



Mesa Business Machines
1200 Austin St
Wichita Falls, TX 76301
www.mesabizmachines.com
940-723-0757

MONTAGUE COUNTY DISTRICT
CLERK
101 FRANKLIN STREET #3
MONTAGUE, TX 76254

Room/Location: -----

Contract Start Date 4/23/2025
Contract Expiration Date 4/23/2026

Starting Count BW	41,712	Program Type:	Yearly
Starting Count CLR	N/A	Contracted Black & White Allowance	40,000 @ .0125
Starting Count SCN	4,399	Black and White Overage Rate	.0125
Equipment ID:	7016	Scan Rate (Billed @ end of year)	.005
Model:	HP E82650DN		
Serial #	25010288		

For the purpose of maintaining the equipment listed above in efficient condition, the Customer hereby authorizes "Mesa Business Machines" and their representatives to furnish mechanical service, including adjustments on this equipment, subject to the following terms:

1. This agreement shall remain in effect for successive contracted date period and is non-refundable.
2. This contract is automatically renewable upon receipt of payment for successive maintenance invoices. Contract is subject to increase on an annual/renewal basis. It is customer responsibility to send in usage counts for monthly usage billings. Yearly usage billing accounts are collected by "Mesa Business Machines".
3. **For Yearly Agreements Payment of invoices is required by starting date on contract. For monthly agreements bills past 60 days past due may have service suspended until paid.**
4. Inspections may be made in conjunction with regular or emergency service calls. Inspections and service calls will be made during normal business hours: 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.
5. Machine must be moved by Mesa Business Machines, Machine must also be connected to electrical outlet via surge protector.
6. This agreement shall not apply to repairs made necessary by accident, misuse or abuse, neglect, theft, riot, vandalism, electrical power failure, fire, water or other acts of God, or damage caused by client personnel or supplies other than those supplied by "Mesa Business Machines". Charges made necessary by the foregoing will be the responsibility of the client, and should it be necessary to invoke this clause, a written cost estimate will be provided to the client for approval before work is performed. There will also be an additional \$45 labor fee for installation of parts covered under this clause.
7. The charges below do not include applicable taxes. All taxes levied or imposed now or hereafter by any governmental authority will be paid by the client in accordance with the law.
8. When, in "Mesa Business Machines" opinion, shop reconditioning or work beyond the scope of this agreement is required, a written cost estimate will be provided to the Client. If authorized, a separate invoice will be rendered by "Mesa Business Machines".
9. This agreement is not transferable by the client unless given written consent from "Mesa Business Machines".
10. This agreement covers only the equipment invoiced and is due and payable upon receipt.
11. Service calls for computer and network related issues, due to upgrading, specific to a single pc, reinstallation or alteration of configurations are not covered under this contract and will be billed at the "network hourly rate of \$95 per hour". This includes loading and reloading software on computers for printing and scanning. "Mesa Business Machines" is not liable for any loss, corruption or down time.

ALL INCLUSIVE CONTRACT. Includes all toner, developer, drums/master, parts, labor, Maintenance adjustments, inspections, and unlimited service calls. Paper, Staples, Surge Protectors are NOT included.

Signature: _____

Date: _____

Email: _____

**INTERLOCAL COOPERATION CONTRACT
BETWEEN
UNIVERSITY OF TEXAS AT AUSTIN
AND
Montague County**

**RELATING TO THE USE OF THE UT AUSTIN REGIONAL SECURITY OPERATIONS
CENTER (RSOC) SERVICES**

THIS INTERLOCAL COOPERATION CONTRACT is entered into by and between the Montague County and THE UNIVERSITY OF TEXAS (UT) (referred to individually as a "Party" and collectively as the "Parties"), pursuant to the authority granted and in compliance with the provisions of the Interlocal Cooperation Act, Texas Government Code, Chapter 791.

This ILC is created to give effect to the intent and purpose of Chapter 2059, Texas Government Code, concerning Regional Network Security Centers, specifically sections 2059.201, 2059.202, 2059.203, 2059.204, and 2059.205 and authorizes RSOC Customer to participate in the RSOC operated by UT.

RSOC Customer acknowledges and agrees that this ILC is with UT and, therefore, RSOC Customer does not have privity of contract with any UT service provider(s). The RSOC shall use reasonable efforts to provide the services (the "Services") described in the Service Description.

SECTION I

CONTRACTING PARTIES

RSOC CUSTOMER: Montague County

PERFORMING AGENCY: University of Texas at Austin UT

Contract No. RSOC_ILC_0022

SECTION II

STATEMENT OF SERVICES TO BE PERFORMED

2.1 Effect of ILC and General Process

Per Government Code Section 2059.204, DIR and its university partner may include, but is not obligated to, provide the following security services through the RSOCs:

- (a) real-time network security monitoring to detect and respond to network security events that may jeopardize this state and the residents of this state;
- (b) alerts and guidance for defeating network security threats, including firewall configuration, installation, management, and monitoring, intelligence gathering, and protocol analysis;
- (c) immediate response to counter network security activity that exposes this state and the residents of this state to risk, including complete intrusion detection system installation, management, and monitoring for participating entities;
- (d) development, coordination, and execution of statewide cybersecurity operations to isolate, contain, and mitigate the impact of network security incidents for participating entities; and
- (e) cybersecurity educational services. ~~(c)~~

This Interlocal Contract is between UT and RSOC Customer and does not replace or supersede any other contracts for services, such as those offered by DIR. The terms of relevant DIR Shared Services Contracts, where applicable, will apply to this ILC and will remain in full force

and effect except as may be expressly modified by any amendment to the specific DIR Shared Services Contract. Such amendments will automatically apply to this ILC with no further action by the Parties.

SECTION III

RSOC CUSTOMER PARTICIPATION

3.1 RSOC Customer Specific Requirements

RSOC Customer shall notify UT, in writing prior to execution of this ILC, of all RSOC Customer-specific requirements ("RSOC Customer-Specific Legal Requirements") that pertain to any part of RSOC Customer's business that is supported by UT under this ILC. The Parties intend that if the Parties agree such RSOC Customer-Specific Requirements will be identified and included in SOW to RSOC Customer. RSOC Customer shall use commercially reasonable efforts to notify UT, in writing, of any changes to RSOC Customer-Specific Requirements that may, in any way, impact the performance, provision, receipt and use of Services. If necessary to facilitate UT compliance, RSOC Customer shall provide written interpretation to UT of any RSOC Customer-Specific Requirements. Should any Customer-Specific Requirements that are amended after the execution of this ILC impede or otherwise impact the ability of UT to perform the services provided for herein, UT may terminate this ILC immediately without further obligation to the Customer.

