



BOARD OF COMMISSIONERS
 Frank R. Rose, Chairman
 Reggie Boykin, Secretary
 Jay Levingston, Jr., Commissioner

NOTICE OF MEETING AND AGENDA

**BOARD OF COMMISSIONERS FOR DRAINAGE DISTRICT NO. 3
 JEFFERSON COUNTY, TEXAS**

SEPTEMBER 18, 2024

7:30 A.M.

Notice is hereby given that the Board of Commissioners of Jefferson County Drainage District No. 3 will meet at 7:30 a.m., on the **18TH September 2024**, at its regular meeting place in the District’s Office, 24460 Hwy 124, Hamshire, Texas.

Said meeting will be a Regular meeting for the purpose of transacting the routine business of the District.

I. Call to order and take roll.

II. Announcement:

This Commissioner's meeting is being recorded for the purpose of transcribing minutes.

III. Public Comments

At this time, the Board will listen to comments from the public and others regarding both agenda action items and items that are not on the agenda. No action may be taken on non-agenda items. Public participation is limited to the designated open forum portion of a regular meeting. No presentation shall exceed a maximum of five minutes. Delegations of more than five persons shall appoint one person to present their views before the Board. COMPLAINTS AGAINST SPECIFIC EMPLOYEES OR INDIVIDUALS ARE NOT ALLOWED. THESE COMPLAINTS ARE COVERED BY A SEPARATE POLICY. Members of the public will not be allowed to offer comments on agenda action items when that item is on the floor for discussion unless requested to do so by the Chairman of the Board. This audience participation period is not the appropriate means for bringing complaints for which resolution is sought.

IV. Approve Minutes from AUGUST 21, 2024 meeting.

V. Office Update

- A. Review and Accept Regular District Bills August 31 to September 15, 2024
- B. Review and Accept Monthly Financial Reports
- C. Review and Accept Monthly Insurance Summary
- D. Consider and approve renewal of 2025 Texas Associations County Choice Silver Medicare Supplement Benefits
- E. Consider and approve the General Fund Budget FY2025
- F. Consider and approve 2024 Certified Taxable Value as presented by Jefferson County Central Appraisal District
- G. Consider and approve a resolution approving the District's 2024 proposed tax rate of \$0.283553/\$100 valuation as distributed below:

Proposed tax rate of \$ 0.283553 /\$100 valuation:

Maintenance and Operating:	<u>\$0.283553</u> /\$100 valuation
TOTAL PROPOSED TAX RATE FOR 2024	<u>\$0.283553</u> /\$100 valuation
TOTAL ACTUAL TAX RATE FOR 2023	<u>\$0.288751</u> /\$100 valuation
TOTAL DECREASE OVER LAST YEAR'S RATE	<u>\$<0.005198></u> /\$100 valuation

H. Executive Session – See footnote ¹

I. Consider and take action, if any, on items discussed in Executive Session

NOTICE OF MEETING AND AGENDA

VI. **Equipment/Project Update**

A. Equipment Update

B. Project Update

HDR PRESENTATION – Discuss hydraulic modeling studies presentation by Duane Barrett with HDR on I10 Crossing at Mayhaw Bayou.

Completed Projects

1. Ditch 325 – Big Hill Rd
2. Ditch 203 – Big Hill Rd

Projects in Progress

1. Ditch 319 – Vincent Rd
2. Ditch 306, 312, 312-1, 320 – Vincent Rd
3. Ditch 750 – Burgess Dr

Upcoming Projects *(these projects are not listed in working order)*

1. Ditch 110 – E Hamshire Rd
2. Ditch 316 – Todd Rd
3. Ditch 121 – Rollins Rd
4. Ditch 100 – Rollins Rd
5. Ditch 309 – Copeland Rd
6. Ditch 318 – Vincent Rd
7. Ditch 125 – Kiker Rd
8. Ditch 313 – Kiker Rd
9. Ditch 325 – E. Buccaneer Rd

VII. **New Business**

A. Meeting Updates

B. Board Comments

C. Set Next Meeting Date

¹ The District reserves the right to adjourn into executive session at any time during the course of this meeting as authorized by the Texas Open meetings Act, Texas Government Code §§ 551.071 (Consultation with Attorney), 551.072 (Deliberation about Real Property), 551.073 (Deliberation about Gifts and Donations), 551.074 (Personnel Matters), and any other provision under Texas law that permits a governmental body to discuss a matter in a closed executive session. Should any final action, decision, or final vote be required in the opinion of the Board with regard to any matter considered in such closed or executive meeting or session, then the final action or final vote shall be either:

- (a) in the open meeting covered by the Notice upon the reconvening of the public meeting; or
- (b) at a subsequent public meeting of the Commissioners upon notice thereof; as the Commissioners shall determine.

I, the undersigned authority, do hereby certify that the above Notice of Meeting of the Board of Commissioners of Jefferson County Drainage District No. 3 is a true and correct copy of said Notice at a place convenient and readily accessible to the general public at all times in its administrative office at 24460 Hwy 124, Hamshire, Texas. This notice can also be viewed via the District’s website at <http://jcdd3.org>. This notice remained so posted continuously for at least 72 hours immediately preceding the scheduled time of said Meeting. And further, that a true and correct copy of said notice was furnished to the County Clerk of Jefferson County for posting in the Jefferson County Courthouse.

The notice for this meeting was posted in compliance with the Texas Open Meeting Act on September 12, 2024.

JEFFERSON COUNTY DRAINAGE DISTRICT No. 3

By: _____
Frank R. Rose, Chairman

I, the undersigned County Clerk of Jefferson County, do hereby certify that the above Notice of Meeting of the Jefferson County Drainage District No. 3 Board of Commissioners, is a true and correct copy of said Notice, and that I received and posted said Notice on the Courthouse Doors and the bulletin board at the Courthouse of Jefferson County, Texas, at a place readily accessible to the general public at all times on the _____ day of _____, 20____ at _____m. and said Notice remained so posted continuously for at least 72 hours preceding the scheduled time of said Meeting.

Dated this the _____ day of _____, 20_____.

By: _____
Jefferson County Clerk

Return File Copy To: Jefferson County Drainage District No. 3, P.O. Box 388, Hamshire, TX 77622

MINUTES OF MEETING

SEPTEMBER 18, 2024

7:30 A.M.

A meeting was held September 18, 2024, at 7:30 A.M. in the District's office located at 24460 Hwy 124, Hamshire, Texas. Present were Chairman Frank R. Rose, Secretary Reggie Boykin, and Commissioner Joel Levingston, Jr. Also present was Duane Barrett with HDR Engineering Inc.

1. Meeting was called to order at 7:30 A.M. by Chairman Frank R. Rose.
2. He announced that this meeting was being recorded for the purpose of transcribing the minutes.
3. No Public Comments
4. The Minutes of the August 21, 2024, meeting were approved on a motion made by Commissioner Levingston and seconded by Chairman Rose. All voted Aye.
5. Office Update -
 - A. Commissioners reviewed and accepted the Districts' regular checks written from August 31, 2024, to September 15, 2024. Motion made by Commissioner Levingston and seconded by Commissioner Boykin. All voted Aye.
 - B. Commissioners reviewed and accepted the monthly financial report presented by Shanna Verret which showed an ending fund balance of \$1,474,020.52 a decrease of \$58,872.22 from last month. Motion made by Commissioner Levingston and seconded by Commissioner Boykin. All voted Aye.
 - C. Insurance summary from August 2024 was presented by Shanna Verret. The active employees have a profit of \$114,097.12 and retirees show a profit of \$13,379.09. A motion was made by Commissioner Levingston and seconded by Commissioner Rose to accept the insurance summary as presented. All voted AYE.
 - D. A motion was made by Commissioner Levingston and seconded by Commissioner Boykin to approve the 2025 Renewal Plan with Texas Association of Counties for the retiree Medicare supplement plan. The plan increase is \$48.67 per month per retiree. There were no changes to the plan coverage for medical or prescription benefits. All voted AYE
 - E. A was made by Commissioner Boykin and seconded by Commissioner Levingston to approve the General Fund Budget for FY 2025 in the amount of \$1,602,329.00 a decrease of -2.183450% from the 2024 budget. All voted AYE
 - F. Motion was made by Commissioner Levingston and seconded by Commissioner Boykin to accept and approve the July 18, 2024, Certified Taxable Value presented by JCAD of \$295,911,448. The value is down \$450,703 from the 2023 Certified Taxable Value.
 - G. A Motion was made by Commissioner Levingston and seconded by Commissioner Boykin to approve the District's 2024 proposed tax rate of \$.283553/\$100 valuation as distributed below:

Proposed tax rate of \$	<u>0.283553</u>	/ \$100 valuation:
Maintenance and Operating:	<u>\$0.283553</u>	/ \$100 valuation
TOTAL PROPOSED TAX RATE FOR 2024	<u>\$0.283553</u>	/ \$100 valuation
TOTAL ACTUAL TAX RATE FOR 2023	<u>\$0.288751</u>	/ \$100 valuation
TOTAL DECREASE OVER LAST YEAR'S RATE	<u>\$ <0.005198 ></u>	/ \$100 valuation
 - H. There was no Executive Session. A discussion was held on the possibility of placing an ad to hire another Heavy Equipment Operator after January 2025. All Commissioners agreed with this idea.

MINUTES OF MEETING

SEPTEMBER 18, 2024

7:30 A.M.

6. Equipment/Project Update –

A. Equipment Update

1. General Manager Ruffus Lavergne informed the board he is looking into possibly purchasing a new tractor with an offset mower for ditch maintenance. A suggestion was made to look into financing the equipment to reduce the burden of paying the full amount outright. No action was taken

B. Project Update –

HDR Presentation – Mr. Duane Barrett presented a hydraulic modeling study for a possible project involving increased cross-drainage at the IH10 crossing of the Mayhaw Bayou main channel and tributary channel crossings, coupled with detention at a location on Mayhaw Bayou downstream of IH10. No action was taken.

