

**NOTICE OF ONLINE VIDEO AND TELEPHONE CONFERENCE MEETING
BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRICT**

**Tuesday, May 26, 2020 at 9:30 am
Public Meeting Agenda**

Notice is given that a **Special Meeting** of the Board of Directors (Board) of the Brush Country Groundwater Conservation District to be held on **Tuesday, May 26, 2020**, commencing at **9:30 a.m. via Telephone and Videoconference** pursuant to Texas Government Code, Sections 551.125, 551.127 and 551.131, as modified by the Governor of Texas (Governor) who ordered suspension of various provisions of the Open Meetings Act, Chapter 551, Government Code, effective March 16, 2020, in accordance with the Texas Disaster Act of 1975. Under his proclamation of March 13, 2020 as renewed April 12 and May 12, 2020, the Governor certified that the COVID-19 pandemic poses an imminent threat of disaster and declared a state of disaster for all counties in Texas. The COVID-19 pandemic makes it difficult to convene a quorum of the Board at one location with the public. Moreover, the COVID-19 pandemic creates an emergency and unforeseeable situation, a sense of urgency, and immediacy for conducting the meeting via Telephone and Videoconference.

The method for public participation described below follows the Governor's guidance for conducting a public meeting and ensures public accessibility. Members of the public may call in or participate via videoconference as follows:

Join the meeting by videoconference:

<https://global.gotomeeting.com/join/258370389>

Join the meeting by telephone:

United States: +1 (872) 240-3212

Access Code: 258-370-389

This meeting will be recorded and the recording will be available on the District's website after the meeting. A copy of the agenda packet for this meeting will be available on the District's website at the time of the meeting.

1. Call to order, declare meeting open to the public, and take roll.
2. Pledge of Allegiance.
3. Public Comment.
4. Discuss, consider, and act on Minutes of the Regular Meeting on April 28, 2020.
5. Discuss, consider, and act on General Manager's Report:
 - a. Status of Corona Virus Pandemic in BCGCD

**Pg. 4-7
pg. 8**

- 9B**
- b. Report on KCGCD & DCGCD Meetings **pg. 9, 9A &**
 - c. Report on Region M Video Teleconference Meeting on May 6
 - d. Tuned in to video teleconferences on the following County Commissioners Court Meetings:
 Jim Wells County on appointment of Director Bill Botard on May 11, 2020
 Brooks County on appointment of Directors Mauro Garcia, Robert Scott & Paul Goranson on May 12, 2020
 Jim Hogg County on appointment of Directors AC (Dick) Jones IV, Robert Fulbright, and Paul Goranson
 - e. Completed two Permit Amendments
 - f. BCGCD Staff completed Cyber Security Computer Training (see action item below)
 - g. Well registration & well plugging reports
- 6. Discuss, consider, and possibly act on approving 2019 BCGCD Financial Audit completed by CPA Byron Blair. **Screen**
 - 7. Discuss, consider, and possibly act on Jose N Garcia Jr and Ashley D Garcia's offer to purchase Lot 2, 3, & 4 Block 11 Original Township of Premont, Jim Wells County Texas, acct #1235066100000 tax suit # 03-03-12779-B Premont ISD and the City of Premont vs Pedro Palacios Estate, Irma Sain, Ester Garza, Rene Palacios, Roel Palacios, Armando Palacios, Amado Palacios and Aurora P Shultz. **Pg. 10**
 - 8. Discuss, consider, and possibly act on developing brackish groundwater rules with assistance from WSP Consultants James Beach and Rohit R Goswami.
 - 9. Discuss, consider, and possibly act on Approving BCGCD Financial Statement for 2nd quarter FY 2020. **Pgs. 11-16**
 - 10. Discuss, consider, and possibly act on BCGCD Directors Oath of Office, Director's Statement, Surety Bond Application and TCEQ's District Registration Form. **Pgs. 17-18**
 - 11. Discuss, consider, and possibly act on election of BCGCD Officers.
 - 12. Discuss, consider, and possibly act on approving Amendments to Permit # 0018-249-2015 to transfer ownership from Covance Research Products, Inc to Envigo Global Services Inc and Permit #27-249-2017 to transfer ownership from SNBL USA to Orient BioResearch Center. **Pg. 19-20**
 - 13. Discuss, consider, and possibly act on approving BCBS Health Insurance Premiums for next fiscal year. **Pg. 21-22**
 - 14. Discuss, consider, and possibly act on approving BCGCD contribution to TCDRS for next fiscal year. **Pg. 23-23A**
 - 15. Discuss, consider, and possibly act on legislative report from Robert Howard. **Pg. 24-26**

16. Discuss, consider, and possibly act on resolution certifying compliance with cybersecurity training. **Pg. 27-28**
17. Discuss, consider, and possibly act on GMA 16 issues:
 - a. Next GMA 16 meeting on June 23, 2020 at the BCGCD Building at 1:00 pm.
18. Discuss, consider and possibly act on payment of bills. **Pg. 29**
19. Discuss, consider, and possibly act on correspondence received:
 - a. Brooks County Appraisal District 2020 BCGCD Estimated Appraised Values **pg. 30**
20. Discuss, consider, and possibly act on new business and select date for next meeting.
21. Adjourn.

The above agenda schedule represents an estimate of the order for the indicated items and is subject to change at any time. These public meetings are available to all persons regardless of disability. If you require special assistance to attend the meeting, please call (361) 325 5093 at least 24 hours in advance of the meeting to coordinate any special physical access arrangements. At any time during the meeting and in compliance with the Texas Open Meetings Act, Chapter 551, Government Code, Vernon's Texas Codes, Annotated, the Brush Country Groundwater Conservation District Board may meet in executive session on any of the above agenda items or other lawful items for consultation concerning attorney-client matters (§ 551.071); deliberation regarding real property (§ 551.072); deliberation regarding prospective gift (§ 551.073); personnel matters (§ 551.074); and deliberation regarding security devices (§ 551.076). Any subject discussed in executive session may be subject to action during an open meeting

**MINUTES OF MEETING
OF
BOARD OF DIRECTORS**

THE STATE OF TEXAS §
 §
BRUSH COUNTRY GROUNDWATER §
CONSERVATION DISTRICT §

The Board of Directors of Brush County Groundwater Conservation District (the “District”) met in special session, open to the public, on April 28, 2020 at the Brush Country Groundwater Building 732 W. Rice Falfurrias, Texas, in accordance with the duly posted notice of said meeting.

1. The meeting was called to order at 9:30 a.m. and the roll was called of the members of the Board of Directors. Six Board members were present at the meeting:
David Kelly
Bill Botard
Mario Martinez
Robert Fulbright
Robert Scott
William P. Goranson
This month’s meeting was conducted via Telephone & Videoconference due to Covid-19 pandemic. Six Board members were present thus constituting a quorum for agenda items where action was taken by the Board, all Directors present voted. BCGCD General Manager Felix Saenz was present as was the legal counsel Bill Dugat, administrative assistant Maggie Castillo, BCGCD General Manager Trainee Luis Pena and IT Tech Caleb May, either in person or by videoconference. Guests in attendance were James Beach & Rohit Goswami, WSP Consultants also by videoconference.
2. Pledge of Allegiance
The Pledge of Allegiance was recited.
3. Public Comment: None
4. Review, discuss, and act on minutes of the February 25, 2020 meeting.
Motion made by Paul Goranson, second by Bill Botard to approve the minutes, motion carried.
5. Discuss, consider, and act on developing brackish groundwater rules with assistance from WSP Consultants James Beach and Rohit R Goswami

Felix introduced Mr. Beach from WSP in regards to drafting brackish groundwater production rules. Mr. Beach along with Mr. Goswani, mentioned that they are working closely with members of TWDB in determining how to manage and regulate our zones. TWDB will have a technical review and will allow amendments to be made according to the concerns that we may have.

For information only. No action needed.

6. Discuss, consider, and act on General Manager's Report:
 - a. Stay Safe - Stay at Home -April 2, thru April 30, 2020 Brooks County Coronavirus Mandate – BCGCD Staff working out of house
 - b. Report on KCGCD & DCGCD Meetings
 - c. Final Permit pumping report for 2019
 - d. Status of TCEQ petition of inquiry
 - e. 2019 Annual Report Corrections
 - f. Spring water well, level measurements & Avg Drawdown
 - g. TWDB 2018 Irrigation Survey
 - h. U S Department of Commerce Irrigation Survey
 - i. Worked on Envigo & Orient BioResearch Center Production Permit Amendments
 - j. Corrections to well registry database
 - k. BCGCD 2019 Audit
 - l. Region M & Region N Meetings
 - m. Well registration & well plugging reports.

General Manager provided a detailed report on monthly activities. Report on file. No action needed or required. For Information Only.

7. Discuss, consider, and possibly act on Leah Lozano's \$3,600 offer to purchase Lot 47, 1.027 acres Sandy Bluff Subdivision unit 1, Jim Wells County, acct #1248704700000 tax suit # 09-06-1 4816-B Orange Grove ISD and Jim Wells County vs Pacific Land Exchange.

Felix presented a Tax property Resale on Leah Lozano's bid of \$3600 to purchase Lot 47 1.027 acres Sandy Bluff Subdivision in Jim Wells County. Paul Goranson made the motion to approve said offer and it was seconded by Robert Scott. Unanimous vote to approve. Motion carried.

8. Discuss, consider, and possibly act on approving production permit renewals: Executive Inn, Glick Twins, Zelaya Brother and Jim Hogg County ISD.

Felix explained that the above-named production permits had/were expired therefore, permits needed to be approved for another five years and will expire on 4/28/2021. Paul Goranson motioned to approve the renewal of permits for Executive Inn, Glick Twins, Zelaya Brother and Jim Hogg County ISD and it was seconded by Robert Scott. Unanimous vote to approve, motion carried.

9. Discuss, consider, and possibly act on Approving Investment Quarterly Report for 2nd quarter FY 2020.
Felix went over the report for the finances on the quarterly investment report for the 1st quarter of 2020. Members agreed with the totals and Bill Botard motioned to accept the Quarterly Investment Report and it was seconded by Robert Fulbright. Unanimous vote to approve, motion carried.
10. Discuss, consider, and possibly act on Brooks County Commissioners' Court Appointment/Re-appointment of six BCGCD Directors whose terms expire on June 1, 2020.
Felix stated that term of office for BCGCD Directors Mauro Garcia Jr, Robert Scott Jr, Dick Jones, Robert Fulbright, Paul Goranson and Bill Botard would expire in June 2020 and asked them whether they wanted to serve another 4 year term. All six directors responded yes. Felix Saenz will make arrangements with Commissioners Courts in Brooks, Jim Wells, & Jim Hogg Counties in getting BCGCD Directors appointed for another 4 year term, at their meetings in May. For information only, no action needed.
11. Discuss, consider, and possibly act on Quarterly Tax Collection Summary Report.
For information only
12. Discuss, consider, and possibly act on Texas Drought Monitor Report for March 2020
For information only
13. Discuss, consider, and possibly act on authorizing Board President to sign IRS 941 for 1st quarter calendar year 2020.
Form 941 was submitted for board approval. A motion was made by Robert Scott to authorize Board President to sign IRS 941 for 1st quarter calendar year 2020 and seconded by Paul Goranson. Unanimous vote to approve, motion carried.
14. Discuss, consider, and possibly act on legislative report from Robert Howard.
Robert Howard was unable to join video conference meeting due to technical difficulties but will provide a written legislative report. No action on this item
15. Discuss, consider, and possibly act on GMA 16 issues:
 - a. April 28, 2020 meeting canceled
 - b. Next GMA 16 meeting on June 23, 2020 at the BCGCD Building at 1:00 pm.For information Only. No vote needed.
16. Discuss, consider and possibly act on payment of bills.
Mr. Saenz presented the bills to be paid, motion was made by Paul Goranson to pay bills, seconded by Bill Botard, motion carried.

17. Discuss, consider, and possibly act on correspondence received:
 - a. Brooks County Appraisal District 2020 BCGCD Appraisal Roll
Informational only. No action needed
18. Discuss, consider, and possibly act on new business and select date for next meeting.
Next tentative meeting will be scheduled for May 26, 2020 at 9:30 a.m.
No action on this item
19. Adjourn.
Motion to adjourn at 10:50 a.m. by Robert Fulbright, seconded by Robert Scott, motion carried.

Passed and approved this 26th day of May 2020.

President, Board of Directors

Attest by:

Secretary, Board of Directors

[District Seal]

AGENDA
KENEDY COUNTY GROUNDWATER CONSERVATION DISTRICT
Regular Meeting of the Board of Directors
Teleconference Meeting
Call-In Info: 1-877-568-4106; Access Code: 242515213#
May 20, 2020
9:00 AM

1. Call Meeting to Order/Roll Call/Establish Quorum
2. Public Comments
3. Discuss & Act on Minutes of April 22, 2020 Regular Meeting
4. Receive General Manager's Activity Report and Act, If Necessary, Regarding:
 - a. Communications
 - b. Well registrations
 - c. Brush Country GCD meeting
 - d. Duval County GCD meeting
 - e. TAGD update
 - f. TAGD executive committee teleconference
 - g. TAGD brackish groundwater subcommittee teleconference
 - h. USDA irrigation survey
 - i. Cybersecurity training as per HB 3834; sponsorship for training video
 - j. Pandemic response in Kenedy County
 - k. News articles
 - l. Other
5. Receive Update on Development of Brackish Groundwater Production Rules
6. Discuss and Act on GCD Website Postings Required by Texas Gov't Code, Sec. 2051 and Senate Bill 2
7. Discuss & Act on Authorizing Chuck Burns to Sign 2019 Audit Confirmation Letters
8. Receive Report on Appraisal Districts' Preliminary Taxable Values for 2020
9. Discuss and Act on 1st Quarter, 2020 Investment Report
10. Discuss & Act on Date for Next Regular Board Meeting
11. Discuss & Act on Payment of Bills
12. Adjournment

Posted: May 15, 2020 at _____ a.m.

Andy Garza, General Manager

NOTICE OF PUBLIC MEETING
OF THE BOARD OF DIRECTORS OF THE
DUVAL COUNTY GROUNDWATER CONSERVATION DISTRICT

Notice is hereby given that a General meeting, and a public hearing, of the governing body of the above-named political subdivision will be held on Wednesday, the 27th, day of May, 2020, beginning at 6:00 P.M., in the conference room of the Duval County Groundwater Conservation District office located at 231 Railroad Avenue, Benavides, Texas, in accordance with the duly posted notice of said meeting. For additional information call (361) 256-3589, or duvalgcd.com.

1. Call the meeting to order, declare meeting open to the public and roll call.
2. Review, discuss, and update on COVID-19 Virus.
3. Reading and approval of the minutes of the April 28th, 2020 General meeting and Public Hearing.
4. Review, discuss, and possible action to financial statements ending on April 30th, 2020 from Mr. Ernest Garza (CPA).
5. Review, discuss, and possible action to pay all bills due for May 27th, 2020 at District Board meeting.
6. Review, discuss, candidates wishing to file for the November 3rd, 2020 election. Filing date by ballot will start on Thursday, the 18th, day of June, 2020. Deadline for filing ballots will be on Monday, the 17th, day of August, 2020 at 5:00 P.M.
7. Review, discuss, and possible action on **adopting Code of Ethics Policy, Travel Expenditure Policy, Investment Policy, Professional Services Policy, and Management information Policies". District Director will set time frame on each topic.**
8. Review, discuss, and possible action on attorney fees or advertising for legal consulting on District matters.
9. Review, discuss, training on Cybersecurity training as per HB 3834; sponsorship for training video.
10. Review, discuss, and possible action on reducing the \$1,500.00 water well plugging program to a lower amount.
11. Review, discuss, and possible action on installing security cameras at new District office.
12. Review, discuss, up-date on construction for the new District office.
13. District Interim General Manager monthly report.
 - A. Credit card expenses for the month of May 2020
 - B. Correspondence:
 - C. Meeting attended:
 - D. Status update on operating and running of District.
 - E. Well registration:
 - F. Well plugging:

FILED FOR RECORD
AT 12:40 O'CLOCK P.M.

MAY 21 2020

ELODIA M. GARZA
CLERK COUNTY COURT, DUVAL COUNTY, TEXAS
BY [Signature] DEPUTY

14. Public forum, questions, comments from any guest in attendance.
15. Setting next meeting of the Board of Directors.
16. Adjournment.

Executive Session. The Duval County Groundwater Conservation reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of matter, as authorized by Texas Government Code Sections 551.071 (Consultations with Attorney), 551.072 (Deliberations about Real Property), 551.073 (Deliberations Regarding Gifts and Donations), 551.074 (Personnel Matters), 551.076(Deliberations about Security Devices) and 551.087 (Economic Development Negotiations).”

DATED THIS THE 21st, DAY OF MAY, 2020.


Jorge (George) L. Gonzalez General Manager
Duval County Groundwater Conservation District

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At any time during the meeting and in compliance with the Texas Open Meetings Act, Chapter 551, Government Code, Vernon's Texas Codes, Annotated, the DUVAL COUNTY Groundwater Conservation District Board may meet in executive session on any of the above agenda items or other lawful items for consultation concerning attorney-client matters (§ 551.071); deliberation regarding real property (§ 551.072); deliberation regarding prospective gift (§ 551.073); personnel matters (§ 551.074); and deliberation regarding security devices (§ 551.076). Any subject discussed in executive session may be subject to action during an open meeting.

I, the undersigned authority, hereby certify that the above Notice of Meeting of the governing body of the political subdivision is a correct copy of the Notice filed and that I posted the Notice on the bulletin board for public notices in the Duval County Courthouse located in San Diego, Duval County, Texas on this the 21th; day of May 2020, at 12:30 a.m. / p.m.