3.2 RSOC Responsibilities

The RSOC is responsible for:

- (a) security monitoring tools;
- (b) monitoring of security events;
- (c) notification of security events that require follow-up; and (d) reporting.

3.3 RSOC Customer responsibilities

Where appropriate, RSOC Customer shall support the following:

- (a) Software currency standards are established for the environment. RSOC Customers are expected to remediate applications in order to comply with the standards
- (b) Ensure network connectivity and sufficient bandwidth to meet RSOC Customer's needs
- (c) Collaborate with the RSOC to establish and leverage standard, regular change windows to support changes to enterprise systems.
- (d) Allocate appropriate resources to perform the installation and support of the RSOC tools to enable RSOC to provide the services.
- (e) Coordinate with the RSOC to facilitate the uninterrupted collection of the data required for the RSOC to perform the services.
- (f) Collaborate with RSOC to develop and maintain the incident escalation matrix and make personnel available to take action on a RSOC reported incident or alert.
- (g) Coordinate with the RSOC to act on planned and unplanned upgrades, maintenance, or other system changes within a mutually agreed upon timeframe.
- (h) Engage with the RSOC to act on reported incidents within a mutually agreed upon timeframe.

RSOC Customer acknowledges that any failure on its part to follow the above recommendations may place its own data and operations at risk.

3.5 RSOC Customer Equipment and Facilities

Any use by UT of RSOC Customer Equipment and/or Facilities shall be limited to the purpose of fulfilling the requirements of this ILC. RSOC Customer will retain ownership of RSOC Customer Equipment.

3.6 Security

RSOC Customer agrees to comply with security recommendations outlined in the Statement of Work, as amended from time to time by UT. RSOC Customer agrees to inform UT as to any RSOC Customer specific security considerations. RSOC Customer acknowledges that any failure on its part to follow the above recommendations may place its own data and operations at risk.

RSOC Customer accepts the related potential risks and liabilities that are created by RSOC Customer's failure to comply with the recommendations if it is determined by UT and/or its service provider(s) in their sole discretion, such recommendations would have prevented an issue. UT and/or service provider(s) accepts no responsibility for the risk or liability incurred due to a RSOC Customer's decision to not follow UT's recommendations. Additionally, failure to comply with security standards, policies, and procedures may lead to the suspension or termination of the availability of certain Applications and services. UT will give the RSOC Customer notification of non-compliance.

SECTION IV

4.1 PRICING

The RSOC program is fully funded by the Texas Department of Information Resources (DIR) through legislative appropriations. As such, all RSOC services described in this agreement are provided to RSOC Customers free of charge, and no costs shall be incurred by the RSOC Customer for participation.

In accordance with Texas Government Code § 791.011(d)(3), each Party paying for the performance of governmental functions or services must make those payments from current revenues available to the paying Party.

In the event that legislative appropriations are reduced or eliminated such that DIR can no longer fund the RSOC program, this agreement may be renegotiated to include a mutually agreed upon cost recovery model through a revised Statement of Work (SOW). No charges will be made to the RSOC Customer without prior written agreement and approval from both parties.

4.2 PAYMENT FOR SERVICES

No payment is required from RSOC Customers under the current RSOC funding model. If in the future, RSOC services require a cost recovery due to a change in funding, the RSOC Customer shall not be billed or invoiced unless a new agreement is signed by both parties that outlines the scope, cost, and terms of payment.

Any future changes proposed must be reviewed and approved in writing by the RSOC Customer prior to invoicing. The Customer shall not be obligated to pay any charges that are not explicitly authorized in advance.

SECTION V

TERM AND TERMINATION OF CONTRACT AND SERVICES

5.1 Term and Termination of ILC

The term of this agreement shall commence upon execution of this Agreement by the last party to execute this Agreement and shall terminate after the expiration of one year (12 months) thereafter. Additionally, the Parties have the option to extend this Agreement for an additional 12 months after the expiration of the original term. This Agreement shall automatically renew for the 12-month renewal period unless action is taken by either party to terminate this agreement under Sections 5.2 and 6.4 of this Agreement.

This ILC is contingent on the continued appropriation of sufficient funds to pay the amounts specified in the RSOC Customer's Requests for Services, including the continued availability of sufficient relevant federal funds if applicable. Continuation of the ILC is also contingent on the continued statutory authority of the Parties to contract for the Services.

5.2 Termination of Services

Either party may terminate this ILC by giving the other Party sixty (60) calendar days written noticed in accordance to Section 6.4 of this Agreement.

SECTION VI

MISCELLANEOUS PROVISIONS

6.1 Public Information Act Requests

Under Chapter 552, Texas Government Code (the Public Information Act), information held by UT in connection with the RSOC is information collected, assembled, and maintained for UT. If RSOC Customer receives a Public Information Act request for information that RSOC Customer possesses, RSOC Customer shall respond to the request as it relates to the information held by RSOC Customer. Responses to requests for confidential information shall be handled in accordance with the provisions of the Public Information Act relating to Attorney General Decisions. Neither Party is authorized to receive or respond to Public Information Act requests on behalf of the other, but both Parties agree to inform the other Party upon receipt and prior to responding to a Public Information Act Request related to this ILC or the services contemplated herein.

6.2 Confidential Information

Each Party shall maintain the confidentiality information to the same extent that and with the same degree of care used to protect their own confidential information. UT acknowledges that RSOC Customer may be legally prohibited from disclosing or allowing access to certain confidential data in its possession to any third party, including UT.

UT and RSOC Customer shall determine whether:

- (1) RSOC Customer is subject to the Family Education Rights and Privacy Act of 1974 (FERPA) regulations at 34 Code of Federal Regulations Part 99;
- (2) RSOC Customer receives Federal tax returns or return information and must comply with the requirement of IRS Publication 1075 and Exhibit 7 to IRS Publication 1075; or (3) if RSOC Customer is subject to any other requirements specific to the provision of Services.

The Parties shall negotiate in good faith to determine the ability of and mechanisms for UT to receive data or information protected by such regulations.