Completed Projects

1. Ditch 403 – Big Hill Rd
2. Ditch 111 – Englin Rd to Hwy 73

Projects in Progress

1. Ditch 203 – Big Hill Rd
2. Ditch 319 – Vincent Rd

Upcoming Projects *(these projects are not listed in working order)*

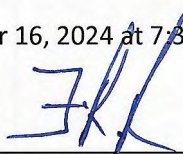
1. Ditch 110 – E Hamshire Rd
2. Ditch 316 – Todd Rd
3. Ditch 121 – Rollins Rd
4. Ditch 100 – Rollins Rd
5. Ditch 309 – Copeland Rd
6. Ditch 318 – Vincent Rd
7. Ditch 125 – Kiker Rd
8. Ditch 313 – Kiker Rd
9. Ditch 325 – E. Buccaneer Rd
10. Ditch 750B – Burgess Dr
11. Ditch 306, 312, 312-1, 320 – Vincent Rd

7. New Business

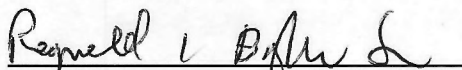
A. Meeting Updates – The County Engineer and TBCD are still reviewing and commenting on the Longhorn RV Plans as well as Oasis Convenience Store plans.

B. No Board Comments

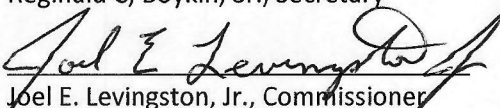
C. The next regular meeting date is set for Wednesday, October 16, 2024 at 7:30 a.m.
With no further business, the meeting adjourned at 9:00 a.m.



Frank R. Rose, Chairman



Reginald C. Boykin, Sr., Secretary



Joel E. Levingston, Jr., Commissioner

DRAINAGE DISTRICT No. 3
EXPENDITURES
AUGUST 31, 2024 TO SEPTEMBER 15, 2024

Date	Num	Name	Memo	Amount
Date	Num	Name	Memo	Amount
08/29/2024	13185	PAYROLL ACCOUNT	SALARIES & AUTO ALLOWANCE	14,723.00
08/29/2024	ACH	Texas County & District Retirement System	RETIREMENT	2,038.90
08/29/2024	13186	Seabreeze Culvert Inc.	METAL CULVERT PIPE	6,304.50
08/29/2024	13187	Lone Star Lube Right	TRUCK SERVICE & INSPECTION	122.99
08/29/2024	13188	Windstream	TELEPHONE	376.78
08/29/2024	13189	VICTOR INSURANCE MANAGERS INC.	BOND	100.00
08/29/2024	13190	Nova Medical Centers	PROFESSIONAL SERVICES	473.10
TOTAL FOR 8/29/2024				<u>23,666.17</u>
09/15/2024	13191	PAYAROLL ACCOUNT	Salaries	12,198.00
09/15/2024	ACH	FICA	FICA Payroll Tax Liability	2,610.62
09/15/2024	13192	STXGEBP	Insurance	18,052.68
09/15/2024	13193	County Treasurer	Life Insurance	36.06
09/15/2024	13194	Cintas	Medical & Safety	75.99
09/15/2024	13195	WPI	Heavy Equipment Repairs	305.32
09/15/2024	13196	AT&T	Telephone	112.83
09/15/2024	13197	Entergy	Electricity	274.21
09/15/2024	13198	Hamshire Waste	Waste Disposal	68.00
09/15/2024	13199	Jux Technologies	Dues & Subscriptions	18.00
09/15/2024	13200	TWCA	Dues & Subscriptions	454.00
09/15/2024	13201	Tax Accessor / Collector	License Renewal	7.50
09/15/2024	13202	The Examiner	Printed Matter	540.00
09/15/2024	13203	Jefferson Central Appraisal District	Entity Fees	997.28
TOTAL FOR 9/15/2024				<u>35,750.49</u>
TOTAL				59,416.66

DRAINAGE DISTRICT No. 3 Profit & Loss Budget Performance August 2024

	Aug 24	Budget	Oct '23 - Aug 24	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income					
REVENUES					
101 - Current Taxes	2,953.44	69,173.00	818,510.59	760,903.00	830,076.00
102 - Delinquent Taxes	193.51	416.67	17,642.82	4,583.33	5,000.00
103 - Interest	6,275.16	1,250.00	76,884.57	13,750.00	15,000.00
104 - Rendition Penalty	0.00		0.00	0.00	0.00
106 - Miscellaneous	9.91	83.33	2,305.91	916.67	1,000.00
Total REVENUES	9,432.02	70,923.00	915,343.89	780,153.00	851,076.00
Total Income	9,432.02	70,923.00	915,343.89	780,153.00	851,076.00
Gross Profit	9,432.02	70,923.00	915,343.89	780,153.00	851,076.00
Expense					
1 - SALARIES					
1002 - Clerical	4,741.00	4,741.83	52,151.00	52,160.17	56,902.00
1009 - Dept Head / Foreman	5,583.00	5,583.75	61,413.00	61,421.25	67,005.00
1010 - Commissioners	900.00	900.00	9,900.00	9,900.00	10,800.00
1015 - Extra Help	1,327.50	3,000.00	5,497.50	33,000.00	36,000.00
1048 - Equipment Operators/Asst	14,072.00	14,080.75	154,792.00	154,888.25	168,969.00
Total 1 - SALARIES	26,623.50	28,306.33	283,753.50	311,369.67	339,676.00
2 - FRINGE BENEFITS					
2001 - FICA Expenses	2,037.50	2,530.00	21,569.93	27,830.00	30,360.00
2002 - Retirement	2,038.90	2,280.83	21,631.07	25,089.17	27,370.00
2003 - Insurance	25,547.12	23,750.00	248,780.45	261,250.00	285,000.00
2004 - Worker's Compensation	0.00	916.67	5,108.00	10,083.33	11,000.00
2006 - Auto Allowance	1,625.00	1,625.00	17,875.00	17,875.00	19,500.00
2007 - Retirement Wage Contg	0.00	2,886.67	400.00	31,753.33	34,640.00
2008 - Health Ins. Savings Acct	0.00	687.50	662.97	7,562.50	8,250.00
Total 2 - FRINGE BENEFITS	31,248.52	34,676.67	316,027.42	381,443.33	416,120.00
3 - MATERIALS & SUPPLIES					
3006 Batteries	0.00	250.00	654.93	2,750.00	3,000.00
3008 Bolts Nuts Nails & Screws	0.00	83.33	34.74	916.67	1,000.00
3009 Antifreeze & Coolant	0.00	166.67	0.00	1,833.33	2,000.00
3010 Books & Printed Matter	0.00	416.67	95.00	4,583.33	5,000.00
3012 Prints, Maps & Etc	0.00	83.33	0.00	916.67	1,000.00
3014 Chains & Hooks	0.00	66.67	0.00	733.33	800.00
3016 Chemicals Weed Control	0.00	1,916.67	0.00	21,083.33	23,000.00
3018 Cleaners & Solvents	0.00	125.00	0.00	1,375.00	1,500.00
3019 - Additives & Lubricants	0.00	208.33	0.00	2,291.67	2,500.00
3020 Metal Culvert Pipe	6,304.50	4,166.67	36,294.71	45,833.33	50,000.00
3022 Copying Supplies	0.00	166.67	1,342.11	1,833.33	2,000.00

DRAINAGE DISTRICT No. 3 Profit & Loss Budget Performance August 2024

	Aug 24	Budget	Oct '23 - Aug 24	YTD Budget	Annual Budget
3027 Electrical Supplies	0.00	250.00	461.28	2,750.00	3,000.00
3030 Fencing Material	0.00	541.67	0.00	5,958.33	6,500.00
3032 Concrete, Sand, Aggregat	0.00	833.33	0.01	9,166.67	10,000.00
3034 Diesel Fuel	1,404.56	4,166.67	11,692.83	45,833.33	50,000.00
3036 Diesel Fuel ON ROAD	1,633.58	1,666.67	6,257.40	18,333.33	20,000.00
3037 Gasoline	2,438.45	583.33	5,236.57	6,416.67	7,000.00
3040 Hardware - Misc	0.00	250.00	332.72	2,750.00	3,000.00
3041 Hose & Fittings & Filters	23.02	833.33	2,485.41	9,166.67	10,000.00
3048 Lumber, Timbers, Rope	45.90	208.33	1,072.45	2,291.67	2,500.00
3050 Medical & Safety	48.29	250.00	727.35	2,750.00	3,000.00
3051 Motor Oil & Grease	0.00	833.33	328.28	9,166.67	10,000.00
3056 Paint & Brushes	110.85	83.33	110.85	916.67	1,000.00
3072 Rope Wire Manila & Burlap	0.00	66.67	0.00	733.33	800.00
3073 Spare Parts, Heavy Equip	0.00	83.33	0.00	916.67	1,000.00
3077 Computer Supplies	0.00	208.33	1,552.46	2,291.67	2,500.00
3078 Office Supplies	10.66	208.33	826.65	2,291.67	2,500.00
3080 Steel Angle Iron Rods, Etc	0.00	125.00	0.00	1,375.00	1,500.00
3083 Tires & Tubes	97.85	750.00	1,278.51	8,250.00	9,000.00
3084 Minor Equipment	39.99	708.33	691.96	7,791.67	8,500.00
3095 Welding Supplies	0.00	166.67	0.00	1,833.33	2,000.00
3098 - Clothing & Work Wear	0.00	125.00	1,343.28	1,375.00	1,500.00
3099 Sundry	61.58	166.67	769.54	1,833.33	2,000.00
Total 3 - MATERIALS & SUPPLIES	12,219.23	20,758.33	73,589.04	228,341.67	249,100.00
4 - MAINTENANCE & UTILITES					
4001 Cooling and Heating	0.00	83.33	0.00	916.67	1,000.00
4009 Building & Structure	0.00	291.67	254.16	3,208.33	3,500.00
4010 Tractors & Mowers	0.00	1,041.67	224.80	11,458.33	12,500.00
4011 Equipment Repairs	0.00	4,166.67	6,311.98	45,833.33	50,000.00
4013 Marine Craft	0.00	166.67	0.00	1,833.33	2,000.00
4014 - Auto - Truck	2,088.56	250.00	2,088.56	2,750.00	3,000.00
4015 Communication Equip	0.00	125.00	0.00	1,375.00	1,500.00
4020 Miscellaneous	0.00	41.67	0.00	458.33	500.00
4030 Tools	0.00	250.00	339.03	2,750.00	3,000.00
4051 Freight	0.00	25.00	0.00	275.00	300.00
4052 Postage	0.00	41.67	177.62	458.33	500.00
4053 Natural Gas/Butane	96.00	308.33	1,278.45	3,391.67	3,700.00
4054 Telephone	866.75	500.00	5,573.82	5,500.00	6,000.00
4056 Electricity	243.70	500.00	2,001.77	5,500.00	6,000.00
4057 Water & Sewer	37.79	166.67	371.29	1,833.33	2,000.00
4058 Garbage Waste Disposal	68.00	100.00	748.00	1,100.00	1,200.00
Total 4 - MAINTENANCE & UTILITES	3,400.80	8,058.35	19,369.48	88,641.65	96,700.00