Elodia M. Garza
Duval County Clerk

BY:




RESOLUTION AUTHORIZING TAX RESALE

WHEREAS, by Sheriff's Sale conducted on June 6, 2017, the property described below was struck-off to the Jim Wells County, Trustee, pursuant to a delinquent tax foreclosure decree of the 79th Judicial District Court, Jim Wells County, Texas, and

WHEREAS, the sum of \$2,000.00 has been tendered by Jose N. Garcia, Jr. And Ashley D. Garcia, PO Box 535, Premont, TX 78375, for the purchase of said property pursuant to Section §34.05, Texas Tax Code Ann. (Vernon, 1982), and

NOW, THEREFORE, BE IT RESOLVED by the Board of Brush Country Groundwater Conservation District that its President, David Kelly, be and he is hereby authorized to execute a tax resale deed on behalf of the water district conveying to Jose N. Garcia, Jr. And Ashley D. Garcia all of the right, title, and interest of the water district, and all other taxing units interested in the tax foreclosure judgment in the following described real property located in Jim Wells County, Texas

ACCT. NO. 1235066100000; Lots 2, 3 and 4, Block 111, Original Townsite of Premont, Jim Wells County, Texas, as described in volume 74, page 432, Deed Records of Jim Wells County, Texas.

PASSED AND APPROVED this _____ day of _____, 2020.

David Kelly, President

ATTEST:

Secretary to Board

Suit No. 03-03-12779-B; Premont Independent School District and City of Premont vs. Pedro Palacios, Estate, Irma Sain, Esther Garza, Rene Palacios, Roel Palacios, Armando Palacios, Amado Palacios And Aurora P. Schultz

BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRICT

FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

with

ACCOUNTANT'S COMPILATION REPORT

FOR THE MONTH AND THE SEVEN MONTHS ENDED APRIL 30, 2020

BANK ACCT(OP ACCT AS OF 3/31/2020)	\$60,714.74
CREDITS	\$25,872.39
DEBITS	\$23,473.55
BANK BALANCE AS OF 4/30/2020	\$51,381.35
UNCLEARED	\$11,732.23
APRIL FINANCIAL STATEMENT	\$63,113.58
TAX COLLECTION ACCOUNT BAL.	\$445,544.77
INTEREST EARNED (for op & tax accts)	\$ 1,100.55
RESERVE ACCT BAL.(as of 3/31/2020)	\$1,799,944.42
INTEREST EARNED IN APRIL 2020	\$ 3,846.46
RESERVE ACCT BAL(as of 4/30/2020)	\$1,803,790.88
 BALANCE FOR ALL ACCTS	 \$2,301,817.55

Brush Country Groundwater Conservation District
Statement of Net Assets-Cash Basis
As of April 30, 2020

	<u>Apr 30, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
Operating Account	51,381.35
Reserve Account	1,803,790.88
Tax Collection Account	445,544.77
Total Checking/Savings	<u>2,300,717.00</u>
Other Current Assets	
Employee Advances	-736.42
Total Other Current Assets	<u>-736.42</u>
Total Current Assets	2,299,980.58
Fixed Assets	
Building	716,099.23
Equipment	13,679.92
Furniture and Fixtures	14,481.25
Purchase 1 Acre Lot	20,790.16
Vehicle Purchase	27,678.53
Accum. Depreciation - Other	-57,488.82
Total Fixed Assets	<u>735,240.27</u>
Other Assets	
Utility Deposit	200.00
Total Other Assets	<u>200.00</u>
TOTAL ASSETS	<u><u>3,035,420.85</u></u>
LIABILITIES & NET ASSETS	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Federal Payroll Taxes Payable	1,704.77
TCDRS Payable	665.95
Total Other Current Liabilities	<u>2,370.72</u>
Total Current Liabilities	<u>2,370.72</u>
Total Liabilities	2,370.72
Net Assets	
Unrestricted Net Assets	2,798,829.34
Change In Net Assets	234,220.79
Total Net Assets	<u>3,033,050.13</u>
TOTAL LIABILITIES & NET ASSETS	<u><u>3,035,420.85</u></u>

See Accountant's Compilation Report

Brush Country Groundwater Conservation District
Statement of Revenues, Expenses and Changes in Fund Balances
For The Month Ended April 30, 2020

	<u>Apr 20</u>
Operating Revenue	
Income	
Interest Income	4,947.01
Tax Revenue	
Brooks Co. Tax Levy	1,093.45
Jim Hogg Co. Tax Levy	1,477.97
Jim Wells Co. Tax Levy	2,997.06
Total Tax Revenue	<u>5,568.48</u>
Total Operating Revenue	10,515.49
Expense	
Computer Support Services	
Web Hosting & Homepage	516.50
Computer Support Services - Other	57.00
Total Computer Support Services	<u>573.50</u>
Depreciation Expense	2,356.88
Employee Benefit Programs Exp	329.52
Insurance	
Insurance Expense - D & O	936.00
Total Insurance	936.00
Office Expense	
New Office Electricity	250.62
New Office Janitorial	852.88
New Office Water & Sewer	153.02
New Office Yard Maintenance	200.00
Office Supplies	139.06
Postage and Shipping Expense	62.55
Total Office Expense	<u>1,658.13</u>
Professional Services	
Accounting Services & Audit	311.80
Legal & Professional	1,155.00
Legislative Assistance	2,500.00
Total Professional Services	<u>3,966.80</u>
Salaries	
General Manager	4,872.68
Health Insurance	1,954.96
Staff Person	7,224.28
SUTA Tax Expense	386.08
Tax Expense-Payroll	951.79
TCDRS Retirement & Life Insur.	1,225.22
Total Salaries	<u>16,615.01</u>
Tax Appraisal Fees	
Fees-Jim Wells Co.	2,321.82
Total Tax Appraisal Fees	<u>2,321.82</u>
Telephone Expense	136.95

See Accountant's Compilation Report

Brush Country Groundwater Conservation District
Statement of Revenues, Expenses and Changes in Fund Balances
For The Month Ended April 30, 2020

	<u>Apr 20</u>
Travel Expense & Training	
Conference Registration Fees	23.01
Total Travel Expense & Training	<u>23.01</u>
Vehicle Expense	
Auto Gas & Oil	50.52
Total Vehicle Expense	<u>50.52</u>
Total Conservation Expenses	<u>28,958.14</u>
 Excess Expenditures Over Revenues	 -18,452.65
 Fund Balance - March 31, 2020	 <u>3,051,502.78</u>
Fund Balance - April 30, 2020	<u>3,033,050.13</u>

See Accountant's Compilation Report

Brush Country Groundwater Conservation District
Statement of Revenues, Expenses and Changes in Fund Balances YTD
For The Seven Months Ended April 30, 2020

	<u>Oct '19 - Apr 20</u>
Operating Revenue	
Income	
Interest Income	33,111.00
Miscellaneous Income	3,264.09
Tax Revenue	
Brooks Co. Tax Levy	80,463.94
Jim Hogg Co. Tax Levy	88,101.40
Jim Wells Co. Tax Levy	242,238.51
Total Tax Revenue	<u>410,803.85</u>
Total Operating Revenue	447,178.94
Expense	
Bank Fees	5.00
Computer Support Services	
Web Hosting & Homepage	1,339.00
Computer Support Services - Other	<u>390.77</u>
Total Computer Support Services	1,729.77
Contract Labor	62.17
Depreciation Expense	16,498.16
Directors Expenses	721.52
Dues & Subscriptions	1,388.00
Employee Benefit Programs Exp	2,471.40
Insurance	
Insurance Expense - D & O	<u>936.00</u>
Total Insurance	936.00
Office Expense	
Building Repairs	150.00
Misc. Office Expense	1,152.42
New Office Electricity	2,080.78
New Office Janitorial	6,210.46
New Office Water & Sewer	1,071.14
New Office Yard Maintenance	1,100.00
Office Supplies	1,298.43
Postage and Shipping Expense	898.20
Office Expense - Other	<u>-13.92</u>
Total Office Expense	13,947.51
Office Maintenance	54.35
Other Misc Services & Expenses	
Equipment Purchase	457.69
Miscellaneous	<u>419.48</u>
Total Other Misc Services & Expenses	877.17
Professional Services	
Accounting Services & Audit	2,405.45
Legal & Professional	15,266.65
Legislative Assistance	17,500.00

See Accountant's Compilation Report

Brush Country Groundwater Conservation District
Statement of Revenues, Expenses and Changes in Fund Balances YTD
For The Seven Months Ended April 30, 2020

	<u>Oct '19 - Apr 20</u>
Water Quality Testing-New Wells	375.00
Total Professional Services	35,547.10
Salaries	
General Manager	36,545.10
Health Insurance	13,684.72
Staff Person	54,182.10
SUTA Tax Expense	386.08
Tax Expense-Payroll	7,053.51
TCDRS Retirement & Life Insur.	7,815.06
Total Salaries	119,666.57
Tax Appraisal Fees	
Fees-Brooks Co.	1,095.00
Fees-Hidalgo Co.	3.00
Fees-Jim Hogg Co.	1,691.32
Fees-Jim Wells Co.	6,918.07
Total Tax Appraisal Fees	9,707.39
Tax Collection Fees	
Brooks & Hidalgo Co.	1,687.97
Total Tax Collection Fees	1,687.97
Telephone Expense	983.65
Travel Expense & Training	
Conference Registration Fees	167.01
Meals & Entertainment Expense	246.96
Travel, Meals, and Lodging	862.94
Travel Expense & Training - Other	-144.48
Total Travel Expense & Training	1,132.43
Vehicle Expense	
Auto & Truck Repair	20.00
Auto Gas & Oil	1,021.99
Total Vehicle Expense	1,041.99
Total Conservation Expense	208,458.15
Other Income/Expense	
Other Expense	
Water Well Plugging Program	4,500.00
Total Other Expense	4,500.00
Excess Revenues Over Expenditures	234,220.79
Fund Balance - Beginning of Year	2,798,829.34
Fund Balance - April 30, 2020	3,033,050.13

See Accountant's Compilation Report



District Registration Form

Legal Name of District or Authority: _____

District's Mailing Address **City, State** **Zip Code**

District's Telephone Number (AC) **E-mail** **Web Address**

A. BOARD MEMBERS (as applicable):

TITLE	FULL NAME OF DIRECTOR (First, Middle, Last)	FULL MAILING ADDRESS <small>According to U.S. Post Office Standards</small>	Business Phone	Fax Number	Home Phone	Elected(E), Appointed (A), or Elected by Precinct (P)	Term Begins (MM/DD/YYYY)	Term Ends (MM/DD/YYYY)
President or Chairman								
Vice-President								
Secretary								
Treasurer								
Director								

B. CONSULTANTS AND REPRESENTATIVES (as applicable):

POSITION	FULL NAME OF INDIVIDUAL	NAME OF FIRM OR ORGANIZATION	FULL MAILING ADDRESS <small>According to U.S. Post Office Standards</small>	Business Phone	Fax Number
General Manager					
Operator					
Attorney					
Engineer					
Bookkeeper					
Financial Advisor					
Tax Collector					
Agent for Notice					

*All information provided herein is subject to the Public Information Act and will be made available on our web site (www.tceq.texas.gov)

District Registration Form (continued)

A. BOARD MEMBERS (continued):

TITLE	FULL NAME OF DIRECTOR (First, Middle, Last)	FULL MAILING ADDRESS <small>According to U.S. Post Office Standards</small>	Business Phone	Fax Number	Home Phone	Elected(E), Appointed (A), or Elected by Precinct (P)	Term Begins (MM/DD/YYYY)	Term Ends (MM/DD/YYYY)

Certification: I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature

Printed Name and Title

(Area Code) Daytime Telephone

Date Signed

If you have questions on how to fill out this form, please contact us at (512) 239 - 4691. Individuals are entitled to request and review their personal information the Agency gathers on its forms. They may also have errors in their information corrected. To review such information, contact us at (512) 239 – 3282.

Texas Statutes can be viewed at: <https://statutes.capitol.texas.gov/>

Submit completed form using the Submit button (if using electronic signature), via fax to 512-239-6190, or mail to:

DISTRICTS SECTION, MC-152
TCEQ
PO BOX 13087
Austin, Texas 78711-3087

Submit

Brush Country Groundwater Conservation District
732 West Rice Street
Falfurrias, Tx. 78355
Phone 361 325 5093
generalmanager@brushcountrygcd.com

The Board of Directors of the Brush Country Groundwater Conservation District, at their regular meeting held on May 26, 2020 reviewed **Amendment #3** change of ownership Application #0018-249-2015 submitted by: Covance Research Products Inc . The purpose of this request is change of ownership from Covance Research Products to the entity as amended in the entity's jurisdiction of formation. The new name is Envigo Global Services Inc. This aggregate permit will remain the same with (73.76 ac ft/yr) (**25,000,000** gallons/year) of groundwater that will come from BCGCD Registered Well #'s 249-00548 thru 249-00553 & 249-01812. Planned use of the water requested will be for providing water for planned construction projects and providing water for research animals raised in the commercial compound and provide water to operate bathrooms in the business office.

The board approved/denied your permit request for the production permit amount of 73.76 acre feet or 25,000,000 gallons. The permit, when approved, will extend for five years beginning on 5/26/2020 and will be expire on 5/26/2025 and will be contingent on a water meter being installed on each of the wells included in the permit; all well water meters will be read monthly and reported to Brush Country GCD by January 31st of each year that this permit is in force. All permitted water will be used for beneficial purposes.

Brush Country Groundwater Conservation District Official

Date

Brush Country Groundwater Conservation District
408 West Travis Suite 114
P O Box 136
Falfurrias, Tx 78355
Phone 361 325 5093
generalmanager@brushcountrygcd.com

**BRUSH COUNTRY GCD PRODUCTION PERMIT
AMENDMENT APPROVAL FORM**

The Board of Directors of the Brush Country Groundwater Conservation District (BCGCD), at their regular meeting held on May 26, 2020, reviewed transport permit minor amendment application #1 for production permit #0027-249-2017 submitted by: Orient BioResearch Center requesting permit transfer from SNBL USA LTD to **Orient BioResearch Center**. The two BCGCD Wells (#2641 & #2642) in this permit are no longer operated by SNBL USA LTD. Present owner & operator of the wells will be **Orient BioResearch Center** from this date forward. This pumpage on this permit will remain at 62 ac feet (20,199,600 gallons) per year. Planned use of the water requested will be for industrial or commercial use.

The board approved your permit amendment today and will remain in force until its expiration date of 5/26/2025 and may be renewed at that time, contingent on operator agreeing to maintain existing water meters on each one of the two permitted water wells and providing an annual well pumping report to BCGCD by January 31st of each year that this permit is in force. This permit may be amended, modified, or canceled after notice and hearing, if the District determines the production under this permit unreasonably affects existing groundwater resources or existing exempt or permitted wells. All permitted water will be used for beneficial purposes.

Brush Country Groundwater Conservation District Official

Date



**BlueCross BlueShield
of Texas**

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI
Account Number: 271776
Renewal Effective Date: 07/01/2020

Rep: TX Mktg Operations
Agent: MARIO MARTINEZ
County: Brooks 26

Section 1: Renewal Health Plan(s) Information

A: Current Health Plan(s)

Health Plan(s) Premium - Composite Rates for Metallic Plan(s)

Plan #	PlanType	Ded In/Out	Office Copay	Coins % In/Out	OPX In/Out	Pharmacy
G652CHC	Gold	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/Unlimited	\$0/\$10/\$50/\$100/\$150/\$250
Plan	Benefits	EO	ES*	EC	EF	Total Monthly Health Cost**
G652CHC	Blue Choice Gold PPO 820	\$977.48	\$1,954.96	\$1,954.96	\$2,932.43	\$1,954.96
	Enrollment	2	0	0	0	2
Total Health Cost						\$1,954.96

*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

- Estimated Taxes and Fees = \$20.53



BlueCross BlueShield
of Texas

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI
Account Number: 271776
Renewal Effective Date: 07/01/2020

Rep: TX Mktg Operations
Agent: MARIO MARTINEZ
County: Brooks 26

B: Renewal Health Plan(s) Premium

Renewal Health Plan(s) Premium - Composite Rates for Metallic Renewing Plan(s)

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
G652CHC	Gold	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/ Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Plan	Benefits	EO	ES*	EC	EF	Total Monthly Health Cost**
G652CHC	Blue Choice Gold PPO 820	\$1,082.34	\$2,164.68	\$2,164.68	\$3,247.02	\$2,164.68
	Enrollment	2	0	0	0	2

Total Health Cost	\$2,164.68
-------------------	------------

*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

- Estimated Taxes and Fees = \$43.30



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI
 Account Number: 271776
 Renewal Effective Date: 07/01/2020

Rep: TX Mktg Operations
 Agent: MARIO MARTINEZ
 County: Brooks 26

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

B: Renewal Health Plan(s) Premium - Age Rates

Metallic SG Health Plan(s)			
Plan Information	Proposed 07/01/2020 Plan Options		
Plan(s)	Enrolled Count	Benefits	Total Monthly Health Cost*
G652CHC	2	Blue Choice Gold PPO 820	\$2,164.67
Total Health Cost			\$2,164.67

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCRSTX) products/services.

