

11, 706

357
10 OCT 11 AM 11:42
BY: DEPUTY *Bass*
HUNT COUNTY CLERK'S OFFICE

PROCLAMATION
Home Care & Hospice Month
November 2010

WHEREAS, home care and hospice are the most humane tradition of health service delivery in Texas, enabling the aged and disabled to receive high-quality medical assistance, long-term services and support, and end-of-life care with dignity and in the comfort of their own homes; and,

WHEREAS, home care in Texas is a growing alternative to hospitalization for acute and chronic illnesses, serving millions of American each year; and,

WHEREAS, thousands of hardworking men and women, in association with more than 4,000 home care and hospice agencies, unite caring and technology in providing cost-effective home care and hospice services that stimulate quicker and better recoveries and improvements than institutional care and provides for end-of-life care; and,

WHEREAS, these tirelessly dedicated home care and hospice professionals and volunteers form a network of caring support in our nation's vast health care system and deserve special honor and appreciation for their many contributions; and,

WHEREAS, the Texas Association for Home Care and the more than 4,000 home and community support service agencies across Texas have declared the month of November 2010 as Texas Home Care & Hospice Month and are calling on all Texans to observe this occasion with appropriate ceremonies and activities.

NOW, THEREFORE, BE IT PROCLAIMED, by the Hunt County Commissioners Court that November 2010 be recognized as "**HOME CARE AND HOSPICE MONTH**" in Hunt County, and encourage the support and participation of all citizens in learning more about the home care and hospice philosophy of care for the elderly, disabled, and terminally ill.

In official witness whereof this 11th day of *October, 2010*.

John L. Thorn
Judge John L. Thorn

Kenneth D. Thornton
Commissioner Kenneth Thornton

Larry Middlebrooks
Commissioner Larry Middlebrooks

Ralph Green
Commissioner Ralph Green

Jim Latham
Commissioner Jim Latham

11, 707

10 OCT 11 AM 11:42
35867
DEPUTY
HUNT COUNTY CLERK'S OFFICE
HUNT COUNTY, TEXAS

PROCLAMATION

FORGET-ME-NOT Week

October 29th thru November 6th, 2010

WHEREAS, Hunt County has a continuing sense of gratitude to those disabled veterans who have sacrificed so much to protect our freedoms and liberties; and,

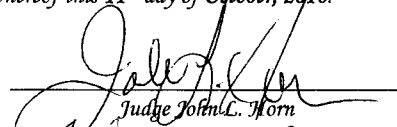
WHEREAS, the Disabled American Veterans Auxiliary has worked exclusively for the welfare of our disabled veterans; and,

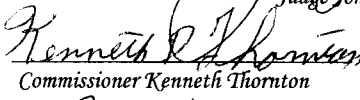
WHEREAS, the Hunt County Chapter 81 of the Disabled American Veterans has been established to carry on this work in Hunt County; and,

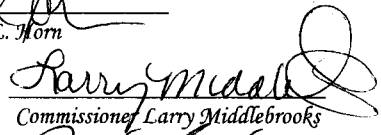
WHEREAS, the Disabled American Veterans has designated October 29th thru November 6th, 2010, for its annual Forget-Me-Not Campaign in Hunt County, and announced that all funds contributed will be utilized for disabled veterans in Hunt County;

NOW, THEREFORE, BE IT PROCLAIMED that October 29th thru November 6th, 2010, be declared Forget-Me-Not Week in Hunt County, Texas, and may I encourage the support of all citizens, interest groups, and charitable organizations during this campaign. May we never forget those who have gone before us so that we may continue unto our future.

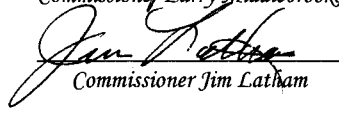
In official witness whereof this 11th day of October, 2010.


Judge John L. Horn


Commissioner Kenneth Thornton


Commissioner Larry Middlebrooks


Commissioner Ralph Green


Commissioner Jim Latham

ATTEST: Linda Breech, County Clerk

11, 109

RESOLUTION AUTHORIZING APPLICATION

County Grants for Implementation of "Hog Out" Month Feral Hog Abatement Technologies Program

10 OCT 11 11:12
COUNTY CLERK HUNT CO. TX
DEPT. OF AGRICULTURE
TDA

A RESOLUTION OF THE (County of) Hunt, TEXAS (the "Applicant"), DESIGNATING (an) OFFICIAL(S) AS BEING RESPONSIBLE FOR THE APPLICATION TO THE TEXAS DEPARTMENT OF AGRICULTURE ("TDA"), FOR THE PURPOSE OF PARTICIPATING IN TDA'S COUNTY GRANTS FOR IMPLEMENTATION OF "Hog Out" Month FERAL HOG ABATEMENT TECHNOLOGIES PROGRAM (the "Program") AND CERTIFYING THAT THE APPLICANT IS ELIGIBLE TO RECEIVE PROGRAM ASSISTANCE.

WHEREAS, the Applicant is a Texas county and is fully eligible to receive assistance under the Program; and

WHEREAS, the Applicant acknowledges the County Grants for Implementation of Feral Hog Abatement Technologies Program is designed to encourage counties across the state to make a concentrated and coordinated effort during the month of October 2010 to reduce the feral hog population in Texas; and

WHEREAS, the Applicant acknowledges that if the county is awarded funds, such funds must be used to continue feral hog abatement activities within the county; and

WHEREAS, the Applicant wishes to authorize an official to represent the Applicant in dealing with TDA concerning the Program;

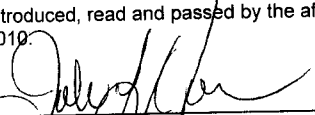
BE IT RESOLVED BY THE APPLICANT:

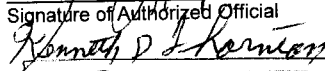
SECTION 1: That the Applicant hereby certifies that it is eligible to receive assistance under the Program.


SECTION 2: The Applicant hereby authorizes and directs *Judge John L. Horn* to act for the applicant in dealing with TDA for the purpose of the Program, and *Judge John L. Horn* is officially designated as the representative of the Applicant in this regard.

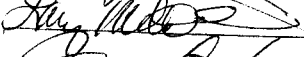
SECTION 3: The Applicant hereby specifically authorizes the above-named official to do all acts necessary to apply for and receive assistance from the Program related to feral hog abatement activities that will take place in *Hunt County* during October 2010 and thereafter. *Judge John L. Horn* is authorized to execute on behalf of the Applicant any licenses or other documents required by TDA for Applicant's participation in the Program.

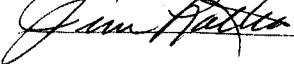
Introduced, read and passed by the affirmative vote of the Applicant on this 11th day of October, 2010.