DRAINAGE DISTRICT No. 3 Profit & Loss Budget Performance August 2024

	Aug 24	Budget	Oct '23 - Aug 24	YTD Budget	Annual Budget
5 - MISCELLANEOUS SERVICES					
5009 Professional Services	473.10	1,000.00	11,568.39	11,000.00	12,000.00
5021 Dues & Subscriptions	680.00	291.67	1,600.00	3,208.33	3,500.00
5027 Engineering Fees	0.00	1,666.67	0.00	18,333.33	20,000.00
5028 Assessor/Collector Fees	0.00	166.67	1,450.26	1,833.33	2,000.00
5029 Attorney Fees	0.00	833.33	0.00	9,166.67	10,000.00
5031 Filing, Records & Photos	0.00	8.33	0.00	91.67	100.00
5032 Accounting Services	0.00	41.67	0.00	458.33	500.00
5036 Treasurer Commision	0.00	133.33	0.00	1,466.67	1,600.00
5038 Supplemenal Tax Refunds	0.00	166.67	0.00	1,833.33	2,000.00
5040 Insurance Autos & Trucks	0.00	500.00	4,466.00	5,500.00	6,000.00
5041 Insurance Property	0.00	500.00	5,572.00	5,500.00	6,000.00
5043 Insurance General Liab	0.00	166.67	1,716.00	1,833.33	2,000.00
5044 Insurance Official Liab	0.00	166.67	1,335.00	1,833.33	2,000.00
5045 Bonds Surety & Notary	100.00	83.33	547.00	916.67	1,000.00
5053 Equipment Rental	0.00	1,416.67	4,570.00	15,583.33	17,000.00
5054 Contract Aerial Spraying	0.00	1,166.66	0.00	12,833.34	14,000.00
5055 Contract Spraying	0.00	1,416.67	0.00	15,583.33	17,000.00
5062 Travel & Meeting Expense	0.00	66.67	0.00	733.33	800.00
5064 Training & Education	0.00	125.00	18.00	1,375.00	1,500.00
5074 Independent Auditor Fees	0.00	2,083.33	23,225.00	22,916.67	25,000.00
5095 Bank Service Charges	0.00	250.00	0.00	2,750.00	3,000.00
5098 Appraisal District Fees	0.00	750.00	6,298.32	8,250.00	9,000.00
5099 Sundry	0.00	83.33	725.95	916.67	1,000.00
Total 5 - MISCELLANEOUS SERVICES	1,253.10	13,083.34	63,091.92	143,916.66	157,000.00
6 - CAPITAL OUTLAY					
6001 Office Machines	0.00	375.00	2,882.87	4,125.00	4,500.00
6002 Excavation Equipment	0.00	14,583.33	0.00	160,416.67	175,000.00
6011 Machinery & Equipment	0.00	8,333.33	0.00	91,666.67	100,000.00
6014 Building & Structures	0.00	3,333.33	8,826.42	36,666.67	40,000.00
6022 Furniture & Fixtures	0.00	416.67	279.99	4,583.33	5,000.00
6042 Auto Truck & Trailer	0.00	4,166.67	0.00	45,833.33	50,000.00
6045 Land/ROW Acquisitions	0.00	416.67	0.00	4,583.33	5,000.00
Total 6 - CAPITAL OUTLAY	0.00	31,625.00	11,989.28	347,875.00	379,500.00
Payroll Expenses	0.00		0.00		
Reconciliation Discrepancies	0.00	0.00	-443.25	0.00	0.00
Total Expense	74,745.15	136,508.02	767,377.39	1,501,587.98	1,638,096.00
Net Ordinary Income	-65,313.13	-65,585.02	147,966.50	-721,434.98	-787,020.00

2:39 PM

09/10/24

Accrual Basis

DRAINAGE DISTRICT No. 3
Profit & Loss Budget Performance
August 2024

	<u>Aug 24</u>	<u>Budget</u>	<u>Oct '23 - Aug 24</u>	<u>YTD Budget</u>	<u>Annual Budget</u>
Other Income/Expense					
Other Expense					
Transfer Account	0.00	0.00	0.00	0.00	0.00
Total Other Expense	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Net Other Income	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Net Income	<u><u>-65,313.13</u></u>	<u><u>-65,585.02</u></u>	<u><u>147,966.50</u></u>	<u><u>-721,434.98</u></u>	<u><u>-787,020.00</u></u>

DRAINAGE DISTRICT No. 3
Statement of Cash Flows
August 2024

	<u>Aug 24</u>
OPERATING ACTIVITIES	
Net Income	-65,313.13
Adjustments to reconcile Net Income to net cash provided by operations:	
EMPLOYEE PAID EXPENSES:202-0400 Employee Insurance	816.45
Payroll Liabilities	13.35
	<hr/>
Net cash provided by Operating Activities	-64,483.33
	<hr/>
Net cash increase for period	-64,483.33
	<hr/>
Cash at beginning of period	1,538,503.85
	<hr/>
Cash at end of period	<u><u>1,474,020.52</u></u>

AMWINS™

Bring on the Future

2025 Renewal Summary:



Texas Association of Counties 2025 Retiree Medical & Rx Plan Renewal

Renewal Summary

We are pleased to provide the 2025 Group Retiree Medical and Prescription Drug Program Renewal for Texas Association of Counties. Other than the annual Medicare deductible and co-insurance adjustments for Parts A, B, and D, the plan designs will remain unchanged for 2025. Please review the program details enclosed in this summary.

Amwins continues to provide a comprehensive Retiree Assistance Program. This program, **Manage My Health**, offers greater assistance to retirees and spouses by giving them easy, confidential access to an immense suite of programs and services aimed at improving their physical, mental, and financial wellbeing. In 2025, retirees will have:

- Fitness Program & Membership
- 24/7 Telehealth Solutions
- Food Delivery Service
- 24/7 Counseling & Intervention
- Hearing Services & Benefits
- Health & Wellness Support
- Access to Discounts & Rewards

We are confident your retirees will greatly benefit from this retiree assistance program. Each employer group will need to select MMH for 2025 on their Renewal Acceptance, if they are choosing to include it in the 2025 benefits.

As always, Amwins Group Benefits will continue to provide our extensive administrative services including:

- | | |
|--------------------------------|--------------------------------------|
| Eligibility Management | Program Administration |
| Annual and Monthly Enrollments | Billing and Collection of Premiums |
| Retiree Communications | Retiree Specialty Contact Center |
| Customer Service | Ongoing Retiree Advocacy and Support |

Medical Plan

Underwritten by: Transamerica Life Insurance Company
Effective January 1, 2025 – December 31, 2025

	2024	2025	% Increase	# of Lives
Medical Package 1	\$279.08	\$279.08	0%	367
Medical Package 2	\$155.45	\$155.45	0%	43
Medical Package 3	\$255.43	\$255.43	0%	0

Texas Association of Counties 2025 Retiree Medical & Rx Plan Renewal

Prescription Drug Plan

Underwritten by: MG Insurance Company through Retiree RxCare
Effective January 1, 2025 – December 31, 2025

	2024	2025	% Increase	# of Lives
Rx Package 1	\$274.07	\$280.31	2.28%	291
Rx Package 2**	\$108.00	\$86.88**	-19.56%**	43
Rx Package 3	\$239.80	\$260.39	8.59%	175

As of 2025 the underwriting company, Elixir Insurance Company will be transitioning to MG Insurance Company, however the Retiree RxCare Plan will remain the same. Members will receive new ID cards prior to January 1st with this name change.

**Changes made to Medicare Part D for 2025 will eliminate the coverage gap; therefore, the differentiator between Packages 1 and 2 (the amount the retiree pays in the coverage gap) will not exist in 2025. Members would have automatically roll over to the Package 1 plan design if the alternate plan option was not elected.

MAPD Plan

Underwritten by: Humana
Effective January 1, 2025 – December 31, 2025

	2024	2025	% Increase	# of Lives
MAPD Package 1	\$374.85	\$392.96	4.83%	39
MAPD Package 2 & 3	\$288.27	\$305.52	5.98%	5

Amounts are inclusive of all services performed by Amwins Group Benefits, insurance premiums, and non-insurance costs (\$10 for TAC). Administration services are provided by Amwins Group Benefits, LLC, a division of Amwins Group, Inc.

Retiree Program Plan Designs

Medical Plan

Underwritten by: Transamerica Life Insurance Company
Effective January 1, 2025 – December 31, 2025

	Package 1	Package 2	Package 3
Deductible *	\$0	50%	50%
Skilled Nursing	0%	50%	0%
Part B Co-insurance	0%	50%	0%
Total OOP Max **	Unlimited	\$4,620	Unlimited
Office Visit Copay	\$0	50%	\$0
ER Visit Copay	\$0	50%	\$0

*Includes Part B Deductible (2024: \$240). Retiree is responsible for 50% of both the Part A and B deductible if enrolled in Package 2. Only responsible for 50% of Part B deductible for Package 3.

**Includes Calendar Year Deductible. Plan K (Package 2) OOP Max will remain the same each year, regardless of Medicare's annual changes.



Texas Association of Counties 2025 Retiree Medical & Rx Plan Renewal

Prescription Drug Plan:

Underwritten by: MG Insurance Company through Retiree RxCare
Effective January 1, 2025 – December 31, 2025

Prescription Drug Plan (30 Day Retail)	Package 1	Package 2 **	Package 3
Annual Deductible:	\$0	Please see Alternative RX Plan Design	\$0
Tier 1: Generic	\$5		\$10
Tier 2: Preferred Brand	\$25		\$30
Tier 3: Non-Preferred Brand	\$60		\$65
Tier 4: Specialty	25%		25%
Catastrophic Coverage: Out of Pocket Maximum: \$2,000		\$0 Copays	

**Changes made to Medicare Part D for 2025 will eliminate the coverage gap; therefore, the differentiator between Packages 1 and 2 (the amount the retiree pays in the coverage gap) will not exist in 2025. Members will automatically roll over to the Package 1 plan design if the alternate plan option is not elected.