6.3 Ownership of Data

The RSOC Customer will retain full ownership of the data the RSOC Customer feeds to UT as part of this agreement including all right(s), title, and interest in or to the data. UT is permitted to use the data as needed to perform services provided under this agreement. At termination of contract, UT will destroy all identifying data provided by RSOC Customer within 30 days of termination.

6.3.1

For purposes of this ILC, UT hereby acknowledges its obligations to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA), including but not limited to the obligation to maintain confidentiality of student education records. The District hereby designates UT as a "School Official" as an outside service provider used by the RSOC Customer to perform institutional services, only to the extent that access to the records is required in order to carry out the obligations under this ILC. The Parties understand that any unauthorized disclosure of confidential student information is illegal as provided in FERPA and its implementing regulations. Disclosure of confidential student information received under this ILC to a third party is not authorized. Within 30 days of the effective termination of this ILC, UT shall return any confidential student information or records to RSOC Customer lawfully obligated to maintain the confidentiality of such information or records.

6.4 Notification Information

Notice given pursuant to this Agreement shall be in writing and shall be given by United States certified or registered mail, return receipt requested, addressed to the appropriate party as set forth below:

RSOC Customer's Primary Contact for contract

Name: Kevin Benton

Title: County Judge

Address: PO Box 475, Montague, TX 76251

Telephone: 940-894-2401

Email: co.judge@co.montague.tx.us

UT's Primary Contact for contract

Name: Jeremy Carter

Title: Regional Security Operations Center Manager

Address: 1 University Station

Telephone: 512-475-9242

Email: jeremy@utexas.edu

6.5 Binding Effect

The Parties hereto bind themselves to the faithful performance of their respective obligations under this ILC.

6.6 Amendments

This ILC may not be amended except by written document signed by the Parties hereto or as specified within this ILC or the attachment being amended.

6.7 Conflicts between Agreements

If the terms of this Contract conflict with the terms of any other contract between the Parties, the most recent contract shall prevail.

6.8 Responsibilities of the Parties

The Parties shall comply with all federal, state and local laws, statutes, ordinances, rules and regulations and with the orders and decrees of any courts or administrative bodies or tribunals in any manner affecting the performance of the ILC. The parties do not intend to create a joint venture. Each Party acknowledges it is not an agent, servant or employee of the other. Each Party is responsible for its own acts and deeds and for those of its agents, servants and employees. Notwithstanding the foregoing, UT will cooperate with RSOC Customer in all reasonable respects to resolve any issues pertaining to federal funding in connection with this ILC. RSOC Customer shall comply with all policies, procedures, and processes as provided by UT.

In the event RSOC Customer actions, failure to perform certain responsibilities, or Request for Services result in financial costs to UT, including interest accrued, those costs shall be the responsibility of RSOC Customer. UT and RSOC Customer shall coordinate and plan for situations where conflicts, failure to perform or meet timely deadlines, or competition for resources may occur during the term of this contract.

6.9 Audit Rights of the State Auditor's Office

In accordance with Section 2262.154, Texas Government Code and other applicable law, the Parties acknowledge and agree that:

- (1) the state auditor, the Parties' internal auditors, and if applicable, the Office of Inspector General of RSOC Customer or their designees may conduct audits or investigations of any entity receiving funds from the state directly under the Contract or indirectly through a subcontract under the Contracts;
- (2) that the acceptance of funds directly through this Contract or indirectly through a subcontractor under the Contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, the Parties' internal auditors, and if applicable, the Office of Inspector General of RSOC Customer or their designees to conduct audits or investigations in connection with those funds; and
- (3) that the Parties shall provide such auditors or inspectors with access to any information considered relevant by such auditors or inspectors to their investigations or audits.

6.10 General Terms

Except as expressly provided herein, no provision of this ILC will constitute or be construed as a waiver of any of the privileges, rights, defenses, remedies or immunities available to RSOC Customer. The failure to enforce or any delay in the enforcement of any privileges, rights, defenses, remedies, or immunities available to RSOC Customer by law will not constitute a waiver of said privileges, rights, defenses, remedies, or immunities or be considered as a basis for estoppel. Except as expressly provided herein, RSOC Customer does not waive any privileges, rights, defenses, remedies or immunities available to RSOC Customer.

This Customer Agreement will be construed and governed by the laws of the State of Texas. Venue for any action relating to this Customer Agreement is in Texas state courts in Austin, Travis County, Texas, or, with respect to any matter in which the federal courts have exclusive jurisdiction, the federal courts for Tom Green County, Texas. If one or more provisions of this ILC, or the application of any provision to any Party or circumstance, is held invalid, unenforceable, or illegal in any respect, the remainder of this ILC and the application of the provision to other Parties or circumstances will remain valid and in full force and effect.

6.11 Liability

UT is not responsible to defend, indemnify, or hold RSOC Customer harmless for or against any actions, claims, or complaints, whether formal or informal, actual, or threatened, arising from the failure to act by indemnitor (including, without limitation, negligent or willful misconduct).

RSOC Customer is not responsible to defend, indemnify, or hold UT harmless for or against any actions, claims, or complaints, whether formal or informal, actual, or threatened, arising from the failure to act by indemnitor (including, without limitation, negligent or willful misconduct).

The RSOC Customer understands that, while RSOC services will likely improve and support the cybersecurity posture of the RSOC Customer, there is no guarantee provided or asserted in any way that this service can or will block all attacks or prevent all breaches. In the event of a successful attack and or breach, the RSOC Customer understands that based on many factors, including system settings, user behaviors, log and other information availability, etc. it may not be possible to stop, or identify the source of, a compromise or breach. Furthermore, through this service, it may not be possible to determine the precise number of records affected in the event of a breach.

6.12 Signatory Warranty

Each signatory warrants requisite authority to execute the ILC on behalf of the entity represented.

SECTION VII

CERTIFICATIONS

The undersigned Parties hereby certify that:

- (1) the matters specified above are necessary and essential for activities that are properly within the statutory functions and programs of the affected agencies of State Government;
- (2) this ILC serves the interest of efficient and economical administration of State Government; and
- (3) the Services, supplies or materials in this ILC are not required by Section 21, Article 16 of the Constitution of Texas to be supplied under contract given to the lowest responsible bidder.

IN WITNESS WHEREOF, the Parties have signed this ILC effective on date of last signature below.