Signature of Authorized Official








Judge John L. Horn, Hunt County
Typed Name and Title

AV

FILED FOR RECORDS
COUNTY CLERK HUNT COUNTY TEXAS
368
10 OCT 11 AM 11:42
BY: *[Signature]*
DEPUTY

RESOLUTION # 11,710

RESOLUTION OF THE COMMISSIONERS COURT OF HUNT COUNTY, TEXAS, SUPPORTING THE FUNDRAISING EFFORTS OF THE UNITED WAY OF HUNT COUNTY CAMPAIGN 2011.

WHEREAS, the United Way of Hunt County is a self-sustaining, non-profit entity dedicated to providing funding to agencies who demonstrate measurable outcomes for quality programs; and,

WHEREAS, the United Way of Hunt County is held to strict to standards of conduct and financial viability by its board and the United Way of America; and,

WHEREAS, the United Way of Hunt County currently supports 13 area programs allowing Hunt County residents to access services they couldn't afford otherwise; and,

WHEREAS, in 2009, the lives of nearly 20,000 people were touched in some way by the programs supported by funds from the United Way including Senior Meals on Wheels, the Red Cross, Boy Scouts of America, the Boys & Girls Club, and CASA among others; and,

WHEREAS, the United Way of Hunt County is in a unique position enabling its participation with area employers to conduct payroll deductions to raise the financial support needed to sustain this funding.

NOW, THEREFORE, BE IT RESOLVED that the Commissioners Court of Hunt County, Texas, supports the fundraising of the United Way of Hunt County Campaign 2011, and encourages all Hunt County citizens to participate in this program.

PASSED AND APPROVED this 11th day of October, 2010.

[Signature]
Judge John L. Horn

[Signature]
Commissioner Kenneth Thornton

[Signature]
Commissioner Larry Middlebrooks

[Signature]
Commissioner Ralph Green

[Signature]
Commissioner Jim Latham

ATTEST: *[Signature]* County Clerk

RESOLUTION 11,711

RESOLUTION OF THE HUNT COUNTY COMMISSIONERS COURT WITH
RESPECT FOR FINANCING CERTAIN FACILITIES IN HUNT COUNTY,
TEXAS BY THE INDUSTRIAL DEVELOPMENT CORPORATION OF
GREENVILLE, TEXAS

FILED FOR RECORDS
COUNTY CLERK HUNT COUNTY, TEXAS
OCT 11 AM 11:42
361
DEPUTY
Becker

WHEREAS, the Industrial Development Corporation of Greenville, Texas (the "Issuer") was created by the City of Greenville, Texas (the "Unit") pursuant to the Development Corporation Act, Chapter 501, Texas Local Government Code, as amended (the "Act"), to finance projects located within the State of Texas and within the limits of the Unit or the limits of a different governmental body where the governing body thereof requests that the Issuer exercise its power; and,

WHEREAS, the Issuer has received a request from Southern Renewable Energy, LP (the "Company") to finance a solid waste disposal facility, more particularly described on Exhibit A hereto (the "Project"), located outside the boundaries of the Unit and within Hunt County, Texas; and,

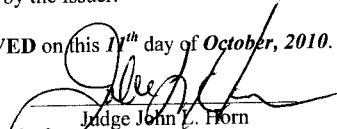
WHEREAS, it is the desire of the Commissioners' Court of Hunt County that the Project be financed by the Issuer.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS COURT OF HUNT COUNTY, TEXAS THAT:


Section 1. Pursuant to the Act, the Issuer has hereby requested, and the consent of the governing body of Hunt County is hereby given, to the financing by the Issuer of the Project which is located within the boundaries of Hunt County, Texas.

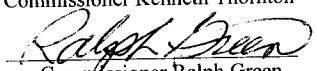
Section 2. The Issuer is hereby authorized, for and behalf of the County, to hold and conduct any public hearings required in connection with the financing of the Project by the Issuer.

PASSED AND APPROVED on this 11th day of October, 2010.


Judge John E. Horn


Commissioner Kenneth Thornton


Commissioner Larry Middlebrooks


Commissioner Ralph Green


Commissioner Jim Latham

ATTEST:  County Clerk

EXHIBIT A

The Project consists of a waste wood fired biomass electric generation facility constructed in the vicinity of Greenville, Texas, designed for 63 net megawatts per hour of electric generating capacity. The components of the Project will consist of wood handling facilities, generator system, boiler system, foundations, concrete switch gear, transformers, control systems, fuel handling, ash handling, water treatment systems, site cleanup, including process, equipment, utilities, support system, related buildings and structures, and property that is functionally related and subordinate to foregoing systems and components.

FILED #8 FULTON
LEWIS & CLARK
COUNTY CLERK HON. COURT
10 OCT 11 AM 11:42
BY: *S. [Signature]*
DEPUTY

CERTIFICATE FOR RESOLUTION

THE STATE OF TEXAS :

COUNTY OF HUNT :

We, the undersigned officers of the Commissioners' Court (the "Commissioners Court") of Hunt County, Texas (the "County"), hereby certify as follows that:

1. The Commissioners' Court convened in REGULAR MEETING ON THE 11TH DAY OF OCTOBER, 2010, at the designated meeting place, and the roll was called of the duly constituted officers and members of the Commissioners' Court, to-wit:

Kenneth Thornton
Ralph Green
Larry Middlebrooks
Jim Latham

and all of said persons were present, except the following absentees NA thus constituting a quorum. Whereupon, among other business, the following was transacted at said Meeting: a written

RESOLUTION WITH RESPECT TO FINANCING CERTAIN FACILITIES IN
HUNT COUNTY, TEXAS BY THE INDUSTRIAL DEVELOPMENT
CORPORATION GREENVILLE, TEXAS

was duly introduced for the consideration of the Commissioners' Court and read in full. It was then duly moved and seconded that said Resolution be adopted; and, after due discussion, said motion carrying with it the passage of said Resolution, prevailed and carried by the following vote:

AYES: All present above voted "Aye"; except NA.

NOES: -0-.

2. A true, full and correct copy of the aforesaid Resolution adopted at the Meeting described in the above and foregoing paragraph is attached to and follows this Certificate; that said Resolution has been duly recorded in the Commissioners' Court's minutes of said Meeting; that the above and foregoing paragraph is a true, full and correct excerpt from the Commissioners' Court's minutes of said Meeting pertaining to the passage of said Resolution; that the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of the Commissioners' Court as indicated therein; that each of the officers and members of the Commissioners' Court was duly and sufficiently notified officially and personally, in advance, of the time, place and purpose of the aforesaid Meeting, and that said Resolution would be introduced and considered for passage at said Meeting, and each of said officers and members consented, in advance, to the holding of said Meeting for such purpose, and that said Meeting was open to the public and public notice of the time, place and purpose of said Meeting was given, all as required by Chapter 551, Texas Government Code, as amended.

3. The County Judge has approved and hereby approves the aforesaid Resolution; and that the County Judge and the County Clerk hereby declare that their signing of this Certificate shall constitute the signing of the attached and following copy of said Resolution for all purposes.