Retiree Program Plan Designs (*continued*)

MAPD Plan:

Underwritten by: Humana
Effective January 1, 2025 – December 31, 2025

MAPD Plan	Package 1 High Plan	Package 2 & 3 Low Plan
Calendar Year Deductible	\$0	\$0
Part B Co-Insurance	0%	0%
Out-of-Pocket Maximum**	Unlimited	\$2,400
Office Visit Co-pay	\$0	\$10
Emergency Room Co-pay	\$0	\$90
Part D Prescription	30-day standard retail	
Tier 1: Generic	\$5	\$5
Tier 2: Preferred Brand	\$25	\$25
Tier 3: Non-Preferred Brand	\$60	\$60
Tier 4: Specialty	33%	33%
OPX that Triggers Catastrophic	\$2,000	\$2,000
Catastrophic Member Copays:	\$0	\$0



Texas Association of Counties 2025 Retiree Medical & Rx Plan Renewal

Alternative Plan Option for Package 2 Rx:

Amwins is pleased to provide you with an alternative prescription drug plan option for Package 2, underwritten by MG Insurance, for you to consider. This is a Basic Part D Plan, and while it may have a higher up-front deductible, members will now reach catastrophic much faster and will have \$0 copayments thereafter for the remainder of the benefit year. Additionally, it would offer the members a price reduction. Please review plan summary below for highlighted details.

Alternative Prescription Drug Plan Rates:

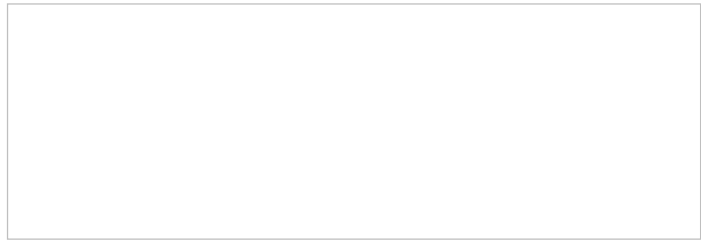
Underwritten by: MG Insurance Company through Retiree RxCare
Effective January 1, 2025 – December 31, 2025

	2024 <i>(with Previous Plan Design)</i>	2025 <i>(with New Plan Design)</i>	% Increase	# of Lives
Basic Medicare Part D	\$108.00	\$86.88	-19.56%	43

Alternative Prescription Drug Plan Design:

Underwritten by: MG Insurance Company through Retiree RxCare
Effective January 1, 2025 – December 31, 2025

2025	Basic Part D Plan <i>(30 Day Retail)**</i>
Calendar Year Deductible:	\$590
Tier 1: Generic	25%
Tier 2: Preferred Brand	25%
Tier 3: Non-Preferred Brand	25%
Tier 4: Specialty	25%
Catastrophic Coverage:	\$0 Copays
Out-of-Pocket Maximum: \$2,000	



Texas Association of Counties 2025 Post-65 Retiree Benefit Plans Package 1



**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61 st through 90 th day	All but \$408 per day	\$408 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$816 per day	\$816 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
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	\$0	Balance
Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible: First \$240 of Medicare-approved amounts**	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2024 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2025.

**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts**	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$240 of Medicare Approved Amounts**	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

*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.

**Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

Benefits are paid only for those expenses which have been approved as eligible by the Federal Medicare program.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.

This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

**GROUP RETIREE PART D PLAN
Package 1**



Description	Package 1
Calendar Year Deductible	\$0
Formulary	Retiree RxCare Part D
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	25%
90 DAY STANDARD RETAIL MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	25%
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
PRIMARY CARE PHYSICIAN	
Office Visit	\$0
Diagnostic Procedures and Tests	\$0
Lab Services	\$0
Surgical Procedures	\$0
Allergy Shots and Injections	\$0
Mental Health/ Substance Abuse Services	\$0
Administration of Drugs in a Physician's office	\$0
SPECIALIST	
Office Visit	\$0
Advanced Imaging Services	\$0
Diagnostic Procedures and Tests	\$0
Lab Services	\$0
Surgical Procedures	\$0
Diagnostic Colonoscopy	\$0
Podiatry Services (Medicare-covered)	\$0
Chiropractic Services (Medicare-covered)	\$0
Cardiac Therapy	\$0
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$0
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Radiation Therapy	\$0
Allergy shots and Injections	\$0
Mental Health/ Substance Abuse Services	\$0
Opioid Treatment Services	\$0
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	\$0
Dental Services (Medicare-covered)	\$0
Hearing Services (Medicare-covered)	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
Vision Services (Medicare-covered)	\$0
Eyewear for Post-Cataract Surgery	\$0 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$0 *20 visits per year
PREVENTATIVE SERVICES	
Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening Colorectal Cancer Screening Depression Screening Diabetes Screening Diabetes Self-Management Training Glaucoma Screening Hepatitis C Screening HIV Screening Kidney Disease Education Services Lung Cancer Screening Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam STI Screening and Counseling Smoking and Tobacco Use Cessation "Welcome to Medicare" Preventive Visit	\$0
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
INPATIENT HOSPITAL SERVICES	
Inpatient Care (all authorized admissions)	\$0
Inpatient Physician Services	\$0
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
INPATIENT PSYCHIATRIC FACILITY	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$0 *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
PARTIAL HOSPITALIZATION	
Mental Health/ Substance Abuse Services	\$0
Opioid Treatment Services	\$0
OUTPATIENT HOSPITAL SERVICES	
Surgical Services	\$0
Diagnostic Colonoscopy	\$0
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
Lab services	\$0
Radiation Therapy	\$0
Cardiac Therapy	\$0
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$0
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Chemotherapy Drugs	\$0
Renal Dialysis Services	\$0
Mental Health/Substance Abuse Services	\$0
Opioid Treatment Services	\$0
Outpatient Physician Services	\$0
SKILLED NURSING FACILITY (SNF)	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-100
SNF Physician Services	\$0
URGENT CARE	
Urgently Needed Care	\$0
Lab Services	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
EMERGENCY ROOM	
Emergency Services (2)	\$0
Emergency Room Physician Services	\$0
AMBULANCE	
Ambulance Services	\$0
NETWORK PROVIDER	
US Travel Benefit	Member receives in-network benefits
WORLDWIDE COVERAGE	
Emergency Services and Urgently Needed Care Only	N/A
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY	
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
FREESTANDING RADIOLOGICAL FACILITY	
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
Radiation Therapy	\$0
AMBULATORY SURGICAL CENTER	
Surgical Procedures	\$0
Diagnostic Colonoscopy	\$0
FREESTANDING LABORATORY	
Lab Services	\$0
DIALYSIS CENTER	
Renal Dialysis Services	\$0
HOME HEALTH	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
DME PROVIDER	
Durable Medical Equipment	\$0
Diabetic Monitoring Supplies	\$0
MEDICAL SUPPLY PROVIDER	
Medical Supplies	\$0
PROSTHETICS PROVIDER	
Prosthetics	\$0
PHARMACY (PART B ONLY)	
Durable Medical Equipment	\$0
Medical Supplies	\$0
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	\$0
ADDITIONAL TELEHEALTH SERVICES	
Primary Care Physician – Virtual Visit	\$0
Specialist – Virtual Visit	\$0
Behavioral Health and Substance Abuse – Virtual Visit	\$0
Urgently Needed Care – Virtual Visit	\$0
OTHER BENEFITS	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation, exams up to 1 per ear. \$500 benefit coverage for both hearing aids up to 2 every 3 years.
Vision Services	\$0 for routine eye exam (1 per year)
EXTRA BENEFITS	
Silver Sneakers	In most service areas members will have free membership to a local fitness center
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
Smoking Cessation	A Comprehensive smoking cessation program available online email and phone
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
CARE MANAGEMENT	
Clinical Programs/ Disease Management (3) Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care Coordination's	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

**GROUP MEDICARE ADVANTAGE PPO
Package 1 – Prescription Drug**



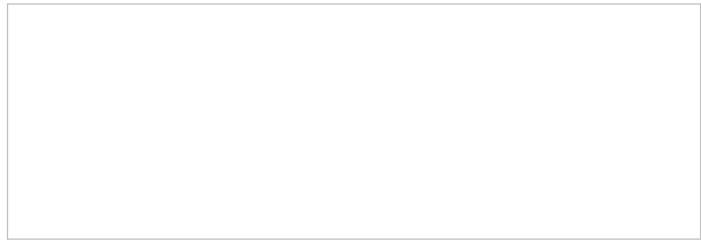
Description: Prescription Drug	Amount You Pay – Package 1
Calendar Year Deductible	\$0
Formulary	Group Plus
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

GROUP RETIREE PAYMENT SUMMARY

Package 1

TAC HEBP 2025 Payment Summary – Package 1		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$279.08
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$280.31
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$392.96

*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.



Texas Association of Counties 2025 Post-65 Retiree Benefit Plans Package 2



**GROUP RETIREE MEDICAL
Package 2**



Out-of-Pocket Maximum: \$4,620

Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,632	\$816 (50% of Part A Deductible)	\$816 (50% of Part A Deductible)
61 st through 90 th day	All but \$408 per day	\$408 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$816 per day	\$816 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$204 a day	\$100 per day	\$100 per day
101 st day and after	\$0	\$0	All costs
BLOOD DEDUCTIBLE – Hospital Confinement and Outpatient Medical Expenses			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	50%	50%
Additional amounts	100%	\$0	\$0
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	Balance
Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible: First \$240 of Medicare-approved amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	10%	10%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	50%	50%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2024 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2025.

**GROUP RETIREE MEDICAL
Package 2**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	50%	50%
Next \$240 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$240 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%

*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.

**Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

Benefits are paid only for those expenses which have been approved as eligible by the Federal Medicare program.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.

