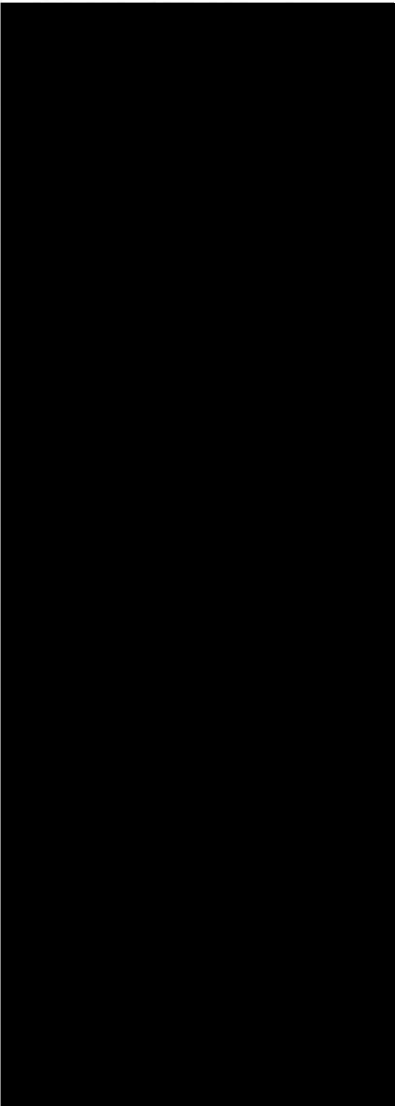


0001		May 2025	Total			\$1,260.94
			01/01/2024	Medical	Employee & Child(ren)	\$1,782.44
			01/01/2024	Dental	Employee & Child(ren)	\$65.64
			01/01/2024	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,857.26
0001		May 2025				
			10/01/2018	Medical	Employee & Child(ren)	\$1,782.44
			10/01/2020	Dental	Employee & Child(ren)	\$65.64
			10/01/2018	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,857.26
0001		May 2025				
			10/01/2022	Medical	Employee Only	\$1,220.96
			10/01/2022	Dental	Employee Only	\$31.26
			10/01/2022	Vision	Employee Only	\$4.58
				Total		\$1,256.80
0001		May 2025				
			10/01/2020	Medical	Employee Only	\$1,220.96
			10/01/2020	Dental	Employee & Spouse	\$57.30
			10/01/2018	Vision	Employee & Spouse	\$8.72
				Total		\$1,286.98
0001		May 2025				
			01/31/2024	Medical	Employee & Child	\$1,491.18
			10/01/2020	Dental	Employee & Child(ren)	\$65.64
			10/01/2020	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,566.00
0001		May 2025				
			06/01/2023	Medical	Employee Only	\$1,220.96
			10/01/2024	Dental	Employee & Spouse	\$57.30
				Total		\$1,278.26
0001		May 2025				
			12/01/2019	Medical	Employee Only	\$1,220.96
			10/01/2020	Dental	Employee Only	\$31.26
			10/01/2021	Vision	Employee Only	\$4.58
				Total		\$1,256.80
0001		May 2025				
			08/01/2023	Medical	Employee & Child	\$1,491.18
			08/01/2023	Dental	Employee & Child(ren)	\$65.64
			08/01/2023	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,566.00
0001		May 2025				
			12/01/2023	Medical	Employee Only	\$1,220.96
			12/01/2023	Dental	Employee Only	\$31.26
			12/01/2023	Vision	Employee Only	\$4.58
				Total		\$1,256.80
0001		May 2025				
			05/01/2025	Medical	Employee Only	\$1,220.96
			05/01/2025	Dental	Employee Only	\$31.26

