



RFP Documents for
Employee Health Insurance
Burnet County, Texas
RFP # 26-4090-09

DEADLINE FOR QUESTIONS: MAY 29, 2026
12:00 PM

DUE DATE/TIME: JUNE 10, 2026, 10:00 AM

REQUEST FOR PROPOSALS (RFP) FOR EMPLOYEE HEALTH INSURANCE

RFP NO. 26-4090-09: Employee Health Insurance

ISSUANCE DATE: May 20, 2026

QUESTION DEADLINE: May 29, 2026, submit to bids@burnetcountytexas.org

SUBMISSION DEADLINE: June 10, 2026, at 10:00 AM (CST)

SUBMISSION LOCATION: Burnet County Auditor's Office 133 E. Jackson, Burnet, TX 78611

WAYS TO SUBMIT: bids@burnetcountytexas.org or dropped off/mailed to Burnet County Auditor's Office: 133 E. Jackson, Burnet, TX 78611

POINT OF CONTACT: Megan Schumann

Purchasing Agent Email: bids@burnetcountytexas.org Phone: (512) 756-5412

1. Notice of Request for Proposals

Burnet County is soliciting sealed proposals from qualified insurance carriers, third-party administrators (TPA's), employee benefits consultants, and/or brokers for the provision of employee health insurance for county employees and eligible dependents.

The County seeks proposals that provide competitive pricing, comprehensive coverage, strong provider networks, administrative efficiency, compliance support, and excellent customer service.

This RFP is being issued to explore the Counties options. There may not be a contract following submittals and review.

2. Scope of Services

Proposers may submit for one or more of the following:

Medical Insurance

- Fully insured and/or self-funded options
- PPO, HDHP, HAS-compatible plans
- Prescription drug coverage
- Preventative care
- Telehealth services
- Wellness programs
- Disease management
- Employee Assistance Program (EAP)

Dental Insurance

- Preventive
- Basic and major services
- Orthodontics

Vision Insurance

- Exams
- Lenses/frames
- Contact lens allowance

Administrative Services

- Enrollment support
 - COBRA administration
 - ACA compliance support
 - HIPPA compliance
 - Claims reporting
 - Renewal strategy
 - Employee education and enrollment meetings
-

3. Current Plan Information

See attachment.

4. Minimum Qualifications

Proposers must:

- Be licensed to do business in Texas
 - Maintain all required state and federal licenses
 - Have a minimum of five (5) years experience with Texas governmental entities
 - Provide at least three (3) county government references
 - Provide proof of required insurance coverage
-

5. Required Insurance

Vendor shall maintain

General Liability

\$1,000,000.00 per occurrence

\$2,000,000.00 aggregate

Professional Liability/Errors & Omissions

\$2,000,000.00 per claim

Cyber Liability

\$1,000,000.00 minimum

Workers Compensation

Statutory limits

6. Proposal Requirements

Proposals shall include:

A. Company Information

- Legal name
- Address
- Contact person
- Years in business
- Ownership structure

B. Executive Summary

C. Proposed Coverage Options

Detailed plan designs including:

- Premiums
- Deductibles
- Copays
- Coinsurance
- Out-of-pocket maximums
- Network information

D. Claims and Administrative Services

Explain:

- Claims turnaround
- Customer service
- Technology platforms
- Enrollment system

E. Cost Proposal

Provide:

- Monthly premiums
- PEPM fees
- Broker compensation disclosure

- Administrative fees
- Renewal guarantees
- Rate guarantees

7. Evaluation Criteria

Proposals will be evaluated based on:

Criteria	Weight
Cost/Premium Structure	35%
Plan Design/Coverage Options	25%
Experience with Counties	15%
Service & Administrative Support	15%
References	10%

8. Contract Terms

Contract term:

Initial three (3) year agreement with two (2) optional one-year renewals, subject to Commissioners Court approval.

The County reserves the right to terminate for convenience with thirty (30) days written notice.

9. Reservation of Rights

The County reserves the right to:

- Reject any or all proposals
- Waive informalities
- Negotiate with proposers
- Request additional information
- Cancel the RFP
- Award in the best interest of the County

10. Selection Process

- Review: The Selection Committee will review and preliminarily score all responsive SOPs.

- Shortlist (Optional): The Commissioners Court reserves the right to shortlist the top-ranked respondents and conduct interviews.
- Ranking: The Commissioners Court will rank the Respondents in order of qualification based on its own independent review of the responsive SOPs. Final scoring and ranking will occur after the interview process, if any, and will be scored by the Commissioners Court at their sole discretion.
- Negotiation: IN accordance with Texas Government Code Sec. 2254.003 the County will attempt to negotiate a fair and reasonable price with the highest-ranked firm.
 - o If a satisfactory contract cannot be negotiated with the most highly qualified provider, the County will formally end negotiations with that provider and attempt to negotiate with the next most highly qualified provider.
 - o This process will continue until a contract is entered into or the County rejects all proposals.
- Approval: The final contract must be approved by the Burnet County Commissioners Court.

Documents are to be submitted as outlined in this RFP. The remaining documents are for the information of the RESPONDENT and will form the Contract Documents between the successful RESPONDENT and the OWNER.