SIGNED AND SEALED the 11th day of October, 2010.

Linda Breech
County Clerk

John J. Hou
County Judge *RP*



RESOLUTION # 11,712

365
FILED IN PUBLIC RECORDS
LINDA PROKAS
CLERK HUNT COUNTY
10 OCT 11 11:46
BY: *[Signature]*

A RESOLUTION OF THE COMMISSIONERS' COURT OF HUNT COUNTY, TEXAS, SUPPORTING THE 82ND LEGISLATURE IN ITS EFFORTS TO PROHIBIT THE USE, POSSESSION, OR SALE OF SYNTHETIC CANNABINOIDS, SUCH AS K-2, AND SALVIA DIVINORUM ACROSS THE STATE OF TEXAS

WHEREAS, the Commissioners' Court of Hunt County, Texas has determined that businesses within the county are selling to the general public products containing synthetic cannabinoids, salvia divinorum, or related chemicals that when ingested produce intoxicating effects similar to marijuana; and

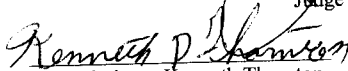
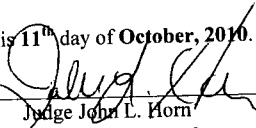
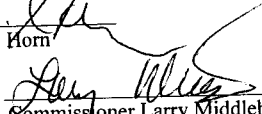

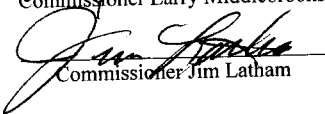
WHEREAS, these products are being sold, distributed, and marketed in the form of incense or herbal smoking blends under names such as "K-2", "K-2 Summit", "Genie", "Spice", "Sage", "Solar Flare", and "Yucatan Fire" among others; and,

WHEREAS, multiple international countries, the United States military services, the Federal Drug Enforcement Administration, and various states and cities across the nation have acknowledged the increased use of these products and recognized the risk such products pose to the public health, safety, and welfare; and,

WHEREAS, it is the understanding of the Commissioners' Court of Hunt County, Texas that legislators intend to propose legislation in the 82nd Session that will prohibit the use, possession, or sale of synthetic cannabinoids, such as K-2, and salvia divinorum across the State of Texas.

NOW, THEREFORE, BE IT RESOLVED that the Commissioners' Court of Hunt County, Texas hereby supports all efforts being made by the 82nd Legislature to prohibit the use, possession, or sale of synthetic cannabinoids, such as K-2, and savia divinorum across the State of Texas and recognizes the risk such products pose to the public health, safety and welfare.

PASSED AND APPROVED this 11th day of October, 2010.

 Commissioner Kenneth Thornton	 Judge John L. Horn	 Commissioner Larry Middlebrooks
 Commissioner Ralph Green		 Commissioner Jim Latham

ATTEST: *[Signature]*, County Clerk

11/11/13



CO., TX
AM 11:42
DEPUTY

October 1, 2010

Honorable Delores Shelton
Hunt County Treasurer
P.O. Box 1097
Greenville, TX 75403-1097

FILED FOR RECORD
LINDA BRIDGES
COUNTY CLERK HUNT CO., TX
10 OCT 11 AM 11:42
DEPUTY
J. Brubaker

Dear Ms. Delores Shelton:

Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) would like to thank you for your continued participation in CountyChoice Silver (CCS). The Federal Health Care Reform has had a significant impact on benefits available for retirees. As a result our program will be changing next year, and we want you to know about the new program that will be offered. You, as their former employer, must elect whether or not CCS will continue to be offered to your retirees.

The Medicare Advantage Plans will no longer be a viable program for retirees. A request for proposal for an alternative supplemental program brought us several options to consider. After review, we have decided to partner with UnitedHealthcare (UHC) to bring our members a retiree medical supplement plan, with richer benefits and lesser out of pocket expenses for the retirees, at a reasonable premium. The new program goes into effect as of January 1, 2011. Retirees will now have Medicare as their primary benefit and UHC as a supplement with a prescription drug plan, if RX is selected as an option to offer your retirees. The billing methods will remain the same and retirees will have improved benefits with access to a NurseLine, Disease Management, Wellness advice, and various discount programs.

Enclosed you will find a current 2010 summary of benefits and rate sheet for the new plan being offered. As you may be aware, the national changes to our health care benefits have happened rather quickly and we must ask you to respond to this option

quickly as well. In order for us to act within the guidelines specified by the Centers for Medicare and Medicaid (CMS) we must have your approval to offer this benefit to your retirees by October 15, 2010.

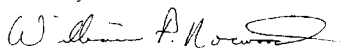
In the meantime, we will mail an announcement letter to your retirees informing them of the upcoming plan change and include a current summary of benefits for review. Retirees will be referred to you if they have any questions. Once your group has voted to offer the UnitedHealthcare supplement plan, retirees will be mailed an enrollment packet (with an updated 2011 summary of benefits) directly from UnitedHealthcare. All applications from the retirees have to be submitted by December 1, 2010 in order to be effective January 1. There will not be an opportunity for late enrollment this year as the federal programs are operating within a limited schedule to implement all of the changes that are occurring.

If your group elects to discontinue the CountyChoice Silver program, a cancellation notice will be sent by Aetna to each retiree currently on the plan; however we do not know in what timeframe that will occur. We encourage you to communicate with your retirees about the outcome of your decision so they will know their options. We have provided an enrollment list for your convenience.

We appreciate your efforts to respond to this program change without delay. Please review the summary of benefits and sign the attached group authorization form and fax it back to Melissa Lopez at 512-481-8481, by October 15, 2010, if you have any questions, please contact Melissa at ~~1-800-456-5971~~ ext. 3463.

5974

Sincerely,



William P. Norwood
Manager, Employee Benefits Program

Enclosures:

- Summary of Benefits
- Program Requirements and Procedures
- Authorization Forms
- Member Contact Designation
- Copy of Letter to Retirees
- Current Retiree Enrollment List

368
UNDERWRITTEN BY
UNITEDHEALTHCARE INSURANCE COMPANY

Plan **SUMMARY**

UnitedHealthcare Senior Supplement

Plan F

All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for Year 2010 benefits. Amounts may change for the Year 2011. This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Please refer to the group health insurance certificate for a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

LIFETIME POLICY MAXIMUM \$2,000,000 per Covered Person

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Hospitalization			
Semi-private room and board, general nursing and miscellaneous services and supplies.			
Part A hospital – first 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0
Part A hospital – days 61 – 90	All but \$275 per day	\$275 per day	\$0
Part A hospital – day 91 and after: While using 60 lifetime reserve days	All but \$550 per day	\$550 per day	\$0
After 60 lifetime reserve days are used			
• 365 lifetime additional days	\$0	100% of Medicare Eligible Expenses	\$0
• Beyond 365 lifetime additional days	\$0	\$0	All costs
Blood			
First 3 pints Medicare Part A or B	\$0	100%	\$0
Additional amounts under Part A Medicare	100%	\$0	\$0
Next \$155 of Medicare Approved Amounts under Part B Medicare	\$0	\$155 (Part B Deductible)*	\$0
Remainder of Medicare Approved Amounts under Part B Medicare	80%	20%	\$0

* Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Foreign Travel Medically Necessary Emergency Care services beginning during the first 60 days of each trip outside the United States.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Exclusions and Limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the Company to be a Medicare Eligible Expense, unless coverage for the expense or service is specifically provided by a Rider to the Policy. Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare. Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any Workers' Compensation law or similar law. Charges for self-inflicted injury or attempted suicide. Any treatment, confinement, services or supply provided by a government owned or operated facility. Any injury or sickness resulting from war or any act of war (declared or undeclared). Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel. Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.