0001		May 2025	05/01/2025	Vision Total	Employee Only	\$4.58	\$1,256.80
0001		May 2025	03/01/2024	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001		May 2025	05/01/2023	Medical	Employee Only	\$1,220.96	
			05/01/2023	Dental	Employee Only	\$31.26	
			05/01/2023	Vision Total	Employee Only	\$4.58	\$1,256.80
0001		May 2025	07/01/2021	Medical	Employee Only	\$1,220.96	
			07/01/2021	Dental	Employee Only	\$31.26	
			07/01/2021	Vision Total	Employee Only	\$4.58	\$1,256.80
0001		May 2025	09/01/2024	Medical	Employee Only	\$1,220.96	
			09/01/2024	Dental	Employee Only	\$31.26	
			09/01/2024	Vision Total	Employee Only	\$4.58	\$1,256.80
0001		May 2025	10/01/2024	Medical	Employee & Child	\$1,491.18	
			10/01/2024	Dental Total	Employee & Child(ren)	\$65.64	\$1,556.82
0001		May 2025	10/01/2018	Medical Total	Employee Only	(\$1,220.96)	(\$1,220.96)
0001		May 2025	10/01/2018	Medical	Employee & Family	\$2,732.92	
			10/01/2021	Dental	Employee & Family	\$99.00	
			10/01/2023	Vision Total	Employee Only	\$4.58	\$2,836.50
0001		May 2025	07/01/2020	Medical	Employee & Child(ren)	\$1,782.44	
			10/01/2023	Dental	Employee Only	\$31.26	
			10/01/2023	Vision Total	Employee Only	\$4.58	\$1,818.28
0001		May 2025	12/01/2024	Medical	Employee Only	\$1,220.96	
			12/01/2024	Dental	Employee Only	\$31.26	
			12/01/2024	Vision Total	Employee Only	\$4.58	\$1,256.80
0001		May 2025	04/01/2022	Medical	Employee Only	\$1,220.96	
			10/01/2023	Dental	Employee & Spouse	\$57.30	
			10/01/2023	Vision Total	Employee & Spouse	\$8.72	\$1,286.98

0001		May 2025	03/01/2024	Medical	Employee Only	\$1,220.96		
			03/01/2024	Dental	Employee Only	\$31.26		
					Total		\$1,252.22	
0001			May 2025	10/01/2018	Medical	Employee & Family	\$2,732.92	
				10/01/2020	Dental	Employee & Family	\$99.00	
				10/01/2020	Vision	Employee & Family	\$13.52	
					Total		\$2,845.44	
0001			May 2025	08/01/2022	Medical	Employee Only	\$1,220.96	
				08/01/2022	Dental	Employee Only	\$31.26	
				08/01/2022	Vision	Employee Only	\$4.58	
					Total		\$1,256.80	
0001			May 2025	06/01/2024	Medical	Employee Only	\$1,220.96	
					Total		\$1,220.96	
0001			May 2025	04/01/2024	Medical	Employee & Child	\$1,491.18	
				04/01/2024	Dental	Employee & Child(ren)	\$65.64	
			10/01/2022	Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,566.00		
0001		May 2025	05/01/2025	Medical	Employee Only	\$1,220.96		
			05/01/2025	Dental	Employee Only	\$31.26		
			05/01/2025	Vision	Employee Only	\$4.58		
				Total		\$1,256.80		
0001		May 2025	10/01/2018	Medical	Employee Only	\$1,220.96		
			10/01/2020	Dental	Employee Only	\$31.26		
				Total		\$1,252.22		
0001		May 2025	09/01/2023	Medical	Employee Only	\$1,220.96		
			09/01/2023	Dental	Employee Only	\$31.26		
			09/01/2023	Vision	Employee Only	\$4.58		
				Total		\$1,256.80		
0001		May 2025	02/01/2019	Medical	Employee & Child(ren)	\$1,782.44		
			10/01/2020	Dental	Employee & Family	\$99.00		
			10/01/2019	Vision	Employee & Family	\$13.52		
				Total		\$1,894.96		
0001		May 2025	10/01/2018	Medical	Employee Only	\$1,220.96		
				Total		\$1,220.96		
0001		May 2025	10/01/2018	Medical	Employee Only	\$1,220.96		
			10/01/2020	Dental	Employee & Spouse	\$57.30		
				Total		\$1,278.26		