_____ LEGAL NAME OF CONTRACTING COMPANY		
_____ CONTACT NAME	_____ TITLE	
_____ MAILING ADDRESS	_____ E-MAIL ADDRESS	
_____ CITY	_____ STATE	_____ ZIP CODE
_____ PHONE NUMBER	_____ FAX NUMBER	
_____ SIGNATURE	_____ PRINT SIGNATURE	

The undersigned acknowledges receipt of the following addenda:

Addendum No. 1 dated _____	Received _____
Addendum No. 2 dated _____	Received _____
Addendum No. 3 dated _____	Received _____

THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR RFP

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).
 By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.
 A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 Name of person who has a business relationship with local governmental entity.

2 **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Adopted 06/29/2007

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:
 - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
 - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
- (2) the date the vendor becomes aware:
 - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
 - (B) that the vendor has given one or more gifts described by Subsection (a); or
 - (C) of a family relationship with a local government officer.

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

BURNET COUNTY RESPONDENT AFFIRMATION

This sheet must be completed, signed, and returned by RESPONDENT

***NOTE: FAILURE TO SIGN AND RETURN THIS FORM WITH THE RFP DOCUMENT
MAY RESULT IN THE RFP BEING REJECTED OR THE TERMINATION OF
ANY RESULTING CONTRACT OR PURCHASE ORDER.***

1. The undersigned agrees this RFP becomes the property of Burnet County after the official opening.

The undersigned affirms he has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters which may be incidental to the work, before submitting a RFP.

The undersigned agrees, if this RFP is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this RFP Proposal will be sixty (60) calendar days unless a different period is noted by the RESPONDENT.

2. RESPONDENT affirms that they are duly authorized to execute this Contract, that this company, corporation, firm, partnership or individual has not prepared this RFP in collusion with any other RESPONDENT, and that the contents of this RFP as to prices, terms or conditions of said RFP have not been communicated by the undersigned nor by any employee or director to any other person engaged in this type of business prior to the official opening of this RFP.

3. RESPONDENT hereby assigns to purchaser any and all claims for overcharges associated with this Contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.

4. Pursuant to §262.076 (a) of the Texas Local Government Code, RESPONDENT, hereby affirms that RESPONDENT:

(Please check all that are applicable)

_____ Does not own taxable property in Burnet County.

_____ Does not owe any ad valorem taxes to Burnet County or is not otherwise indebted to Burnet County.

RESPONDENT Affirmation Page 1 of 2

BURNET COUNTY RESPONDENT AFFIRMATION

The undersigned affirms that they have read and do understand the specifications, addendum, RFP forms and any attachments contained in this RFP package. ***Failure to sign and return this form will result in the rejection of the entire RFP.***

RESPONDENT COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

RESPONDENT SIGNATURE

DATE

RESPONDENT PRINTED NAME

TITLE

SIGNATURE OF COMPANY OFFICIAL
AUTHORIZING THE RFP (If Applicable)

DATE

COMPANY OFFICIAL PRINTED NAME

TITLE

Corporate Vendors Shall Furnish the Following Information:

WHERE INCORPORATED

CHARTER NUMBER

BUSINESS INCLUDED IN A CORPORATE INCOME TAX RETURN? _____ YES _____ NO

CORPORATION ORGANIZED & EXISTING UNDER THE LAWS OF THE STATE OF _____

PARTNERSHIP CONSISTING OF _____

INDIVIDUAL TRADING AS _____

PRINCIPLE OFFICES ARE IN THE CITY OF _____

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

NON-COLLUSION/ANTI-TRUST AFFIDAVIT

The Company has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted response. Failure to sign this document or signing it with a false statement shall void the submitted offer or any resulting contracts.

Neither the Company or the firm, corporation, partnership, or institution represented by the Company or anyone acting for such firm, corporation, or institution has violated the antitrust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the offer made to any competitor or any other person engaged in such line of business. The Company's signature herein assigns to the County any and all claims for overcharges associated with his contract for this project, which arise under the Antitrust Laws of the United States, 15 USCA, Section 1, Et. Seq. (1973). By signing this proposal, Company certifies that if a Texas address is shown as its address, Company qualifies as a Texas Resident RESPONDENT as defined in Rule 1 TAC 111.2.

RESPECTFULLY SUBMITTED:

AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

COMPANY NAME

COMPANY'S CORPORATE CHARTER NO.

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

TAX RECORD AND FAMILY CODE REQUIREMENTS

The Company's signature herein certifies that the firm is not currently delinquent in the payment of any debt owed to the State of Texas; including but not limited to franchise taxes and child support, property tax, and that any payments due the firm under this contract will be applied to that debt.

Texas Family Code Compliance Requirement:

Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, RFP, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. The response includes the names and Social Security Numbers of each person with a minimum of twenty-five percent (25%) ownership of the business entity submitting the response.

Firm Owner(s), Partners, Sole Proprietors, or Share Holder(s) of twenty-five percent (25%) interest:

NAME

SSN

NAME

SSN

NAME

SSN

NAME

SSN

RESPECTFULLY SUBMITTED:

AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

COMPANY NAME

COMPANY'S CORPORATE CHARTER NO.