RECEIVING ENTITY:

By:

Printed Name:

Title:

Date:

Signature:

PERFORMING AGENCY: UNIVERSITY OF TEXAS AT AUSTIN

By:

Printed Name:

Title:

Date:

Signature:



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County Anniversary Date: 10/01/2025

Return to TAC by: 06/27/2025

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 512-481-8481 or email to cashah@county.org.

For any plan or funding changes other than those listed below, please contact Casha Hill at 800-456-5974.

MEDICAL

Medical: Plan 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

RX Plan: 4A \$10/25/40, \$0 Ded

Your % rate change is: 2.70%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,086.44	\$1,115.76	\$1115.76	\$ 0	\$ 0	\$1115.76
Employee & Spouse	\$2,318.82	\$2,381.42	\$1115.76	\$1265.66	\$ 0	\$2381.42
Employee & Child(ren)	\$1,708.22	\$1,754.34	\$1115.76	\$638.58	\$ 0	\$1754.34
Employee & Family	\$2,940.60	\$3,020.00	\$1115.76	\$1904.24	\$ 0	\$3020.00

_____ Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate change is: 13.00%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$32.44	\$36.66	\$ <u>36.66</u>	\$ <u>0</u>	\$ <u>10</u>	\$ <u>36.66</u>
Employee & Spouse	\$71.42	\$80.70	\$ <u>36.66</u>	\$ <u>44.04</u>	\$ <u>0</u>	\$ <u>80.70</u>
Employee & Child(ren)	\$67.06	\$75.78	\$ <u>36.66</u>	\$ <u>39.12</u>	\$ <u>0</u>	\$ <u>75.78</u>
Employee & Family	\$105.98	\$119.76	\$ <u>36.66</u>	\$ <u>83.10</u>	\$ <u>0</u>	\$ <u>119.76</u>

 Initial to accept Dental Plan and New Rates.

VISION

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ <u>4.58</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>4.58</u>
Employee & Spouse	\$8.72	\$8.72	\$ <u>4.58</u>	\$ <u>4.14</u>	\$ <u>0</u>	\$ <u>8.72</u>
Employee & Child(ren)	\$9.18	\$9.18	\$ <u>4.58</u>	\$ <u>4.60</u>	\$ <u>0</u>	\$ <u>9.18</u>
Employee & Family	\$13.52	\$13.52	\$ <u>4.58</u>	\$ <u>8.94</u>	\$ <u>0</u>	\$ <u>13.52</u>

 Initial to accept Vision Plan and New Rates.

LIFE – BASIC (EMPLOYER PAID)

Basic Life Products:

Coverage volume per employee: \$20,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.20	\$0.20	\$0.20

Basic AD&D

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.03	\$0.03	\$0.03

_____ Initial to accept New Basic Life Rates.

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☐ Allow election changes on the ESS ☒ Do not allow election changes on the ESS

_____ **Initial to confirm ESS Elections.**

RETIREE INFORMATION

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 ☒ Post-65 ☐

Dental: Pre-65 ☒ Post-65 ☒

Vision: Pre-65 ☒ Post-65 ☒

_____ **Initial to confirm Retiree Eligibility.**

WAITING PERIOD

Waiting period applies to all benefits.

Employees

89 days - Day following waiting period

Elected Officials

Date of Hire

_____ Initial to confirm Waiting Period.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ Group processes COBRA on OASys

** Group is responsible for fulfilling COBRA notification process and requirements.*

☒ BenefitConnect COBRA Department coordinates COBRA Administration

** WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.*

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

** Group is responsible for fulfilling COBRA notification process and requirements.*

_____ Initial to confirm COBRA Administration.

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name _____
Broker _____
Representative _____
Address _____

Phone _____
Fax _____
Email _____

Agency Name _____
Consultant _____
Representative _____
Address _____

Phone _____
Fax _____
Email _____

_____ Initial to confirm Broker or Consultant information

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address 101 E Franklin, Courthouse, 4th Floor
Montague Tx 76851

_____ Initial to confirm Physical Mailing Address.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name Ms. Jennifer Essary
Title Auditor
Address PO Box 56
Montague, TX 76251-56
Phone ~~9408946090~~
Fax 9408943110
Email jessarymca@gmail.com

940-894-2565
j.essary@co.montague.tx.us

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name Jennifer Fenoglio
Title Treasurer
Address PO BOX 186
Montague, TX 76251
Phone 9408942161
Fax 9408943110
Email j.fenoglio@co.montague.tx.us

COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name Jennifer Fenoglio
Title Treasurer
Address PO Box 186
Montague, TX 76251
Phone 9408942161
Fax 9408943110
Email j.fenoglio@co.montague.tx.us

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name Angelia Richardson
Title Admin Assistant
Address PO Box 475
Montague, TX 76251-475
Phone 9408942401
Fax
Email arichardson@co.montague.tx.us

Name
Title
Address

Phone
Fax
Email

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name ~~Lindy Ritchie~~
Title ~~Election Admin Assistant~~
Address ~~PO Box 475~~
~~Montague, TX 76251-8~~
Phone ~~9408942401~~
Fax
Email ~~electionclerk@montague.tx.us~~

Kim Jones
County Clerk
PO Box 77
Montague Tx 76251
940-894-2461
940-894-6601
kjones@co.montague.tx.us

Name
Title
Address

Phone
Fax
Email

Laurie Ritchie
Election Admin Assistant
11339 State Hwy 59 N
Montague Tx 76251
940-894-2540
electionclerk@co.montague.tx.us

Initial to confirm Member Contact Designations.

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to as an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.
2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.
3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.
4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.
5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.
6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.
7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.
9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.
10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.
11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162, and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.
12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Kevin Benton, County Judge
Printed Name of Contracting Authority

Signature of Contracting Authority

Date

PLAN INFORMATION

- RNBC must be received by 06/27/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

_____ Initial to confirm Plan Information.

RENEWAL CONFIRMATION SIGNATURE

Signature of County Judge or Contracting Authority

Date: _____

Kevin Benton, County Judge
Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Alternate Plan Proposal

Group: 94581 - Montague County

Effective Date: 10/01/2025

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	Plan 1200	Plan 1200	Plan 1200-G	Plan 1200-G2	Plan 1300-NG
Option:	RX-4A	RX-4A	RX-4A-G	RX-4A-G2	RX-4A-NG

Rates

Employee Only	\$1,086.44	\$1,115.76	\$1,084.46	\$1,054.88	\$1,079.74
Employee & Spouse	\$2,318.82	\$2,381.42	\$2,314.02	\$2,250.30	\$2,303.82
Employee & Child(ren)	\$1,708.22	\$1,754.34	\$1,704.82	\$1,658.02	\$1,697.34
Employee & Family	\$2,940.60	\$3,020.00	\$2,934.38	\$2,853.44	\$2,921.42

Medical Plan

Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1200/3600	\$1370/4110	\$1500/4500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200	\$3500/7000
Office Visit	\$30	\$30	\$35	\$40	\$30
Specialist Visit					
Emergency Room Hospital	\$120	\$120	\$120	\$135	\$150

Prescription Plan

Prescription Card Co-Pay	\$10/25/40	\$10/25/40	\$10/30/45	\$15/30/50	\$10/25/40
Deductible	\$0	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/27/2025 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 1200 / Rx-4A

Fax the signed document to 512-481-8481 or email to cashah@county.org.