This policy's renewability, cancellability, and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

**GROUP RETIREE PART D PLAN
Package 2**



Description	Package 2
Calendar Year Deductible	\$590
Formulary	Retiree RxCare Part D
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	25%
Tier 2: Preferred Brand	25%
Tier 3: Non-Preferred Brand	25%
Tier 4: Specialty Tier	25%
90 DAY STANDARD RETAIL MAIL ORDER SUPPLY	
Tier 1: Generic	25%
Tier 2: Preferred Brand	25%
Tier 3: Non-Preferred Brand	25%
Tier 4: Specialty Tier	25%
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



Description	Amount You Pay - Package 2
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$2,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
PRIMARY CARE PHYSICIAN	
Office Visit	\$10
Diagnostic Procedures and Tests	\$10
Lab Services	\$0
Surgical Procedures	\$10
Allergy Shots and Injections	\$10
Mental Health/ Substance Abuse Services	\$10
Administration of Drugs in a Physician's office	\$0
SPECIALIST	
Office Visit	\$20
Advanced Imaging Services	\$20
Diagnostic Procedures and Tests	\$20
Lab Services	\$0
Surgical Procedures	\$20
Diagnostic Colonoscopy	\$20
Podiatry Services (Medicare-covered)	\$20
Chiropractic Services (Medicare-covered)	\$20
Cardiac Therapy	\$20
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$20
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
Radiation Therapy	\$20
Allergy shots and Injections	\$20
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	20%
Dental Services (Medicare-covered)	\$20
Hearing Services (Medicare-covered)	\$20

**GROUP MEDICARE ADVANTAGE PPO
Package 2**

Description	Amount You Pay - Package 2
Vision Services (Medicare-covered)	\$20
Eyewear for Post-Cataract Surgery	\$20 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$20 *20 visits per year
PREVENTATIVE SERVICES	
Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening Colorectal Cancer Screening Depression Screening Diabetes Screening Diabetes Self-Management Training Glaucoma Screening Hepatitis C Screening HIV Screening Kidney Disease Education Services Lung Cancer Screening Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam STI Screening and Counseling Smoking and Tobacco Use Cessation "Welcome to Medicare" Preventive Visit	\$0
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
INPATIENT HOSPITAL SERVICES	
Inpatient Care (all authorized Admissions)	\$500 copay per admission
Inpatient Physician Services	\$0
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



Description	Amount You Pay - Package 2
INPATIENT PSYCHIATRIC FACILITY	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
PARTIAL HOSPITALIZATION	
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
OUTPATIENT HOSPITAL SERVICES	
Surgical Services	\$250
Diagnostic Colonoscopy	\$250
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$20
Diagnostic Procedures and Tests	\$10
Lab services	\$0
Radiation Therapy	\$25
Cardiac Therapy	\$25
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$25
Pulmonary Therapy	\$25
Therapies (Occupational, Physical, Audiology, and Speech)	\$25
Chemotherapy Drugs	20%
Renal Dialysis Services	20%
Mental Health/Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Outpatient Physician Services	\$0
SKILLED NURSING FACILITY (SNF)	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-20; \$75 per days 21-100
SNF Physician Services	\$0
URGENT CARE	
Urgently Needed Care	\$35
Lab Services	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 2**

Description	Amount You Pay - Package 2
EMERGENCY ROOM	
Emergency Services (2)	\$90
Emergency Room Physician Services	\$0
AMBULANCE	
Ambulance Services	\$100
NETWORK PROVIDER	
US Travel Benefit	N/A
WORLDWIDE COVERAGE	
Emergency Services and Urgently Needed Care Only	\$100 Deductible, 80% coinsurance to \$25,000 Maximum or 60 consecutive days, whichever is reached first.
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY	
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
FREESTANDING RADIOLOGICAL FACILITY	
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$10
Diagnostic Procedures and Tests	\$25
Radiation Therapy	\$25
AMBULATORY SURGICAL CENTER	
Surgical Procedures	\$250
Diagnostic Colonoscopy	\$250
FREESTANDING LABORATORY	
Lab Services	\$0
DIALYSIS CENTER	
Renal Dialysis Services	20%
HOME HEALTH	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



Description	Amount You Pay - Package 2
DME PROVIDER	
Durable Medical Equipment	20%
Diabetic Monitoring Supplies	20%
MEDICAL SUPPLY PROVIDER	
Medical Supplies	20%
PROSTHETICS PROVIDER	
Prosthetics	20%
PHARMACY (PART B ONLY)	
Durable Medical Equipment	20%
Medical Supplies	20%
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	20%
OTHER BENEFITS	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation (1 every 2 years). \$0 for routine hearing exams (1 every 3 years). \$400 coverage amount for both hearing aids (2 every 3 years).
Vision Services	\$10 for routine eye exam (1 per year)
EXTRA BENEFITS	
Silver Sneakers	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



Description	Amount You Pay - Package 2
Smoking Cessation	A comprehensive smoking cessation program available online, email, and phone.
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
CARE MANAGEMENT	
Clinical Programs/ Disease Management (3) Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

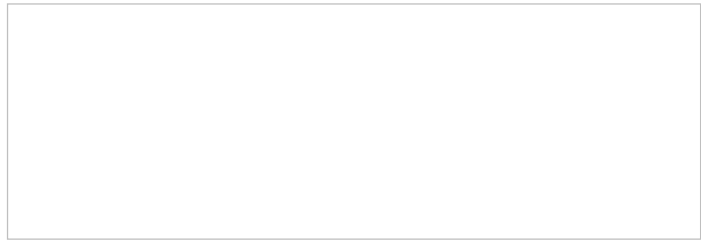
**GROUP MEDICARE ADVANTAGE PPO
Package 2 – Prescription Drug**

Description	Amount You Pay – Package 2
Calendar Year Deductible	\$0
Formulary	Group Plus
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

GROUP RETIREE PAYMENT SUMMARY
Package 2

TAC HEBP 2025 Payment Summary – Package 2		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$155.45
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$86.88
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$305.52

*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.



Texas Association of Counties 2025 Post-65 Retiree Benefit Plans Package 3



**GROUP RETIREE MEDICAL
Package 3**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
---------------------------------------	---------------	-----------	---------

HOSPITAL CONFINEMENT BENEFIT*
Semiprivate room and board, general nursing and miscellaneous services and supplies:

First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61 st through 90 th day	All but \$408 per day	\$408 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$816 per day	\$816 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs

SKILLED NURSING FACILITY CARE*
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:

First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs

BLOOD DEDUCTIBLE – Hospital Confinement and Outpatient Medical Expenses
When furnished by a hospital or skilled nursing facility during a covered stay.

First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

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	\$0	Balance
--	--	-----	----------------

Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
--------------------------------------	---------------	-----------	---------

OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:

Medicare Part B Deductible: First \$240 of Medicare-approved amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2024 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2025.

**GROUP RETIREE MEDICAL
Package 3**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	0%
Next \$240 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$240 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

*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.

**Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

Benefits are paid only for those expenses which have been approved as eligible by the Federal Medicare program.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.

This policy's renewability, cancellability, and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

**GROUP RETIREE PART D PLAN
Package 3**



Description	Package 3
Calendar Year Deductible	\$0
Formulary	Retiree RxCare Part D
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$30
Tier 3: Non-Preferred Brand	\$65
Tier 4: Specialty Tier	25%
90 DAY STANDARD RETAIL MAIL ORDER SUPPLY	
Tier 1: Generic	\$20
Tier 2: Preferred Brand	\$60
Tier 3: Non-Preferred Brand	\$130
Tier 4: Specialty Tier	25%
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$2,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
PRIMARY CARE PHYSICIAN	
Office Visit	\$10
Diagnostic Procedures and Tests	\$10
Lab Services	\$0
Surgical Procedures	\$10
Allergy Shots and Injections	\$10
Mental Health/ Substance Abuse Services	\$10
Administration of Drugs in a Physician's office	\$0
SPECIALIST	
Office Visit	\$20
Advanced Imaging Services	\$20
Diagnostic Procedures and Tests	\$20
Lab Services	\$0
Surgical Procedures	\$20
Diagnostic Colonoscopy	\$20
Podiatry Services (Medicare-covered)	\$20
Chiropractic Services (Medicare-covered)	\$20
Cardiac Therapy	\$20
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$20
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
Radiation Therapy	\$20
Allergy shots and Injections	\$20
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	20%
Dental Services (Medicare-covered)	\$20
Hearing Services (Medicare-covered)	\$20

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
Vision Services (Medicare-covered)	\$20
Eyewear for Post-Cataract Surgery	\$20 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$20 *20 visits per year
PREVENTATIVE SERVICES	
Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening Colorectal Cancer Screening Depression Screening Diabetes Screening Diabetes Self-Management Training Glaucoma Screening Hepatitis C Screening HIV Screening Kidney Disease Education Services Lung Cancer Screening Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam STI Screening and Counseling Smoking and Tobacco Use Cessation "Welcome to Medicare" Preventive Visit	\$0
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
INPATIENT HOSPITAL SERVICES	
Inpatient Care (all authorized Admissions)	\$500 copay per admission
Inpatient Physician Services	\$0
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
INPATIENT PSYCHIATRIC FACILITY	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
PARTIAL HOSPITALIZATION	
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
OUTPATIENT HOSPITAL SERVICES	
Surgical Services	\$250
Diagnostic Colonoscopy	\$250
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$20
Diagnostic Procedures and Tests	\$10
Lab services	\$0
Radiation Therapy	\$25
Cardiac Therapy	\$25
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$25
Pulmonary Therapy	\$25
Therapies (Occupational, Physical, Audiology, and Speech)	\$25
Chemotherapy Drugs	20%
Renal Dialysis Services	20%
Mental Health/Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Outpatient Physician Services	\$0
SKILLED NURSING FACILITY (SNF)	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-20; \$75 per days 21-100
SNF Physician Services	\$0
URGENT CARE	
Urgently Needed Care	\$35
Lab Services	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
EMERGENCY ROOM	
Emergency Services (2)	\$90
Emergency Room Physician Services	\$0
AMBULANCE	
Ambulance Services	\$100
NETWORK PROVIDER	
US Travel Benefit	N/A
WORLDWIDE COVERAGE	
Emergency Services and Urgently Needed Care Only	\$100 Deductible, 80% coinsurance to \$25,000 Maximum or 60 consecutive days, whichever is reached first.
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY	
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
FREESTANDING RADIOLOGICAL FACILITY	
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$10
Diagnostic Procedures and Tests	\$25
Radiation Therapy	\$25
AMBULATORY SURGICAL CENTER	
Surgical Procedures	\$250
Diagnostic Colonoscopy	\$250
FREESTANDING LABORATORY	
Lab Services	\$0
DIALYSIS CENTER	
Renal Dialysis Services	20%
HOME HEALTH	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
DME PROVIDER	
Durable Medical Equipment	20%
Diabetic Monitoring Supplies	20%
MEDICAL SUPPLY PROVIDER	
Medical Supplies	20%
PROSTHETICS PROVIDER	
Prosthetics	20%
PHARMACY (PART B ONLY)	
Durable Medical Equipment	20%
Medical Supplies	20%
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	20%
OTHER BENEFITS	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation (1 every 2 years). \$0 for routine hearing exams (1 every 3 years). \$400 coverage amount for both hearing aids (2 every 3 years).
Vision Services	\$10 for routine eye exam (1 per year)
EXTRA BENEFITS	
Silver Sneakers	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



Description	Amount You Pay - Package 3
Smoking Cessation	A comprehensive smoking cessation program available online, email, and phone.
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
CARE MANAGEMENT	
Clinical Programs/ Disease Management (3) Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

**GROUP MEDICARE ADVANTAGE PPO
Package 3 – Prescription Drug**



Description	Amount You Pay – Package 3
Calendar Year Deductible	\$0
Formulary	Group Plus
Initial Coverage Level	
30 DAY STANDARD RETAIL SUPPLY	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
90 DAY STANDARD RETAIL MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Catastrophic Coverage Level	
Out-of-pocket threshold	\$2,000
Catastrophic Coverage:	Member pays \$0

GROUP RETIREE PAYMENT SUMMARY
Package 3

TAC HEBP 2025 Payment Summary – Package 3		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Retiree Medical Plan	Transamerica (pages 2-3)	\$255.43
Prescription Drug Plan	Retiree RxCare (page 4)	\$260.39
Medicare Advantage	Humana (pages 5-11)	\$305.52

*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.