- Blood and plasma except as stated above. Experimental or investigational treatment, procedures and items. Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used. Preventive Care (except to the extent charges are approved for coverage under Medicare). Prescription Drugs unless provided by Rider.

This Plan Summary is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, or Exclusions and Limitations. Please refer to the Schedule of Benefits and the Certificate of Coverage for additional details.

For additional information, contact your employer or call the toll-free pre-enrollment number:



**1-800-698-0822, 8 a.m. – 8 p.m. local time,
7 days a week. TTY users, call 711.**



A UnitedHealthcare® Medicare Solution

Covered Service**Medicare Pays****Senior Supplement Pays****You Pay****Skilled Nursing Facility Care**

You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.

Days 1 – 20	All approved amounts	\$0	\$0
Days 21 – 100	All but \$137.50 per day	Up to \$137.50 per day	\$0
Days 101 and after	\$0	\$0	All costs

Hospice Care

Available as long as your doctor certifies you are terminally ill and you elect to receive these services.

All but very limited coinsurance for outpatient drugs and inpatient respite care	Balance	\$0
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Home Health Care

Skilled Care Services and Medical Supplies

All approved amounts	Balance	\$0
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Durable Medical Equipment

First \$155 of Medicare Approved Amounts

\$0	\$155 (Part B Deductible)*	\$0
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Remainder of Medicare Approved Amounts

80% of approved amounts	20% of approved amounts	\$0
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Medical Services

Includes services such as Physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.

First \$155 of Medicare Approved Amounts

\$0	\$155 (Part B Deductible)*	\$0
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Remainder of Medicare Approved Amounts

Generally 80%	Generally 20%	\$0
---------------	---------------	-----

Outpatient Mental Illness

* For most outpatient mental illness services

55%	45%	\$0
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Part B Excess Charges (above Medicare Approved Amounts)

\$0	100%	\$0
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* Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Part D Summary of Prescription Drug Benefits



Effective January 1, 2010 – December 31, 2010

Your monthly plan premium.

Your premium payment is determined by your plan sponsor (former employer, union group or trust administrator). Please contact your plan sponsor if you have questions about your premium.

If you get extra help from Medicare to pay for your premiums or copays, the amounts you pay may be different than shown in this document. These amounts are listed in the "Evidence of Coverage Rider for those who Receive Extra Help for their Prescription Drugs." You will get this document when you enroll and again each fall if you qualify for extra help. Your employer will apply the extra help amount to any premium you may owe.

You can find more information about paying your premium and qualifying for extra help in Section 1 of the Evidence of Coverage. You can also get this information by calling UnitedHealthcare® MedicareRx for Groups (PDP) (the plan) Customer Service.

Your annual deductible: \$0

Your plan has no annual deductible. Your coverage starts with your first prescription on or after January 1, 2010.

Prescription drug costs.

When you fill a prescription for a covered drug, you may pay part of the costs for your drug, and the plan will pay the rest. The amount you pay is called the copay or coinsurance.

The amount you pay for your prescription depends on:

- The coverage period you are in when you get your prescription.
- The type of drug it is.
- Whether you are filling your prescription at an in-network or out-of-network pharmacy.

Medicare has increased the 2010 threshold amounts that mark the beginning and the end of coverage periods. At each of these thresholds, your payment responsibilities change.

Initial coverage period.

The initial coverage period for your plan is when your yearly true out-of-pocket costs¹ excluding premium payments, are between \$0 and \$4,550.

During the initial coverage period — you pay:

Threshold		You Pay
Initial Coverage ²	\$0–\$4,550 ³	<p>Retail Pharmacy⁴</p> <p>Tier 1 Drugs</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs • \$15 copay for a three-month (90-day) supply of drugs <p>Tier 2 Drugs</p> <ul style="list-style-type: none"> • \$25 copay for a one-month (31-day) supply of drugs • \$75 copay for a three-month (90-day) supply of drugs <p>Tier 3 Drugs</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (31-day) supply of drugs • \$180 copay for a three-month (90-day) supply of drugs <p>Tier 4 Specialty Drugs</p> <ul style="list-style-type: none"> • 33% for a one-month (31-day) supply of drugs • 33% for a three-month (90-day) supply of drugs
		<p>Long-Term Care Pharmacy</p> <p>Tier 1 Drugs</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs <p>Tier 2 Drugs</p> <ul style="list-style-type: none"> • \$25 copay for a one-month (31-day) supply of drugs <p>Tier 3 Drugs</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (31-day) supply of drugs <p>Tier 4 Specialty Drugs</p> <ul style="list-style-type: none"> • 33% for a one-month (31-day) supply of drugs
		<p>Mail Service</p> <p>Tier 1 Drugs</p> <ul style="list-style-type: none"> • \$10 copay for a three-month (90-day) supply of drugs <p>Tier 2 Drugs</p> <ul style="list-style-type: none"> • \$50 copay for a three-month (90-day) supply of drugs <p>Tier 3 Drugs</p> <ul style="list-style-type: none"> • \$120 copay for a three-month (90-day) supply of drugs <p>Tier 4 Specialty Drugs</p> <ul style="list-style-type: none"> • 33% for a three-month (90-day) supply of drugs

¹ True out-of-pocket costs is the total amount you and/or other have spent on prescription drugs that count toward qualifying you for catastrophic coverage. This total includes the amounts spent for your copays/coinsurance on covered drugs. (This amount doesn't include payments made by a government-funded health program or other excluded parties.)

² Initial Coverage, Out-of-Pocket and Catastrophic Coverage dollar amounts are set by the Centers for Medicare & Medicaid Services (CMS) on a calendar year basis and may change as of January 1, 2011.

³ Threshold has increased from \$4,350 in 2009 to \$4,550 in 2010, and refers to the amount of money you or others on your behalf pay out of pocket for covered drugs.

⁴ At in-network and out-of-network retail pharmacies. For out-of-network pharmacies, you will also be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.

Catastrophic coverage.

All Medicare Prescription Drug Plans include catastrophic coverage. When your yearly true out-of-pocket costs (excluding premium) reach \$4,550, you will qualify for catastrophic coverage.