Signature _____ Date _____



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

INTERLOCAL PARTICIPATION AGREEMENT

This Interlocal Participation Agreement (the "Agreement") is made by and between Montague County, a political subdivision of the State of Texas (the "Member"), acting through its [COMMISSIONERS COURT OR OTHER GOVERNING BODY], and the Texas Association of Counties Health and Employee Benefits Pool ("HEBP"), as authorized by the Texas Interlocal Cooperation Act, TEX. GOV'T CODE, Chapter 791 ("Interlocal Cooperation Act"), acting on its own behalf and on behalf of each other political subdivision having membership in the HEBP.

1. RECITALS

- 1.1 The Member is a political subdivision of the State of Texas as defined in the Texas Political Subdivision Employees Uniform Group Benefits Act (TEX. LOC. GOV'T CODE, Chapter 172) ("Group Benefits Act").
- 1.2 As a political subdivision of the State of Texas, the Member performs certain governmental functions and services as those terms are defined under Interlocal Cooperation Act § 791.003.
- 1.3 The Member desires to contract with HEBP to obtain one or more of the following, as indicated by Member on Attachment A to this Agreement, which is incorporated herein: 1) health and employee benefit plans and administrative services relating to health and employee benefit plans for its officials, employees, and retirees, and their eligible dependents, including accident, health, dental, life, disability and other appropriate coverages; 2) administrative services or stop-loss coverage in support of Member's self-funded health and employee benefits plan; 3) the benefits available to retirees of the Member through the County Choice Silver Program or other similar programs; 4) Affordable Care Act Reporting and Tracking Services (ARTS); and 5) such other related programs as HEBP's board of trustees determines to make available to members of HEBP.
- 1.4 The Member acknowledges that this Agreement is a contract with HEBP and each political subdivision that is a member of HEBP and that HEBP

may contract with other political subdivisions wishing to participate, at the discretion of HEBP.

- 1.5 The Member's governing body has agreed to the terms and conditions of this Agreement and has acted by majority vote, at a duly called and posted public meeting, to authorize the execution of this Agreement and participation in HEBP.

2. AGREEMENT

- 2.1 Entry Into HEBP. For and in consideration of the mutual agreements set forth in this Agreement, and other good and valuable consideration, the Member enters into this Agreement for the purpose of joining HEBP, to achieve efficiencies and economies of scale in connection with the provision of one or more of the programs or services listed in paragraph 1.3 above.
- 2.2 HEBP Not an Insurer. HEBP is not an insurer. All benefits and related services provided by HEBP are authorized pursuant to the Group Benefits Act, the Interlocal Cooperation Act, and other applicable Texas law.
- 2.3 Administrative Contract with the Texas Association of Counties. HEBP has contracted with the Texas Association of Counties ("TAC") to administer the business and operations of HEBP and supervise the performance of the Agreement.

3. TERMS AND CONDITIONS

- 3.1 Term and Termination. This term of this Agreement shall be for one year, commencing as of the date of execution by the second party to sign the Agreement. This Agreement shall be automatically renewed annually for an additional one-year term without the necessity of any action by the parties other than payment of the appropriate premium or contribution. Either party may elect not to renew this Agreement by giving written notice not less than 30 days before the end of the original term or any renewal term.
- 3.2 Agreement Binds Members. Each Member agrees to be bound by this Agreement and HEBP's Bylaws, policies and procedures, which collectively establish the conditions for membership in HEBP. HEBP's Bylaws are incorporated by reference and made a part of this Agreement for all purposes as if fully set out, except that Articles III(E), IX(B), and XV(B) shall apply to members that obtain only administrative services, County Choice Silver benefits, or ARTS services from HEBP only to the extent the Member's contributions contribute to any surplus that may be distributed.

Any amendment to the Bylaws becomes binding on the Member immediately upon its adoption.

- 3.3 Benefit Plans. For a Member that participates in the pooled HEBP's health and employee benefits plan, HEBP will make available health and employee benefit plans for the officials, employees, retirees, and eligible dependents of the Member, including accident, health, dental, life, disability and other appropriate coverages ("Benefit Plans"). HEBP will provide all benefits under the authority of the laws of the State of Texas, including the Group Benefits Act and the Interlocal Cooperation Act. Each Member will adopt its own Benefit Plan from those made available by HEBP. The Member's Benefit Plan may combine insured, self-insured, and pooled liabilities.

For a Member that does not participate in HEBP's pooled health and employee benefits plan, HEBP shall make available administrative services, stop-loss coverage, County Choice Silver or other retiree benefits, ARTS services and other benefits and services as the board of trustees determines to make available.

- 3.4 HEBP Procedures and Bylaws. Every Member shall furnish all the information that HEBP deems necessary and useful for the purposes of this Agreement and shall abide by the procedures and Bylaws adopted for the administration of the Benefit Plans.
- 3.5 Third-Party Administrator. HEBP may contract with one or more third-party administrators.
- 3.6 Payments and Conditions. Payments and contributions shall be made by the Member to HEBP at Austin, Travis County, Texas on the dates and in such amounts as HEBP requires. Interest, beginning the first day after the due date and continuing until paid, shall accrue at the maximum rate allowed by law on the balance of any payment or contribution not paid when due. Contributions and other payments received by HEBP from its Members will be held and managed for the benefit of the Members of the Pool, not the individual officials, employees, retirees of a Member, or the dependents of these officials, employees or retirees.
- 3.7 Insurance and Reinsurance. HEBP may purchase insurance, stop loss or excess loss coverage, and reinsurance as provided by law, and each Member is subject to the terms and conditions of HEBP's insurance, stop loss or excess loss coverage, or reinsurance. A self-insured Member that obtain administrative services only will obtain stop-loss coverage from or

through HEBP. If HEBP is unable to provide appropriate coverage, the Member will obtain other stop-loss coverage that is satisfactory to HEBP.