Transamerica Life Insurance Company & Retiree Rx Care 2025 Renewal Notice and Benefit Confirmation

Group: Jefferson Co DD#3
Return to TAC by: September 30, 2025

Below are the new renewal rates for TPLIC medical and Retiree RxCare prescription drug coverages. Please initial and complete each section below. An authorized signature on last page is required to confirm and accept your group's renewal. Email renewals to CCS@county.org.

PACKAGE PLANS

Current Plan: Package 1

	Medical Only	Med + Rx	Medicare Advantage
Current Rates:	\$279.08	\$553.15	\$374.85
New Rates: (eff 1/1/2025)	\$279.08	\$559.39	\$392.96

- Renew and keep current plan. OR
- Change Package option (select only one from the list below)

PACKAGE OPTIONS (Rates eff. 1/1/25)

- | | |
|---|---|
| <input type="checkbox"/> Package 2 <ul style="list-style-type: none"> • Medical Only: \$155.45 • Med+Rx: \$242.33 • MedAdvantage: \$305.52 | <input type="checkbox"/> Package 3 <ul style="list-style-type: none"> • Medical Only: \$255.43 • Med+Rx: \$515.82 • MedAdvantage: \$305.52 |
|---|---|

_____ Initial to accept 2025 retiree package options rates.

MANAGE MY HEALTH (OPTIONAL)

- Add Manage My Health for an additional \$10 per retiree per month.

_____ Initial to accept Manage My Health.



Transamerica Life Insurance Company & Retiree Rx Care 2025 Renewal Notice and Benefit Confirmation

Group: Jefferson Co DD#3
Return to TAC by: September 30, 2025

BILLING AND CONTRIBUTION SCHEDULE

Please select your preferred billing option (Current billing option is List):

- Direct Bill:** Invoice for 100% of the cost to each retiree.
- List Bill:** Invoice sent to the employer for 100% of the cost for each retiree. Employer will be responsible for collecting any premium due from retirees/spouses.
- Split Bill:** Invoice will be sent to the group for employer subsidy and Amwins will send invoice to retiree for their remaining portion.
- **List/Split Billing:** Please indicate monthly contributions levels for Employer and Retirees:

	Medical Premium	Med + Rx Premium	MedAdvantage (if applicable)
Paid by Employer	\$ _____	\$ 559.39	\$ _____
Paid by Retiree	\$ _____	\$ 0.00	\$ _____

_____ Initial to accept Billing Method.

CountyChoice Silver
Member Contact Designations
Jefferson Co DD#3

Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints 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 TAC HEBP. Please complete each category below:

Please list changes and/or corrections below

Name/Title: Frank Rose/Chairman
Address: PO Box 388
Hamshire, TX 77622
Phone: (409) 243-3495
Fax: (409) 243-3158
Email: drainage3@jcdd3.org

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

Please list changes and/or corrections below

Name/Title: Shanna J. Verret/Admin Asst.
Address: PO Box 388
Hamshire, TX 77622
Phone: (409) 243-3495
Fax: (409) 243-3158
Email: sverret@jcdd3.org

Billing Contact: Responsible for receiving all invoices relating to retiree benefits. (Not applicable if Direct Bill).

Please list changes and/or corrections below

Name/Title: Shanna J. Verret
Address: PO Box 388
Hamshire, TX 77622
Phone: (409) 243-3495
Fax: (409) 243-3158
Email: sverret@jcdd3.org

Signature of County Judge or Contracting Authority

September 18, 2024
Date

Frank R. Rose, Chairman
Please PRINT Name and Title

qualified voters of the district by petition may require that an election be held to determine whether to reduce the operation and maintenance tax rate to the voter-approval tax rate under Section 49.23603, Water Code.

The 86th Texas Legislature modified the manner in which the voter-approval tax rate is calculated to limit the rate of growth of property taxes in the state.



TERRY WUENSCHER, PCC
INTERIM TAX ASSESSOR-COLLECTOR
JEFFERSON COUNTY, TEXAS

July 26, 2024

JEFFERSON COUNTY DRAINAGE DISTRICT NO 3
2024 ANTICIPATED COLLECTION RATE
2023 EXCESS DEBT TAX COLLECTIONS

In accordance with the certification requirements of Section 26.04(b), Texas Property Tax Code, the following information provided is for use on the Voter Approval Rate Worksheet:

The anticipated collection rate for 2024 is 99.00%, as calculated under PTC Sec. 26.012(2).

The actual collection rates for the preceding three years are:

2023	98.99%
2022	99.08%
2021	101.56%

Excess 2023 debt tax collections are 0, pursuant to PTC Sec. 26.04 (e)(3)(C).

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND COMPLIES WITH THE CERTIFICATION REQUIREMENTS OF SECTION 26.04(B), TEXAS PROPERTY TAX CODE.

Cindy Savant

Cindy Savant, PCC
Chief Deputy Tax Assessor-Collector
Jefferson County, Texas

MAILING ADDRESS • P.O. Box 2112 • BEAUMONT, TEXAS 77704-2112
PHYSICAL ADDRESS • 1149 PEARL • BEAUMONT, TEXAS 77701
PHONE: 409-835-8516 • FAX: 409-835-8589

2024 CERTIFIED TOTALS

Property Count: 3,362

847 - DRAINAGE DISTRICT #3
Grand Totals

7/18/2024 11:27:37AM

Land		Value			
Homesite:		20,488,785			
Non Homesite:		34,188,077			
Ag Market:		91,162,637			
Timber Market:		1,427,822			
				Total Land	(+) 147,267,321
Improvement		Value			
Homesite:		127,127,259			
Non Homesite:		73,426,755			
				Total Improvements	(+) 200,554,014
Non Real		Count	Value		
Personal Property:		144	94,128,442		
Mineral Property:		323	8,977,968		
Autos:		0	0		
				Total Non Real	(+) 103,106,410
				Market Value	= 450,927,745
Ag	Non Exempt	Exempt			
Total Productivity Market:	92,590,459	0			
Ag Use:	3,375,108	0		Productivity Loss	(-) 89,155,263
Timber Use:	60,088	0		Appraised Value	= 361,772,482
Productivity Loss:	89,155,263	0			
				Homestead Cap	(-) 12,046,398
				23.231 Cap	(-) 1,979,028
				Assessed Value	= 347,747,056
				Total Exemptions Amount (Breakdown on Next Page)	(-) 51,835,608
				Net Taxable	= 295,911,448

APPROXIMATE TOTAL LEVY = NET TAXABLE * (TAX RATE / 100)
 854,447.27 = 295,911,448 * (0.288751 / 100)

Certified Estimate of Market Value: 450,927,745
 Certified Estimate of Taxable Value: 295,911,448

Tax Increment Finance Value: 0
 Tax Increment Finance Levy: 0.00

2024 CERTIFIED TOTALS

Property Count: 3,362

847 - DRAINAGE DISTRICT #3
Grand Totals

7/18/2024

11:28:14AM

Exemption Breakdown

Exemption	Count	Local	State	Total
DP	25	731,694	0	731,694
DV1	1	0	5,000	5,000
DV2	5	0	36,936	36,936
DV3	1	0	10,000	10,000
DV4	18	0	189,564	189,564
DV4S	1	0	12,000	12,000
DVHS	12	0	2,178,444	2,178,444
DVHSS	3	0	322,689	322,689
EX-XI	1	0	54,327	54,327
EX-XU	2	0	15,791	15,791
EX-XV	48	0	2,364,966	2,364,966
EX366	27	0	21,169	21,169
FR	3	9,591,596	0	9,591,596
HS	764	26,428,791	0	26,428,791
OV65	271	9,702,481	0	9,702,481
PC	3	170,160	0	170,160
Totals		46,624,722	5,210,886	51,835,608

2024 CERTIFIED TOTALS

Property Count: 3,362

847 - DRAINAGE DISTRICT #3
Grand Totals

7/18/2024 11:28:14AM

State Category Breakdown

State Code	Description	Count	Acres	New Value	Market Value	Taxable Value
A	SINGLE FAMILY RESIDENCE	1,034	1,761.6576	\$3,095,450	\$158,632,885	\$115,114,253
C1	VACANT LOTS AND LAND TRACTS	469	1,061.4708	\$0	\$9,041,472	\$8,950,093
D1	QUALIFIED AG LAND	830	37,695.4412	\$0	\$92,590,459	\$3,432,616
D2	NON-QUALIFIED LAND	112		\$276,051	\$2,707,694	\$2,707,694
E	FARM OR RANCH IMPROVEMENT	376	3,939.3649	\$1,265,231	\$46,574,683	\$38,580,784
F1	COMMERCIAL REAL PROPERTY	42	74.0702	\$536,598	\$17,874,644	\$16,749,229
F2	INDUSTRIAL REAL PROPERTY	26	176.7332	\$0	\$13,817,600	\$13,647,440
G1	OIL AND GAS	317		\$0	\$8,951,892	\$8,951,892
J3	ELECTRIC COMPANY (INCLUDING C	5	0.8000	\$0	\$10,878,089	\$10,878,089
J4	TELEPHONE COMPANY (INCLUDI	3	0.0964	\$0	\$211,156	\$211,156
J6	PIPELAND COMPANY	28	2.5680	\$0	\$9,367,919	\$9,367,919
J8	OTHER TYPE OF UTILITY	13		\$0	\$1,418,132	\$1,418,132
L1	COMMERCIAL PERSONAL PROPE	58		\$0	\$37,849,846	\$29,241,084
L2	INDUSTRIAL PERSONAL PROPERT	15		\$0	\$34,459,682	\$33,476,848
M1	TANGIBLE OTHER PERSONAL, MOB	139		\$607,426	\$4,095,339	\$3,184,219
X	TOTALLY EXEMPT PROPERTY	78	183.2289	\$0	\$2,456,253	\$0
Totals			44,895.4312	\$5,780,756	\$450,927,745	\$295,911,448