0001	May 2025	03/31/2023	Medical	Employee Only	\$1,220.96	
		03/31/2023	Dental	Employee Only	\$31.26	
		10/01/2022	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	07/01/2023	Medical	Employee Only	\$1,220.96	
		07/01/2023	Dental	Employee Only	\$31.26	
		07/01/2023	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	10/01/2018	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee Only	\$31.26	
		10/01/2021	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	10/01/2022	Medical	Employee Only	\$1,220.96	
		10/01/2020	Dental	Employee & Spouse	\$57.30	
		10/01/2018	Vision	Employee & Spouse	\$8.72	
			Total			\$1,286.98
0001	May 2025	10/01/2024	Medical	Employee & Child	\$1,491.18	
		10/01/2024	Dental	Employee & Child(ren)	\$65.64	
		10/01/2024	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,566.00
0001	May 2025	07/01/2021	Medical	Employee Only	\$1,220.96	
		07/01/2021	Dental	Employee Only	\$31.26	
		07/01/2021	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	05/01/2023	Medical	Employee Only	\$1,220.96	
		10/01/2023	Dental	Employee Only	\$31.26	
		10/01/2023	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	04/01/2023	Medical	Employee Only	\$1,220.96	
		04/01/2023	Dental	Employee Only	\$31.26	
		10/01/2024	Vision	Employee Only	\$4.58	
			Total			\$1,256.80
0001	May 2025	10/01/2018	Medical	Employee Only	\$1,220.96	
			Total			\$1,220.96
0001	May 2025	01/01/2024	Medical	Employee Only	\$1,220.96	
		10/01/2023	Dental	Employee & Child(ren)	\$65.64	
		10/01/2023	Vision	Employee & Child(ren)	\$9.18	
			Total			\$1,295.78

0001		May 2025	10/01/2018 Medical	Employee & Child	\$1,491.18		
			10/01/2020 Dental	Employee & Child(ren)	\$65.64		
			10/01/2022 Vision	Employee & Child(ren)	\$9.18		
				Total		\$1,566.00	
0001			May 2025	06/01/2022 Medical	Employee Only	\$1,220.96	
				06/01/2022 Dental	Employee Only	\$31.26	
				06/01/2022 Vision	Employee Only	\$4.58	
				Total		\$1,256.80	
0001			May 2025	06/01/2019 Medical	Employee Only	\$1,220.96	
				10/01/2021 Dental	Employee Only	\$31.26	
				05/31/2021 Vision	Employee Only	\$4.58	
				Total		\$1,256.80	
0001			May 2025	10/01/2018 Medical	Employee & Child	\$1,491.18	
				10/01/2020 Dental	Employee Only	\$31.26	
				Total		\$1,522.44	
0001		May 2025	06/01/2024 Medical	Employee & Child(ren)	\$1,782.44		
			07/01/2023 Dental	Employee & Child(ren)	\$65.64		
			07/01/2023 Vision	Employee & Child(ren)	\$9.18		
			Total		\$1,857.26		
0001		May 2025	07/01/2024 Medical	Employee Only	\$1,220.96		
			Total		\$1,220.96		
0001		May 2025	10/01/2018 Medical	Employee Only	\$1,220.96		
			10/01/2022 Dental	Employee Only	\$31.26		
			10/01/2018 Vision	Employee Only	\$4.58		
			Total		\$1,256.80		
0001		May 2025	03/01/2023 Medical	Employee Only	\$1,220.96		
			03/01/2023 Dental	Employee Only	\$31.26		
			03/01/2023 Vision	Employee Only	\$4.58		
			Total		\$1,256.80		
0001		May 2025	10/01/2024 Medical	Employee & Child	\$1,491.18		
			10/01/2024 Dental	Employee & Family	\$99.00		
			Total		\$1,590.18		
0001		May 2025	10/01/2018 Medical	Employee Only	\$1,220.96		
			Total		\$1,220.96		
0001		May 2025	01/01/2019 Medical	Employee Only	\$1,220.96		
			10/01/2020 Dental	Employee Only	\$31.26		
			10/01/2020 Vision	Employee Only	\$4.58		