During catastrophic coverage — you pay:

Threshold		You Pay
Catastrophic Coverage	After \$4,550 ¹ No Limit	Generic drugs (including brand-name drugs treated as generic) <ul style="list-style-type: none"> • Greater of \$2.50 or 5% coinsurance All other covered drugs <ul style="list-style-type: none"> • Greater of \$6.30 or 5% coinsurance

¹ Threshold has increased from \$4,350 in 2009 to \$4,550 in 2010, and refers to the amount of money you or others on your behalf pay out of pocket for covered drugs.

Vaccine coverage (including administration).

Our plan's prescription drug benefit covers a number of vaccines, including vaccine administration. The amount you will be responsible for will depend on how the vaccine is dispensed and who administers it. Also, please note that in some situations, the vaccine and its administration will be billed separately. When this happens, you may pay separate cost-sharing amounts for the vaccine and for the vaccine administration.

The following chart describes some of these scenarios. Note that in some cases, you will be receiving the vaccine from someone who is not part of our pharmacy network, and that you may have to pay for the entire cost of the vaccine and its administration in advance.

You will need to mail the plan the receipts, following our out-of-network paper claims policy (see Chapter 2 in the Evidence of Coverage), and then you will be reimbursed up to our normal coinsurance or copayment for that vaccine. In some cases, you will be responsible for the difference between what the plan pays and what the out-of-network provider charges you. The following chart provides examples of how much it might cost to obtain a vaccine (including its administration) under our plan. Actual vaccine costs will vary by vaccine type and by whether your vaccine is administered by a pharmacist or by another provider.

If you obtain the vaccine at:	And get it administered by:	You pay (and/or are reimbursed):
The pharmacy	The pharmacy (not possible in all states)	You pay your normal copay or coinsurance for the vaccine.
Your doctor	Your doctor	You pay up front for the entire cost of the vaccine and its administration. You are reimbursed this amount less your normal copay or coinsurance for the vaccine (including administration), less any difference between the amount the doctor charges and what the plan normally pays. ¹
The pharmacy	Your doctor	You pay your normal copay or coinsurance for the vaccine at the pharmacy and the full amount charged by the doctor for administering the vaccine. You are reimbursed the amount charged by the doctor less any applicable in-network charge for administering the vaccine, less any difference between what the doctor charges for administering the vaccine and what the plan normally pays. ¹

How is your out-of-pocket cost calculated?

What type of prescription drug payments count toward your out-of-pocket costs?

The following types of payments for prescription drugs may count toward your out-of-pocket costs and help you qualify for catastrophic coverage:²

- Your copay or coinsurance up to the initial coverage limit.
- Payments you made this year under another Medicare Prescription Drug Plan prior to your enrollment in our plan.

¹ If you receive extra help, the plan will reimburse you for this difference. Our Customer Service Associates can help you understand the costs associated with vaccines (including administration) available under our plan before you go to your doctor. For more information, please contact Customer Service.

² As long as the drug you are paying for is a Part D drug or transition drug, it is on the formulary (or if you get a favorable decision on a coverage determination request, exception request or appeal), it is obtained at a network pharmacy (or you have an approved claim from an out-of-network pharmacy) and otherwise meets our coverage requirements.

What type of prescription drug payments will not count toward your out-of-pocket costs?

The amount you pay for your monthly premium doesn't count toward reaching the catastrophic coverage level. In addition, the following types of payments for prescription drugs **do not count** toward your out-of-pocket costs:

- Prescription drugs purchased outside the United States and its territories.
- Prescription drugs not covered by the plan.
- Prescription drugs obtained at an out-of-network pharmacy when that purchase does not meet our requirements for out-of-network coverage.
- Non-Part D drugs, including prescription drugs covered by Part A or Part B and other drugs excluded from coverage by Medicare.

Who can pay for your prescription drugs, and how do these payments apply to your out-of-pocket costs?

Except for your premium payments, any payments you make for Part D drugs covered by the plan count toward your out-of-pocket costs and will help you qualify for catastrophic coverage.

In addition, when the following individuals or organizations pay your costs for such drugs, these payments will count toward your out-of-pocket costs and will help you qualify for catastrophic coverage:

- Family members or other individuals;
- Medicare programs that provide extra help with prescription drug coverage; and
- Most charities or charitable organizations that pay cost-sharing on your behalf. Please note that if the charity is established, run or controlled by your current or former employer or union, the payments usually will not count toward your out-of-pocket costs.

Payments made by the following don't count toward your out-of-pocket costs:


- Group Health Plans (those sponsored by a former employer, union or trust);
- Insurance plans and government-funded health programs (e.g., TRICARE, the VA, the Indian Health Service and AIDS Drug Assistance Programs); and
- Third-party arrangements with a legal obligation to pay for prescription costs (e.g., Workers' Compensation).

If you have coverage from a third party such as those listed above that pays a part of or all of your out-of-pocket costs, you must let the plan know.

The plan will be responsible for keeping track of your out-of-pocket expenses and will let you know when you have qualified for catastrophic coverage. In addition, for every month in which you purchase covered prescription drugs through the plan, you will get an Explanation of Benefits that shows your out-of-pocket cost amount to date.

UnitedHealthcare MedicareRx for Groups (PDP) Member identification (ID) card.

You must use your UnitedHealthcare MedicareRx for Groups (PDP) member ID card instead of your red, white and blue Medicare card when accessing covered services at network pharmacies. Please carry your ID card with you at all times. You will need to show this card in order to get your prescription drugs paid for. If your ID card is damaged, lost or stolen, call Customer Service and we will send you a new card.

	
UnitedHealthcare MedicareRx for Groups (PDP)	
RxBin	610097
RxPCN	9999
RxGrp	PDPIND
Issuer	80840
ID	1234567890
Name	John A. Sample
	SXXXX XXX

Medicare Part D drug exclusions.

This section talks about drugs that are "excluded," meaning they aren't normally covered by a Medicare drug plan. If you get drugs that are excluded, you must pay for them yourself, unless they are found upon appeal to be drugs that the plan should have paid for or covered.

- A Medicare Prescription Drug Plan can't cover a drug that is covered under Medicare Part A or Part B.
- A Medicare Prescription Drug Plan can't cover a drug purchased outside the United States and its territories.
- A Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug's label as approved by the FDA) of a prescription drug only in cases in which the use is supported by certain reference books, known as compendia, citations. Congress specifically listed the three compendia that list whether the off-label use would be permitted.¹ If the use is not supported by one of these compendia, then the drug is considered a non-Part D drug and cannot be covered by our plan.