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

VENDOR REFERENCE INFORMATION SHEET

Please list three (3) references, other than Burnet County, who can verify your performance as a vendor. Performance includes but shall not be limited to, sales and/or service, delivery, invoicing, and other items as may be required for Burnet County to determine your firm's ability to provide the intended goods or services of this RFP. The County prefers references to be from customers for whom your firm has provided the same items (sales and/or services) as those specified in this RFP. Inaccurate, obsolete or negative responses from the listed references could result in rejection of your RFP. County reserves the right to reject RFPs from RESPONDENTS without experience similar to that provided in this RFP document.

1.

GOVERNMENT ENTITY/COMPANY NAME	
ADDRESS	PHONE
CONTACT PERSON	TITLE
EMAIL ADDRESS (PRIMARY)	EMAIL ADDRESS (SECONDARY)
SCOPE OF WORK	
CONTRACT PERIOD	

2.

GOVERNMENT ENTITY/COMPANY NAME	
ADDRESS	PHONE
CONTACT PERSON	TITLE
EMAIL ADDRESS (PRIMARY)	EMAIL ADDRESS (SECONDARY)
SCOPE OF WORK	
CONTRACT PERIOD	

3.

GOVERNMENT ENTITY/COMPANY NAME	
ADDRESS	PHONE
CONTACT PERSON	TITLE
EMAIL ADDRESS (PRIMARY)	EMAIL ADDRESS (SECONDARY)
SCOPE OF WORK	
CONTRACT PERIOD	

This Form must be SIGNED and the Original Returned with RFP response

CERTIFICATE OF ELIGIBILITY

By submitting a RFP or proposal I response to this solicitation, the RESPONDENT/proposer certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors.

In the event of placement on the list between the time of RFP/proposal submission and time of award, the RESPONDENT/ proposer will notify the Burnet County Purchasing Agent. Failure to do may result in terminating this contract for default.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

VENDOR COMPLIANCE WITH RECIPROCITY ON NON-RESIDENT RESPONDENTS

Government Code 2252.002 provides that, in order to be awarded a contract as low RESPONDENT, a non-resident RESPONDENT must submit projects for construction, improvements, supplies or services in Texas at an amount lower than the lowest Texas resident RESPONDENT by the same amount that a Texas resident RESPONDENT would be required to under RFP a non-resident RESPONDENT in order to obtain a comparable contract in the state in which the non-resident's principal place of business is located. A non-resident RESPONDENT is a contractor whose corporate offices or principal place of business is outside of the state of Texas. This requirement does not apply to a contract involving Federal funds. The appropriate blanks in Section A must be filled out by all out-of-state or non-resident RESPONDENTS in order for your RFP to meet specifications. The failure of out-of-state or non-resident contractors to do so will automatically disqualify that RESPONDENT. Resident RESPONDENTS must check the blank in Section B.

- A. Non-resident vendors in _____ (give state), our principal place of business, are required to be _____ percent lower than resident RESPONDENTS by state law. A copy of the statute is attached.
Non-resident vendors in _____ (give state), our principal place of business, are not required to under RFP resident RESPONDENTS.
- B. Our principal place of business or corporate offices are in the State of Texas: _____.

RESPONDENT:

COMPANY NAME

CITY

STATE

ZIP CODE

PRINTED NAME

AUTHORIZED SIGNATURE

TITLE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE



BURNET COUNTY HISTORICALLY UNDERUTILIZED BUSINESSES (HUB) POLICY

I. POLICY STATEMENT

The Burnet County Commissioners Court, being the policy development and budgetary control unit of county government, will strive to ensure that all businesses, regardless of size, economic, social or ethnic status have an equal opportunity to participate in the County's procurement processes. The County is committed to promote full and equal business opportunity for all businesses to supply the goods and services needed to support the mission and operations of county government, and seeks to encourage the use of certified historically underutilized businesses (HUBs) through the use of race, ethnic and gender neutral means. It is the policy of Burnet County to involve certified HUBs to the greatest extent feasible in the County's procurement of goods, equipment, services and construction projects while maintaining competition and quality of work standards. The County affirms the good faith efforts of firms who recognize and practice similar business standards.

II. DEFINITIONS

Historically Underutilized Businesses (HUBs), also known as a disadvantaged business enterprise (DBE), are generally business enterprises at least 51% of which is owned, and the management and daily business operations are controlled by one or more persons who is/are socially and economically disadvantaged because of his or her identification as a member of certain groups, including women, Black Americans, Mexican Americans and other Americans of Hispanic origin, Asian Americans and American Indians.

Certified HUBs includes business enterprises that meet the definition of a HUB and who meet the certification requirements of certification agencies recognized by Burnet County.

Businesses include firms, corporations, sole proprietorships, vendors, supplier's contractors, subcontractors, professionals and other similar references when referring to a business that provides goods and/or services regardless of the commodity category.

Statutory RFP limit refers to the Texas Local Government Code provisions that require competitive proposals for many items/services valued at greater than \$100,000.