- Estimated Taxes and Fees = \$43.29

Plan #	PlanType	Ded In/Out	Office Visit/Specialist	Coins In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
G652CHC	Gold	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/ Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Name	DOB	Age	ST	Employee Rates	Spouse Rates	Child(ren) Rates	Total Monthly Health Cost*
HERLINDA CASTILLO	01/24/1959	61	TX	\$1,254.17	\$0.00	\$0.00	\$1,254.17
LUIS PENA	12/20/1966	53	TX	\$910.50	\$0.00	\$0.00	\$910.50
Totals				\$2,164.67	\$0.00	\$0.00	\$2,164.67

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$341.44	23	\$446.32	32	\$528.00	41	\$581.11	50	\$797.13	59	\$1,161.78
15	\$371.79	24	\$446.32	33	\$534.69	42	\$591.38	51	\$832.39	60	\$1,211.32
16	\$383.39	25	\$448.11	34	\$541.84	43	\$605.66	52	\$871.22	61	\$1,254.17
17	\$395.00	26	\$457.03	35	\$545.41	44	\$623.51	53	\$910.50	62	\$1,282.28
18	\$407.49	27	\$467.75	36	\$548.98	45	\$644.49	54	\$952.90	63	\$1,317.54
19	\$419.99	28	\$485.15	37	\$552.55	46	\$669.48	55	\$995.30	64 +	\$1,338.96
20	\$432.93	29	\$499.43	38	\$556.12	47	\$697.60	56	\$1,041.27		
21	\$446.32	30	\$506.58	39	\$563.26	48	\$729.74	57	\$1,087.69		
22	\$446.32	31	\$517.29	40	\$570.40	49	\$761.43	58	\$1,137.23		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCRSTX) products/services.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI
Account Number: 271776
Renewal Effective Date: 07/01/2020

Rep: TX Mktg Operations
Agent: MARIO MARTINEZ
County: Brooks 26

Rates Are Contingent Upon:

- Enrollment of a minimum of 75% of the eligible employees (less valid waivers) and sustained monthly enrollment of 75%.
- The employer contributing a minimum of 50% of the 'Employee Only' cost. If multiple health options are provided to employees, the employer may elect to contribute 50% of the lowest cost plan 'Employee Only' premium.
- Employer will promptly notify Blue Cross and Blue Shield of Texas (BCBSTX) of any change in participation and Employer contribution.
- BCBSTX reserves the right to :
 - Restrict new business enrollment in health insurance coverage to open or special enrollment periods unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage; and
 - Review participation and contribution on existing business and non-renew or discontinue health coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage.
 - Change premium rates upon 31 days written notice in the event new local, state, or federal legislation or administrative rulings result in obligating BCBSTX to pay new taxes, surcharges, or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- The health and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with BCBSTX's current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- For Government Plans and Church Plans, BCBSTX's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, BCBSTX's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise BCBSTX of your position in writing as soon as possible.
- This renewal assumes the contract will be issued in Texas.
- Upon inquiry from employer groups, BCBSTX will provide information to the employer group regarding compensation paid to the employer's broker/agent by BCBSTX in connection with the employer's policy or contract with BCBSTX.
- This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Off-Cycle Plan Change Requests for Small Groups (1-50)

Requests for changes or addition of new plans which occur in a different quarter than the group's Anniversary Date, must obtain a new rate quote for any changes or addition of plans.

Rate information from this renewal packet cannot be used if the group requests a medical plan off-Anniversary Date change or addition.

To properly identify a group's new rate for off-Anniversary Date plan changes, a new quote must be pulled or requested from Blue Cross and Blue Shield of Texas (BCBSTX). Rate quotes would only be required for plan changes and/or additions – any existing plans that remain unchanged will not require a new quote.

New quotes pulled for off-Anniversary Date changes may be impacted by:

- Age changes – if a subscriber has aged between the time of the group's renewal and the off-Anniversary Date plan change(s), the new age must be used for quoting purposes for plan changes only. If the subscriber remains in their existing plan, no rate adjustment is required.
- Headquarter location changes – if the group moves headquarter locations after the Anniversary Date, this may affect the rating area and rates for off-Anniversary Date plan change(s). Rates for existing plans will not be affected by the new rating area, until the group's next Anniversary Date.
- Inaccurate rate information – in the unlikely event that inaccurate information is provided for off-Anniversary Date plan change(s), such as updating the group's new rating area, BCBSTX cannot honor the quote.
- Composite Changes – Off Anniversary Date plan change(s) are not available to groups: electing to move from age rated to composite rating; changing from an existing composite rated plan to a different composite rated plan; adding additional composite rated plans. Anniversary Date changes are required in these situations. Contact BCBSTX to obtain final rates involving Anniversary Date changes.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Section 2: Individual Age Rated and Composite Rated Billed Premium Rates

Premium rates for all metallic plans (medical and dental) include two ratings:

- Individual Age Rated and
- Composite Rated

Groups with multiple metallic plans must select one rating or the other; a combination of ratings (one plan Individual Age Rated and another Composite Rated) is not allowed.

The rating selection also applies to medical and dental plan combination(s). For example, if the metallic medical plan is Composite Rated, then the Dental selection must be Composite Rated too.

Individual Age Rated

Premium rates for Individual Age Rated metallic plans are for each individual covered. The total premium for a family would equal the sum of all individual family members' rates.

For subscribers with more than three (3) covered dependent children under the age of 21 within the covered family, the premium rate for the children is capped at a maximum of three (3) children.

Composite Rated

Premium rates for Composite Rated metallic plans are tiered by subscriber participation:

- **EO - Employee Only**
- **ES - Employee +Spouse**
- **EC - Employee +Child(ren)**
- **EF - Employee +Family (Spouse with children)**

The **Employee +Child(ren)** and **Employee +Family (Spouse with children)** Composite Rated tiers each include all child(ren), regardless of the number of children covered.



**BlueCross BlueShield
of Texas**

Small Group Business

Account Name: **BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI**

Account Number: **271776**

Renewal Effective Date: **07/01/2020**

Section 3: Census Information

Census Information						
Premium rates are based upon geographic rating area						
Premium rates for the applicable rating area(s) shown below are provided later in this proposal.						
	Name	Relationship Code	DOB	Age	Coverage Type*	State
1	HERLINDA CASTILLO	EMPLOYEE	01/24/1959	61	EO	TX
2	LUIS PENA	EMPLOYEE	12/20/1966	53	EO	TX

*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Section 4: Metallic Low Cost Plan Options

Blue Advantage Network - HMO Plan

Plan #	PlanType	Ded In/Out	Office Visit/Specialist	Coins % In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
B661ADT	Bronze	\$7350/Not Covered	100%/100%	100%/Not Covered	\$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%

	Name	DOB	Age	ST	Employee Rates	Spouse Rates	Child(ren) Rates	Total Monthly Health Cost*
1	HERLINDA CASTILLO	01/24/1959	61	TX	\$586.61	\$0.00	\$0.00	\$586.61
2	LUIS PENA	12/20/1966	53	TX	\$425.87	\$0.00	\$0.00	\$425.87
Totals					\$1,012.48	\$0.00	\$0.00	\$1,012.48

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services

- Estimated Taxes and Fees = \$20.25

Composite Rates

Plan #	EO	ES	EC	EF	Total Monthly Health Cost*
B661ADT	\$506.24	\$1,012.48	\$1,012.48	\$1,518.72	\$1,012.48

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services

Age Rates

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$159.70	23	\$208.76	32	\$246.96	41	\$271.81	50	\$372.84	59	\$543.40
15	\$173.90	24	\$208.76	33	\$250.09	42	\$276.61	51	\$389.34	60	\$566.57
16	\$179.32	25	\$209.59	34	\$253.43	43	\$283.29	52	\$407.50	61	\$586.61
17	\$184.75	26	\$213.77	35	\$255.10	44	\$291.64	53	\$425.87	62	\$599.77
18	\$190.60	27	\$218.78	36	\$256.77	45	\$301.45	54	\$445.70	63	\$616.26
19	\$196.44	28	\$226.92	37	\$258.44	46	\$313.14	55	\$465.53	64 +	\$626.28
20	\$202.50	29	\$233.60	38	\$260.11	47	\$326.29	56	\$487.04		
21	\$208.76	30	\$236.94	39	\$263.45	48	\$341.32	57	\$508.75		
22	\$208.76	31	\$241.95	40	\$266.79	49	\$356.14	58	\$531.92		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services

An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the above tables. If a group provides multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the plans selected.

Note: Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Section 5: 07/01/2020 Metallic Alternate Renewal Plan Summary

The table below includes Composite Rates for Metallic Alternate Plans

Blue Choice PPO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ^{*1} / ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
PPO Plans																
Platinum Plans																
P620CHC ^{*5}	\$250/\$500	\$25/\$45	80%/60%	\$1250/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$1,289.01	\$2,578.02	\$2,578.02	\$3,867.03	\$2,578.02	\$51.56
P621CHC	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/Unlimited	\$300/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$1,272.83	\$2,545.66	\$2,545.66	\$3,818.49	\$2,545.66	\$50.92
Gold Plans																
G654CHC ^{*5}	\$1250/\$2500	\$30/\$60	80%/60%	\$4500/Unlimited	\$400/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,101.66	\$2,203.32	\$2,203.32	\$3,304.98	\$2,203.32	\$44.08
G652CHC ^{*5}	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,082.34	\$2,164.68	\$2,164.68	\$3,247.02	\$2,164.68	\$43.30
G653CHC ^{*5}	\$1500/\$3000	\$30/\$60	80%/60%	\$6000/Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,062.63	\$2,125.26	\$2,125.26	\$3,187.89	\$2,125.26	\$42.52
G650CHC	\$3000/\$6000	\$30/\$50	100%/80%	\$3000/Unlimited	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,123.02	\$2,246.04	\$2,246.04	\$3,369.06	\$2,246.04	\$44.92
Silver Plans																
S661CHC ^{*5}	\$3000/\$6000	\$50/\$80	70%/50%	\$8150/Unlimited	\$500/70%	\$300/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$930.77	\$1,861.54	\$1,861.54	\$2,792.31	\$1,861.54	\$37.24
S663CHC ^{*5}	\$3000/\$6000	\$40/\$80	70%/50%	\$8150/Unlimited	\$600/70%	\$350/\$400	\$300/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$930.32	\$1,860.64	\$1,860.64	\$2,790.96	\$1,860.64	\$37.22
S665CHC ^{*5}	\$3250/\$6500	\$40/\$70	60%/60%	\$7900/Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$928.73	\$1,857.46	\$1,857.46	\$2,786.19	\$1,857.46	\$37.16
S666CHC ^{*5}	\$4000/\$8000	\$40/\$80	70%/50%	\$8150/Unlimited	\$500/70%	\$250/\$350	\$250/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$920.87	\$1,841.74	\$1,841.74	\$2,762.61	\$1,841.74	\$36.84
S667CHC ^{*5}	\$6000/\$12000	\$40/\$70	80%/60%	\$7350/Unlimited	\$750/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$913.06	\$1,826.12	\$1,826.12	\$2,739.18	\$1,826.12	\$36.52
S660CHC ^{*5}	\$6000/\$12000	\$40/\$80	90%/70%	\$8150/Unlimited	\$500/90%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$905.47	\$1,810.94	\$1,810.94	\$2,716.41	\$1,810.94	\$36.22
Bronze Plans																
B662CHC	\$7350/\$14700	100%/100%	100%/100%	\$7350/\$14700	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$793.85	\$1,587.70	\$1,587.70	\$2,381.55	\$1,587.70	\$31.76
HSA Plans																
Gold Plans																
G651CHC ^{*3}	\$3000/\$6000	100%/100%	100%/100%	\$3000/\$6000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$1,032.43	\$2,064.86	\$2,064.86	\$3,097.29	\$2,064.86	\$41.30
G656CHC ^{*3}	\$4000/\$8000	100%/100%	100%/100%	\$4000/\$8000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$957.85	\$1,915.70	\$1,915.70	\$2,873.55	\$1,915.70	\$38.32
Silver Plans																
S662CHC ^{*3}	\$5000/\$10000	100%/100%	100%/100%	\$5000/\$10000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$914.32	\$1,828.64	\$1,828.64	\$2,742.96	\$1,828.64	\$36.58
Bronze Plans																
B660CHC ^{*3*5}	\$6350/\$11500	70%/70%	70%/50%	\$6750/Unlimited	\$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$792.12	\$1,584.24	\$1,584.24	\$2,376.36	\$1,584.24	\$31.70
B661CHC ^{*3}	\$6750/\$13500	100%/100%	100%/100%	\$6750/\$13500	\$650/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$815.86	\$1,631.72	\$1,631.72	\$2,447.58	\$1,631.72	\$32.64

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

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*5 Coinsurance applies after deductible is met.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Blue Advantage HMO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ^{*1} / ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans																
Platinum Plans																
P610ADT ^{*5}	\$250/Not Covered	\$25/\$45	80%/Not Covered	\$1250/Not Covered	\$300/80%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$890.99	\$1,781.98	\$1,781.98	\$2,672.97	\$1,781.98	\$35.64
P611ADT	\$1250/Not Covered	\$25/\$45	100%/Not Covered	\$1250/Not Covered	\$400/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$876.85	\$1,753.70	\$1,753.70	\$2,630.55	\$1,753.70	\$35.08
Gold Plans																
G665ADT ^{*2*4}	\$0/Not Covered	\$25/\$45	100%/Not Covered	\$7350/Not Covered	\$750/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$858.12	\$1,716.24	\$1,716.24	\$2,574.36	\$1,716.24	\$34.34
G662ADT ^{*5}	\$1000/Not Covered	\$30/\$60	80%/Not Covered	\$6000/Not Covered	\$500/80%	\$150/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$737.49	\$1,474.98	\$1,474.98	\$2,212.47	\$1,474.98	\$29.50
G9E5ADT ^{*5}	\$1250/Not Covered	\$30/\$60	80%/Not Covered	\$4500/Not Covered	\$400/80%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$746.27	\$1,492.54	\$1,492.54	\$2,238.81	\$1,492.54	\$29.86
G663ADT ^{*5}	\$1500/Not Covered	\$30/\$60	80%/Not Covered	\$5000/Not Covered	\$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$734.28	\$1,468.56	\$1,468.56	\$2,202.84	\$1,468.56	\$29.38
G9E3ADT ^{*5}	\$1500/Not Covered	\$30/\$60	80%/Not Covered	\$6000/Not Covered	\$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$720.00	\$1,440.00	\$1,440.00	\$2,160.00	\$1,440.00	\$28.80
G661ADT ^{*5}	\$2000/Not Covered	90%/90%	90%/Not Covered	\$4000/Not Covered	NA/90%	90%/Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$693.61	\$1,387.22	\$1,387.22	\$2,080.83	\$1,387.22	\$27.74
G664ADT ^{*5}	\$2000/Not Covered	\$30/\$60	90%/Not Covered	\$4000/Not Covered	\$300/90%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$743.04	\$1,486.08	\$1,486.08	\$2,229.12	\$1,486.08	\$29.72
G660ADT	\$3000/Not Covered	\$30/\$60	100%/Not Covered	\$3000/Not Covered	\$400/100%	\$200/Not Covered	\$150/Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$765.03	\$1,530.06	\$1,530.06	\$2,295.09	\$1,530.06	\$30.60
Silver Plans																
S643ADT ^{*5}	\$3000/Not Covered	\$50/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$300/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$622.56	\$1,245.12	\$1,245.12	\$1,867.68	\$1,245.12	\$24.90
S9E3ADT ^{*5}	\$3500/Not Covered	\$40/\$70	80%/Not Covered	\$7900/Not Covered	\$500/80%	\$250/Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$642.88	\$1,285.76	\$1,285.76	\$1,928.64	\$1,285.76	\$25.72
S642ADT ^{*5}	\$3500/Not Covered	\$50/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$250/Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$619.61	\$1,239.22	\$1,239.22	\$1,858.83	\$1,239.22	\$24.78
S641ADT ^{*5}	\$4000/Not Covered	\$40/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$250/Not Covered	\$250/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$616.56	\$1,233.12	\$1,233.12	\$1,849.68	\$1,233.12	\$24.66
S9E5ADT ^{*5}	\$6000/Not Covered	\$40/\$70	80%/Not Covered	\$7350/Not Covered	\$750/80%	\$250/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$611.27	\$1,222.54	\$1,222.54	\$1,833.81	\$1,222.54	\$24.46
S640ADT ^{*5}	\$6000/Not Covered	\$40/\$80	90%/Not Covered	\$8150/Not Covered	\$500/90%	\$250/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$608.47	\$1,216.94	\$1,216.94	\$1,825.41	\$1,216.94	\$24.34
S644ADT	\$7350/Not Covered	\$30/\$60	100%/Not Covered	\$7350/Not Covered	\$500/100%	\$250/Not Covered	\$200/Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$630.28	\$1,260.56	\$1,260.56	\$1,890.84	\$1,260.56	\$25.22
Bronze Plans																
B661ADT ^{*5}	\$7350/Not Covered	100%/100%	100%/Not Covered	\$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$506.24	\$1,012.48	\$1,012.48	\$1,518.72	\$1,012.48	\$20.26
HSA Plans																
Gold Plans																
G9E1ADT ^{*3}	\$3000/Not Covered	100%/100%	100%/Not Covered	\$3000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$687.22	\$1,374.44	\$1,374.44	\$2,061.66	\$1,374.44	\$27.50
G666ADT ^{*3}	\$4000/Not Covered	100%/100%	100%/Not Covered	\$4000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$631.02	\$1,262.04	\$1,262.04	\$1,893.06	\$1,262.04	\$25.24
Silver Plans																
S9E1ADT ^{*3}	\$5000/Not Covered	100%/100%	100%/Not Covered	\$5000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$593.92	\$1,187.84	\$1,187.84	\$1,781.76	\$1,187.84	\$23.76
Bronze Plans																
B9E1ADT ^{*3*5}	\$6350/Not Covered	70%/70%	70%/Not Covered	\$6750/Not Covered	\$650/70%	70%/Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$508.78	\$1,017.56	\$1,017.56	\$1,526.34	\$1,017.56	\$20.36
B660ADT ^{*3}	\$6750/Not Covered	100%/100%	100%/Not Covered	\$6750/Not Covered	\$650/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$523.29	\$1,046.58	\$1,046.58	\$1,569.87	\$1,046.58	\$20.94

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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*5 Coinsurance applies after deductible is met.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The table below includes rates based on member Age Rates for Metallic Alternate plans.