In addition, by law, certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

1. Non-prescription drugs (or over-the-counter drugs).
2. Drugs used for treatment of anorexia, weight loss or weight gain.*
3. Drugs used to promote fertility.*
4. Drugs used for cosmetic purposes or to promote hair growth.*
5. Drugs used for the symptomatic relief of cough or colds.*
6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
7. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
8. Barbiturates and Benzodiazepines.*
9. Erectile dysfunction medications such as Viagra, Cialis, Levitra and Caverject.*

The amount you pay when you fill a prescription for these drugs does not count toward qualifying you for catastrophic coverage. In addition, if you are receiving extra help from Medicare to pay for your prescriptions, the extra help will not pay for these drugs. Please refer to your formulary or call Customer Service for more information.

If you receive extra help, your state Medicaid program may cover some prescription drugs not normally covered in a Medicare drug plan. Please contact your state Medicaid program to determine what drug coverage may be available to you.

See your "Medicare & You Handbook" for more information about drugs that are covered by Medicare Part A and Part B. Some drugs are covered under Medicare Part B in certain cases and under UnitedHealthcare MedicareRx for Groups (PDP) in other cases. In general, your pharmacist or provider will determine whether to bill Medicare Part B or UnitedHealthcare MedicareRx for Groups (PDP) for the drug in question.

* These Medicare-excluded drugs are covered by your plan as a supplemental benefit. If you lose group eligibility or terminate your plan coverage and choose to enroll in another Part D plan, your TrOOP (true out-of-pocket costs) will be calculated including only the drugs covered by Medicare Part D.

Medicare prescription drug limitations.

This sections talks about limitations of all Medicare prescription drug plans.

1. A prescription drug is a Part D drug only if it is for a medically accepted indication as defined in the Medicare statute. This definition includes prescribed uses supported by a citation included, or approved for inclusion, in one of the three compendia.¹

Based on this statutory definition, indications are not "medically accepted" if they are supported in peer-reviewed medical literature, but not yet included or approved for inclusion in one of the compendia. Therefore, the use of a drug for such indications would not meet the definition of a Part D drug, and the drug would not be covered under the plan, even if your doctor states that the drug is medically necessary.

2. The plan reserves the right to require prior authorization for certain drugs on the UnitedHealthcare MedicareRx for Groups (PDP) formulary prior to dispensing.

3. Drugs dispensed by non-network pharmacies are not covered except under limited circumstances. These circumstances include:

- If you need a prescription while a patient in an emergency department, provider-based clinic, outpatient surgery or other outpatient setting.
- If you need a prescription while traveling within the United States because you become ill or run out of your prescription drugs.
- If you are unable to obtain a covered drug in a timely manner within the service area because a network pharmacy is not within reasonable driving distance that provides 24-hour service.
- If you are trying to fill a prescription drug not regularly stocked at an accessible network retail or mail order pharmacy (including high-cost and unique drugs).

4. Early refills for lost, stolen or destroyed drugs are not covered except during a declared "national emergency."

5. Early refills for vacation supplies are limited to a one-time fill of up to 31 days per calendar year.

6. Medications will not be covered if prescribed by physicians or other providers who are excluded from Medicare program participation.

7. You may refill a prescription when a minimum of seventy-five percent (75%) of the quantity is consumed based on the days supply.

¹ Reference books (compendia) referenced in this document include: *American Hospital Formulary Service Drug Information*, the DRUGDEX® Information System and United States Pharmacopeia-Drug Information (USPDI) or its successor.

UnitedHealthcare MedicareRx for Groups (PDP) exclusions and limitations.

This section talks about exclusions and limitations set by UnitedHealthcare MedicareRx for Groups (PDP). You may be eligible to receive some of these excluded drugs through UnitedHealthcare MedicareRx for Groups (PDP). See the Evidence of Coverage for information on exceptions.

1. Drugs or medicines purchased and received prior to, or following, the covered person's eligibility.
2. Therapeutic devices or appliances, even though they may require a prescription. This includes: hypodermic needles, syringes (except insulin syringes when provided by a participating pharmacy for use with approved self-injectable medications), support garments and other nonmedical substances.
3. Medications which may be properly received without charge under local, state or federal programs or that are reimbursable under other insurance programs, including Workers' Compensation and Medicare, or medications furnished by any other drug or medical service for which no charge is made to the covered person.
4. Medications prescribed for experimental or non-FDA-approved indications unless prescribed in a manner consistent with a special indication in the compendia.¹
5. Immunizing agents, injectables (except as shown in "Covered Services"), biological sera, blood plasma or medications prescribed for parenteral use.
6. Any applicable sales tax or surcharge.
7. New prescription medications or supplies until they are reviewed for safety, efficacy and cost effectiveness, and approved by UnitedHealthcare MedicareRx for Groups (PDP).
8. Drugs used for diagnostic purposes.
9. Saline and irrigation solutions.
10. Unit dose/convenience dosage forms: unit dose, pre-packaged medications, individual packets, etc.

¹ Reference books (compendia) referenced in this document include: *American Hospital Formulary Service Drug Information*, the DRUGDEX® Information System and United States Pharmacopeia-Drug Information (USPDI) or its successor.

Formulary (Drug List).

Your formulary is the list of drugs covered by UnitedHealthcare MedicareRx for Groups (PDP).

UnitedHealthcare MedicareRx for Groups (PDP) selected the drugs in consultation with a team of health care providers with expertise in the prescription drug needs of people with Medicare. New plan members receive a formulary (partial list of drugs) in the welcome kit.

Your formulary has 4 tiers. A tier is a classification used by many formularies to divide drugs into preferred and standard categories. Each tier typically has a different cost-share amount, but your plan has the same copay/coinsurance for multiple tiers.

Tier 1: Most generic drugs

Most generic prescription drugs are included in this tier. For the lowest out-of-pocket expense, you and your doctor should decide if Tier 1 medications are right for your treatment.

Tier 2: Most preferred brand-name drugs

This tier includes many common brand-name and some higher-cost generic prescription drugs. Drugs are included in Tier 2 because they offer clinical advantages and/or lower prices than Tier 3 drugs. Some Tier 2 drugs have lower-cost Tier 1 options that you may consider with your doctor.

Tier 3: Most non-preferred brand-name drugs

Drugs are included in Tier 3 because they may have clinical disadvantages over other drug therapies and/or higher prices than Tier 1 and/or Tier 2 drugs. If you are taking a Tier 3 drug, ask your doctor if you could use a Tier 1 or Tier 2 drug instead, to lower your out-of-pocket expenses.

Specialty Tier (SP): unique or high-cost specialty drugs

Unique or very high-cost drugs are included in this tier.

Summary of prescription drug benefits.

Call Customer Service if you want a complete formulary listing. If the formulary changes, you will be notified in writing before the change. Only Medicare Part D covered drugs will affect your Medicare prescription drug plan's annual out-of-pocket spending. Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from UnitedHealthcare MedicareRx for Groups (PDP) for certain prescription drugs. Please contact UnitedHealthcare MedicareRx for Groups (PDP) for details.

For more information on your plan, please call 1-888-556-6648, 24 hours a day, 7 days a week. TTY, call 711.