III. POLICY GUIDELINES

- A. Burnet County, its contractors, their subcontractors and suppliers, as well as all vendors of goods, equipment and services shall not discriminate on the basis of race, color, creed, gender, age, religion, national origin, citizenship, mental or physical disability, veteran's status or political affiliation in the award and/or performance of contracts. All entities doing business or anticipating doing business with County shall support, encourage and implement affirmative steps toward a common goal of establishing equal opportunity for all citizens and businesses of the County.
- B. Burnet County will use and recognize the State of Texas Historically Underutilized Business certification process in conjunction with the implementation of this policy. The County may recognize other agencies' certification processes recognized by the State of Texas. Burnet County reserves the right to review the certification status of any vendor applying to do business with the County. The review will be accomplished to determine the validity and authenticity of the vendor's certification as a HUB.
- C. The Commissioners Court may establish HUB target goals. Through a systematic approach of soliciting quotes, RFPs and proposals from certified HUBs and in compliance with applicable state and federal law this policy will strive to meet those goals.
 - 1. Target goals should consider:
 - a. The availability of HUB firms within the specific category of goods or services to be procured; and
 - b. The diversity of the County's population.
 - 2. The goals should be reviewed and amended periodically.
 - 3. The program may apply to all County procurements including construction and professional services.
 - 4. Particular attention will be given to HUB participation on purchases in excess of the statutory RFP limit.
 - 5. Commissioners Court will use good faith efforts to meet the goals of this policy.

- D. Burnet County will actively seek and encourage HUBs to participate in all facets of the procurement process by:
 - 1. Utilizing the State of Texas Historically Underutilized Business vendor database.
 - 2. Advertising RFPs on the County's website and in the local newspaper.
 - 3. Providing RFP notice to minority Chambers of Commerce within Burnet County, if applicable.
- E. As prescribed by law, the purchase of one or more items costing in excess of the statutory RFP limit must comply with the competitive RFP process. Where possible, those RFPs will be structured to include and encourage the participation of HUB firms in the procurement process.
- F. A HUB Policy statement shall be included in all specifications. The County will consider the RESPONDENT's responsiveness to the HUB Policy in the evaluation of RFPs and proposals. Failure to demonstrate a good faith effort to comply with the County's HUB policy may result in a RFP or proposal being considered non-responsive to specifications.
- G. The Purchasing Department will actively search the State Comptroller's HUB vendor list in the quotation process for purchases under the statutory RFP limit.
- H. Nothing in this policy shall be construed to require the County to award a contract other than to the lowest responsive RESPONDENT as required by law. This policy is narrowly tailored in accordance with applicable law.

IV. ADMINISTRATIVE GUIDELINES

- A. The Purchasing Office shall serve as the County's HUB Office with responsibility for the implementation, monitoring and general operations of the HUB policy. The Purchasing Director shall serve as the County HUB Officer.
 - 1. The HUB Officer will establish procedures to implement this policy across the full spectrum of the procurement process. The County HUB Office will periodically review with department head and elected officials regarding procurement opportunities.
 - 2. Managing the policy and training buyers and other County personnel in order to meet County goals will be the responsibility of the HUB Office.

3. The HUB Office will cooperate with other local government entities to increase HUB participation throughout the county and region. The HUB Office is encouraged to participate in educational and other outreach programs to assist HUB firms.

4. Any complaints and/or recommendations regarding the implementation of this policy will be received and reviewed by the HUB Officer. Further, the HUB Office will audit for compliance to the HUB Policy on eligible projects after award, during the performance of the contract and after completion, while also making any recommendations to Commissioner's Court regarding any irregularities or misrepresentations of facts as they relate to compliance with the policy. The HUB Office will review documentation submitted by HUB firms in compliance with this policy.

BURNET COUNTY FOR DISADVANTAGED BUSINESS ENTERPRISES ONLY

Disadvantaged Business Enterprises (DBE) are encouraged to participate in Burnet County's RFP process. The Purchasing Office will provide additional clarification of specifications, assistance with RFP Proposal Forms, and further explanation of responding/submittal procedures to those DBEs who request it.

Representatives from DBE companies should identify themselves as such and submit a copy of the Certification.

The County recognizes the certifications of the Texas Comptroller of Public Accounts Historically Underutilized Business Program. All companies seeking information concerning DBE certification are urged to contact The Texas Comptroller of Public Accounts at 800-531-5441, extension 3-6958 or 512-463-6958.

If your company is already certified, attach a copy of your certification to this form and return with RFP.

COMPANY NAME

REPRESENTATIVE

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

EMAIL ADDRESS (PRIMARY)

EMAIL ADDRESS (SECONDARY)

Indicate all that apply:

_____ Minority-Owned Business Enterprise

_____ Women-Owned Business Enterprise

_____ Disadvantaged Business Enterprise

BURNET COUNTY HOUSE BILL 89 VERIFICATION

NOTE: FAILURE TO SIGN AND RETURN THIS FORM WITH RFP RESPONSE MAY RESULT IN YOUR RFP BEING REJECTED

This verification must be completed, signed, and returned by RESPONDENT unless the business is a sole proprietorship or has less than 10 full time employees. Please sign and date below if you are exempt from this requirement.

1. I certify my business is a sole proprietorship or has less than 10 full-time employees.

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

If #1 is not applicable to your company, please move to #2 below.

**2. I, _____ (Name), the undersigned representative of
(Company Name and Address)**

(hereafter referred to as Company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

- 1. Does not boycott Israel currently; and**
- 2. Will not boycott Israel during the term of the contract the above-named Company, business or individual with Burnet County, Texas.**

Pursuant to Section 2270.001, Texas Government Code:

- 1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
- 2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

On this, the ____ day of _____, 20____, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL

NOTARY SIGNATURE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

FELONY CONVICTION NOTIFICATION

Any person and/or business entity that enters into a contract with the Burnet County must give advance notice if any employee or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony. The notice must also describe the role that the employee, owner, or operator will perform in executing the contract.