2024 CERTIFIED TOTALS

Property Count: 3,362

847 - DRAINAGE DISTRICT #3
Grand Totals

7/18/2024 11:28:14AM

CAD State Category Breakdown

State Code	Description	Count	Acres	New Value	Market Value	Taxable Value
A1	REAL, RESIDENTIAL, SINGLE-FAMILY	770	1,415.1434	\$2,733,806	\$147,336,943	\$106,768,162
A2	REAL, RESIDENTIAL, MOBILE HOME	79	131.9698	\$359,110	\$4,473,914	\$3,504,545
A7	REAL/RES/MH 5 AC/LESS-BY OWNER	191	214.5444	\$2,534	\$6,822,028	\$4,841,546
C1	REAL, VACANT PLATTED RESIDENTI	461	986.3438	\$0	\$8,538,841	\$8,447,462
C2	REAL, VACANT PLATTED COMMERCIAL	8	75.1270	\$0	\$502,631	\$502,631
D1	REAL, ACREAGE, RANGELAND	854	37,978.0035	\$0	\$92,716,154	\$3,558,311
D2	REAL, ACREAGE, TIMBERLAND	112		\$276,051	\$2,707,694	\$2,707,694
D3	REAL, ACREAGE, FARMLAND	54	574.6048	\$964,398	\$8,183,933	\$7,555,379
D4	REAL, ACREAGE, UNDEVELOPED LA	163	2,214.7136	\$0	\$9,155,743	\$9,153,598
D5	UNFILLED LAND	7	129.3540	\$0	\$760,032	\$760,032
E1	REAL, FARM/RANCH, HOUSE	91	546.5912	\$165,089	\$25,345,953	\$18,703,750
E2	REAL, FARM/RANCH, MOBILE HOME	9	57.0260	\$135,744	\$1,119,014	\$771,239
E7	MH ON REAL PROP (5 AC/MORE) MH	29	134.5130	\$0	\$1,884,313	\$1,511,091
F1	REAL, Commercial	42	74.0702	\$536,598	\$17,874,644	\$16,749,229
F2	REAL, Industrial	9		\$0	\$12,898,111	\$12,727,951
F5	OPERATING UNITS ACREAGE	17	176.7332	\$0	\$919,489	\$919,489
G1	OIL AND GAS	317		\$0	\$8,951,892	\$8,951,892
J3	REAL & TANGIBLE PERSONAL, UTILI	5	0.8000	\$0	\$10,878,089	\$10,878,089
J4	REAL & TANGIBLE PERSONAL, UTILI	3	0.0964	\$0	\$211,156	\$211,156
J6	REAL & TANGIBLE PERSONAL, UTILI	28	2.5680	\$0	\$9,367,919	\$9,367,919
J8	REAL & TANGIBLE PERSONAL, UTILI	13		\$0	\$1,418,132	\$1,418,132
L1	TANGIBLE, PERSONAL PROPERTY, C	58		\$0	\$37,849,846	\$29,241,084
L2	TANGIBLE, PERSONAL PROPERTY, I	15		\$0	\$34,459,682	\$33,476,848
M1	TANGIBLE OTHER PERSONAL, MOBI	139		\$607,426	\$4,095,339	\$3,184,219
X		78	183.2289	\$0	\$2,456,253	\$0
Totals		44,895.4312		\$5,780,756	\$450,927,745	\$295,911,448

2024 Water District Voter-Approval Tax Rate Worksheet for Low Tax Rate and Developing Districts

Form 50-858

Jefferson County Drainage District No 3

409-243-3495

Water District Name

Phone (area code and number)

P. O. Box 120 Hamshire, TX 77622

jcdd3.org

Water District's Address, City, State, ZIP Code

Water District's Website Address

GENERAL INFORMATION: The Comptroller's office provides this worksheet to assist water districts in determining their voter-approval tax rate. The information provided in this worksheet is offered as technical assistance and not legal advice. Water districts should consult legal counsel for interpretations of law regarding tax rate preparation and adoption.

Indicate type of water district:

Low tax rate water district
(Water Code Section 49.23601)

Developing water district
(Water Code Section 49.23603)

Developed water district in a declared disaster area
(Water Code Section 49.23602(d))

SECTION 1: Voter-Approval Tax Rate

The voter-approval tax rate for low tax rate and developing water districts is the current year's debt service and contract tax rates plus the maintenance and operation (M&O) tax rate that would impose no more than 1.08 times the amount of M&O tax imposed by the water district in the preceding year on the average appraised value of a residence homestead in the water district. The average appraised value disregards any homestead exemption available only to people with disabilities or those age 65 or older.

The calculation process starts after the chief appraiser delivers to the taxing unit the certified appraisal roll or certified estimate of value and the estimated values of properties under protest. The designated officer or employee shall certify that the officer or employee has accurately calculated the tax rates and used values shown for the certified appraisal roll or certified estimate. The officer or employee submits the rates to the governing body by Aug. 7 or as soon thereafter as practicable.

If any part of a developed water district is located in an area declared a disaster area during the current tax year by the governor or by the president, the board of the district may calculate the voter-approval tax rate in the manner provided in Water Code Section 49.23601(a) and determine whether an election is required to approve the adopted tax rate in the manner provided in Water Code Section 49.23601(c). In such cases, the developed water district may use this form to calculate its voter-approval tax rate.

Line	Worksheet	Amount/Rate
1.	Prior year average appraised value of residence homestead. ¹	\$ 186,701
2.	Prior year general exemptions available for the average homestead. Excluding age 65 or older or disabled persons exemptions. ²	\$ 53,148
3.	Prior year average taxable value of residence homestead. Line 1 minus Line 2.	\$ 133,553
4.	Prior year adopted M&O tax rate.	\$ 0.288751 /\$100
5.	Prior year M&O tax on average residence homestead. Multiply Line 3 by Line 4, divide by \$100.	\$ 385.63
6.	Highest M&O tax on average residence homestead with increase. Multiply Line 5 by 1.08. ³	\$ 416.48
7.	Current year average appraised value of residence homestead.	\$ 198,767
8.	Current year general exemptions available for the average homestead. Excluding age 65 or older or disabled persons exemptions. ⁴	\$ 51,888
9.	Current year average taxable value of residence homestead. Line 7 minus Line 8.	\$ 146,879
10.	Highest current year M&O tax rate. Line 6 divided by Line 9, multiply by \$100. ⁵	\$ 0.283553 /\$100
11.	Current year debt tax rate.	\$ 0 /\$100
12.	Current year contract tax rate.	\$ 0 /\$100
13.	Current year voter-approval tax rate. Add lines 10, 11 and 12.	\$ 0.283553 /\$100

¹ Tex. Water Code §49.236(a)(2)(C)

² Tex. Water Code §49.236(a)(2)(D)

³ Tex. Water Code §§49.23601(a)(3) and 49.23603(a)(3)

⁴ Tex. Water Code §49.236(a)(2)(E)

⁵ Tex. Water Code §§49.23601(a)(3) and 49.23603(a)(3)

SECTION 2: Election Tax Rate

For a low tax rate water district, the election tax rate is the highest total tax rate the district may adopt without holding an automatic election to approve the adopted tax rate.

For a developing water district, the election tax rate is the highest total tax rate the district may adopt before qualified voters of the district may petition for an election to lower the adopted tax rate.

If any part of a developed water district is located in an area declared a disaster area during the current tax year by the governor or by the president, the board of the district may calculate the election tax rate as the highest tax rate the district may adopt without holding an automatic election to approve the adopted tax rate.

In these cases, the election tax rate is the rate that would impose 1.08 times the amount of tax imposed by the district in the preceding year on the average appraised value of a residence homestead in the water district. The average appraised value disregards any homestead exemption available only to people with disabilities or those age 65 or older.⁷

Line	Worksheet	Amount/Rate
14.	Prior year average taxable value of residence homestead. Enter the amount from Line 3.	\$ 133,553
15.	Prior year adopted total tax rate.	\$ 0.288751 /\$100
16.	Prior year total tax on average residence homestead. Multiply Line 14 by Line 15.	\$ 385.63
17.	Current year highest amount of taxes per average residence homestead. Multiply Line 16 by 1.08, divide by \$100.	\$ 416.48
18.	Current year tax election tax rate. Divide Line 17 by Line 9 and multiply by \$100.	\$ 0.283553 /\$100

SECTION 3: Taxing Unit Representative Name and Signature

Enter the name of the person preparing the voter-approval tax rate as authorized by the governing body of the water district. By signing below, you certify that you are the designated officer or employee of the taxing unit and have calculated the tax rates in accordance with requirements in Water Code.⁶

print here → Terry Wuenschel, P.C.C.
 Printed Name of Water District Representative

sign here → *Terry Wuenschel*
 Water District Representative

August 2, 2024
 Date

Reset **Print**

⁶ Tex. Water Code §§49.23601, 49.23602(d), and 49.23603



Contract Numbers:

GM - #706-23

CE - #685-22

M5-111HDC-1 WEB QUOTE #2809110

Date: 9/3/2024 7:46:47 AM

-- Customer Information --

Lavergne, Rufius

Jefferson County Drainage District #3

rlavergne@jccd3.org

409-243-3495

Quote Provided By

Beaumont Tractor Company, Inc.