- 3.8 Coordinators. Each Member shall appoint, and designate in the space provided below, a Pool Coordinator of department head rank or above. Each Member agrees that HEBP is not required to contact or provide notices to any person other than the Pool Coordinator. Any notice to a Member's Pool Coordinator related to service or a claim under this Agreement is binding on the Member. Each Member may change its Pool Coordinator at any time by giving written notice to HEBP.
- 3.9 Audits. HEBP will be audited annually by an independent certified public accountant, and the audit will be filed as required by the laws of the State of Texas including the Group Benefits Act.
- 3.10 Plan Administrator. HEBP will serve as the plan administrator, as defined by the Health Insurance Portability and Accountability Act, for a Member participating in the pooled health and employee Benefits Plan. Each self-insured Member will serve as its own plan administrator, retains the right, duties and privileges of the plan administrator and acknowledges it has responsibility for compliance with all state and federal laws applicable to employee benefits for its employees and plan participants.
- 3.11 Self-Insured Member Responsibility. Each Member acknowledges that, to the extent its Benefit Plan is self-insured, it remains responsible for the payment of benefits under the Benefit Plan if HEBP fails to make payments.
- 3.12 ARTS Participant Responsibility. A Member who participates in the ARTS Program is responsible for providing HEBP with detailed payroll information, including leave of absence, and health benefits information for each full time employee. HEBP is not responsible for verification of information provided by or on behalf of a Member under the ARTS Program. Each participating Member acknowledges that it remains responsible for the accuracy of the information provided to HEBP, and for any fines, penalties, or damages resulting from reports generated from the information.

4. ADMINISTRATIVE PROVISIONS

- 4.1 Amendment. This Agreement may only be amended or modified by written agreement signed by the parties, or as otherwise provided under this Agreement.

- 4.2 Applicable Law. This Agreement is entered into, is executed and is totally performable in the State of Texas, County of Travis, and all questions pertaining to its validity or construction shall be determined in accordance with the laws of the State of Texas.
- 4.3 Acts of Forbearance. No act of forbearance on the part of either party to enforce any of the provisions of this Agreement shall be construed as a modification of this Agreement, nor shall the failure of any party to exercise any right or privilege be considered as a waiver of that right or privilege.
- 4.4 Notices. Any notice required to be given or payment required to be made to HEBP shall be deemed properly sent if addressed to:

Texas Association of Counties Health and Employee Benefits Pool
Attention: Director, Health and Benefits Services Department
1210 San Antonio
Austin, Texas 78701

and deposited in the United States mail with proper postage. HEBP may change its address by giving notice to the Members. The terms of a Member's Benefit Plan govern submission of any notice regarding claims under a Member's coverages.

4.4.1 ACH Method of Payment. In order to satisfy Member payment obligations, Member is authorized to initiate electronic debit or credit entries through the Automated Clearinghouse ("ACH") system to HEBP's account or any deposit account maintained by HEBP.

- 4.5 Effect of Partial Invalidity; Venue. If any part of this Agreement is declared invalid, void or unenforceable, the remaining parts and provisions shall continue in full force and effect. The parties agree that venue for any dispute arising under the terms of this Agreement shall be in state district court in Austin, Travis County, Texas.
- 4.6 Exclusive Right to Enforce. HEBP and the Member have the exclusive right to bring suit to enforce this Agreement, and no other party may bring suit, as a third-party beneficiary or otherwise, to enforce this Agreement.

EXECUTION

IN WITNESS WHEREOF, we hereunto affix our signatures as of the date indicated below.

TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Susan Redford, Executive Director,
Texas Association of Counties

Date: _____

Montague County
COUNTY OR ENTITY NAME

MEMBER'S POOL COORDINATOR

Name: Jennifer Fenoglio

Address: PO Box 186

Montague Tx 76251

Title: Treasurer

Phone Number: 940-894-2161

E-Mail Address: j.fenoglio@co.montague.tx.us

By: _____
COUNTY JUDGE OR PRESIDING OFFICER

By: Kevin Benton
Printed Name:

Title: County Judge

Date: _____

ATTACHMENT A

The Member must select the HEBP services that it will obtain through its membership in HEBP. Please indicate your choices by checking the appropriate box(es) below.

☒ A. Pooled Coverage

[You may also select services under D and E, below. Do not select services under B and C, below.]

The Member will participate in the pooled funding arrangements for HEBP health and employee benefits plans. HEBP will provide health and employee benefit plans for the Member's officials, employees, retirees, and eligible dependents, that may include accident, health, prescription drug, dental, disability and other appropriate coverages. Member will adopt its own Benefit Plan from those made available by HEBP. HEBP will provide administrative and other necessary services in support of the Benefit Plan chosen by the Member.

☐ B. Administrative Services

[Do not select this box if you selected option A, above. You may select any of the services below.]

The Member has established its own self-funded health and employee benefits plan for its officials, employees, retirees and their eligible dependents. The Member does not want to participate in the pooled HEBP health and employee Benefits Plans, but will obtain from HEBP administrative services in support of Member's self-funded Benefits Plan. HEBP will provide these administrative services under the terms of the Administrative Services Agreement between HEBP and the Member, attached as Exhibit 1 if applicable.

☐ C. Stop-Loss Coverage

[Do not select this box if you selected option A, above. If you select this option C, you MUST also select option B, above. You may also select services under D or E, below.]

The Member has established a fund to provide its own health and employee benefits plan for its officials, employees, retirees and their eligible dependents.

The Member does not want to participate in the pooled HEBP health and employee benefits plan, but will obtain from HEBP stop-loss coverage in support of its self-funded Plan. HEBP will provide stop-loss coverage to Member pursuant to the terms of the Stop-Loss Coverage Agreement between Member and HEBP, attached as Exhibit 2 if applicable.

☒ **D. Retiree Health Benefit Plans**

[You may select this option in addition to any other service.]

The Member will participate in the retiree medical program for Medicare eligible retirees of a Member, according to the terms agreed to by Member and HEBP, as described in the Retiree Benefit Plan attached as Exhibit 3 if applicable.