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

Blue Choice PPO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ^{*1} / ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
PPO Plans											
Platinum Plans											
P620CHC ^{*5}	\$250/\$500	\$25/\$45	80%/60%	\$1250/Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$2,578.02
P621CHC	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/Unlimited	\$300/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$2,545.66
Gold Plans											
G654CHC ^{*5}	\$1250/\$2500	\$30/\$60	80%/60%	\$4500/Unlimited	\$400/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$2,203.32
G652CHC ^{*5}	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$2,164.67
G653CHC ^{*5}	\$1500/\$3000	\$30/\$60	80%/60%	\$6000/Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$2,125.25
G650CHC	\$3000/\$6000	\$30/\$50	100%/80%	\$3000/Unlimited	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$2,246.03
Silver Plans											
S661CHC ^{*5}	\$3000/\$6000	\$50/\$80	70%/50%	\$8150/Unlimited	\$500/70%	\$300/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,861.54
S663CHC ^{*5}	\$3000/\$6000	\$40/\$80	70%/50%	\$8150/Unlimited	\$600/70%	\$350/\$400	\$300/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,860.64
S665CHC ^{*5}	\$3250/\$6500	\$40/\$70	60%/60%	\$7900/Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,857.45
S666CHC ^{*5}	\$4000/\$8000	\$40/\$80	70%/50%	\$8150/Unlimited	\$500/70%	\$250/\$350	\$250/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,841.74
S667CHC ^{*5}	\$6000/\$12000	\$40/\$70	80%/60%	\$7350/Unlimited	\$750/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,826.12
S660CHC ^{*5}	\$6000/\$12000	\$40/\$80	90%/70%	\$8150/Unlimited	\$500/90%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,810.93
Bronze Plans											
B662CHC	\$7350/\$14700	100%/100%	100%/100%	\$7350/\$14700	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$1,587.69
HSA Plans											
Gold Plans											
G651CHC ^{*3}	\$3000/\$6000	100%/100%	100%/100%	\$3000/\$6000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$2,064.86
G656CHC ^{*3}	\$4000/\$8000	100%/100%	100%/100%	\$4000/\$8000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$1,915.70
Silver Plans											
S662CHC ^{*3}	\$5000/\$10000	100%/100%	100%/100%	\$5000/\$10000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$1,828.64
Bronze Plans											
B660CHC ^{*3*5}	\$6350/\$11500	70%/70%	70%/50%	\$6750/Unlimited	\$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$1,584.24
B661CHC ^{*3}	\$6750/\$13500	100%/100%	100%/100%	\$6750/\$13500	\$650/100%	100%/100%	100%/100%	100%/100%	100%	100%	\$1,631.71

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Account Number: 271776

Renewal Effective Date: 07/01/2020

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Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ^{*1} / ER Coins	IP In/Out	OP Surg In/Out	Pod. Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
HMO Plans											
Platinum Plans											
P610ADT ^{*5}	\$250/Not Covered	\$25/\$45	80%/Not Covered	\$1250/Not Covered	\$300/80%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$1,781.97
P611ADT	\$1250/Not Covered	\$25/\$45	100%/Not Covered	\$1250/Not Covered	\$400/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$1,753.70
Gold Plans											
G665ADT ^{*2*4}	\$0/Not Covered	\$25/\$45	100%/Not Covered	\$7350/Not Covered	\$750/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,716.24
G662ADT ^{*5}	\$1000/Not Covered	\$30/\$60	80%/Not Covered	\$6000/Not Covered	\$500/80%	\$150/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,474.97
G9E5ADT ^{*5}	\$1250/Not Covered	\$30/\$60	80%/Not Covered	\$4500/Not Covered	\$400/80%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,492.54
G663ADT ^{*5}	\$1500/Not Covered	\$30/\$60	80%/Not Covered	\$5000/Not Covered	\$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,468.55
G9E3ADT ^{*5}	\$1500/Not Covered	\$30/\$60	80%/Not Covered	\$6000/Not Covered	\$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,440.00
G661ADT ^{*5}	\$2000/Not Covered	90%/90%	90%/Not Covered	\$4000/Not Covered	NA/90%	90%/Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$1,387.22
G664ADT ^{*5}	\$2000/Not Covered	\$30/\$60	90%/Not Covered	\$4000/Not Covered	\$300/90%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,486.07
G660ADT	\$3000/Not Covered	\$30/\$60	100%/Not Covered	\$3000/Not Covered	\$400/100%	\$200/Not Covered	\$150/Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$1,530.06
Silver Plans											
S643ADT ^{*5}	\$3000/Not Covered	\$50/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$300/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,245.11
S9E3ADT ^{*5}	\$3500/Not Covered	\$40/\$70	80%/Not Covered	\$7900/Not Covered	\$500/80%	\$250/Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,285.75
S642ADT ^{*5}	\$3500/Not Covered	\$50/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$250/Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,239.22
S641ADT ^{*5}	\$4000/Not Covered	\$40/\$80	70%/Not Covered	\$8150/Not Covered	\$500/70%	\$250/Not Covered	\$250/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,233.11
S9E5ADT ^{*5}	\$6000/Not Covered	\$40/\$70	80%/Not Covered	\$7350/Not Covered	\$750/80%	\$250/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,222.53
S640ADT ^{*5}	\$6000/Not Covered	\$40/\$80	90%/Not Covered	\$8150/Not Covered	\$500/90%	\$250/Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,216.93
S644ADT	\$7350/Not Covered	\$30/\$60	100%/Not Covered	\$7350/Not Covered	\$500/100%	\$250/Not Covered	\$200/Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$1,260.55
Bronze Plans											
B661ADT ^{*5}	\$7350/Not Covered	100%/100%	100%/Not Covered	\$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$1,012.48
HSA Plans											
Gold Plans											
G9E1ADT ^{*3}	\$3000/Not Covered	100%/100%	100%/Not Covered	\$3000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$1,374.43
G666ADT ^{*3}	\$4000/Not Covered	100%/100%	100%/Not Covered	\$4000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$1,262.04
Silver Plans											
S9E1ADT ^{*3}	\$5000/Not Covered	100%/100%	100%/Not Covered	\$5000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$1,187.84
Bronze Plans											
B9E1ADT ^{*3*5}	\$6350/Not Covered	70%/70%	70%/Not Covered	\$6750/Not Covered	\$650/70%	70%/Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	\$1,017.55
B660ADT ^{*3}	\$6750/Not Covered	100%/100%	100%/Not Covered	\$6750/Not Covered	\$650/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	\$1,046.58

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 Non-consumer choice plan. DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. \$150 copay for Ambulance Services.

*3 This HSA option requires a mandatory employer contribution.

*4 Non-consumer choice plan. Hearing aids and prosthetics (which would include the cochlear implant) are covered at a 80% coinsurance and no longer covered under DME.

*5 Coinsurance applies after deductible is met.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Section 6: 07/01/2020 Metallic Renewal Alternative Plan Rates