Burnet County may require substitution of employees in the performance of the contract. Burnet County may terminate a contract with a person or business entity if the County determines that the person or business entity failed to give notice as required by this clause, misrepresented the conduct resulting in the conviction, or failed to substitute personnel at the County's request.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Signature of Authorized Company Official

Date

Authorized Company Official's Name and Title (Printed)

Firm Name

A. My firm is not owned or operated by anyone who has been convicted of a felony nor does it have any employees who have been convicted of a felony:

Signature of Authorized Company Official

Date

B. My firm has employee(s) or is owned or operated by the following individual(s) who has/have been convicted of a felony:

Person 1

Person 2

Signature of Authorized Company Official

Date

C. Provide a general description of the conduct resulting in the conviction of a felony.

Signature of Authorized Company Official

Date

D. Describe the role that the person(s) convicted of a felony will play in the performance of the contract.

Signature of Authorized Company Official

Date

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

GC 2252.152 CERTIFICATION FORM

CONTRACTS WITH COMPANIES ENGAGED IN BUSINESS WITH IRAN, SUDAN, OR FOREIGN TERRORIST ORGANIZATIONS PROHIBITED - CERTIFICATION

I, _____, the undersigned representative of

(Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify the Burnet County Purchasing Office.

SIGNATURE OF COMPANY REPRESENTATIVE

NAME OF COMPANY REPRESENTATIVE (PRINT)

TITLE

DATE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

GC 2274 CERTIFICATION FORM

FIREARM ENTITIES AND TRADE ASSOCIATIONS DISCRIMINATION CERTIFICATION

I, _____ the undersigned representative of

(Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2274 verify that this company or business (1) does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association. If Respondent does not make that verification, Respondent must indicate in its Response and state why the verification is not required.

APPLICABILITY: This clause applies only to a contract that:

- (1) is between a governmental entity and a company with at least 10 full-time employees; and
- (2) has a value of at least \$100,000 that is paid wholly or partly from public funds of the governmental entity.

COMPANY NAME

SIGNATURE OF COMPANY REPRESENTATIVE

NAME OF COMPANY REPRESENTATIVE (PRINT)

TITLE

DATE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Offeror certifies to the best of its knowledge and belief that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency.
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award.

COMPANY NAME

SIGNATURE OF COMPANY REPRESENTATIVE

NAME OF COMPANY REPRESENTATIVE (PRINT)

TITLE

DATE

_____ I am unable to certify the above statements. My explanation is attached.

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

RESERVATION OF RIGHTS

The County is issuing this RFP in accordance with applicable laws that allow an agreement with a private entity that displays demonstrated competence and PROPOSALS to perform the requested task.

The County reserves the right to terminate this process and to cancel or modify this solicitation process at any time. In no event will the County or any of its respective agents, representatives, consultants, directors, officers, or employees be liable for, or otherwise obligated to reimburse, the costs incurred in preparation of this RFP, or any other related costs. The prospective firms shall be fully responsible for all costs incurred in the preparation and/or presentation of the RFP submittals. The RFP submittals will become the property of the County.

All submissions shall be subject to the Texas Public Information Act unless the respondent clearly and prominently identifies a particular submittal item as proprietary and said item unequivocally qualifies for this exception under the Act as determined by the Attorney General.

In connection with the RFP, the County reserves all rights (which rights may be exercised by the County in its sole discretion) available to it under applicable laws, including without limitation, and with or without cause and with or without notice, the right to:

1. Cancel this RFP, in whole or in part, at any time before the execution of contract by the County, without incurring any cost, obligations or liabilities.
2. Issue addenda, supplements, and modifications to this RFP.
3. Revise and modify, at any time before the RFP submittal due date, the factors and/or weights of factors the County will consider in evaluating RFP submittals and to otherwise revise or expand its evaluation methodology as set forth herein.
4. Extend the RFP submittal due date.
5. Investigate the PROPOSALS of any firm under consideration and require confirmation of information furnished by a firm.
6. Require additional information from a firm concerning contents of its RFP submittal and/or require additional evidence of PROPOSALS.
7. Waive or permit corrections to data submitted with any response to this RFP until such time as the County declares, in writing, that a particular stage or phase of its review of the responses has been completed or closed.
8. Reject at any time, any or all submittals, responses and RFP submittals received.
9. Terminate, at any time, evaluations of responses received.
10. Appoint an evaluation committee to review RFP submittals or responses, make recommendations and seek the assistance of outside experts and consultants in RFP submittal evaluation.

11. Hold interviews and conduct discussions and correspondence with one or more of the firms responding to this RFP to seek an improved understanding and evaluation of the responses to this RFP.

12. Seek or obtain data from any source that has the potential to improve the understanding and evaluation of the responses to this RFP.

13. Disclose information contained in a RFP submittal to the public as required under the Texas Public Information Act.

14. Authorize firms to substitute key personnel until the County declares, in writing, that a particular stage or phase of its review has been completed and closed.

15. Waive deficiencies in a RFP submittal, accept and review a non-conforming RFP submittal or seek clarifications or supplements to a RFP submittal.

