

THE STATE OF TEXAS  
COUNTY OF SABINE

On this the 26th day of May, 1983, the Honorable Commissioners Court met in Special Session with the following members present, to-wit:

Royce C. Smith	County Judge
R. E. Smith	Commissioner, Precinct No. 1
Billy Joe McGee	Commissioner, Precinct No. 2
Eldridge Ellison	Commissioner, Precinct No. 3
Chester D. Cox, Sr.	Commissioner, Precinct No. 4
Minnie Gooch	Clerk of the Court

Mr. Jim Nethery met with the court concerning the Homestead Exemptions for taxes for the Appraisal District. Motion by Commissioner Chester D. Cox, Sr., seconded by Commissioner Billy Joe McGee that the exemptions for 1983 be set for \$15,000.00 for age 65 and over and 15% for Homestead. Motion carried.

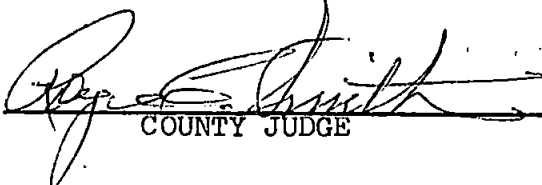
Next to be considered was the Group Medical and Life Insurance for the County Officials and Employees. Meeting with the court was Ercil Langham with American Security Insurance and John Strain with Blue Cross and Blue Shield Insurance.

insurance Motion by Commissioner Chester D. Cox, Sr., seconded by Commissioner Billy Joe McGee to accept the Proposal Plan 1-B with Blue Cross Blue Shield Insurance Company. Motion carried.

John Toner, County Agent whose secretary was hired through the CETA Program asked that his secretary be hired by the county when her time on the CETA Program has expired. The matter will be taken up later.

Motion by Commissioner Eldridge Ellison, seconded by Commissioner Billy McGee to re-imburse County Judge Royce Smith for his expenses to Austin. Motion carried.

There being no further business, the court adjourned.

  
COUNTY JUDGE

R. E. Smith  
COMMISSIONER, PRECINCT NO. 1

E. Wilson  
COMMISSIONER, PRECINCT NO. 3

W. H. McPherson  
COMMISSIONER, PRECINCT NO. 2

Walter D. Cook  
COMMISSIONER, PRECINCT NO. 4

William D. Cook  
CLERK OF THE COURT++

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# SUMMARY OF BENEFITS

PLAN 1-B

Prepared by  
**BLUE CROSS & BLUE SHIELD OF TEXAS**

Prepared for  
SABINE COUNTY

## HOSPITAL EXPENSES

- |   |             |           |                 |
|---|-------------|-----------|-----------------|
| *1. Deductible per admission  | \$          | **        |                 |
| 2. Semi-private room with average semi-private toward private             |             | 80        | %               |
| 3. All usual hospital services including blood, plasma and intensive care |             | 80        | %               |
| 4. Out-patient care   |             | 80        | %               |
| 5. Number of days available other than for psychiatric care               |             | Unlimited |                 |
| 6. Number of days available for psychiatric care per calendar year        |             | 30        | days            |
| 7. Maternity  | Applied for | X         | Not Applied for |
| 8. Modified benefits paid for alcohol and drug abuse.                     |             | 80%       |                 |

## ALL OTHER MEDICAL EXPENSES

- |  |             |       |                 |
|--|-------------|-------|-----------------|
| *1. Deductible each calendar year, 3-month carryover included    | \$          | **    |                 |
| 2. Number of participants required for maximum family deductible |             | 3     |                 |
| 3. All other eligible expenses except psychiatric care           |             | 80    | %               |
| 4. Maximum benefits for psychiatric care per calendar year       | \$          | 1,000 |                 |
| 5. For psychiatric care the Plan pays                            |             | 50    | %               |
| 6. For out-of-hospital drugs the Plan pays                       |             | 80    | %               |
| 7. Maternity   | Applied for | X     | Not Applied for |
- \*THE DEDUCTIBLE IS WAIVED ON ACCIDENT CASES. THE FIRST \$200 FILED IN ELIGIBLE HOSPITAL OR OTHER MEDICAL EXPENSES WILL BE APPLIED TO A CALENDAR YEAR DEDUCTIBLE, WITH THREE MONTH CARRY-OVER. MAXIMUM OF THREE DEDUCTIBLES PER FAMILY

## ADDITIONAL ACCIDENT

Accidental Injury	Benefit X	Supplement	
Maximum benefits per accident			\$ 300.00

## SECURITY PROVISION

Applied for	X	Not Applied for	L	Coinsurance Amount	\$ 500
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## MAXIMUM BENEFITS

Maximum Lifetime Benefits available to each participant	\$1,000,000
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## RATES

	CHOICE OF RATE	STRUCTURE
	TWO RATE	FOUR RATE
Employee Only	\$ 56.45	\$ 56.45
Child or Children		+ 42.33
Spouse		+ 81.37
Spouse & Child(ren)	+ 89.36	+ 95.18

These rates are firm for an effective date of no later than June 1, 1983 and will be guaranteed for twelve months subject to Federal Regulations regarding Medicare Co-ordination.

Dependent children may be covered to age 25; disabled dependent children may be covered to any age.

No pre-existing conditions, including maternity, for present or future employees. Deductible applied with previous carrier will be honored.

1785.240-H181

*accepted 5-26-83*