☒ **E. ACA Reporting and Tracking Service (ARTS)**

[You may select this option in addition to any other service.]

The Member will participate in the Affordable Care Act (ACA) Reporting and Tracking Service Program, which provides reporting specific to the Member's employees regarding various ACA rules and thresholds, and produces related annual forms required by the Internal Revenue Code, based on data submitted to HEBP by Member, according to the terms and pricing agreed to by Member and HEBP, attached as Exhibit 4, if applicable.

☒ **F. COBRA Administrative Services**

[You may select this option in addition to any other service.]

The Member will participate in the COBRA administrative services, which provide fulfillment of COBRA notice requirements, enrollment of eligible COBRA participants who elect COBRA benefits, and the collection of COBRA premiums from COBRA participants, according to the terms and pricing agreed to by Member and HEBP, attached as Exhibit 5, if applicable.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

- ☐ We would like to implement a CSI Program for the 2025-2026 plan year.
- ☐ We are interested in learning more about the CSI Program.
- ☒ We are not interested in learning more about the CSI Program at this time.

County or District Name: Montague County

Printed Name and Title: Kevin Benton, County Judge

Contracting Authority Signature: _____

Date: _____

Plan Year 2026 Benefit Updates

COBRA Update

New TAC HEBP Billing Policy

Spouse Eligibility Form Change

Pharmacy Network Update

New Billing & Payment Policy

Effective May 1, 2025

TAC HEBP now has a new billing policy. Groups are required to pay on time and as billed each month.

The updated policy which included information on Timely Payment Requirements, Late Payment Timelines, Payment Methods, and Payment Options was sent in mid-April. If you did not receive it or need another copy, please contact your Employee Benefit Specialist.

New COBRA Administrator

Effective May 1, 2025

TAC HEBP transitioned to a new COBRA administrator, **BenefitConnect|COBRA**.

All current groups partnering with TAC HEBP for COBRA services have successfully transitioned to the new vendor. If your group is continuing COBRA administration through TAC HEBP and BenefitConnect|COBRA, you will receive an amended Interlocal Agreement with your renewal. Please review, sign, and return it promptly.

Groups interested in transitioning to BenefitConnect|COBRA or learning more about the service may contact their Employee Benefits Consultant (EBC) for details, including the COBRA fee schedule and support model.

At renewal, groups have the option to:

1. Continue COBRA administration through TAC HEBP and BenefitConnect|COBRA;
2. Elect to self-administer COBRA benefits; or
3. Select an outside third-party administrator (TPA) — groups choosing this option will continue to process terminations through OASys.

If your group currently self-administers or uses a TPA, we encourage you to explore the benefits of our fully supported COBRA solution. Your EBC is available to walk you through the advantages and answer any questions.

Spouse Eligibility Verification

Effective October 1, 2025

The Board voted to remove the requirement for spouses to obtain coverage through their own employer before becoming eligible for coverage under the Pool.

While the Spouse Eligibility Verification Form will remain available for groups that wish to continue using it, its use is now optional and no longer mandatory.

Pharmacy Network Optimization

To help manage rising pharmacy costs and enhance overall prescription drug savings for the Pool, TAC HEBP will transition to a more focused pharmacy network. As part of this change, **CVS, Kroger, United Pharmacy, and Albertsons pharmacies will no longer be included** in the network effective on your group's anniversary date.

Navitus, our pharmacy benefit manager, conducted a thorough analysis and estimates that this change will impact **fewer than 12%** of the Pool's 49,000 covered members.

Members who currently fill prescriptions at one of the excluded pharmacies will be contacted 30 days prior to the effective date and provided with a list of nearby, in-network pharmacy alternatives based on their zip code.

This strategic shift is designed to maximize cost efficiency while continuing to support access to high-quality pharmacy care.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Medical Report

Post Date : Mar 2025

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

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Apr 2024 - Mar 2025]

Account : (000094500 - POOLED)

Coverage Type : (Medical)

Group : (094581 - MONTAGUE COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2024	100	132	\$110,528.66	\$158,597.81	\$49,340.35	\$207,938.16
May 2024	101	135	\$111,578.36	\$98,764.95	\$31,858.62	\$130,623.57
Jun 2024	100	136	\$111,578.36	\$72,264.69	\$13,532.16	\$85,796.85
Jul 2024	103	139	\$114,879.28	\$74,821.32	\$15,492.79	\$90,314.11
Aug 2024	101	137	\$113,228.82	\$58,278.63	\$29,220.53	\$87,499.16
Sep 2024	100	136	\$112,779.88	\$50,380.04	\$16,042.53	\$66,422.57
Oct 2024	99	133	\$114,397.14	\$29,273.18	\$14,195.28	\$43,468.46
Nov 2024	101	135	\$115,483.58	\$67,433.85	\$37,256.36	\$104,690.21
Dec 2024	103	137	\$118,742.90	\$74,172.11	\$14,958.84	\$89,130.95
Jan 2025	101	135	\$116,570.02	\$53,555.11	\$16,442.96	\$69,998.07
Feb 2025	100	134	\$115,483.58	\$86,295.02	\$16,073.44	\$102,368.46
Mar 2025	101	134	\$116,570.02	\$48,228.71	\$17,998.31	\$66,227.02
Total: Selected Filter(s)	101	135	\$1,371,820.60	\$872,065.42	\$272,412.17	\$1,144,477.59



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Dental Report

Post Date : Mar 2025

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

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Apr 2024 - Mar 2025]

Account : (000094500 - POOLED)

Coverage Type : (Dental)

Group : (094581 - MONTAGUE COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Apr 2024	103	171	\$4,614.46	\$5,817.73
May 2024	104	174	\$4,645.80	\$3,638.02
Jun 2024	103	175	\$4,645.80	\$1,409.65
Jul 2024	106	178	\$4,775.40	\$6,395.69
Aug 2024	105	177	\$4,741.94	\$3,920.94
Sep 2024	103	175	\$4,679.26	\$5,256.24
Oct 2024	103	175	\$4,843.16	\$5,489.20
Nov 2024	105	177	\$4,875.60	\$7,919.34
Dec 2024	108	182	\$5,078.96	\$8,432.74
Jan 2025	106	178	\$4,936.12	\$2,822.70
Feb 2025	105	173	\$4,760.96	\$3,386.75
Mar 2025	106	173	\$4,793.40	\$3,851.57
Total: Selected Filter(s)	105	176	\$57,390.86	\$58,340.57