16. Disqualify any firm that changes its RFP submittal without the County's authorization.

17. Exercise any other right reserved or afforded to the County under this RFP. The County reserves the right to modify the process, in its sole discretion, to address applicable law and/or the best interest of the County.

The County shall not, under any circumstances, be bound by or be liable for any obligations with respect to any services until such time (if at all) a contract has been awarded and all approvals obtained in form and substance satisfactory to the County have been executed and authorized by the County, and then only to the extent of such agreements.

COMPANY NAME

SIGNATURE OF COMPANY REPRESENTATIVE

NAME OF COMPANY REPRESENTATIVE (PRINT)

TITLE

DATE

MAILING ADDRESS

CITY

STATE

ZIP CODE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

SIGNATURE FORM

The undersigned, on behalf of and as the authorized representative of RESPONDENT, agrees this RFP becomes the property of Burnet County after the official opening.

The undersigned affirms that the RESPONDENT has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters that may be incidental to the work, before submitting a RFP.

The undersigned agrees, on behalf of RESPONDENT, that if the RFP is accepted, RESPONDENT will furnish all materials and services upon which price(s) are offered, at the price(s) and upon the terms and conditions contained in the specifications. The period for acceptance of this RFP will be sixty (60) calendar days.

The undersigned affirms that they are duly authorized to execute this contract, that this RFP has not been prepared in collusion with any other RESPONDENT, nor any employee of Burnet County, and that the contents of this RFP have not been communicated to any other RESPONDENT or to any employee of Burnet County prior to the official opening of this RFP.

Vendor hereby assigns to Burnet County all claims for overcharges associated with this contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.

The undersigned affirms that they have read and do understand the specifications and any attachments contained in this solicitation. ***Failure to sign and return this form will result in the rejection of the entire RFP.***

COMPANY NAME

SIGNATURE OF COMPANY REPRESENTATIVE

NAME OF COMPANY REPRESENTATIVE (PRINT)

TITLE

DATE

THIS FORM MUST BE SIGNED AND THE ORIGINAL RETURNED WITH RFP RESPONSE

BURNET COUNTY STATEMENT OF NO RFP

If the RESPONDENT is not responding on the goods and/or services as stated in this RFP, please complete, and return this form to: Burnet County, Purchasing Office, 133 E. Jackson, Burnet, TX 78611.

COMPANY NAME

CITY

STATE

ZIP CODE

SIGNATURE

TITLE

DATE

EMAIL

The above has declined to submit a RFP response for the following reason(s) [please check all that apply]:

- Specifications too "restrictive," i.e., goods offered by our company do not meet stated specifications.
- Specifications unclear (please explain below).
- We do not offer this commodity and/or service or an equivalent.
- Insufficient time to respond to the ITB.
- Our schedule would not permit us to perform.
- Cannot meet insurance requirements.

Remarks:

CERTIFICATE OF INSURANCE

The insurance evidenced by this Certificate shall conform to the Supplemental General Conditions, Section 5.3 Insurance:

Name and Address of Agency:

 Phone: _____ / _____

County of Burnet Reference:
 Project Name _____

 Project No.: _____
 Project Location: _____

Name and Address of Insured:

 Phone: _____ / _____

Companies Affording Coverages:
 Company A
 Letter _____
 Company B
 Letter _____
 Company C
 Letter _____
 Company D
 Letter _____

Prime or Sub-Contractor?: _____

Name of Prime Contractor, if different from Insured:

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/D/Y)	POLICY EXPIRATION DATE (M/D/Y)	LIMITS OF LIABILITY IN THOUSANDS (000) EACH
	Commercial General Liability Policy <input type="checkbox"/> Blanket Contractual Liability <input type="checkbox"/> Completed Operations/ Products <input type="checkbox"/> Explosion, Collapse, Underground <input type="checkbox"/> Independent Contractor's Coverage <input type="checkbox"/> Aggregate Limits Per Project Form – CG 2503 <input type="checkbox"/> Additional Insured Form –CG 2010 <input type="checkbox"/> 30 Day Notice of Cancellation Form – CG 0205 <input type="checkbox"/> Waiver of Subrogation Form – CG 2404 <input type="checkbox"/> Transportation of Asbestos or Lead <input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Lead Abatement				General Aggregate \$ _____ Completed Operations/ Products – Aggregate \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence \$ _____ Deductible or Self Insured Retention \$ _____

Certificate of Insurance

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/D/Y)	POLICY EXPIRATION DATE (M/D/Y)	LIMITS OF LIABILITY IN THOUSANDS (000) EACH
	Auto Liability Policy <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Waiver of Subrogation-TE2046A <input type="checkbox"/> 30 Day Notice of Cancellation – TE0202A <input type="checkbox"/> Additional Insured-TE9901B <input type="checkbox"/> MCS 90				CSL Bodily Injury (Per Person) \$ _____ Bodily Injury (Per Accident) \$ _____ Property Damage (Per Accident) \$ _____ Deductible or Self Insured Retention \$ _____
	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Excess Liability Follow Form				Each Aggregate Occurrence \$ _____
	Worker's Compensation and Employers' Liability <input type="checkbox"/> Waiver of Subrogation – WC420304 <input type="checkbox"/> 30 Day Notice of Cancellation – WC420601				Statutory (Each Accident) \$ _____ (Disease - Policy Limit) \$ _____ (Disease - Each Employee) \$ _____
	Builders Risk or Installation Insurance				\$ _____
	Professional Liability <input type="checkbox"/> 30 Day Notice of Cancellation Retro-Active Date: _____				Each Claim Deductible or Self Insured Retention \$ _____

This is to certify that policies of insurance listed above have been issued to insured named above and are in force at this time. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, insurance afforded by policies described herein is subject to all terms, exclusions and conditions of such policies.