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Blue Choice Network - PPO Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P620CHC	Platinum	\$250/\$500	\$25/\$45	80%/60%	\$1250/ Unlimited	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$406.64	23	\$531.55	32	\$628.82	41	\$692.08	50	\$949.35	59	\$1,383.63
15	\$442.78	24	\$531.55	33	\$636.80	42	\$704.30	51	\$991.34	60	\$1,442.63
16	\$456.60	25	\$533.68	34	\$645.30	43	\$721.31	52	\$1,037.59	61	\$1,493.66
17	\$470.42	26	\$544.31	35	\$649.55	44	\$742.58	53	\$1,084.36	62	\$1,527.14
18	\$485.31	27	\$557.06	36	\$653.81	45	\$767.56	54	\$1,134.86	63	\$1,569.14
19	\$500.19	28	\$577.80	37	\$658.06	46	\$797.33	55	\$1,185.36	64 +	\$1,594.65
20	\$515.60	29	\$594.80	38	\$662.31	47	\$830.81	56	\$1,240.11		
21	\$531.55	30	\$603.31	39	\$670.82	48	\$869.08	57	\$1,295.39		
22	\$531.55	31	\$616.07	40	\$679.32	49	\$906.82	58	\$1,354.39		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P621CHC	Platinum	\$1250/\$2500	\$25/\$45	100%/80%	\$1250/ Unlimited	\$300/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$401.53	23	\$524.88	32	\$620.93	41	\$683.39	50	\$937.43	59	\$1,366.26
15	\$437.22	24	\$524.88	33	\$628.80	42	\$695.46	51	\$978.90	60	\$1,424.52
16	\$450.87	25	\$526.98	34	\$637.20	43	\$712.26	52	\$1,024.56	61	\$1,474.91
17	\$464.52	26	\$537.48	35	\$641.40	44	\$733.25	53	\$1,070.75	62	\$1,507.98
18	\$479.21	27	\$550.07	36	\$645.60	45	\$757.92	54	\$1,120.62	63	\$1,549.44
19	\$493.91	28	\$570.54	37	\$649.80	46	\$787.32	55	\$1,170.48	64 +	\$1,574.64
20	\$509.13	29	\$587.34	38	\$654.00	47	\$820.38	56	\$1,224.54		
21	\$524.88	30	\$595.74	39	\$662.40	48	\$858.18	57	\$1,279.13		
22	\$524.88	31	\$608.33	40	\$670.79	49	\$895.44	58	\$1,337.39		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G654CHC	Gold	\$1250/\$2500	\$30/\$60	80%/60%	\$4500/ Unlimited	\$400/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$347.53	23	\$454.29	32	\$537.43	41	\$591.49	50	\$811.37	59	\$1,182.52
15	\$378.43	24	\$454.29	33	\$544.24	42	\$601.94	51	\$847.26	60	\$1,232.95
16	\$390.24	25	\$456.11	34	\$551.51	43	\$616.48	52	\$886.78	61	\$1,276.56
17	\$402.05	26	\$465.20	35	\$555.15	44	\$634.65	53	\$926.76	62	\$1,305.18
18	\$414.77	27	\$476.10	36	\$558.78	45	\$656.00	54	\$969.92	63	\$1,341.07
19	\$427.49	28	\$493.82	37	\$562.41	46	\$681.44	55	\$1,013.07	64 +	\$1,362.87
20	\$440.66	29	\$508.35	38	\$566.05	47	\$710.06	56	\$1,059.87		
21	\$454.29	30	\$515.62	39	\$573.32	48	\$742.77	57	\$1,107.11		
22	\$454.29	31	\$526.53	40	\$580.59	49	\$775.02	58	\$1,157.54		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G652CHC	Gold	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/ Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$341.44	23	\$446.32	32	\$528.00	41	\$581.11	50	\$797.13	59	\$1,161.78
15	\$371.79	24	\$446.32	33	\$534.69	42	\$591.38	51	\$832.39	60	\$1,211.32
16	\$383.39	25	\$448.11	34	\$541.84	43	\$605.66	52	\$871.22	61	\$1,254.17
17	\$395.00	26	\$457.03	35	\$545.41	44	\$623.51	53	\$910.50	62	\$1,282.28
18	\$407.49	27	\$467.75	36	\$548.98	45	\$644.49	54	\$952.90	63	\$1,317.54
19	\$419.99	28	\$485.15	37	\$552.55	46	\$669.48	55	\$995.30	64 +	\$1,338.96
20	\$432.93	29	\$499.43	38	\$556.12	47	\$697.60	56	\$1,041.27		
21	\$446.32	30	\$506.58	39	\$563.26	48	\$729.74	57	\$1,087.69		
22	\$446.32	31	\$517.29	40	\$570.40	49	\$761.43	58	\$1,137.23		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G653CHC	Gold	\$1500/\$3000	\$30/\$60	80%/60%	\$6000/ Unlimited	\$400/80%	80%/60%	80%/60%	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$335.22	23	\$438.20	32	\$518.39	41	\$570.53	50	\$782.62	59	\$1,140.62
15	\$365.02	24	\$438.20	33	\$524.96	42	\$580.61	51	\$817.24	60	\$1,189.26
16	\$376.41	25	\$439.95	34	\$531.97	43	\$594.63	52	\$855.36	61	\$1,231.33
17	\$387.80	26	\$448.71	35	\$535.48	44	\$612.16	53	\$893.92	62	\$1,258.94
18	\$400.07	27	\$459.23	36	\$538.98	45	\$632.76	54	\$935.55	63	\$1,293.55
19	\$412.34	28	\$476.32	37	\$542.49	46	\$657.29	55	\$977.18	64 +	\$1,314.60
20	\$425.05	29	\$490.34	38	\$545.99	47	\$684.90	56	\$1,022.31		
21	\$438.20	30	\$497.35	39	\$553.00	48	\$716.45	57	\$1,067.88		
22	\$438.20	31	\$507.87	40	\$560.01	49	\$747.56	58	\$1,116.52		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G650CHC	Gold	\$3000/\$6000	\$30/\$50	100%/80%	\$3000/ Unlimited	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$354.27	23	\$463.10	32	\$547.85	41	\$602.95	50	\$827.09	59	\$1,205.45
15	\$385.76	24	\$463.10	33	\$554.79	42	\$613.61	51	\$863.68	60	\$1,256.85
16	\$397.80	25	\$464.95	34	\$562.20	43	\$628.43	52	\$903.97	61	\$1,301.31
17	\$409.84	26	\$474.21	35	\$565.91	44	\$646.95	53	\$944.72	62	\$1,330.48
18	\$422.81	27	\$485.33	36	\$569.61	45	\$668.72	54	\$988.72	63	\$1,367.07
19	\$435.78	28	\$503.39	37	\$573.32	46	\$694.65	55	\$1,032.71	64 +	\$1,389.30
20	\$449.21	29	\$518.21	38	\$577.02	47	\$723.82	56	\$1,080.41		
21	\$463.10	30	\$525.62	39	\$584.43	48	\$757.17	57	\$1,128.57		
22	\$463.10	31	\$536.73	40	\$591.84	49	\$790.05	58	\$1,179.98		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S661CHC	Silver	\$3000/\$6000	\$50/\$80	70%/50%	\$8150/ Unlimited	\$500/70%	\$300/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$293.62	23	\$383.82	32	\$454.06	41	\$499.74	50	\$685.51	59	\$999.09
15	\$319.72	24	\$383.82	33	\$459.82	42	\$508.56	51	\$715.83	60	\$1,041.69
16	\$329.70	25	\$385.36	34	\$465.96	43	\$520.85	52	\$749.22	61	\$1,078.54
17	\$339.68	26	\$393.03	35	\$469.03	44	\$536.20	53	\$783.00	62	\$1,102.72
18	\$350.43	27	\$402.25	36	\$472.10	45	\$554.24	54	\$819.46	63	\$1,133.04
19	\$361.18	28	\$417.21	37	\$475.17	46	\$575.73	55	\$855.92	64 +	\$1,151.46
20	\$372.31	29	\$429.50	38	\$478.24	47	\$599.91	56	\$895.46		
21	\$383.82	30	\$435.64	39	\$484.38	48	\$627.55	57	\$935.37		
22	\$383.82	31	\$444.85	40	\$490.52	49	\$654.80	58	\$977.98		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S663CHC	Silver	\$3000/\$6000	\$40/\$80	70%/50%	\$8150/ Unlimited	\$600/70%	\$350/\$400	\$300/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$293.48	23	\$383.64	32	\$453.84	41	\$499.49	50	\$685.17	59	\$998.60
15	\$319.57	24	\$383.64	33	\$459.60	42	\$508.32	51	\$715.48	60	\$1,041.19
16	\$329.54	25	\$385.17	34	\$465.73	43	\$520.59	52	\$748.86	61	\$1,078.02
17	\$339.52	26	\$392.84	35	\$468.80	44	\$535.94	53	\$782.62	62	\$1,102.19
18	\$350.26	27	\$402.05	36	\$471.87	45	\$553.97	54	\$819.06	63	\$1,132.49
19	\$361.00	28	\$417.01	37	\$474.94	46	\$575.45	55	\$855.51	64 +	\$1,150.92
20	\$372.13	29	\$429.29	38	\$478.01	47	\$599.62	56	\$895.02		
21	\$383.64	30	\$435.43	39	\$484.15	48	\$627.24	57	\$934.92		
22	\$383.64	31	\$444.63	40	\$490.29	49	\$654.48	58	\$977.50		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S665CHC	Silver	\$3250/\$6500	\$40/\$70	60%/60%	\$7900/ Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$292.98	23	\$382.98	32	\$453.06	41	\$498.64	50	\$684.00	59	\$996.89
15	\$319.02	24	\$382.98	33	\$458.81	42	\$507.45	51	\$714.26	60	\$1,039.40
16	\$328.98	25	\$384.51	34	\$464.94	43	\$519.70	52	\$747.57	61	\$1,076.17
17	\$338.94	26	\$392.17	35	\$468.00	44	\$535.02	53	\$781.28	62	\$1,100.30
18	\$349.66	27	\$401.36	36	\$471.06	45	\$553.02	54	\$817.66	63	\$1,130.55
19	\$360.38	28	\$416.30	37	\$474.13	46	\$574.47	55	\$854.04	64 +	\$1,148.94
20	\$371.49	29	\$428.55	38	\$477.19	47	\$598.60	56	\$893.49		
21	\$382.98	30	\$434.68	39	\$483.32	48	\$626.17	57	\$933.32		
22	\$382.98	31	\$443.87	40	\$489.45	49	\$653.36	58	\$975.83		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S666CHC	Silver	\$4000/\$8000	\$40/\$80	70%/50%	\$8150/ Unlimited	\$500/70%	\$250/\$350	\$250/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$290.50	23	\$379.74	32	\$449.23	41	\$494.42	50	\$678.21	59	\$988.46
15	\$316.32	24	\$379.74	33	\$454.93	42	\$503.15	51	\$708.21	60	\$1,030.61
16	\$326.20	25	\$381.26	34	\$461.00	43	\$515.31	52	\$741.25	61	\$1,067.07
17	\$336.07	26	\$388.85	35	\$464.04	44	\$530.50	53	\$774.67	62	\$1,090.99
18	\$346.70	27	\$397.97	36	\$467.08	45	\$548.34	54	\$810.74	63	\$1,120.99
19	\$357.33	28	\$412.78	37	\$470.12	46	\$569.61	55	\$846.82	64 +	\$1,139.22
20	\$368.35	29	\$424.93	38	\$473.16	47	\$593.53	56	\$885.93		
21	\$379.74	30	\$431.00	39	\$479.23	48	\$620.87	57	\$925.43		
22	\$379.74	31	\$440.12	40	\$485.31	49	\$647.84	58	\$967.58		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S667CHC	Silver	\$6000/\$12000	\$40/\$70	80%/60%	\$7350/ Unlimited	\$750/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$288.04	23	\$376.52	32	\$445.42	41	\$490.23	50	\$672.46	59	\$980.08
15	\$313.64	24	\$376.52	33	\$451.07	42	\$498.89	51	\$702.21	60	\$1,021.87
16	\$323.43	25	\$378.03	34	\$457.09	43	\$510.94	52	\$734.97	61	\$1,058.02
17	\$333.22	26	\$385.56	35	\$460.11	44	\$526.00	53	\$768.10	62	\$1,081.74
18	\$343.76	27	\$394.59	36	\$463.12	45	\$543.69	54	\$803.87	63	\$1,111.49
19	\$354.30	28	\$409.28	37	\$466.13	46	\$564.78	55	\$839.64	64 +	\$1,129.56
20	\$365.22	29	\$421.33	38	\$469.14	47	\$588.50	56	\$878.42		
21	\$376.52	30	\$427.35	39	\$475.17	48	\$615.61	57	\$917.58		
22	\$376.52	31	\$436.39	40	\$481.19	49	\$642.34	58	\$959.37		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S660CHC	Silver	\$6000/\$12000	\$40/\$80	90%/70%	\$8150/Unlimited	\$500/90%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$285.64	23	\$373.39	32	\$441.72	41	\$486.15	50	\$666.87	59	\$971.93
15	\$311.03	24	\$373.39	33	\$447.32	42	\$494.74	51	\$696.37	60	\$1,013.37
16	\$320.74	25	\$374.88	34	\$453.29	43	\$506.69	52	\$728.85	61	\$1,049.22
17	\$330.45	26	\$382.35	35	\$456.28	44	\$521.62	53	\$761.71	62	\$1,072.74
18	\$340.90	27	\$391.31	36	\$459.27	45	\$539.17	54	\$797.18	63	\$1,102.24
19	\$351.36	28	\$405.87	37	\$462.25	46	\$560.08	55	\$832.65	64 +	\$1,120.17
20	\$362.18	29	\$417.82	38	\$465.24	47	\$583.60	56	\$871.11		
21	\$373.39	30	\$423.79	39	\$471.21	48	\$610.49	57	\$909.94		
22	\$373.39	31	\$432.75	40	\$477.19	49	\$637.00	58	\$951.39		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B662CHC	Bronze	\$7350/\$14700	100%/100%	100%/100%	\$7350/\$14700	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$250.43	23	\$327.36	32	\$387.27	41	\$426.22	50	\$584.66	59	\$852.11
15	\$272.69	24	\$327.36	33	\$392.18	42	\$433.75	51	\$610.52	60	\$888.45
16	\$281.20	25	\$328.67	34	\$397.41	43	\$444.23	52	\$639.00	61	\$919.88
17	\$289.71	26	\$335.22	35	\$400.03	44	\$457.32	53	\$667.81	62	\$940.50
18	\$298.88	27	\$343.07	36	\$402.65	45	\$472.71	54	\$698.91	63	\$966.36
19	\$308.04	28	\$355.84	37	\$405.27	46	\$491.04	55	\$730.01	64 +	\$982.08
20	\$317.54	29	\$366.31	38	\$407.89	47	\$511.66	56	\$763.73		
21	\$327.36	30	\$371.55	39	\$413.13	48	\$535.23	57	\$797.77		
22	\$327.36	31	\$379.41	40	\$418.36	49	\$558.47	58	\$834.11		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice Network - HSA Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G651CHC	Gold	\$3000/\$6000	100%/100%	100%/100%	\$3000/\$6000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$325.69	23	\$425.74	32	\$503.66	41	\$554.32	50	\$760.38	59	\$1,108.21
15	\$354.65	24	\$425.74	33	\$510.04	42	\$564.11	51	\$794.01	60	\$1,155.47
16	\$365.71	25	\$427.45	34	\$516.85	43	\$577.74	52	\$831.05	61	\$1,196.34
17	\$376.78	26	\$435.96	35	\$520.26	44	\$594.77	53	\$868.52	62	\$1,223.16
18	\$388.70	27	\$446.18	36	\$523.67	45	\$614.78	54	\$908.96	63	\$1,256.80
19	\$400.63	28	\$462.78	37	\$527.07	46	\$638.62	55	\$949.41	64 +	\$1,277.22
20	\$412.97	29	\$476.41	38	\$530.48	47	\$665.44	56	\$993.26		
21	\$425.74	30	\$483.22	39	\$537.29	48	\$696.09	57	\$1,037.54		
22	\$425.74	31	\$493.44	40	\$544.10	49	\$726.32	58	\$1,084.80		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of \$125-\$400.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G656CHC	Gold	\$4000/\$8000	100%/100%	100%/100%	\$4000/\$8000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$302.17	23	\$394.99	32	\$467.27	41	\$514.28	50	\$705.45	59	\$1,028.16
15	\$329.03	24	\$394.99	33	\$473.20	42	\$523.36	51	\$736.66	60	\$1,072.00
16	\$339.30	25	\$396.57	34	\$479.52	43	\$536.00	52	\$771.02	61	\$1,109.92
17	\$349.57	26	\$404.47	35	\$482.68	44	\$551.80	53	\$805.78	62	\$1,134.81
18	\$360.63	27	\$413.95	36	\$485.84	45	\$570.37	54	\$843.30	63	\$1,166.01
19	\$371.69	28	\$429.35	37	\$489.00	46	\$592.48	55	\$880.83	64 +	\$1,184.97
20	\$383.14	29	\$441.99	38	\$492.16	47	\$617.37	56	\$921.51		
21	\$394.99	30	\$448.31	39	\$498.48	48	\$645.81	57	\$962.59		
22	\$394.99	31	\$457.79	40	\$504.80	49	\$673.85	58	\$1,006.43		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of \$350-\$850.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S662CHC	Silver	\$5000/\$10000	100%/100%	100%/100%	\$5000/\$10000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$288.44	23	\$377.04	32	\$446.04	41	\$490.91	50	\$673.39	59	\$981.43
15	\$314.07	24	\$377.04	33	\$451.69	42	\$499.58	51	\$703.18	60	\$1,023.29
16	\$323.88	25	\$378.55	34	\$457.73	43	\$511.64	52	\$735.98	61	\$1,059.48
17	\$333.68	26	\$386.09	35	\$460.74	44	\$526.72	53	\$769.16	62	\$1,083.23
18	\$344.24	27	\$395.14	36	\$463.76	45	\$544.45	54	\$804.98	63	\$1,113.02
19	\$354.79	28	\$409.84	37	\$466.77	46	\$565.56	55	\$840.80	64 +	\$1,131.12
20	\$365.73	29	\$421.91	38	\$469.79	47	\$589.31	56	\$879.63		
21	\$377.04	30	\$427.94	39	\$475.82	48	\$616.46	57	\$918.85		
22	\$377.04	31	\$436.99	40	\$481.86	49	\$643.23	58	\$960.70		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of \$0-\$255.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B660CHC	Bronze	\$6350/\$11500	70%/70%	70%/50%	\$6750/Unlimited	\$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$249.89	23	\$326.65	32	\$386.43	41	\$425.30	50	\$583.39	59	\$850.27
15	\$272.10	24	\$326.65	33	\$391.33	42	\$432.81	51	\$609.20	60	\$886.52
16	\$280.59	25	\$327.96	34	\$396.55	43	\$443.26	52	\$637.62	61	\$917.88
17	\$289.08	26	\$334.49	35	\$399.16	44	\$456.33	53	\$666.36	62	\$938.46
18	\$298.23	27	\$342.33	36	\$401.78	45	\$471.68	54	\$697.39	63	\$964.27
19	\$307.38	28	\$355.07	37	\$404.39	46	\$489.97	55	\$728.43	64 +	\$979.95
20	\$316.85	29	\$365.52	38	\$407.00	47	\$510.55	56	\$762.07		
21	\$326.65	30	\$370.75	39	\$412.23	48	\$534.07	57	\$796.04		
22	\$326.65	31	\$378.59	40	\$417.46	49	\$557.26	58	\$832.30		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of \$0.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B661CHC	Bronze	\$6750/\$13500	100%/100%	100%/100%	\$6750/\$13500	\$650/100%	100%/100%	100%/100%	100%/100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$257.37	23	\$336.43	32	\$398.00	41	\$438.04	50	\$600.87	59	\$875.74
15	\$280.25	24	\$336.43	33	\$403.05	42	\$445.78	51	\$627.45	60	\$913.08
16	\$289.00	25	\$337.78	34	\$408.43	43	\$456.54	52	\$656.72	61	\$945.38
17	\$297.74	26	\$344.51	35	\$411.12	44	\$470.00	53	\$686.33	62	\$966.58
18	\$307.16	27	\$352.58	36	\$413.81	45	\$485.81	54	\$718.29	63	\$993.15
19	\$316.58	28	\$365.70	37	\$416.51	46	\$504.65	55	\$750.25	64 +	\$1,009.29
20	\$326.34	29	\$376.47	38	\$419.20	47	\$525.85	56	\$784.90		
21	\$336.43	30	\$381.85	39	\$424.58	48	\$550.07	57	\$819.89		
22	\$336.43	31	\$389.93	40	\$429.96	49	\$573.96	58	\$857.23		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of \$0.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Blue Advantage Network - HMO Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P610ADT	Platinum	\$250/Not Covered	\$25/\$45	80%/Not Covered	\$1250/Not Covered	\$300/80%	\$150/Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$281.07	23	\$367.42	32	\$434.65	41	\$478.38	50	\$656.21	59	\$956.39
15	\$306.06	24	\$367.42	33	\$440.17	42	\$486.83	51	\$685.23	60	\$997.17
16	\$315.61	25	\$368.89	34	\$446.04	43	\$498.58	52	\$717.20	61	\$1,032.44
17	\$325.16	26	\$376.24	35	\$448.98	44	\$513.28	53	\$749.53	62	\$1,055.59
18	\$335.45	27	\$385.05	36	\$451.92	45	\$530.55	54	\$784.44	63	\$1,084.62
19	\$345.74	28	\$399.38	37	\$454.86	46	\$551.13	55	\$819.34	64 +	\$1,102.26
20	\$356.39	29	\$411.14	38	\$457.80	47	\$574.27	56	\$857.18		
21	\$367.42	30	\$417.02	39	\$463.68	48	\$600.73	57	\$895.40		
22	\$367.42	31	\$425.84	40	\$469.56	49	\$626.81	58	\$936.18		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P611ADT	Platinum	\$1250/Not Covered	\$25/\$45	100%/Not Covered	\$1250/Not Covered	\$400/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$276.61	23	\$361.59	32	\$427.76	41	\$470.79	50	\$645.80	59	\$941.21
15	\$301.20	24	\$361.59	33	\$433.18	42	\$479.10	51	\$674.36	60	\$981.35
16	\$310.60	25	\$363.03	34	\$438.97	43	\$490.68	52	\$705.82	61	\$1,016.06
17	\$320.01	26	\$370.27	35	\$441.86	44	\$505.14	53	\$737.64	62	\$1,038.84
18	\$330.13	27	\$378.94	36	\$444.75	45	\$522.13	54	\$771.99	63	\$1,067.41
19	\$340.25	28	\$393.05	37	\$447.65	46	\$542.38	55	\$806.34	64 +	\$1,084.77
20	\$350.74	29	\$404.62	38	\$450.54	47	\$565.16	56	\$843.59		
21	\$361.59	30	\$410.40	39	\$456.32	48	\$591.20	57	\$881.19		
22	\$361.59	31	\$419.08	40	\$462.11	49	\$616.87	58	\$921.33		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G665ADT	Gold	\$0/Not Covered	\$25/\$45	100%/Not Covered	\$7350/Not Covered	\$750/100%	\$150/Not Covered	\$100/Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$270.71	23	\$353.86	32	\$418.62	41	\$460.73	50	\$632.00	59	\$921.11
15	\$294.77	24	\$353.86	33	\$423.93	42	\$468.87	51	\$659.96	60	\$960.39
16	\$303.97	25	\$355.28	34	\$429.59	43	\$480.19	52	\$690.74	61	\$994.36
17	\$313.17	26	\$362.36	35	\$432.42	44	\$494.35	53	\$721.88	62	\$1,016.65
18	\$323.08	27	\$370.85	36	\$435.25	45	\$510.98	54	\$755.50	63	\$1,044.61
19	\$332.99	28	\$384.65	37	\$438.08	46	\$530.80	55	\$789.12	64 +	\$1,061.58
20	\$343.25	29	\$395.97	38	\$440.91	47	\$553.09	56	\$825.57		
21	\$353.86	30	\$401.64	39	\$446.58	48	\$578.57	57	\$862.37		
22	\$353.86	31	\$410.13	40	\$452.24	49	\$603.69	58	\$901.65		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: **BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI**

Account Number: **271776**

Renewal Effective Date: **07/01/2020**

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G662ADT	Gold	\$1000/ Not Covered	\$30/\$60	80%/Not Covered	\$6000/ Not Covered	\$500/80%	\$150/ Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$232.65	23	\$304.12	32	\$359.77	41	\$395.96	50	\$543.16	59	\$791.62
15	\$253.33	24	\$304.12	33	\$364.33	42	\$402.96	51	\$567.18	60	\$825.38
16	\$261.24	25	\$305.34	34	\$369.20	43	\$412.69	52	\$593.64	61	\$854.57
17	\$269.15	26	\$311.42	35	\$371.63	44	\$424.85	53	\$620.40	62	\$873.73
18	\$277.66	27	\$318.72	36	\$374.07	45	\$439.15	54	\$649.29	63	\$897.76
19	\$286.18	28	\$330.58	37	\$376.50	46	\$456.18	55	\$678.19	64 +	\$912.36
20	\$295.00	29	\$340.31	38	\$378.93	47	\$475.34	56	\$709.51		
21	\$304.12	30	\$345.17	39	\$383.80	48	\$497.23	57	\$741.14		
22	\$304.12	31	\$352.47	40	\$388.66	49	\$518.83	58	\$774.90		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E5ADT	Gold	\$1250/ Not Covered	\$30/\$60	80%/Not Covered	\$4500/ Not Covered	\$400/80%	\$150/ Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$235.42	23	\$307.74	32	\$364.06	41	\$400.68	50	\$549.63	59	\$801.05
15	\$256.35	24	\$307.74	33	\$368.67	42	\$407.76	51	\$573.94	60	\$835.21
16	\$264.35	25	\$308.97	34	\$373.60	43	\$417.61	52	\$600.71	61	\$864.75
17	\$272.35	26	\$315.13	35	\$376.06	44	\$429.92	53	\$627.79	62	\$884.14
18	\$280.97	27	\$322.51	36	\$378.52	45	\$444.38	54	\$657.03	63	\$908.45
19	\$289.58	28	\$334.52	37	\$380.98	46	\$461.61	55	\$686.26	64 +	\$923.22
20	\$298.51	29	\$344.36	38	\$383.45	47	\$481.00	56	\$717.96		
21	\$307.74	30	\$349.29	39	\$388.37	48	\$503.16	57	\$749.97		
22	\$307.74	31	\$356.67	40	\$393.29	49	\$525.01	58	\$784.13		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G663ADT	Gold	\$1500/ Not Covered	\$30/\$60	80%/Not Covered	\$5000/ Not Covered	\$400/80%	80%/ Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$231.64	23	\$302.79	32	\$358.20	41	\$394.24	50	\$540.79	59	\$788.17
15	\$252.23	24	\$302.79	33	\$362.75	42	\$401.20	51	\$564.71	60	\$821.78
16	\$260.10	25	\$304.00	34	\$367.59	43	\$410.89	52	\$591.05	61	\$850.85
17	\$267.97	26	\$310.06	35	\$370.01	44	\$423.00	53	\$617.70	62	\$869.93
18	\$276.45	27	\$317.33	36	\$372.44	45	\$437.23	54	\$646.46	63	\$893.85
19	\$284.93	28	\$329.14	37	\$374.86	46	\$454.19	55	\$675.23	64 +	\$908.37
20	\$293.71	29	\$338.83	38	\$377.28	47	\$473.27	56	\$706.42		
21	\$302.79	30	\$343.67	39	\$382.13	48	\$495.07	57	\$737.91		
22	\$302.79	31	\$350.94	40	\$386.97	49	\$516.57	58	\$771.52		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: **BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI**