UnitedHealthcare MedicareRx for Groups (PDP) provides coverage for outpatient prescription drugs only. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Members may be enrolled in only one Part D plan at a time. Members must reside in the service area to be eligible to enroll. UnitedHealthcare MedicareRx for Groups (PDP) covers both brand-name drugs and generic drugs. Generic drugs have the same active ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. Contact UnitedHealthcare MedicareRx for Groups (PDP) for more information.

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Our network includes retail, mail service, long-term care, I/T/U and home infusion pharmacies. If you would like additional information about our mail service, please contact UnitedHealthcare MedicareRx for Groups (PDP) at the number below.

People who have low incomes, who live in long-term care facilities or who have access to Indian/Tribal/Urban (I/T/U) facilities may have different out-of-pocket drug costs. Please contact UnitedHealthcare MedicareRx for Groups (PDP) for more details. If members have qualified for additional assistance for Medicare Prescription Drug Plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in UnitedHealthcare MedicareRx for Groups (PDP), Medicare will tell the plan how much assistance you are receiving, and the plan will send you information on the amount you will pay.

If you are not receiving this additional assistance, you should call 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048), 24 hours a day, 7 days a week; the Social Security Administration at 1-800-772-1213 or the toll-free TTY number 1-800-325-0778, between 7 a.m. and 7 p.m., Monday through Friday; or your State Medicaid office.

This Medicare Prescription Drug Plan (PDP) is insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

Notes:



Program Requirements & Procedures

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) offers a Retiree Medical Benefits Program for Medicare eligible retirees through UnitedHealthcare (UHC). The following contains program information along with requirements that must be met in order to participate in the UHC retiree program.

Eligibility Requirements

- Participants must meet county retirement qualifications and must be enrolled in Medicare Parts A & B.
- UHC will be the only retiree medical program offered to your Medicare eligible retirees. (No other Medicare supplement or Medicare Advantage program or group plan will be offered to your retirees.)
- This coverage cannot be offered to any ACTIVE employee, regardless of age.
- This program offers two options for medical and prescription drug coverage. The group must elect one option to be offered to all retirees.
 1. **Medical Only** – allows retirees to select their own prescription coverage at their own expense.
 2. **Medical and Prescription** – prescription coverage provided by UHC to all retirees.

NOTE: Stand alone prescription drug coverage is not available.

Billing Options

- Group must sign authorization form to confirm billing option selected. Below are the three options available.
 - LIST** (the Employer pays 100% of premiums); the monthly bill is sent to the Employer.
 - DIRECT** (the Employer pays \$0 premium); the bill is sent to the retiree monthly.
 - SPLIT** (the Employer pays a portion of the premium); employer must indicate the contribution levels for Employer and for Retirees. Bills will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance.



New Enrollments

- Group will be responsible for providing the retiree enrollment packet at the time the employee retires

Termination Reporting

TAC HEBP Group Health Terminations

- All group health employee terminations must be processed by the group prior to the UHC effective date.
- Terminations processed via the TAC HEBP's Online Administrative System (OASYS) must be submitted by the group within the allowed 5 day grace period.
- Terminations reported after the 5th of the next month will be extended to the end of the following month, and the employer is responsible for these contributions.

UnitedHealthcare Terminations

- Termination policies and procedures will be confirmed upon group enrollment confirmation.

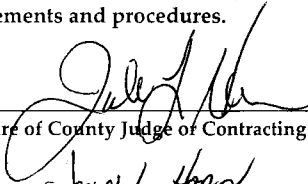


UnitedHealthcare Supplement Plan

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

_____ (Group Name) acknowledges the attached document has been read and agrees to comply with the retiree program requirements and procedures.



Signature of County Judge of Contracting Authority

11/02/2010

Date

John L. Horn

Print Name

County Judge

Title

If there are questions about requirements and procedures please contact Melissa Lopez at 800-456-5974 ext. 3463.

**PLEASE PROVIDE A COPY OF THIS NOTICE TO YOUR
PRIMARY CONTACT AND BILLING CONTACT**



October 1, 2010

To Aetna Medicare Advantage Plan Participants:

Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) would like to thank you for your continued participation in CountyChoice Silver (CCS). The Federal Health Care Reform has had a significant impact on what benefits will be available to offer retirees. As a result our program will be changing next year, and we want you to know about the new program that will be offered.

The Medicare Advantage Plans will no longer be a viable program for our retirees. A request for proposal for an alternative supplemental program brought us several options to consider. After review, we have decided to partner with UnitedHealthcare (UHC) to bring our members a retiree medical supplement plan, with richer benefits and lesser out of pocket expenses for retirees, at a reasonable premium. Your Medicare plan will now be primary with UHC as your supplement. The new program goes into effect as of January 1, 2011 and will have improved benefits with access to a NurseLine, Disease Management, Wellness advice as well as various discount programs.

Enclosed you will find a current 2010 summary of benefits for the new plan being offered for your review. Your former employer must elect to participate in this supplement program by October 15, 2010. Upon program approval from your former employer you will be mailed an enrollment packet, with an updated 2011 Summary of Benefits, directly from UnitedHealthcare.

YOU WILL NOT BE AUTOMATICALLY ENROLLED IN THIS PLAN. To be enrolled in this plan your enrollment application **must be submitted by December 1, 2010** in order to be effective January 1. There will not be an opportunity for late enrollment this year as the federal programs are operating within a limited schedule to implement all of the changes that are occurring.

2011 UHC Premiums

Medical Premium	\$ 194.00
*RX Premium	<u>\$ 167.00</u>
Total	\$ 361.00

*RX is optional for the group to choose as a benefit. For final determination, please contact the benefit coordinator for your former employer.

If your former employer elects to discontinue the CountyChoice Silver program your coverage will end December 31, 2010 with Aetna and you will be eligible to enroll in an individual plan of your choice.



UnitedHealthcare Group Authorization Form

_____ (Group Name) elects to offer CountyChoice Silver, retiree medical benefits program and authorizes its retirees to participate in UnitedHealthcare. Furthermore, the group agrees to comply with the participation requirements listed below.

Effective date for retiree benefits: January 1, 2011.

Group must complete the following requirements:

- Sign New Group Program Requirements and Procedures form
- Sign completed Member Contact Designation form

Indicate below plan selection and billing method that will be offered to your retirees:

PLAN OPTIONS (Select one):

- | | |
|--|-------------------------|
| <input type="checkbox"/> MEDICAL ONLY | Premium \$194.00 |
| (Allows retirees to select their own prescription coverage at their own expense) | |
| <input type="checkbox"/> MEDICAL AND PRESCRIPTION | Premium \$361.00 |
| (Prescription coverage provided by UHC to all retirees) | |

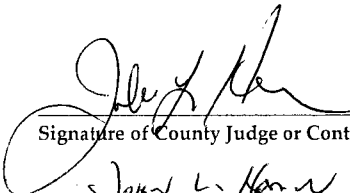
NOTE: If you choose a medical plan with RX optional, retirees have the option to elect RX coverage elsewhere at their own expense. RX is not available as a standalone benefit.