ADDITIONAL INSURED:

Burnet County
133 E. Jackson
Burnet, Texas 78611

DATE ISSUED: _____ AUTHORIZED REPRESENTATIVE: _____

**Did you sign and submit all
required forms?
If not, your RFP may be
Rejected!**

AFFIRMATIONS/FORMS/DOCUMENTS

✓ Indicates Compliance	<p>A check mark (✓) in the space provided indicates these forms/documents have been completed and are included in your RFP package. The original of all forms/documents must be submitted. Failure to check all items could result in rejection of the entire RFP. <u>All deviations from specifications must be documented separately and included with RFP package.</u></p>
	<p>1. <u>Vendor References.</u> RESPONDENT has provided three (3) references, other than Burnet County. References must be able to verify the quality of service your company provides and that your company has completed a project of similar size and scope of work to this RFP.</p>
	<p>2. <u>Signatures.</u> All forms, including certifications, affirmations and informational forms requiring a signature must be signed. RFPs not signed may not be considered for award.</p>
	<p>3. <u>RFP FORMS.</u> All sections of RFP FORMS have been completed.</p>
	<p>4. <u>Insurance Certificates (If required).</u> RESPONDENTS must submit all Insurance Certificates with RFP. If no insurance requirements specified, mark N/A.</p>
	<p>5. <u>Addenda.</u> When applicable, RESPONDENT acknowledges receipt of all addenda and has included the signed Addenda cover pages and any revised RFP Forms in their RFP package.</p>
	<p>6. It is the RESPONDENTS' sole responsibility to print and review all pages of the RFP document, attachments, questions and their responses, addenda, and special notices.</p>
	<p>7. Accuracy for all mathematical and number entries is the sole responsibility of the RESPONDENT. Burnet County will not be responsible for errors made by the RESPONDENT.</p>
	<p>8. Failure to comply with the requirements set forth in this Invitation to RFP may result in rejection of RFP and/or cancellation of contract after award.</p>

All Required Forms Must Be Returned With RFP!

RFP SUBMITTAL INSTRUCTIONS

RETURN SEALED RFP TO THE FOLLOWING ADDRESS:

BURNET COUNTY PURCHASING OFFICE
KELLEY GLAESER, PURCHASING AGENT
133 E. JACKSON
BURNET, TEXAS 78611

OR SUBMITTED ELECTRONICALLY TO:

bids@burnetcountytexas.org

LATE RFP'S WILL NOT BE ACCEPTED

BURNET COUNTY RETURN LABEL

<u>SEALED INVITATION TO RFP</u>	
INVITATION TO RFP NO.:	26-4090-09
DUE DATE & TIME:	JUNE 10, 2026, 10:00 AM CST
OPENING DATE & TIME:	JUNE 10, 2026, 10:00 AM CST
DESCRIPTION:	EMPLOYEE HEALTH INSURANCE
<i>DATED MATERIAL – DELIVER IMMEDIATELY</i>	

**PLEASE CUT OUT AND AFFIX THE ITB LABEL ABOVE TO
THE OUTER MOST ENVELOPE OF YOUR RESPONSE**



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

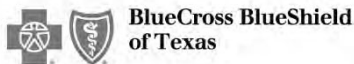
BENEFIT HIGHLIGHTS PLAN 1100

(HCR Grandfathered)

BLUECHOICE NETWORK

This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
<p>Plan Year Deductibles Per-admission Deductible Deductible Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</p>	\$0 \$750 Individual / \$2,250 Family	\$0 \$1,000 Individual / \$3,000 Family
<p>Plan Year Out-of-Pocket Maximum Deductibles are not applied to the Out-of-Pocket Maximum (OOPM). Copayment Amounts will apply to the OOPM and will continue to be required after the maximum has been satisfied. Your benefit booklet will provide more details.</p>	\$3,000 Individual / \$9,000 Family <i>Network Deductible & Out-of-Pocket Maximum will only apply toward Network Deductible & Out-of-Pocket Maximum</i>	\$6,000 Individual / \$18,000 Family <i>Out-of-Network Deductible & Out-of-Pocket Maximum do not apply toward Network Deductible & Out-of-Pocket Maximum</i>
<p>Copayment Amounts Required Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i></p> <p>MDLIVE (Telemedicine)</p> <p>Urgent Care</p> <p>Outpatient Hospital Emergency Room/Treatment Room <i>Refer to Emergency Room/Treatment Room section for more information</i></p>	\$25 Copayment Amount \$0 Copayment Amount \$25 Copayment Amount \$120 Copayment Amount	N/A-Refer to Medical/Surgical Expense section for benefits Not Applicable 70% of Allowable Amount \$120 Copayment Amount
<p>Maximum Lifetime Benefits Per Participant</p>	Unlimited	
Inpatient Hospital Expenses		
<p>Inpatient Hospital Expenses All services must be preauthorized All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</p> <p>Penalty for failure to preauthorize services</p>	80% of Allowable Amount None	60% of Allowable Amount \$250



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical/Surgical Expenses	In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services		Declined

Extended Care Expenses		
Extended Care Expenses All services must be preauthorized	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care	25 day maximum each Plan Year* 60 visit maximum each Plan Year* Unlimited	

Special Provisions Expenses		
Serious Mental Illness All services must be preauthorized		
Inpatient Services -Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services -Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

All services must be preauthorized. Inpatient treatment must be provided in a Chemical Dependency Treatment Center.