Account Number: **271776**

Renewal Effective Date: **07/01/2020**

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E3ADT	Gold	\$1500/ Not Covered	\$30/\$60	80%/Not Covered	\$6000/ Not Covered	\$400/80%	80%/ Not Covered	80%/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$227.13	23	\$296.91	32	\$351.24	41	\$386.57	50	\$530.28	59	\$772.85
15	\$247.32	24	\$296.91	33	\$355.70	42	\$393.40	51	\$553.73	60	\$805.81
16	\$255.04	25	\$298.10	34	\$360.45	43	\$402.90	52	\$579.56	61	\$834.31
17	\$262.76	26	\$304.03	35	\$362.82	44	\$414.78	53	\$605.69	62	\$853.02
18	\$271.08	27	\$311.16	36	\$365.20	45	\$428.73	54	\$633.90	63	\$876.47
19	\$279.39	28	\$322.74	37	\$367.57	46	\$445.36	55	\$662.10	64 +	\$890.73
20	\$288.00	29	\$332.24	38	\$369.95	47	\$464.07	56	\$692.69		
21	\$296.91	30	\$336.99	39	\$374.70	48	\$485.44	57	\$723.56		
22	\$296.91	31	\$344.12	40	\$379.45	49	\$506.52	58	\$756.52		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G661ADT	Gold	\$2000/ Not Covered	90%/90%	90%/Not Covered	\$4000/ Not Covered	NA/90%	90%/ Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$218.81	23	\$286.02	32	\$338.37	41	\$372.40	50	\$510.84	59	\$744.52
15	\$238.26	24	\$286.02	33	\$342.66	42	\$378.98	51	\$533.44	60	\$776.27
16	\$245.70	25	\$287.17	34	\$347.23	43	\$388.14	52	\$558.32	61	\$803.73
17	\$253.13	26	\$292.89	35	\$349.52	44	\$399.58	53	\$583.49	62	\$821.75
18	\$261.14	27	\$299.75	36	\$351.81	45	\$413.02	54	\$610.66	63	\$844.34
19	\$269.15	28	\$310.91	37	\$354.10	46	\$429.04	55	\$637.83	64 +	\$858.06
20	\$277.44	29	\$320.06	38	\$356.39	47	\$447.06	56	\$667.30		
21	\$286.02	30	\$324.64	39	\$360.96	48	\$467.65	57	\$697.04		
22	\$286.02	31	\$331.50	40	\$365.54	49	\$487.96	58	\$728.79		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G664ADT	Gold	\$2000/ Not Covered	\$30/\$60	90%/Not Covered	\$4000/ Not Covered	\$300/90%	\$150/ Not Covered	\$100/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$234.40	23	\$306.40	32	\$362.48	41	\$398.94	50	\$547.24	59	\$797.57
15	\$255.24	24	\$306.40	33	\$367.07	42	\$405.99	51	\$571.45	60	\$831.58
16	\$263.20	25	\$307.63	34	\$371.98	43	\$415.79	52	\$598.10	61	\$861.00
17	\$271.17	26	\$313.76	35	\$374.43	44	\$428.05	53	\$625.07	62	\$880.30
18	\$279.75	27	\$321.11	36	\$376.88	45	\$442.45	54	\$654.17	63	\$904.51
19	\$288.33	28	\$333.06	37	\$379.33	46	\$459.61	55	\$683.28	64 +	\$919.20
20	\$297.21	29	\$342.87	38	\$381.78	47	\$478.91	56	\$714.84		
21	\$306.40	30	\$347.77	39	\$386.68	48	\$500.97	57	\$746.71		
22	\$306.40	31	\$355.12	40	\$391.59	49	\$522.73	58	\$780.72		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G660ADT	Gold	\$3000/ Not Covered	\$30/\$60	100%/Not Covered	\$3000/ Not Covered	\$400/100%	\$200/ Not Covered	\$150/Not Covered	100%/ 100%	\$10/\$20/\$55/\$95/\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$241.34	23	\$315.48	32	\$373.21	41	\$410.75	50	\$563.44	59	\$821.19
15	\$262.79	24	\$315.48	33	\$377.94	42	\$418.01	51	\$588.36	60	\$856.20
16	\$270.99	25	\$316.74	34	\$382.99	43	\$428.10	52	\$615.81	61	\$886.49
17	\$279.20	26	\$323.05	35	\$385.51	44	\$440.72	53	\$643.57	62	\$906.36
18	\$288.03	27	\$330.62	36	\$388.04	45	\$455.55	54	\$673.54	63	\$931.29
19	\$296.86	28	\$342.92	37	\$390.56	46	\$473.22	55	\$703.51	64 +	\$946.44
20	\$306.01	29	\$353.02	38	\$393.08	47	\$493.09	56	\$736.01		
21	\$315.48	30	\$358.07	39	\$398.13	48	\$515.80	57	\$768.82		
22	\$315.48	31	\$365.64	40	\$403.18	49	\$538.20	58	\$803.83		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S643ADT	Silver	\$3000/ Not Covered	\$50/\$80	70%/Not Covered	\$8150/ Not Covered	\$500/70%	\$300/ Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$196.39	23	\$256.72	32	\$303.70	41	\$334.25	50	\$458.51	59	\$668.25
15	\$213.85	24	\$256.72	33	\$307.56	42	\$340.16	51	\$478.79	60	\$696.75
16	\$220.53	25	\$257.75	34	\$311.66	43	\$348.37	52	\$501.13	61	\$721.39
17	\$227.20	26	\$262.89	35	\$313.72	44	\$358.64	53	\$523.72	62	\$737.57
18	\$234.39	27	\$269.05	36	\$315.77	45	\$370.71	54	\$548.11	63	\$757.85
19	\$241.58	28	\$279.06	37	\$317.82	46	\$385.09	55	\$572.49	64 +	\$770.16
20	\$249.02	29	\$287.27	38	\$319.88	47	\$401.26	56	\$598.94		
21	\$256.72	30	\$291.38	39	\$323.99	48	\$419.74	57	\$625.64		
22	\$256.72	31	\$297.54	40	\$328.09	49	\$437.97	58	\$654.13		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E3ADT	Silver	\$3500/ Not Covered	\$40/\$70	80%/Not Covered	\$7900/ Not Covered	\$500/80%	\$250/ Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$202.81	23	\$265.10	32	\$313.62	41	\$345.17	50	\$473.48	59	\$690.07
15	\$220.83	24	\$265.10	33	\$317.60	42	\$351.26	51	\$494.42	60	\$719.49
16	\$227.73	25	\$266.17	34	\$321.84	43	\$359.75	52	\$517.48	61	\$744.94
17	\$234.62	26	\$271.47	35	\$323.96	44	\$370.35	53	\$540.81	62	\$761.65
18	\$242.04	27	\$277.83	36	\$326.08	45	\$382.81	54	\$566.00	63	\$782.59
19	\$249.46	28	\$288.17	37	\$328.20	46	\$397.66	55	\$591.18	64 +	\$795.30
20	\$257.15	29	\$296.65	38	\$330.32	47	\$414.36	56	\$618.49		
21	\$265.10	30	\$300.89	39	\$334.56	48	\$433.45	57	\$646.06		
22	\$265.10	31	\$307.26	40	\$338.80	49	\$452.27	58	\$675.49		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: **BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI**

Account Number: **271776**

Renewal Effective Date: **07/01/2020**

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S642ADT	Silver	\$3500/ Not Covered	\$50/\$80	70%/Not Covered	\$8150/ Not Covered	\$500/70%	\$250/ Not Covered	\$150/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$195.46	23	\$255.51	32	\$302.27	41	\$332.67	50	\$456.34	59	\$665.09
15	\$212.84	24	\$255.51	33	\$306.10	42	\$338.55	51	\$476.52	60	\$693.45
16	\$219.48	25	\$256.53	34	\$310.19	43	\$346.73	52	\$498.75	61	\$717.98
17	\$226.13	26	\$261.64	35	\$312.23	44	\$356.95	53	\$521.24	62	\$734.08
18	\$233.28	27	\$267.77	36	\$314.28	45	\$368.95	54	\$545.51	63	\$754.26
19	\$240.43	28	\$277.74	37	\$316.32	46	\$383.26	55	\$569.78	64 +	\$766.53
20	\$247.84	29	\$285.91	38	\$318.36	47	\$399.36	56	\$596.10		
21	\$255.51	30	\$290.00	39	\$322.45	48	\$417.76	57	\$622.68		
22	\$255.51	31	\$296.13	40	\$326.54	49	\$435.90	58	\$651.04		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S641ADT	Silver	\$4000/ Not Covered	\$40/\$80	70%/Not Covered	\$8150/ Not Covered	\$500/70%	\$250/ Not Covered	\$250/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$194.50	23	\$254.25	32	\$300.78	41	\$331.03	50	\$454.09	59	\$661.81
15	\$211.79	24	\$254.25	33	\$304.59	42	\$336.88	51	\$474.17	60	\$690.03
16	\$218.40	25	\$255.27	34	\$308.66	43	\$345.01	52	\$496.29	61	\$714.44
17	\$225.01	26	\$260.35	35	\$310.69	44	\$355.18	53	\$518.67	62	\$730.46
18	\$232.13	27	\$266.45	36	\$312.73	45	\$367.13	54	\$542.82	63	\$750.54
19	\$239.25	28	\$276.37	37	\$314.76	46	\$381.37	55	\$566.97	64 +	\$762.75
20	\$246.62	29	\$284.50	38	\$316.79	47	\$397.39	56	\$593.16		
21	\$254.25	30	\$288.57	39	\$320.86	48	\$415.70	57	\$619.60		
22	\$254.25	31	\$294.67	40	\$324.93	49	\$433.75	58	\$647.82		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E5ADT	Silver	\$6000/ Not Covered	\$40/\$70	80%/Not Covered	\$7350/ Not Covered	\$750/80%	\$250/ Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$192.83	23	\$252.07	32	\$298.20	41	\$328.19	50	\$450.19	59	\$656.13
15	\$209.97	24	\$252.07	33	\$301.98	42	\$333.99	51	\$470.11	60	\$684.11
16	\$216.53	25	\$253.08	34	\$306.01	43	\$342.06	52	\$492.04	61	\$708.31
17	\$223.08	26	\$258.12	35	\$308.03	44	\$352.14	53	\$514.22	62	\$724.19
18	\$230.14	27	\$264.17	36	\$310.04	45	\$363.99	54	\$538.17	63	\$744.11
19	\$237.20	28	\$274.00	37	\$312.06	46	\$378.10	55	\$562.11	64 +	\$756.21
20	\$244.51	29	\$282.06	38	\$314.08	47	\$393.98	56	\$588.08		
21	\$252.07	30	\$286.10	39	\$318.11	48	\$412.13	57	\$614.29		
22	\$252.07	31	\$292.15	40	\$322.14	49	\$430.03	58	\$642.27		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Small Group Business

Account Name: **BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI**

Account Number: **271776**

Renewal Effective Date: **07/01/2020**

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S640ADT	Silver	\$6000/ Not Covered	\$40/\$80	90%/Not Covered	\$8150/ Not Covered	\$500/90%	\$250/ Not Covered	\$200/Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$191.95	23	\$250.91	32	\$296.83	41	\$326.69	50	\$448.13	59	\$653.13
15	\$209.01	24	\$250.91	33	\$300.60	42	\$332.46	51	\$467.95	60	\$680.98
16	\$215.54	25	\$251.92	34	\$304.61	43	\$340.49	52	\$489.78	61	\$705.07
17	\$222.06	26	\$256.94	35	\$306.62	44	\$350.53	53	\$511.86	62	\$720.88
18	\$229.08	27	\$262.96	36	\$308.62	45	\$362.32	54	\$535.70	63	\$740.70
19	\$236.11	28	\$272.74	37	\$310.63	46	\$376.37	55	\$559.54	64 +	\$752.73
20	\$243.39	29	\$280.77	38	\$312.64	47	\$392.18	56	\$585.38		
21	\$250.91	30	\$284.79	39	\$316.65	48	\$410.24	57	\$611.48		
22	\$250.91	31	\$290.81	40	\$320.67	49	\$428.06	58	\$639.33		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S644ADT	Silver	\$7350/ Not Covered	\$30/\$60	100%/Not Covered	\$7350/ Not Covered	\$500/100%	\$250/ Not Covered	\$200/Not Covered	100%/ 100%	\$10/\$20/\$70/\$120/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$198.83	23	\$259.91	32	\$307.47	41	\$338.40	50	\$464.19	59	\$676.54
15	\$216.50	24	\$259.91	33	\$311.37	42	\$344.38	51	\$484.73	60	\$705.39
16	\$223.26	25	\$260.95	34	\$315.53	43	\$352.69	52	\$507.34	61	\$730.34
17	\$230.02	26	\$266.14	35	\$317.61	44	\$363.09	53	\$530.21	62	\$746.71
18	\$237.29	27	\$272.38	36	\$319.68	45	\$375.30	54	\$554.90	63	\$767.24
19	\$244.57	28	\$282.52	37	\$321.76	46	\$389.86	55	\$579.59	64 +	\$779.73
20	\$252.11	29	\$290.84	38	\$323.84	47	\$406.23	56	\$606.36		
21	\$259.91	30	\$294.99	39	\$328.00	48	\$424.95	57	\$633.39		
22	\$259.91	31	\$301.23	40	\$332.16	49	\$443.40	58	\$662.24		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B661ADT	Bronze	\$7350/ Not Covered	100%/100%	100%/Not Covered	\$7350/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$159.70	23	\$208.76	32	\$246.96	41	\$271.81	50	\$372.84	59	\$543.40
15	\$173.90	24	\$208.76	33	\$250.09	42	\$276.61	51	\$389.34	60	\$566.57
16	\$179.32	25	\$209.59	34	\$253.43	43	\$283.29	52	\$407.50	61	\$586.61
17	\$184.75	26	\$213.77	35	\$255.10	44	\$291.64	53	\$425.87	62	\$599.77
18	\$190.60	27	\$218.78	36	\$256.77	45	\$301.45	54	\$445.70	63	\$616.26
19	\$196.44	28	\$226.92	37	\$258.44	46	\$313.14	55	\$465.53	64 +	\$626.28
20	\$202.50	29	\$233.60	38	\$260.11	47	\$326.29	56	\$487.04		
21	\$208.76	30	\$236.94	39	\$263.45	48	\$341.32	57	\$508.75		
22	\$208.76	31	\$241.95	40	\$266.79	49	\$356.14	58	\$531.92		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Blue Advantage Network - HSA Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E1ADT	Gold	\$3000/ Not Covered	100%/100%	100%/Not Covered	\$3000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$216.79	23	\$283.39	32	\$335.25	41	\$368.97	50	\$506.13	59	\$737.66
15	\$236.06	24	\$283.39	33	\$339.50	42	\$375.49	51	\$528.52	60	\$769.12
16	\$243.43	25	\$284.52	34	\$344.03	43	\$384.56	52	\$553.18	61	\$796.32
17	\$250.80	26	\$290.19	35	\$346.30	44	\$395.89	53	\$578.11	62	\$814.18
18	\$258.73	27	\$296.99	36	\$348.57	45	\$409.21	54	\$605.04	63	\$836.56
19	\$266.67	28	\$308.04	37	\$350.84	46	\$425.08	55	\$631.96	64 +	\$850.17
20	\$274.89	29	\$317.11	38	\$353.10	47	\$442.94	56	\$661.15		
21	\$283.39	30	\$321.65	39	\$357.64	48	\$463.34	57	\$690.62		
22	\$283.39	31	\$328.45	40	\$362.17	49	\$483.46	58	\$722.08		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
This HSA option requires a mandatory employer contribution of \$125-\$400.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G666ADT	Gold	\$4000/ Not Covered	100%/100%	100%/Not Covered	\$4000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$199.06	23	\$260.21	32	\$307.83	41	\$338.80	50	\$464.74	59	\$677.34
15	\$216.76	24	\$260.21	33	\$311.74	42	\$344.78	51	\$485.30	60	\$706.22
16	\$223.52	25	\$261.25	34	\$315.90	43	\$353.11	52	\$507.94	61	\$731.20
17	\$230.29	26	\$266.46	35	\$317.98	44	\$363.52	53	\$530.84	62	\$747.59
18	\$237.58	27	\$272.70	36	\$320.06	45	\$375.75	54	\$555.56	63	\$768.15
19	\$244.86	28	\$282.85	37	\$322.14	46	\$390.32	55	\$580.28	64 +	\$780.63
20	\$252.41	29	\$291.18	38	\$324.23	47	\$406.71	56	\$607.08		
21	\$260.21	30	\$295.34	39	\$328.39	48	\$425.45	57	\$634.14		
22	\$260.21	31	\$301.59	40	\$332.55	49	\$443.92	58	\$663.02		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
This HSA option requires a mandatory employer contribution of \$350-\$850.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E1ADT	Silver	\$5000/ Not Covered	100%/100%	100%/Not Covered	\$5000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$187.36	23	\$244.91	32	\$289.73	41	\$318.88	50	\$437.42	59	\$637.51
15	\$204.01	24	\$244.91	33	\$293.41	42	\$324.51	51	\$456.77	60	\$664.70
16	\$210.38	25	\$245.89	34	\$297.33	43	\$332.35	52	\$478.07	61	\$688.21
17	\$216.75	26	\$250.79	35	\$299.29	44	\$342.15	53	\$499.63	62	\$703.64
18	\$223.61	27	\$256.67	36	\$301.24	45	\$353.66	54	\$522.89	63	\$722.99
19	\$230.46	28	\$266.22	37	\$303.20	46	\$367.37	55	\$546.16	64 +	\$734.73
20	\$237.57	29	\$274.06	38	\$305.16	47	\$382.80	56	\$571.39		
21	\$244.91	30	\$277.98	39	\$309.08	48	\$400.43	57	\$596.86		
22	\$244.91	31	\$283.86	40	\$313.00	49	\$417.82	58	\$624.04		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
This HSA option requires a mandatory employer contribution of \$0-\$255.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B9E1ADT	Bronze	\$6350/ Not Covered	70%/70%	70%/Not Covered	\$6750/ Not Covered	\$650/70%	70%/ Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/ 50%	90%/90%/80%/70%/60%/ 50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$160.50	23	\$209.80	32	\$248.20	41	\$273.16	50	\$374.71	59	\$546.12
15	\$174.77	24	\$209.80	33	\$251.35	42	\$277.99	51	\$391.28	60	\$569.41
16	\$180.22	25	\$210.64	34	\$254.70	43	\$284.70	52	\$409.54	61	\$589.55
17	\$185.68	26	\$214.84	35	\$256.38	44	\$293.10	53	\$428.00	62	\$602.77
18	\$191.55	27	\$219.87	36	\$258.06	45	\$302.96	54	\$447.93	63	\$619.34
19	\$197.43	28	\$228.06	37	\$259.74	46	\$314.71	55	\$467.86	64 +	\$629.40
20	\$203.51	29	\$234.77	38	\$261.42	47	\$327.92	56	\$489.47		
21	\$209.80	30	\$238.13	39	\$264.77	48	\$343.03	57	\$511.29		
22	\$209.80	31	\$243.16	40	\$268.13	49	\$357.93	58	\$534.58		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