0001		May 2025	Total			\$1,256.80
			07/31/2019	Medical	Employee & Child(ren)	\$1,782.44
			10/01/2021	Dental	Employee & Child(ren)	\$65.64
			10/01/2021	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,857.26
0001		May 2025				
			07/01/2022	Medical	Employee & Child	\$1,491.18
			07/01/2022	Dental	Employee & Child(ren)	\$65.64
			10/01/2023	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,566.00
0001		May 2025				
			10/01/2018	Medical	Employee & Child(ren)	\$1,782.44
				Total		\$1,782.44
0001		May 2025				
			03/31/2024	Medical	Employee Only	\$1,220.96
			03/31/2024	Dental	Employee Only	\$31.26
			03/31/2024	Vision	Employee Only	\$4.58
				Total		\$1,256.80
0001		May 2025				
			03/01/2020	Medical	Employee & Child(ren)	\$1,782.44
			10/01/2020	Dental	Employee & Child(ren)	\$65.64
			03/01/2020	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,857.26
0001		May 2025				
			03/27/2019	Medical	Employee & Child	\$1,491.18
			10/01/2021	Dental	Employee & Child(ren)	\$65.64
				Total		\$1,556.82
0001		May 2025				
			04/01/2023	Medical	Employee Only	\$1,220.96
			04/01/2023	Dental	Employee Only	\$31.26
				Total		\$1,252.22
0001		May 2025				
			04/01/2024	Medical	Employee Only	\$1,220.96
			04/01/2024	Dental	Employee Only	\$31.26
			04/01/2024	Vision	Employee Only	\$4.58
				Total		\$1,256.80
0001		May 2025				
			04/01/2025	Medical	Employee Only	\$1,220.96
			04/01/2025	Dental	Employee Only	\$31.26
				Total		\$1,252.22
0001		May 2025				
			10/01/2018	Medical	Employee & Child	\$1,491.18
			10/01/2020	Dental	Employee & Child(ren)	\$65.64
			10/01/2018	Vision	Employee & Child(ren)	\$9.18
				Total		\$1,566.00
0001		May 2025				
			10/01/2018	Medical	Employee Only	\$1,220.96

0001		10/01/2021 10/01/2018	Dental Vision Total	Employee Only Employee Only	\$31.26 \$4.58	
	May 2025					\$1,256.80
0001		01/01/2023	Medical Total	Employee Only	\$1,220.96	\$1,220.96
	May 2025					
0001		10/01/2018 10/01/2020 10/01/2020	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
	May 2025					
0001		10/01/2024 10/01/2024 06/01/2024	Medical Dental Vision Total	Employee & Child(ren) Employee & Child(ren) Employee & Child(ren)	\$1,782.44 \$65.64 \$9.18	\$1,857.26
	May 2025					
0001		12/01/2024 12/01/2024	Medical Vision Total	Employee Only Employee Only	\$1,220.96 \$4.58	\$1,225.54
	May 2025					
0001		04/01/2024 04/01/2024 04/01/2024	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
	May 2025					
0001		02/01/2023 02/01/2023 02/01/2023	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
	May 2025					
0001		10/01/2018 10/01/2021 10/01/2018	Medical Dental Vision Total	Employee & Child Employee & Child(ren) Employee & Child(ren)	\$1,491.18 \$65.64 \$9.18	\$1,566.00
	May 2025					
0001		12/18/2018 10/01/2020 10/01/2019	Medical Dental Vision Total	Employee & Child(ren) Employee & Family Employee & Family	\$1,782.44 \$99.00 \$13.52	\$1,894.96
	May 2025					
0001		10/01/2021 10/01/2021 10/01/2018	Medical Dental Vision Total	Employee Only Employee Only Employee Only	\$1,220.96 \$31.26 \$4.58	\$1,256.80
	May 2025					
0001		06/01/2023 06/01/2023	Medical Dental	Employee Only Employee Only	\$1,220.96 \$31.26	

