

On the 12th day of May, 1986, the Honorable Commissioners' Court met in a Regular Business 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
Nadine Gary	Clerk of the Court

The meeting was called to order by County Judge, Royce C. Smith. The monthly bills were examined and made ready for payment. Motion was made by Commissioner R. E. Smith, seconded by Commissioner Eldridge Ellison to approve payment of bills. Motion carried.

Monthly reports of County Treasurer, County and District Clerk, and Tax Collector were reviewed and approved.

Joe Horn submitted a plat and restrictions for Chateau Shores Subdivision. Commissioner Chester D. Cox made a motion, seconded by Commissioner Billy Joe McGee to accept this plat and restrictions for recording. Motion carried.

The following Health Insurance representatives were present to review their Insurance policies to the Court:

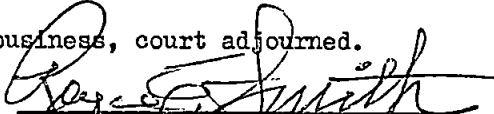
Marion Reeves with Blue Cross and Blue Shield  
Ericil Langham with Gulf States Underwriters of Louisiana, Inc.  
John Strain with Firemans Fund

Commissioner Billy Joe McGee made a motion to accept the bid from Gulf States Underwriters of Louisiana, Inc., beginning June 1, 1986. Motion carried.

Commissioner McGee made a motion to resend accepting bid on Chrysler police car, and readvertise for bid until May 23. (This action was necessary because of undefined opening bid date.) Motion seconded by Commissioner R. E. Smith. Motion carried.

Courthouse will be closed Monday, May 26, for Memorial Day. The next Commissioners' Court meeting will be held Friday, May 23, at 8:30 A. M.

There being no further business, court adjourned.

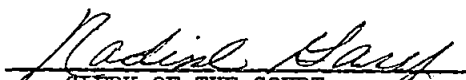
  
COUNTY JUDGE

  
COMMISSIONER, PRECINCT NO. 1

  
COMMISSIONER, PRECINCT NO. 3

  
COMMISSIONER, PRECINCT NO. 2

  
COMMISSIONER, PRECINCT NO. 4

  
CLERK OF THE COURT



## Gulf States Underwriters Of Louisiana Inc.

P.O. Box 539

Ball, Louisiana 71405

(318) 640-3636

May 5, 1986

County of Sabine  
P.O. Box 716  
Hemphill, Texas 75948

Attention: Royce Smith

Dear Mr. Smith:

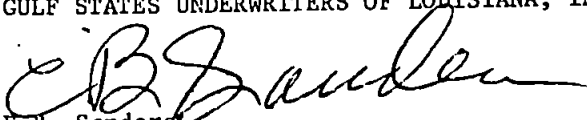
We are pleased to enclose a proposed plan of insurance for Sabine County employees and their dependents. Our outline is brief, but should suffice as a guideline. Should you have any questions, our agent, Ercil Langham, will be available to provide additional information.

Future bid quotes will be based on loss experience.

Thank you for considering us.

Yours truly,

GULF STATES UNDERWRITERS OF LOUISIANA, INC.

  
E.B. Sanders,  
President

EBS:js

*Ercil Langham*

264A



# Gulf States Underwriters Of Louisiana Inc.

P.O. Box 539      Ball, Louisiana 71405      (318) 640-3636

## COMPREHENSIVE MAJOR MEDICAL

Plan "A" Pays .....(After \$100.00 Deductible per person per calendar year, maximum 2 deductibles per family per calendar year).

- (1) 80% until insured has incurred \$500.00 of out-of-pocket covered expenses in a calendar year.
- (2) Then 100% of the balance of covered eligible medical expenses during the calendar year maximum lifetime benefit of \$1,000,000.00.
- (3) Optional accident and sickness benefit up to \$100.00 per week for 26 weeks. (1st day accident) 8th day sickness maximum 66 2/3% of average weekly wage.
- (4) Optional Life and Accident Death Benefit:  
\$10,000.00 Life Insurance  
\$10,000.00 Accidental Death & Dismemberment.
- (5) Plan covers all employees actively at work on effective date and all eligible dependents who are not hospitalized on effective date.

### COST OF PLAN PER MONTH:

(1) Hospital Major Medical	Employee	\$ 70.00
	Employee/Child/ren	118.00
	Employee/Spouse	160.00
	Employee/Family	190.00
(2) Loss of Time (Optional)		\$ 6.10 EMPLOYEE ONLY
(3) Life Insurance and Accidental Death Dismemberment (Optional)		\$ 7.50 EMPLOYEE ONLY

### TOTAL PREMIUM WITH THE LOSS OF TIME BENEFIT AND LIFE INSURANCE AND ACCIDENTAL DEATH DISMEMBERMENT

Employee	\$ 83.60
Employee/Child/ren	131.60
Employee/Spouse	173.60
Employee/Family	203.60

## **MEDICAL EXPENSE INSURANCE**

### **COMPREHENSIVE MEDICAL**

#### **Payment Conditions**

If you or one of your Dependents receives treatment or service for a sickness or injury, We will pay Comprehensive Medical benefits for Covered Charges:

- In excess of the deductible amount; and
- at the payment percentage(s) indicated; and
- to the Maximum Payment Limit;

as described in the SUMMARY OF BENEFITS section.

#### **Covered Charges Carried Forward**

To determine deductible satisfaction, treatment or service received by you or by a Dependent during the last three months of a calendar year may be counted as if received in either:

- the calendar year in which actually received; or
- the next following calendar year

whichever would result in greater benefit payment.

#### **Covered Charges**

Covered Charges will be the actual charges for:

- Hospital room and board (but not more than the Private Room Maximum for each day of confinement in a private room);
- Hospital services other than room and board;
- the services of a Physician (but, with respect to Physician Visits for treatment of a mental or nervous disorder, only the first 50 visits for each Member or Dependent in a calendar year);
- the services of a graduate registered nurse;
- the services of licensed physiotherapists;
- drugs and medicines requiring a Physician's prescription;
- surgical dressings, casts, splints, braces, crutches, artificial limbs and artificial eyes;
- rental of a wheelchair, hospital type bed or an artificial respirator;
- anesthesia, blood, blood plasma and oxygen (including rental of equipment for its administration);
- x-ray and laboratory examinations;
- x-ray, radium and radioactive isotope therapy;
- transportation by ambulance provided by a Hospital or a licensed service to and from a local Hospital ( or to and from the nearest Hospital equipped to furnish needed treatment not available in a local Hospital);
- Dental Services to repair damage to the jaw and natural teeth, if the damage is the direct result of an accident (but did not result from chewing) and if the Dental Services are completed within 6 months after the accident;
- routine physical examinations;

but only to the extent that actual charges do not exceed Prevailing Charges.

#### **Limitations**

Comprehensive Medical benefits will not be paid for:

- any part of a charge for confinement, treatment or service that exceeds Prevailing Charges; or
- confinement, treatment or service that is not for Medically Necessary Care; or
- the services of any person in your immediate family or any person in your Dependent's immediate family; or
- Dental Service and materials (except as described under Covered Charges); eye examinations, hearing aids, vision materials,

I, Nadine Gary County Clerk of Sabine County, Texas do hereby certify  
that the foregoing instrument was filed \_\_\_\_\_ 198<sup>1</sup>) at

\_\_\_\_\_ O'Clock \_\_\_\_\_ M. and duly recorded June 18  
198~~6~~ at 9:00 O'Clock A. M.

NADINE GARY

CLERK

*Janice McDaniel*

DEPUTY