Inpatient Services -Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services -Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-Emergency Room/Treatment Room	80% of Allowable Amount after \$120 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$120 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Other Outpatient Services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

Emergency Room/Treatment Room

Accidental Injury & Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$120 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	
-Physician charges	80% of Allowable Amount after Plan Year Deductible	
Non-Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$120 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$120 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Physician charges	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

80% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
Preventive Care		
Routine annual physical examinations, well-baby care exams, immunizations for Participants 6 years of age & over, vision exams and hearing exams	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Physical Medicine Services		
Chiropractic Care-Office Services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Airrosti Rehab Centers	\$25 Copayment Amount	Not Applicable
Plan Year Maximum	35 visit maximum each Plan Year*	
	<i>All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>	

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown.

EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

MDLive (Telemedicine) is now part of your benefit plan design. Access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week to speak to immediately or schedule an appointment based on your availability. Please refer to your benefit booklet for other details.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 5 - NO DEDUCTIBLE

Prescription Drug Program (Copayments will not apply to Medical Out-of-Pocket Maximum)

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	<i>\$0 Individual / \$0 Family</i>
Tier 3 Drug	<i>\$50 Copayment Amount</i>
Tier 2 Drug	<i>\$30 Copayment Amount</i>
Tier 1 Drug	<i>Lesser of \$10 Copayment Amount OR Actual Cost</i>

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	<i>\$100 Copayment Amount</i>
Tier 2 Drug	<i>\$60 Copayment Amount</i>
Tier 1 Drug	<i>\$20 Copayment Amount</i>

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

DENTAL PLAN II WITH ORTHODONTIA

BLUECARE DENTAL PPO

Type of Service	Benefit**
General Provisions Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
Diagnostic and Preventive Care Benefits (deductible waived) (Benefits do not apply to Plan Year Maximum) Oral Examinations (twice per Plan Year) Problem-Focused and non-routine exams limited to 1 per plan year Consultations Prophylaxis (two cleanings per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 60 months) Bitewing X-ray Series (once per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Sealants up to age 19, permanent molars, one per tooth every 36 months Space Maintainers up to age 19; 1 per arch per lifetime on posterior teeth only Labs and Tests Periodontal Maintenance 2 per plan year; not combined with Preventive Prophylaxis Full Mouth Debridement once per lifetime	100%
Miscellaneous Services Palliative Care	80%
Restorative Services Amalgams and Composite (once per surface on the indicated tooth per 24 months) Simple Extractions Pin Retention	80%
General Services Diagnostic Casts (once per Plan Year) Prefabricated Stainless Steel Crowns	80%
Endodontic Services Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy	80%
Periodontal Services Periodontal scaling and root planing	80%
Oral Surgery Services Surgical tooth extractions Full Bony impacted tooth extractions General Anesthesia/IV Sedation Alveoloplasty, Vestibuloplasty Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	50%
Crowns, Inlays/Onlays Services Crowns, Inlays, Onlays, Labial Veneers	50%



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

<p>Prosthodontic Services Bridges and dentures Denture relining/rebase, Denture adjustments, Re-cementation and repair of bridges/dentures, Re-cementation and repair of crowns, inlays/onlays, Occlusal Guard Implants</p>	50%
<p>Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults (no age limitation) and Dependent children (under age 26) Lifetime Maximum per Participant</p>	50% \$1,500

****Each time you need dental care, you can choose to:**

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
<ul style="list-style-type: none"> • Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses • You are not required to file claim forms • You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists 	<ul style="list-style-type: none"> • Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses • You are required to file claim forms • You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION
<p>This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:</p> <ul style="list-style-type: none"> ➤ Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26. ➤ Retirees may be eligible, depending on employer contract. ➤ Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty. <p>When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.</p>

Summary of Vision Benefits

Texas Association of Counties

PREMIUM PLAN

INSIGHT NETWORK		
Frequency		
Examination		Once every 12 months
Lenses or contact lenses		Once every 12 months
Frame		Once every 12 months
Contact lens eval/fitting		N/A
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$0 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$180 allowance, 20% off balance over \$180	Up to \$65
Standard Lenses		
Single vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard progressive lens	\$65 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$180 allowance, 15% off balance over \$180	Up to \$104
Disposable	\$0 copay, \$180 allowance, plus balance over \$180	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



Summary of Benefits Continued

Progressive Price List ¹	Member Cost In-Network
Standard progressive	\$65 copay
Premium progressives ² as follows:	
Tier 1	\$85 copay
Tier 2	\$95 copay
Tier 3	\$110 copay
Tier 4	\$65 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ² coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross and Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.