0001			06/01/2023	Vision Total	Employee Only	\$4.58	\$1,256.80
	May 2025						
			10/01/2023	Medical	Employee Only	\$1,220.96	
			10/01/2020	Dental	Employee & Spouse	\$57.30	
			01/01/2019	Vision Total	Employee & Spouse	\$8.72	\$1,286.98
0001	May 2025						
		April 2025	04/30/2021	Medical	Employee Only	(\$1,220.96)	
		April 2025	10/01/2021	Dental Total	Employee Only	(\$31.26)	(\$1,252.22)
0001	May 2025						
			10/01/2018	Medical	Employee Only	\$1,220.96	
			10/01/2018	Vision Total	Employee Only	\$4.58	\$1,225.54
0001	May 2025						
			10/01/2018	Medical	Employee Only	\$1,220.96	
			10/01/2024	Dental	Employee & Child(ren)	\$65.64	
			10/01/2023	Vision Total	Employee Only	\$4.58	\$1,291.18
0001	May 2025						
			08/01/2023	Medical	Employee Only	\$1,220.96	
			08/01/2023	Dental	Employee Only	\$31.26	
			08/01/2023	Vision Total	Employee Only	\$4.58	\$1,256.80
0001	May 2025						
			10/01/2023	Medical	Employee & Child	\$1,491.18	
			07/01/2022	Dental	Employee & Child(ren)	\$65.64	
			07/01/2022	Vision Total	Employee & Child(ren)	\$9.18	\$1,566.00
0001	May 2025						
			10/01/2018	Medical Total	Employee Only	\$1,220.96	\$1,220.96
0001	May 2025						
			12/01/2024	Medical Total	Employee Only	\$1,220.96	\$1,220.96
X001	May 2025						
			01/01/2025	Medical Total	Employee Only	\$1,220.96	\$1,220.96
X001	May 2025						
			04/01/2025	Dental Total	Employee & Spouse	\$57.30	\$57.30

Section: 0001

Sub-Total: \$194,953.10

Section: X001

Sub-Total: \$1,278.26

Total: \$196,231.36

1 The Effective Date is defined as the effective date of the coverage described.

2 The Total represents the Sub-Total Contributions and Retroactive Adjustments Summary. These are both shown in the Invoice Summary.

Adjustment Reason Legend:

- 00 = Previous election
- 01 = New coverage
- 02 = Family status change
- 03 = Terminated employee
- 04 = Employee Status Change
- 05 = County transfer
- 06 = Non-benefit eligible to benefit eligible
- 07 = Benefit eligible to non-benefit eligible
- 08 = Salary change
- 09 = Go out on leave
- 10 = Return from leave
- 11 = Annual Enrollment
- 99 = Miscellaneous Correction

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Remittance Page

Please make checks payable and send to:

Texas Association of Counties Health & Employee Benefits Pool
P.O. Box 1896
San Antonio, Texas 78297-1896

To ensure proper credit to your account, please enclose this remittance page with your payment. For questions regarding the bills or payment posting, please contact your Employee Benefit Specialist at Texas Association of Counties at 1-800-456-5974.

Desirae Poth-Garibay
County Treasurer
Cuero, TX 77954

Invoice Number	245372202505
Invoice Date	04/21/2025
Group Number	245372
Billing Period	May 2025
Payment Due Date	05/01/2025
Total Due	\$396,125.60
Total Paid	