BILLING OPTIONS (Select one):

- LIST** (the Employer pays 100% of premiums); the monthly invoice is sent to the Employer.
- DIRECT** (the Employer pays \$0 premium); the invoice is sent to the retiree monthly.
- SPLIT*** (the Employer pays a portion of the premium); employer must indicate the contribution levels below for Employer and for Retirees. Invoices will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance.

***Split Bill- indicate amount paid per month:**

By Retiree \$ _____
By Employer \$ _____



 Signature of County Judge or Contracting Authority

 James L. Harman
 Print Name and Title

 Date 10/11/2010

Member Contact Designations

(Group Name)

Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Primary Contact: Main contact for daily matters pertaining to the retiree benefits.

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Billing Contact: Responsible for receiving all invoices relating to retiree benefits.

Name: _____

Title: _____

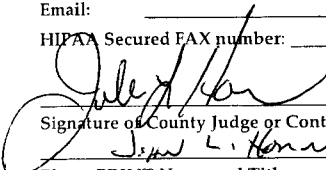
Address: _____

Phone: _____

Fax: _____

Email: _____

HIPAA Secured FAX number: _____



Signature of County Judge or Contracting Authority

Please PRINT Name and Title

10/11/2010

Date



**HUNT COUNTY
SHERIFF**

www.FriendsOfTheSheriff.com

Randy Meeks³⁸⁹, Sheriff

2801 Stuart Street
Greenville, TX 75401
903.453.6800

11,714
FILED FOR RECORD
at 1:52 in clock

30 OCT 2010
LINDA BROOKS
County Clerk, Hunt County, Tex.
By: [Signature]

October 5, 2010

To: Commissioner's Court

From: Hunt County Sheriff's office

Subject: Proposed budget expenditures for the Crime Control Fund 2010 - 2011

PRESENT ACCOUNT BALANCE

Account #642650485 balance as of October 1, 2010 is \$53,574.03, including the most recent checks written and deposits received.

PROPOSED SPENDING

LINE 1 - INVESTIGATIVE SUPPORT: polygraphs, video and audio tapes, expert services at crime scenes etc. = **\$9,000**

LINE 2 - GENRAL OPERATING EXPENSES: undercover expenses, crime scene expenses, crime scene equipment, photographs, diagrams, maps, etc = **\$5,500**

LINE 3 - EQUIPMENT: firearms, ballistics vests, flashlights, vehicles, and other tools as may be needed at crime scenes etc. = **\$10,834.03**

LINE 4 - MISCELLANEOUS = **\$1,000**

LINE 5 - ERRORS AND OMMISIONS = **\$1,000**

LINE 6 - SALARY STIPENDS = **\$11,240**

LINE 7 - K9 SERVICES = **\$10,000**

LINE 8 - EDUCATION: school based programs, community events, internships = **\$5,000**

Sincerely,

Randy Meeks
Sheriff, Hunt County, Texas



11,715

INTERLOCAL AGREEMENT

390

STATE OF TEXAS §

COUNTY OF HUNT §

KNOW ALL MEN BY THESE PRESENTS:

FILED FOR RECORD
LINDA BROOKS
COUNTY CLERK HUNT CO., TX
OCT 11 PM 1:52
DEPUTY *[Signature]*

WHEREAS, the City of Greenville, Texas, and Hunt County, Texas recognize the mutual benefits and economies of scale that arise from the operation of an animal shelter that serves all of their residents; and,

WHEREAS, the City of Greenville, Texas, is willing to accept animals at the City animal shelter in order to accommodate the needs of Hunt County.

NOW, THEREFORE, BE IT AGREED AS FOLLOWS:

That the City of Greenville, Texas, a Home-Rule Municipality, and Hunt County, hereby enter into a contract and agreement in accordance with the following terms:

I. OBLIGATIONS OF THE CITY OF GREENVILLE

- A. Appropriately staff the animal shelter and operate the same in a manner that complies with all statutes, rules, regulations and ordinances that govern the operation thereof;
- B. Receive dogs and cats delivered to the animal shelter from residents of unincorporated areas of Hunt County charge those residents \$25 per animal drop-off fee.
- C. Provide quarantine facilities for possible exposure to rabies cases on a basis limited to capacity of the animal shelter with the accompanying quarantine fees established by City Council; and,
- D. Provide adoption services for animals surrendered to or delivered to the animal shelter; but not to include animal control patrol, pick-up, trapping or enforcement functions outside the City limits of Greenville.

II. OBLIGATIONS OF HUNT COUNTY

- A. Quarterly, on or before the 15th day of the October of each year, and on the 15th day of the month marking the beginning of a new quarter, while this Interlocal Agreement is in force and effect, Hunt County shall pay to the City of Greenville the sum of Twenty-five thousand dollars (\$25,000).
- B. Hunt County represents and confirms that the amount to be expended hereunder will be available and budgeted in each budget year for Hunt County during the term of this agreement.

III. CONTINUATION OF AGREEMENT

Either party to this Interlocal Agreement may terminate participation herein by giving notice to the other party on or before April 1 of the year proceeding October 1 of the year the party intends to withdraw from the agreement. Otherwise, this Interlocal Agreement shall continue in force and effect for three years.

A late fee of 1.5% of all past due and payable amounts shall be assessed if payment in full is not received on or before October 15 as provided herein.

Assessment of such fee shall not be deemed as a waiver of the City's right to terminate this agreement for non-payment as provided below.

Failure to pay any amount(s) due under the terms of this agreement, including any late fees assessed, shall be an event of default and grounds for an immediate termination of this agreement by the City.

If other cities/communities within Hunt County alter the way animal control is conducted, this shall be grounds for immediately amending this agreement.

IV. LIABILITY

To the extent permitted by the Constitution and Laws of the State of Texas and the Charters of the City of Greenville and Hunt County, without waiving any limitation or immunity existing in favor of either party, each party agrees to hold the other harmless from any and all liability that may arise as a result of the indemnifying party's sole negligence unmixed with the fault or negligence of the indemnity or any other property.

V. AMENDMENT

This Interlocal Agreement may be amended only upon written instrument approved by the governing body of each party hereto.

VI. REVENUES

All revenues generated from the operation of the animal shelter shall belong to the City of Greenville.

Dated this the 11th day of October, 2010.

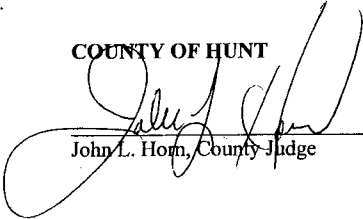
CITY OF GREENVILLE

Steve Alexander, City Manager

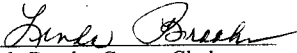
ATTEST:

Debra Newell, City Secretary

COUNTY OF HUNT



John L. Horn, County Judge



Linda Brooks, County Clerk