This HSA option requires a mandatory employer contribution of \$0.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B660ADT	Bronze	\$6750/ Not Covered	100%/100%	100%/Not Covered	\$6750/ Not Covered	\$650/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$165.08	23	\$215.79	32	\$255.28	41	\$280.96	50	\$385.40	59	\$561.70
15	\$179.75	24	\$215.79	33	\$258.51	42	\$285.92	51	\$402.45	60	\$585.65
16	\$185.36	25	\$216.65	34	\$261.97	43	\$292.83	52	\$421.22	61	\$606.37
17	\$190.97	26	\$220.97	35	\$263.69	44	\$301.46	53	\$440.21	62	\$619.96
18	\$197.01	27	\$226.15	36	\$265.42	45	\$311.60	54	\$460.71	63	\$637.01
19	\$203.06	28	\$234.56	37	\$267.15	46	\$323.68	55	\$481.21	64 +	\$647.37
20	\$209.31	29	\$241.47	38	\$268.87	47	\$337.28	56	\$503.43		
21	\$215.79	30	\$244.92	39	\$272.33	48	\$352.81	57	\$525.88		
22	\$215.79	31	\$250.10	40	\$275.78	49	\$368.14	58	\$549.83		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

This HSA option requires a mandatory employer contribution of \$0.

An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the above tables. If a group provides multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the plans selected.



Small Group Business

Account Name: [BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI](#)

Account Number: [271776](#)

Renewal Effective Date: [07/01/2020](#)

Section 7: 07/01/2020 Current and Renewal Dental Plan Summary

No dental plans are associated with this account.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Section 8: 07/01/2020 Dental Plan Options

					Coinsurance		
Plan #	Plan Type	Deductible In/Out *2	Annual Benefit Max	Out-of-Network Reimb.	In Network	Out of Network	Orthodontia Lifetime Max
Contributory Group							
High Allocation							
DTXHR01	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
DTXHR02	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
DTXHR03	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
DTXHR04	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXHM09	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM11*3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
DTXHR20	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM27	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Contributory Group							
Low Allocation							
DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	N/A
DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXLM10	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	N/A
DTXLR28*4	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
Voluntary Group							
High Allocation							
DTXHR12*1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
DTXHM13*1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM15*3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
DTXHR21*1	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXHR22*1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM29*1	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500
Voluntary Group							
Low Allocation							
DTXLR23*1	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLM24*1	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXLR30*1*4	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).

*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prost Services.

*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.

*3 Only Basic Restorative Services are covered.

*4 Prev/Diag svcs do not count toward annual max.



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Rates Are Contingent Upon:

1. A twelve month effective period beginning from the renewal effective date.
2. Retirees are not eligible for coverage.

Participation/Contribution Rules:

1. Dental Contributory Group plans require a minimum of 75% or more participation and 50% or more contribution to the employee rate.
2. Voluntary Dental requires a minimum of 25% participation.

Allowable Combinations (for Accounts that have 10+ Subscribers):

Contributory Group:

Any Contributory Group High Plan:

- DTXHR01, DTXHR02, DTXHR03, DTXHR04, DTXHM09, DTXHM11, DTXHR20, DTXHM27

Can be paired with any Contributory Group Low Plan:

- DTXLR05, DTXLR06, DTXLR07, DTXLM08, DTXLM10, DTXLR28

DTXHM11 can be paired with any other Contributory Group High/Low Plan above.

There are two High Contributory Plans that can be paired:

- DTXHM27 and DTXHR03

Voluntary Group:

Any Voluntary Group High Plan:

- DTXHR12, DTXHM13, DTXHM15, DTXHR21, DTXHR22, DTXHM29

Can be paired with any Voluntary Group Low Plan:

- DTXLR23, DTXLM24, DTXLR30

DTXHM15 can be paired with any Voluntary Group High/Low Plan above.

There are two High Voluntary Plans that can be paired:

- DTXHM29 and DTXHR12

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Composite Rates

Plan	PlanType	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group							
High Allocation							
DTXHR01	Passive	\$49.45	\$98.90	\$121.15	\$195.33	\$98.90	\$1.98
DTXHR02	Passive	\$46.66	\$93.32	\$114.32	\$184.31	\$93.32	\$1.86
DTXHR03	Passive	\$45.10	\$90.20	\$110.50	\$178.15	\$90.20	\$1.80
DTXHR04	Passive	\$41.41	\$82.82	\$101.45	\$163.57	\$82.82	\$1.66
DTXHM09	Passive	\$33.78	\$67.56	\$82.76	\$133.43	\$67.56	\$1.36
DTXHM11	Passive	\$13.74	\$27.48	\$33.66	\$54.27	\$27.48	\$0.54
DTXHR20	Passive	\$42.87	\$85.74	\$105.03	\$169.34	\$85.74	\$1.72
DTXHM27	Passive	\$40.18	\$80.36	\$98.44	\$158.71	\$80.36	\$1.60
Contributory Group							
Low Allocation							
DTXLR05	Passive	\$38.77	\$77.54	\$94.99	\$153.14	\$77.54	\$1.56
DTXLR06	Passive	\$36.42	\$72.84	\$89.23	\$143.86	\$72.84	\$1.46
DTXLR07	Passive	\$31.73	\$63.46	\$77.74	\$125.33	\$63.46	\$1.26
DTXLM08	Passive	\$31.51	\$63.02	\$77.20	\$124.46	\$63.02	\$1.26
DTXLM10	Passive	\$25.00	\$50.00	\$61.25	\$98.75	\$50.00	\$1.00
DTXLR28	Passive	\$38.03	\$76.06	\$93.17	\$150.22	\$76.06	\$1.52
Voluntary Group							
High Allocation							
DTXHR12	Passive	\$47.22	\$94.44	\$115.69	\$186.52	\$94.44	\$1.88
DTXHM13	Passive	\$36.22	\$72.44	\$88.74	\$143.07	\$72.44	\$1.44
DTXHM15	Passive	\$15.12	\$30.24	\$37.04	\$59.72	\$30.24	\$0.60
DTXHR21	Passive	\$44.38	\$88.76	\$108.73	\$175.30	\$88.76	\$1.78
DTXHR22	Passive	\$45.98	\$91.96	\$112.65	\$181.62	\$91.96	\$1.84
DTXHM29	Passive	\$41.99	\$83.98	\$102.88	\$165.86	\$83.98	\$1.68
Voluntary Group							
Low Allocation							
DTXLR23	Passive	\$39.34	\$78.68	\$96.38	\$155.39	\$78.68	\$1.58
DTXLM24	Passive	\$32.63	\$65.26	\$79.94	\$128.89	\$65.26	\$1.30
DTXLR30	Passive	\$40.94	\$81.88	\$100.30	\$161.71	\$81.88	\$1.64

* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Dental Group Size: A



Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI

Account Number: 271776

Renewal Effective Date: 07/01/2020

Age Rates

Plan	PlanType	Monthly Dental Cost (Under 21 Yrs.)	Monthly Dental Cost (21 Yrs. & Above)	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group					
High Allocation					
DTXHR01	Passive	\$46.87	\$49.45	\$98.90	\$1.98
DTXHR02	Passive	\$46.25	\$46.66	\$93.32	\$1.86
DTXHR03	Passive	\$44.04	\$45.10	\$90.20	\$1.80
DTXHR04	Passive	\$41.34	\$41.41	\$82.82	\$1.66
DTXHM09	Passive	\$30.67	\$33.78	\$67.56	\$1.36
DTXHM11	Passive	\$17.52	\$13.74	\$27.48	\$0.54
DTXHR20	Passive	\$37.84	\$42.87	\$85.74	\$1.72
DTXHM27	Passive	\$40.38	\$40.18	\$80.36	\$1.60
Contributory Group					
Low Allocation					
DTXLR05	Passive	\$33.75	\$38.77	\$77.54	\$1.56
DTXLR06	Passive	\$33.21	\$36.42	\$72.84	\$1.46
DTXLR07	Passive	\$28.57	\$31.73	\$63.46	\$1.26
DTXLM08	Passive	\$32.59	\$31.51	\$63.02	\$1.26
DTXLM10	Passive	\$23.60	\$25.00	\$50.00	\$1.00
DTXLR28	Passive	\$38.71	\$38.03	\$76.06	\$1.52
Voluntary Group					
High Allocation					
DTXHR12	Passive	\$48.33	\$47.22	\$94.44	\$1.88
DTXHM13	Passive	\$33.64	\$36.22	\$72.44	\$1.44
DTXHM15	Passive	\$19.27	\$15.12	\$30.24	\$0.60
DTXHR21	Passive	\$45.73	\$44.38	\$88.76	\$1.78
DTXHR22	Passive	\$41.51	\$45.98	\$91.96	\$1.84
DTXHM29	Passive	\$44.30	\$41.99	\$83.98	\$1.68
Voluntary Group					
Low Allocation					
DTXLR23	Passive	\$37.19	\$39.34	\$78.68	\$1.58
DTXLM24	Passive	\$36.15	\$32.63	\$65.26	\$1.30
DTXLR30	Passive	\$42.51	\$40.94	\$81.88	\$1.64

* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Please note: In the 'Renewing Plan Rates' illustrated in Section 7, the 'Total Monthly Dental Cost' column captures only those members who are presently enrolled in the dental plan. For the 'Dental Plan Options' listed in Section 8, 'Total Monthly Dental Cost' includes all members now purchasing dental coverage.

Note: Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

Dental Group Size: A



Section 9: Important Information

Affordable Care Act Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBS reserves the right to revise or withdraw our renewal or to change our charge for the cost of coverage (premium or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBS to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

NOTICE: AFFORDABLE CARE ACT (ACA) FEES

ACA established a number of taxes and fees that affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or "Reinsurance Fee." Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees help to stabilize premiums in the individual market.

Your premium already accounts for the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

IMPORTANT DENTAL BENEFITS INFORMATION FOR SMALL GROUPS

Beginning with plan years on or after January 1, 2014, the Affordable Care Act (ACA) required coverage in the small group market to include - at the minimum - a core set of benefits known as essential health benefits (EHBs). One of the categories of EHBs requires coverage for certain pediatric dental services. Once your group health plan became subject to the 2014 market reforms, your plan was required to provide this coverage.

With the 2016 ACA metallic medical plan renewal, pediatric dental services and rates are embedded and the pediatric Dental Attestation form is no longer required at the time of renewal.



Summary of Benefits & Coverage Notice

Notice to Policyholder

The Affordable Care Act requires group health plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Health Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Texas (BCBSTX) will provide certain SBC services as follows. For participants and beneficiaries who join other than through an open enrollment period BCBSTX will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSTX with such policy year date.

SBC Creation

BCBSTX will create the SBC and provide it to you, as Policyholder

SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSTX.

Accordingly, your policy is being issued or renewed, as the case may be, subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group health plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Policy relieves the Policyholder or its group health plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSTX has no responsibility for or obligations with respect to the SBCs except as specified in the Policy.
- Policyholder is responsible for furnishing to BCBSTX in a timely manner all information necessary for the timely creations and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSTX, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may substantially delay and/or jeopardize BCBSTX's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSTX's SBC operations will not be considered to be in breach of the Policy to the extent BCBSTX has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSTX may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations.). Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSTX harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Texas Department of Insurance.



**BlueCross BlueShield
of Texas**

How to Provide SBCs to Members

Health insurers and group health plans are required to provide consumers with a Summary of Benefits and Coverage (SBC). Brokers and Group Administrators can use the SBC Tool to search, download and email standard plan SBCs. See the instructions below to create an SBC.

Reminder – always create a new SBC for each request to ensure the most current material is being distributed.

To create an SBC, you can access the Standard Plan SBC Tool in three ways:

1. Visit this link directly: <https://ben-sum-mgr.rrd.com/secure/login/?custName=HCSC>
2. Find the link at Blue Access for EmployersSM(BAESSM)
 - a. Click the "Account Summary" on the left to expand
 - b. Select "Health Plans"
 - c. Click "Display" and select "View Standard Plan SBC Tool"
 - d. Log in to the Tool by following the steps below
3. Or, find the link at Blue Access for ProducersSM(BAPSM)
 - a. Click "Products & Forms" on the left
 - b. Click "Summary of Benefits and Coverage" on the right
 - c. Select the "View Standard Plan SBC Tool"
 - d. Log in to the Tool by following the steps below

Log in to the Standard Plan SBC Tool with these credentials:

- Customer Name = HCSC
- Username = HCSCgenID
- Password = BlueSBC2017! (Don't forget the exclamation point "!" at the end.)

Note: Group SBCs is preselected, so just click "Next Step".

Find and create an SBC:

- a. Select the appropriate "Plan Year" (required)
- b. Select the desired state for "Corporate Entity" (required)
- c. Enter the plan ID in ALL CAPS in the "Plan Name" section
- d. Select Language Note: Leave all other fields blank
- e. Click "Search" (Searching without the plan name will give you all available SBCs)
- f. Select your plan, scroll to the bottom of the page and click "Next Step"
- g. Plan Effective Date defaults to Jan 01, if another date is needed, edit date range, then click "Generate Proof" to review your SBC
 - If needed, click "Make Changes" to return to the Customize SBC screen
 - If no changes, click "Generate Final Copy"
- h. For the final SBC, there are two options for distribution:
 - For a single recipient - email directly from the system (remember to change the default email address to your recipient's before sending)
 - For multiple recipients - download and email

To generate a different SBC, if needed, click "Create Another".

When finished, log out by clicking the red X at the top of the browser window.

Note: If a group wants to make a plan change, an updated SBC can be created using the same process.

Technical Assistance: If you need assistance while using the SBC Tool, please call 855-756-4448.



IMPORTANT INFORMATION REGARDING YOUR BLUE CROSS AND BLUE SHIELD OF TEXAS HEALTH BENEFIT PLAN

Texas law permits insured group contracts to be modified at the time of coverage renewal if the modification is effective uniformly among all small or large employer groups covered by the benefit plan. The following items have been approved by the Texas Department of Insurance that will be amended into your health benefit coverage on your contract anniversary/renewal date on and after January 1, 2013.

These modifications will have no impact on your rates.

The Pharmacy and Medical Benefits section of your Benefit Booklet (for PPO plans), and Pharmacy Benefits section on your Certificate of Coverage (for HMO plans) will be changed as follows:

Benefit language will be modified in the "Pharmacy Benefits - - Limitations and Exclusions" section of your HMO Certificate of Coverage to exclude "Drugs injected, ingested or applied in a Physician's office or during confinement while a patient in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility."

Benefit language will be modified in the "Covered Medical Services - - Medical-Surgical Expenses" section of your PPO Benefit Booklet to include "Drugs that have not been approved by the FDA for self-administration when injected, ingested or applied in a Physician's or Professional Other Provider's office".

Benefit language will be modified in the "Pharmacy Benefits - - Limitations and Exclusions" section of your PPO Benefit Booklet to exclude "Drugs injected, ingested or applied in a Physician's or authorized Health Care Practitioner's office or during confinement while a patient is in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility."

Benefit language will be added in the "Definitions - - Covered Oral Surgery" section of your PPO Benefit Booklet to include "removal of complete bony impacted teeth".

Benefit language will be added in the "Covered Services and Benefits - - Dental Surgical Procedures" section of your HMO Certificate of Coverage to include "removal of complete bony impacted teeth".

If you have any questions, please contact your Marketing Service Representative.

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:
For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



IRS Announces Inflation Adjustments for 2020 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2020 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amount and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2020.

Contributions to an HSA

For the calendar year 2020, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is \$3,550. The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is \$7,100.

Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is \$1,000. There is no change from 2019.

High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed \$6,900 for self-only coverage or \$13,800 for family coverage.