HCC - No PHI

Post Date : Mar 2025

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

Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (094581 - MONTAGUE COUNTY)

Paid Month : Last 12 Months [Apr 2024 - Mar 2025]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
14230231061	Active	\$291,050.84	\$257.65	\$291,308.49
3060332373	Active	\$88,252.95	\$6,602.79	\$94,855.74
19100287830	Active	\$14,457.82	\$72,414.79	\$86,872.61
20150366966	Active	\$33,782.72	\$46,484.45	\$80,267.17
20200344718	Active	\$41,865.11	\$10,615.22	\$52,480.33
7490023344	Active	\$52,201.92	\$78.72	\$52,280.64
14230444089	Active	\$33,378.69	\$0.00	\$33,378.69
17915031995	Active	\$5,767.37	\$23,646.96	\$29,414.33
90603356828	Active	\$9,313.44	\$13,669.67	\$22,983.11
17030244196	Active	\$18,877.31	\$0.00	\$18,877.31
8380237023	Under 65 Retiree	\$18,810.01	\$0.00	\$18,810.01
19400013362	Active	\$17,270.92	\$0.82	\$17,271.74
19100203857	Active	\$3,875.55	\$11,597.55	\$15,473.10
16060178030	Active	\$13,900.80	-\$5.00	\$13,895.80
17460579400	Active	\$796.53	\$12,061.66	\$12,858.19
15560423891	Active	\$12,642.89	-\$5.00	\$12,637.89
20550361201	Active	\$680.68	\$10,532.08	\$11,212.76
20510446839	Active	\$11,201.95	\$0.00	\$11,201.95
Query Total	18	\$668,127.50	\$207,952.36	\$876,079.86

Replat Checklist

Name: Mastropiero / Travnicek

Subdivision: Silver Lakes Ranch Phase 6

Current Lot(s): 488+489 / 489+490 Resulting Lot: 488R / 490R

Replat map showing current lots and
resulting new lot ✓✓

Statement why replat is being sought ✓✓

Request posting on county website with
commissioner's court approval date ✓ Date on court
agenda 06-09-2025

1 mylar full sized plat copy for county ✓✓

4 additional full sized copies (1 for
customer, 1 for county, 1 for MCTAD, 1
for Nortex RPC) ✓✓

Completed Appendix M - Revision to
Plat ✓✓

Completed Appendix N from Lienholder -
if applicable N/A

Tax certificate showing no tax owed ✓✓

Replat fee receipt from treasurer for
\$300 ✓✓

Filing fee of \$85 (give to county clerk) ✓✓

Appendix M

REVISION TO PLAT

Subdivision Name: LOT 490R SILVER LAKES RANCH PH 6
Lots or Tracts to be revised: 490, 489
Petitioner: ROBERT AND ELIZABETH MASTROPIERO
Petitioner's Mailing Address: 129 LAKEWAY DR. BOWIE, TX 76230
Petitioner's Phone Number: 817-881-4305
Lienholder (if any): n/a

(If there is a Lienholder, attach an executed Lienholder's Acknowledgement, Appendix N)

IF A REVISED PLAT INCLUDES ANY CHANGES TO AN EXISTING UTILITY EASEMENT, RELEASE OF SAID EASEMENTS BY THE UTILITY PROVIDERS IS REQUIRED BEFORE APPROVAL OR FILING OF SAID PLAT.

The signature affixed below will certify that the owner of the described property does hereby request to revise the plat of the property. The owner certifies that any and all lienholders have acknowledged this revision as per the attached Lienholder's Acknowledgement, if applicable.



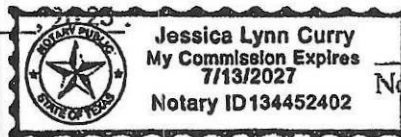
Petitioner

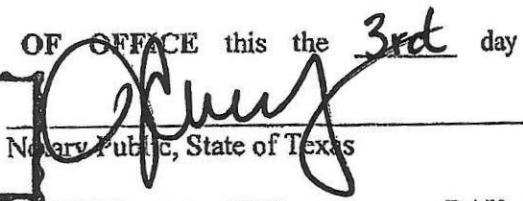
THE STATE OF TEXAS §
COUNTY OF MONTAGUE §


Petitioner

BEFORE ME, the undersigned authority, on this day personally appeared ROBERT AND ELIZABETH MASTROPIERO, known by me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration of therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 3rd day of February




Notary Public, State of Texas

APPROVED BY THE COMMISSIONERS COURT ON THE _____ DAY OF _____, 20__ 25.

County Judge

County Clerk

Appendix M

REVISION TO PLAT

Subdivision Name: LOT 488R SILVER LAKES RANCH PH 6
Lots or Tracts to be revised: 488 and 489
Petitioner: SANDY TRAVNICEK
Petitioner's Mailing Address: 185 LAKEWAY DR. BOWIE, TX 76230
Petitioner's Phone Number: 719-439-4837
Lienholder (if any): n/a

(If there is a Lienholder, attach an executed Lienholder's Acknowledgement, Appendix N)

IF A REVISED PLAT INCLUDES ANY CHANGES TO AN EXISTING UTILITY EASEMENT, RELEASE OF SAID EASEMENTS BY THE UTILITY PROVIDERS IS REQUIRED BEFORE APPROVAL OR FILING OF SAID PLAT.

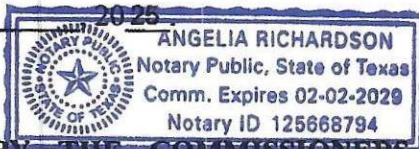
The signature affixed below will certify that the owner of the described property does hereby request to revise the plat of the property. The owner certifies that any and all lienholders have acknowledged this revision as per the attached Lienholder's Acknowledgement, if applicable.

Sandy R Travnicek
Petitioner

THE STATE OF TEXAS §
COUNTY OF MONTAGUE §

BEFORE ME, the undersigned authority, on this day personally appeared SANDY TRAVNICEK, known by me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration of therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 2nd day of June, 2025



Angelia Richardson
Notary Public, State of Texas

APPROVED BY THE COMMISSIONERS COURT ON THE _____ DAY OF _____, 2025.

County Judge

County Clerk