Kyle Lee

4430 College St.

Beaumont, TX 77707

email: kyle@beaumonttractor.com

phone: 4098663360

-- Standard Features --

-- Custom Options --



M Series

M5-111HDC-1

4WD, HYDRAULIC SHUTTLE TRANSMISSION & ROPS

*** EQUIPMENT IN STANDARD MACHINE & SPECIFICATIONS ***

DIESEL ENGINE

Kubota V3800 Direct Injection
3.8L (230 cu. in.) 4 Cyl
EPA Tier 4 Final Compliant
Common Rail Electronic Fuel Injection
Electronic Engine Management
Turbocharged
w/Wastegate and Intercooled
Fuel Tank Capacity: 27.7 Gal
60 Amp Alternator ROPS
80 Amp Alternator Cab
12V 900 CCA Battery
SAE Gross HP: 105.6
Engine Net HP: 100
Max. PTO HP: 89
Cab @ 2600 Engine RPM
ROPS @ 2400 Engine RPM

TRANSMISSION

8F/8R Two Range, 4-Speed
12F/12R Two Range, 6-Speed
540/540E
24F/24R Two Range, 6-Speed Hi/Lo
540/540E
24 speed on M5-111 only
Auto 4WD Function
Electro-Hydraulic Shuttle Shift
Clutch - Multi Plate Wet
Planetary Final Drives
Hydraulic Wet Disc Brakes

FRONT AXLE

Hydrostatic Power Steering
2WD: Tubular Steel Beam Telescoping
4WD: Cast Iron, Bevel Gear 55 deg
Planetary Final Drives
Adj. (Rim) Tread Spacing

FLUID CAPACITY

Fuel Tank Capacity: 27.7 gal
DEF Tank Capacity: 3.2 gal
Cooling System: 11 qts
Crankcase: 11.3 qts
Hydraulics/Trans: 15.85 gal

INSTRUMENTS

LCD readout for MPH and PTO rpm
RPM Memory
Tachometer/Hour meter
Oil Pressure
Fuel Gauge
Coolant Temperature
Gear Speed Digital Light Indicator
Digital Light Indicator F/R Direction

ULTRA GRAND CAB II

4-post, ROPS Certified
RH & LH Doors
Tinted Glass Doors and Windows
In-roof window
Tilt Steering Wheel
Dual Level Air Conditioning & Heater
Front and Wiper/Washer
Front Sun Visor
Retractable Seat belt
LH & RH Side Mirrors
Radio Ready Cab
Steps, Left and Right Side
Interior Dome Light
12V - 30-Amp 2 Wire Coupler
12V - 3 Pin 30-Amp Coupler
12V - Outlet
Cup Holder
Instructor Seat Ready
Horn

SAFETY EQUIPMENT

Flip-Up PTO Shield
Electric Key Shut Off
Parking Brake
Turn Signals
SMV Sign
7-Pin Electrical Trailer Connector

EXHAUST EMISSION CONTROL

TYPE

DPF System (Diesel Particulate Filter)
SCR System

HYDRAULICS / HITCH / DRAWBAR

Open Center Gear Pump
Max. Flow @ Rated Engine Speed: ROPS:
2400 rpm
Cab: 2600 rpm
Power Steering: 5.4 gpm
Impl. Flow ROPS: 15.9 gpm
Impl. Flow Cab: 17.0 gpm
Total Flow - ROPS: 21.3 gpm
Total Flow - Cab: 23.1 gpm

REMOTE VALVES

(1) SCD (Self Canceling Detent)
(1) FD (Float Detent) on -1 models (2 Total standard)

3 POINT HITCH & DRAWBAR

Cat II 3-point Hitch
8 Speed Models
@ Lift Points: 7055 lbs
(ASAE) @ 24" Behind: 5181 lbs
12/24 Speed Models
@ Lift Points: 8600 lbs
(ASAE) @ 24" Behind: 7275 lbs
2 External Lift Cylinders
Telescoping Lower Links
Stabilizers
Swinging Drawbar - Straight

POWER TAKE OFF (540)

Live-Independent Hyd. PTO
SAE 1 3/8" Six Spline
540 rpm @ 2205 Eng. rpm
540 rpm @ 2035 Eng. rpm 12/24 speed
540E* @ 1519 Eng. rpm
* if equipped 12/24 Standard

LIGHTING

2 Headlights - Tail lights
4 Hazard Flasher Lights w/ Turn Signals
2 Grille Mounted Worklights
2 Front Cab Halogen Worklights

M5-111HDC-1 Base Price: \$75,333.00

(1) 3RD PTN LEVER KIT/M5-091/M5-111 CAB PNF	\$187.00
M9116-3RD PTN LEVER KIT/M5-091/M5-111 CAB PNF	
(1) FD (FLOAT DETENT) M7611-FD (FLOAT DETENT)	\$870.00
(1) FRONT LOADER /M5-091/M5-111 TRACTORS PNF	\$7,384.00
LA1854-FRONT LOADER /M5-091/M5-111 TRACTORS PNF	
(1) STANDARD VALVE KIT FOR CAB PNF M6902-STANDARD VALVE KIT FOR CAB PNF	\$1,270.00
(1) 72" QA SKID STEER LOADER BUCKET M1811-72" QA SKID STEER LOADER BUCKET	\$871.00
Configured Price:	\$85,915.00
BUY BOARD Discount:	(\$18,901.30)
SUBTOTAL:	\$67,013.70
Factory Assembly:	\$325.00
Dealer Assembly:	\$700.33
Freight Cost:	\$1,093.75
PDI:	\$400.00
Modern 10' Offset Mower	\$19,350.00

Total Unit Price: \$88,882.78

Quantity Ordered: 1

Final Sales Price: \$88,882.78

Purchase Order Must Reflect the Final Sales Price

To order equipment - purchase orders must be made out and returned to:

Kubota Tractor Corporation
Attn: National Accounts
1000 Kubota Drive
Grapevine, TX 76051
or email NA.Support@kubota.com
or call 817-756-1171 or fax 844-582-1581



September 11, 2024

Shanna Verret
Drainage District No. 3
24460 Hwy 124
Hamshire, TX 77622
Phone: 409-243-3495

via email: drainage3@jcdd3.org

Dear Shanna,

Thank you for the opportunity to present proposed financing for the purchase of a Kubota tractor and mower for the Drainage District No. 3. I am submitting for your review the following proposed structure:

ISSUER:	Drainage District No. 3, Jefferson County, TX	
FINANCING STRUCTURE:	Tax Exempt Structure w/ \$1.00 purchase Public Property Finance Contract issued under Local Government Code Section 271.005	
EQUIPMENT COST:	\$88,882.78	
MONTHLY TERM:	36 Payments	60 Payments
INTEREST RATE:	6.246%	6.091%
PAYMENT AMOUNT:	\$2,741.02	\$1,739.32
PAYMENTS BEGINNING:	One month from signing, monthly thereafter	

The above payment amount includes all applicable fees expressed as \$888.00. These costs can include documentation fees, legal fees, issuance expenses, etc. The above proposal is subject to audit analysis, assumes bank qualification and mutually acceptable documentation. The terms outlined herein are based on current markets. Upon credit approval, rates may be locked for up to thirty (30) days. If funding does not occur within this time period, rates will be indexed to markets at such time.

Our finance programs are flexible and as always, my job is to make sure you have the best possible experience every time you interact with our brand. We're always open to feedback on how to make your experience better. If you have any questions regarding other payment terms, frequencies or conditions, please do not hesitate to call or email Marti.Sauls@govcap.com.

With Best Regards,

Marti Sauls
Municipal Finance Specialist
Direct: 817-722-0227

The transaction described herein is an arm's length, commercial transaction between you and Government Capital Corporation. The terms of the proposed financing are being provided solely in response to your specific inquiry and for your professional consideration.



**GOVERNMENT CAPITAL
CORPORATION**

RESOLUTION

**A RESOLUTION REGARDING A CONTRACT FOR THE PURPOSE OF FINANCING
a "KUBOTA TRACTOR AND MOWER".**

WHEREAS, Drainage District No. 3, Jefferson County (the "Issuer") desires to enter into that certain Finance Contract by and between the Issuer and Government Capital Corporation ("GCC") for the purpose of financing a "Kubota tractor and mower". The Issuer desires to designate this Finance Contract as a "qualified tax-exempt obligation" of the Issuer for the purposes of Section 265 (b) (3) of the Internal Revenue Code of 1986, as amended.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF DRAINAGE DISTRICT NO. 3, JEFFERSON COUNTY:

Section 1. That the Issuer will enter into a Finance Contract with GCC for the purpose of financing a "Kubota tractor and mower".

Section 2. That the Finance Contract by and between the Drainage District No. 3, Jefferson County and GCC is designated by the Issuer as a "qualified tax-exempt obligation" for the purposes of Section 265 (b) (3) of the Internal Revenue Code of 1986, as amended.

Section 3. That the Issuer appoints the _____ or designee, as the authorized signer of the Finance Contract by and between the Drainage District No. 3, Jefferson County and GCC as well as any other ancillary exhibit, certificate, or documentation needed for the Contract.

Section 4. The Issuer will use loan proceeds for reimbursement of expenditures related to the Property, within the meaning of Treasury Regulation § 1.150-2, as promulgated under the Internal Revenue Code of 1986, as amended.

This Resolution has been PASSED upon Motion made by Board Member _____, seconded by Board Member _____ by a vote of _____ Ayes to _____ Nays and is effective this _____, 2024.

Issuer: Drainage District No. 3, Jefferson County

Witness Signature

Board President

Board Secretary



GOVERNMENT CAPITAL CORPORATION

Version #20120113

SMALL TICKET PROGRAM

Return completed application with required financial information.

Form with fields for: Legal Name of Obligor, Fed. Tax ID #, Address, City, County, State, Zip, Contact Person, Title, Phone, Fax, Email Address, Signer Email Address, Authorized Signer, Title, Phone, Date municipal entity was established, Does the obligor self-insure for property & liability insurance?, Total Cost of Equipment/Project, Term (years), *Down Payment, Source of Down Payment, Trade In, Payment Amount, Delivery Date, Other, Payment Due, Amount to Finance, Payments, *Obligor's down payment should be made before or at delivery. Proof of down payment is required prior to payment of any contract proceeds, unless otherwise negotiated. Has the obligor paid, or does obligor intend to pay, a vendor for any portion of the equipment being financed with the intent of being reimbursed with proceeds from this financing? How will the contract payments be made? What fund will the remaining contract payments be made from? Will any federal monies be applied to the contract payments? Equipment Description: New Equipment, Refurbished, Replacement, If not a replacement, why is the equipment needed? Buyout Included, Soft Costs Included, Physical location of equipment after delivery: Describe the essential use of the equipment: Has the obligor ever defaulted or non-appropriated on a lease, bond, or legal obligation? Will the obligor issue more than \$10,000,000 in tax-exempt debt in this calendar year? Is the project a building? What is the physical address of the new building/project?

Financial information required (for all funds):

Table with 3 columns: Fiscal Year End, Current Year (Actual YTD), Prior Year (Actual Not Budget). Rows include: Total Revenue, Total Expenditures, Net Income, Total Fund Balance. Below table: If the obligor's expenditures exceeded revenues for any one of the last three years, explain why and what measures were taken to correct the shortfall: Completed By (signature), Printed Name and Title, Date.

- Additional financial information may be requested if deemed necessary during credit review.
By signing this application Obligor representative agrees to the following statement: "Everything stated in this application is correct to the best of my knowledge. I understand Obligee will retain this application whether or not it is approved. Obligee is authorized to verify any information on this application with an appropriate third party as necessary to complete the credit review process."
Please note that, depending on circumstances, we reserve the right to charge a reasonable fee to the Obligor/broker, if this transaction is not funded. This fee is for expenses incurred and services performed related to the processing of the transaction. This fee will NOT be charged if the transaction is funded by Obligee.