	2020	2019
Minimum Individual Deductible	\$1,400	\$1,350
Minimum Family Deductible	\$2,800	\$2,700
Maximum Individual OOP	\$6,900	\$6,750
Maximum Family OOP	\$13,800	\$13,500
Maximum Individual Contribution	\$3,550	\$3,500
Maximum Family Contribution	\$7,100	\$7,000
Minimum Individual Embedded Deductible	\$2,800*	\$2,700
Minimum Family Embedded Deductible	\$2,800	\$2,700

**According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year (\$2,800 in 2020). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum (\$2,800) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is \$1,400 for 2020.*

***Please note that the HDHP limits on out of pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2020 are \$8,150 for self-only coverage, \$16,300 for other than self-only coverage.*

IRS revenue procedure: https://www.irs.gov/irb/2019-22_IRB#REV-PROC-2019-25

BCGCD Administrative Assistant

From: generalmanager@brushcountrygcd.com
Sent: Friday, May 22, 2020 11:46 AM
To: 'Maggie'
Subject: FW: TCDRS current and future rate comparison

Maggie

Print this message then scan and place in shared /brushcountry upcoming meetings/ may 2020

From: Erika Aguirre <erika@tcdrs.org>
Sent: Tuesday, May 12, 2020 12:57 PM
To: generalmanager@brushcountrygcd.com
Cc: lpena@brushcountrygcd.com
Subject: TCDRS current and future rate comparison

Good afternoon, Mr. Saenz:

As we discussed in our call last week, your required rate decreased for 2021. Currently, your district's required rate is 7.42%. For 2021, your required rate will be 7.12%.

Below are 2 exhibits: your March 2020 costs and your predicted costs for 2021, assuming there are no changes in enrollment/salary/etc. The difference in dollar amount is: \$34.80. It isn't a significant difference, but it is less nonetheless.

Your required rate will shift up and down based on each year's plan experience and our investment returns. Our goal as a system is to have your required rate decrease over time as your assets increase and you become more funded.

Feel free to contact me with any additional questions. I am always happy to help!

March 2020 Totals		Calculation of Funds		
Employee Deposits				
Employee Deposits Grand Total				\$497.06
Employer Contributions				
	Employee Deposits Grand Total	Employee Deposit Rate	Employer Contribution Rate	
Employer Contributions	<u>497.06</u>	4%	7.42%	\$922.05
Group Term Life	<u>\$497.06</u>	4%	0.76%	\$94.44
TOTAL FUNDS SUBMITTED				\$1,513.55

January 2021 Hypothetical Totals Calculation of Funds

Employee Deposits

Employee Deposits Grand Total \$497.06

Employer Contributions

	Employee Deposits Grand Total	Employee Deposit Rate	Employer Contribution Rate	
Employer Contributions	<u>497.06</u>	4%	7.12%	\$884.77
Group Term Life	<u>\$497.06</u>	4%	0.78%	\$96.93
TOTAL FUNDS SUBMITTED				\$1,478.75
				

Best,

Erika Aguirre
Employer Services Representative
Texas County & District Retirement System
800-651-3848 ext. 264
www.tcdrs.org/employer



May 2020 Legislative Report from Robert Howard

Elections

None of the state elected officials in our immediate area are on the July 14th run-off ballot. The main run-off event in South Texas is Senator Eddie Lucio from Brownsville, who faces a serious run-off challenge.

I am keeping up with several run-offs in other areas, particularly rural-based ones, so that we will have good allies this session.

Senators Zaffirini and Hinojosa and Rep. Guillen all face general election opponents. J.M. Lozano had neither a primary nor general election opponent.

Interim Charges

As I have mentioned previously, a joint hearing of Senate committees was held at the end of January to examine groundwater ownership and regulation.

https://tlcsenate.granicus.com/MediaPlayer.php?view_id=46&clip_id=14994

A second Senate committee hearing that was scheduled for the end of April has been postponed indefinitely. I have attempted to contact the directors of both the House and Senate water regulation committees, but they are not responding as yet, which indicates more delays in hearings.

As I have also mentioned, the first Senate hearing demonstrated the tension between landowner groups and groundwater conservation districts, groups that should be working together to ensure continued local control of regulation as Texas becomes more urbanized. I am still working to help bridge that communication gap between the Farm Bureau and the Texas Alliance of Groundwater Districts.

I have listed the Farm Bureau's main policy positions that they presented at the first Senate hearing:

Texas Farm Bureau Groundwater Regulation Positions

- 1. There should be local control of groundwater regulation**
- 2. Groundwater is private property**
- 3. Shouldn't allow historical users to take other people's water during curtailments**
- 4. Cities shouldn't use population or investment considerations to supersede private ownership**

5. **Rule of capture doesn't allow drainage of other people's water. (Oil and gas can't be taken from other people under rule of capture)**
6. **Takings clause applies to both rural and urban areas need acreage to produce water. Landowners must be compensated.**
7. **Oil and gas companies send out land agents to lease land. Water users can do the same.**
8. **Landowners should be able to petition GCDs to adopt or change rules.**
9. **Landowners should be notified if someone makes and permit application that could affect them.**
10. **Attorneys' fees-GCDs are the only agency of the state where plaintiffs have to pay if they lose. GCDs do not have to pay if they lose. (In 2012, TFB sued TCEQ for senior surface water rights and won. TFB would not have filed the suit if they had been in jeopardy of having to pay if they had lost.)**
11. **Local people formed GCDs and the GCDs need to be held accountable to them.**

I have spoken at length about this list with Gary Westbrook, general manager of the Post Oak Savannah GCD, because he is very close friends with both Billy Howe, the TFB's water lobbyist, and Leah Martinsson, the executive director of TAGD. He has agreed to help my cause by being the diplomatic ambassador to try to get as much cooperation and consensus between Leah and Billy as possible (neither have ever had a face-to-face conversation with each other). We hope to schedule some kind of meeting with them ASAP.

Gary said that the main sticking point with the TFB's list, as we all suspected, is the "loser pays" legislation the TFB is pushing. The historical use position is also a problem, but easier to work out. Hopefully we can agree to disagree at worst and get TFB to back off on those provisions at best.

As I've mentioned before, one of our greatest fears needs to be the lessening influence of rural areas because of redistricting after the 2020 census. That's why landowner groups and GCDs need to be better allies to fight for local control through GCDs. I'm afraid the urban people will be all too happy to get control of our water.

Preparation for the 2021 Legislative Session

It's hard to imagine, but the next legislative session will be here before we know it and now is the time to get serious about preparing for it. I am representing BCGCD on all three of the Legislative Committee's subcommittees. The committee on Produced Water has had one meeting and the Joint

Planning committee held its second meeting on May 14th, and has already scheduled a third for June 11th (fortunately, Bill is participating on this committee, too). The Brackish Committee has yet to set its first meeting.

At the May 14th meeting, the Joint Planning Sub-Committee discussed proposing legislation to add a sixth requirement to the explanatory report which is part of the DFC five-year planning cycle. The requirement would be flexible language that asks the GMAs to explain their accomplishments in meeting their DFCs for the previous five years. They are also considering how to propose handling the inclusion of brackish water in the TERS (Total Estimated Recoverable Storage) in the DFC planning process. Both topics will continue to be studied by the sub-committee and associated attorneys. They also approved a proposal to make public notices less difficult using electronic communications, particularly websites. (Bill is much better qualified to explain this proposal.)

I would also like to discuss with the board, counsel, and managers the possibility of getting one of our elected representatives to request an AG's opinion about whether or not it would be legal to change the authority our district had, and still has, to regulate groundwater when the proposal was placed on the ballot for our creation. As you may recall, we and one other district have greater authority than other districts and Lyle Larson unsuccessfully tried to strip that away in the last session.

Brackish Rules

James' presentation was very interesting and informative at our last board meeting. I would like to get more information from him about ways to determine the recharge rate of the brackish aquifers and the nature of possible future permit applicants.

**A RESOLUTION OF THE BOARD OF DIRECTORS OF BRUSH COUNTRY
GROUNDWATER CONSERVATION DISTRICT CONCERNING VERIFICATION
AND REPORTING COMPLETION OF CYBERSECURITY TRAINING AND
PERIODIC AUDIT**

WHEREAS, Brush Country Groundwater Conservation District ("District"), a political subdivision of the State of Texas, was created by Senate Bill 2456, Act of the 81st Texas Legislature, Regular Session, codified at Chapter 8852 of the Texas Special District Local Laws Code ("Enabling Act"), and pursuant to the authority of Article XVI, § 59 of the Texas Constitution, as a groundwater conservation district operating under Chapter 36, Texas Water Code, and the District's Enabling Act;

WHEREAS, Section 2054.5191(a-1) of the Texas Government Code requires at least once each year, a local government to identify local government employees who have access to a local government computer system or database and require those employees of the local government to complete cybersecurity training program;

WHEREAS, the District is "local government" subject to the cybersecurity training requirements and the Board of Directors (Board) is the governing body;

WHEREAS, the Board may select the most appropriate certified cybersecurity training program for District employees to complete;

WHEREAS, the Board shall verify and report on the completion of a cybersecurity training program by District employees to the Texas Department of Information Resources (DIR) and require periodic audits to ensure compliance with the training requirements;

WHEREAS, sections 36.056(a) and 36.057(f) of the Texas Water Code provides that the Board may delegate to its general manager full authority to manage and operate the affairs of the District and the Board, by resolution, and may authorize the general manager to execute documents on behalf of the District;

WHEREAS, the general manager is directed to select the most appropriate certified cybersecurity training program, ensure that he and all employees complete the required certified cybersecurity training, and to report the training to DIR;

WHEREAS, the general manager has certified that he and all employees have completed the required certified cybersecurity training that he selected and that such training has been reported to DIR.

NOW, THEREFORE, BE IT ORDERED BY THE BOARD OF DIRECTORS OF BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRICT THAT:

Section 1. The Board of Directors directs the general manager to select the most appropriate certified cybersecurity training program, ensure that he and all

employees complete the annual cybersecurity training, and to report completion of the training to the Board and DIR; and,

Section 2. The general manager has reported to the DIR the annual training completion for 2020; and

Section 3. The Board directs the general manager to periodically audit the employees cybersecurity training and to report compliance with the Board; and

Section 4. The Board certifies completion of a cybersecurity training program by District employees, the reporting to the Department of Information Resources, and the auditing requirements; and

Section 5. The general manager is further authorized to take all necessary action to implement this resolution; and,

Section 6. This resolution shall take effect immediately upon adoption.

PASSED AND APPROVED THE 26th day of May, 2020.

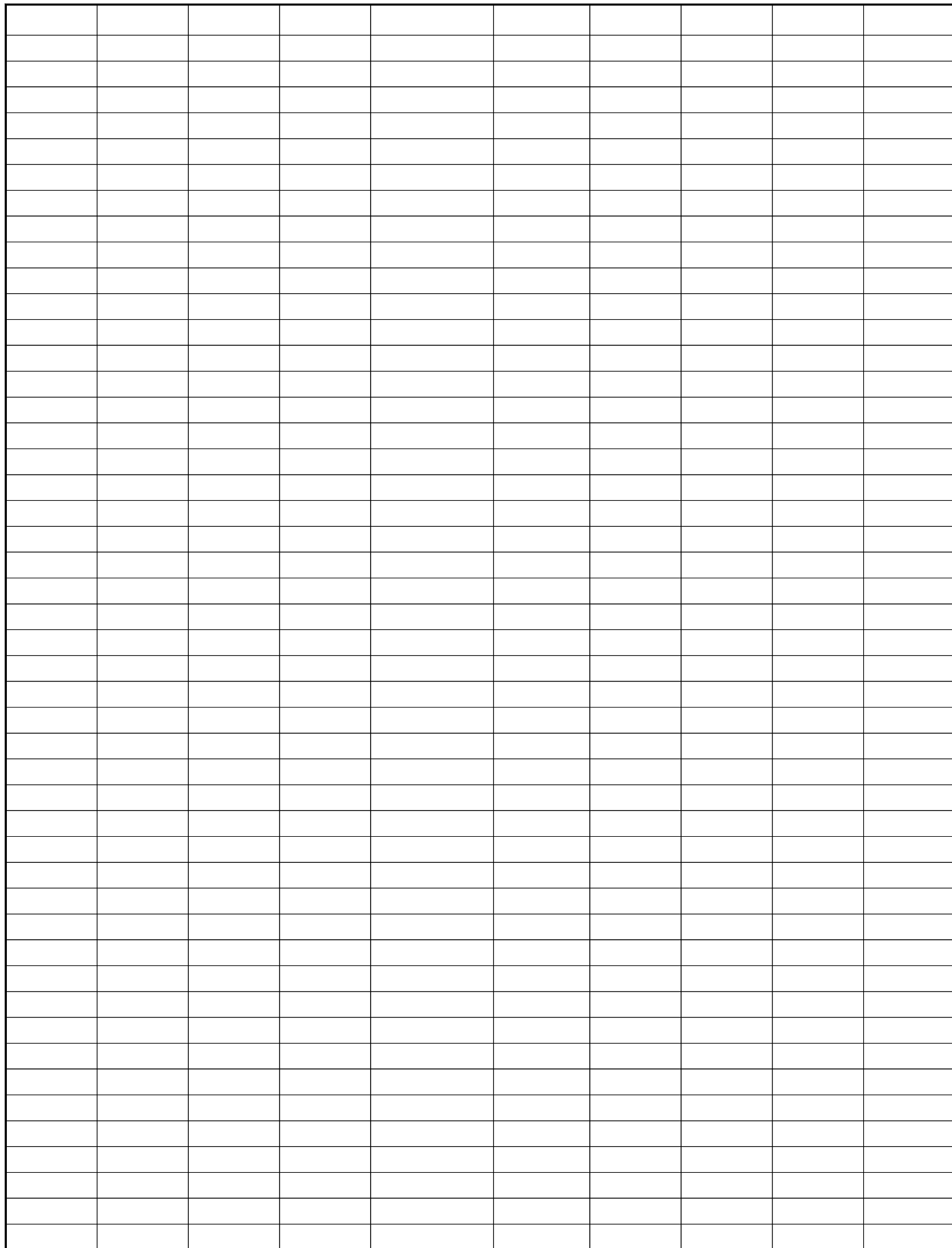
ATTEST:

Secretary

President

	Bills & Invoices For May 26, 2020 Meeting				
	Invoice #	Description		Due	Chk #
Bickerstaff Heath Delgado Acosta	112238	Services Rendered thru 5/15/2020	\$810.00	5/26/2020	2255
C. Ray Martinez & Co. P.C.	206513	Services Rendered thru 4/30/2020	\$311.80	5/26/2020	2256
ITC Corporation	7330/7356	Web/ data base host/set up remote mtgs	\$447.50	5/26/2020	2257
Texas Guaranteed	71188800	Student Loan	\$294.80	5/26/2020	2258
Brite Star Services LTD	14509	Floor Mat Rental-1 wk in May	\$26.44	5/26/2020	2259
AT&T	287267396357.00	Hotspot Service	\$57.00	5/26/2020	2260
Ray L. Perez	1030	Yard Maintenance	\$300.00	5/26/2020	2261
Gloria Almendarez	1035	Cleaning/Janitorial Services	\$800.00	6/1/2020	2262
Jim Hogg Co. TAC		1st & 2nd Qtr Collection Cost	\$1,587.50	5/1/2020	2263
Luis Pena		Reimburse for Sticker Fee	\$10.50	upon rec'd	2264
Generoso Trevino	195678	Service Call for AC Unit	\$685.00	upon rec'd	2265
F & D Flooring	146394/146428	Disinfectant Spray & Masks	\$75.00	5/29/2020	2266
Byron Blair		Yearly Audit for 2019	\$3,250.00	5/29/2020	2267
Robert Howard Incorporated		Legislative Lobbying/Consulting	\$2,500.00	upon rec'd	2268
		Total Bills Paid	\$11,155.54		
JPMorgan Chase Health Care	ACH	BlueCross/BlueShield Premium	\$1,954.96	4/29/2020	N/A
TCDRS	ACH	Retirement & Group Life	\$1,513.54	4/31/2020	N/A
V247 Power	ACH	Power invoice for 3/26-4/27	\$251.32	5/15/2020	N/A
		Total	\$3,468.50		
Falfurrias Post Office	Credit Card	9 Certified Letters	\$62.55	4/23/2020	N/A
LogMeIn Inc.	Credit Card	Fee GoToMeeting Recordings	\$23.01	4/24/2020	N/A
Stripes 2476	Credit Card	Gas for Truck	\$50.52	4/28/2020	N/A
McIntrye Lumber	Credit Card	Pestblock for AC Unit	\$9.73	5/4/2020	N/A
HEB Grocery	Credit Card	Cleaning/Disinfectant Products	\$16.48	5/6/2020	N/A
TAGD	Credit Card	Investment Training Registration	\$125.00	5/1/2020	N/A
Fal. Post Office	Credit Card	Certified Letter	\$6.95	5/12/2020	N/A
Staples.com	Credit Card	Office Supplies	\$30.83	5/12/2020	N/A
Fal Utility Board	Credit Card	Water, Garbage, Sewage	\$148.56	5/15/2020	N/A
AVR	Credit Card	Card Fee	\$4.46	5/15/2020	N/A
HEB Grocery	Credit Card	Misc Office Supplies	\$16.88	5/15/2020	N/A
VTX 1	Credit Card	Internet & Phone	\$156.30	5/18/2020	N/A
McIntrye Lumber	Credit Card	Filters for AC units	\$64.68	5/20/2020	N/A
		Credit Card Total April	\$715.95		
F Saenz salary for pp 11-12	elec pay	2 pay periods	3,596.14		N/A
L Pena Salary for pp 11-12	elec pay	2 Pay Periods	3,801.70		N/A
H Castillo Salary for pp 11-12	elec pay	2 pay periods	1,776.16		N/A
		salary total	\$9,174.00		
		EFTPS deposit for May	\$3,411.25		
	total transfer needed on 5/26/2020		\$27,925.24		
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2020 Estimated Tax Values**Brooks County**

2019 values certified	2020 Estimated Estimated	Change
444,324,354	397,718,016	-10.49%

Jim Hogg County

2019 values certified	2020 Estimated Estimated	Change
451,874,776	456,602,603	1.05%