



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

NOTICE OF MEETING AND AGENDA

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

SEPTEMBER 20, 2023

7:30 A.M.

Notice is hereby given that the Board of Commissioners of Jefferson County Drainage District No. 3 will meet at 7:30 a.m., on the **September 20, 2023**, at its regular meeting place in the District’s Office, 24460 Hwy 124, Hamshire, Texas.

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

I. Call to order and take roll.

II. Announcement:

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

III. Public Comments

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

IV. Approve Minutes from AUGUST 16, 2023 meeting.

V. Office Update

- A. Review and Accept Regular District Bills August 31 to September 15, 2023
- B. Review and Accept Monthly Financial Reports
- C. Review and Accept Monthly Insurance Summary
- D. Consider, approve and execute proposal presented by Kim Carroll, PE
- E. Consider, approve and execute proposal from JSWA, Inc, to apply for FMA grants for the development of a Hazard Mitigation Plan as well as a Project Scoping/Master Drainage Plan.
- F. Consider, approve and execute 2024 Retiree Supplement Plan as presented by County Choice Silver & Transamerica Life Insurance Company & Retiree RX Care
- G. Consider and approve the General Fund Budget FY2024
- H. Consider and approve 2023 Certified Taxable Value
- I. Consider and approve the District's 2023 Tax Rate of \$0.288751/\$100 valuation as distributed below:

Proposed tax rate of \$0.288751/\$100 valuation:

Maintenance and Operating:	\$0.288751/\$100 valuation
TOTAL PROPOSED TAX RATE FOR 2023	\$0.288751/\$100 valuation
TOTAL ACTUAL TAX RATE FOR 2022	\$0.295126/\$100 valuation
TOTAL DECREASE OVER LAST YEAR'S RATE	\$0.006375/\$100 valuation

V. Office Update (cont)

I. Executive Session – *See footnote*¹

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

VI. Equipment/Project Update

A. Equipment Update

B. Project Update

1. Tazz RV Park – Discuss Bridge requirements and open cutting in water line to bury lines in ditch.
2. Oasis Truck Stop – Hwy 73 & Kiker Rd - Discuss plans that were submitted
3. Longhorn RV Park – Discuss plans that were submitted

C. Under County Wide Burn Ban

Completed Projects

Will need to return to this project once burn ban is lifted

1. M. Jones Ditch 124-2 – Hwy 73
2. S. Salazar Ditch 124-1 – Hwy 73

Projects in Progress

Will resume these projects once equipment has been repaired

1. R. Byerly –Ditch 318-1 - Englin Rd
2. V. Wright – Ditch 308 - Vincent Rd
3. B. Bundick – Vincent Rd

Upcoming Projects

1. D. Phend – Ditch 124 - Hwy 73
3. B. Fischer – Wise Rd
4. N. Mitchell – E. Hamshire Rd
5. C. Rollins – Coon Rd
6. J. Levingston – Camellia Dr.
6. H. Clubb – Ditch 124-1 - Wilber Rd
7. Labelle Properties Hwy 73 – Ditch 750-B

VII. New Business

A. Meeting Updates –

1. Met with Mario Watkins & Vivian Ballou in reference to using Legacy Community Development Corp to help obtain grants with the District on August 30, 2023.
2. The District hosted a Rescue & Restore Program meeting on September 5, 2023 at 6:00pm, presented by Legacy CDC

B. Board Comments

C. Set Next Meeting Date

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

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

**NOTICE OF MEETING AND AGENDA
SEPTEMBER 20, 2023 – 7:30 A.M.**

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

The notice for this meeting was posted in compliance with the Texas Open Meeting Act on September 14, 2023.

JEFFERSON COUNTY DRAINAGE DISTRICT No. 3

By:  _____

Frank R. Rose, Chairman

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

Dated this the _____ day of _____, 20_____.

By: _____

Jefferson County Clerk

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

DRAINAGE DISTRICT NO. 3
Jefferson County, Texas

MINUTES OF MEETING

SEPTEMBER 20, 2023

7:30 A.M.

A meeting was held September 20, 2023, at 7:30 A.M. in the District's office located at 24460 Hwy 124, Hamshire, Texas. Present were Chairman Frank R. Rose, Reggie Boykin, Secretary and Commissioner Joel Levingston, Jr. Also present was Kim Carroll with Texan Engineering & Consulting, LLC.

1. Meeting was called to order at 7:30 A.M. by Chairman Frank R. Rose.
2. He announced that this meeting was being recorded for the purpose of transcribing the minutes.
3. There were no Public Comments
4. The Minutes of August 16, 2023 meeting were approved on a motion made by Commissioner Levingston and seconded by Commissioner Boykin. All voted Aye.
5. Office Update -
 - A. Commissioners reviewed and accepted the Districts' regular checks written August 30, 2023 to September 15, 2023. Motion was made by Commissioner Boykin, seconded by Commissioner Levingston. All voted Aye.
 - B. Commissioners reviewed and accepted the monthly financial report presented by Shanna Verret which showed an ending fund balance of \$1,411,838.93 a decrease of \$135,713.72 from last month. Motion was made by Commissioner Boykin and seconded by Commissioner Levingston. All vote Aye
 - C. Insurance summary from January to July 2023 was presented by Shanna Verret. The active employees have a profit of \$41,302.32 and retirees show a profit of \$10,717.56. Motion was made by Commissioner Levingston and seconded by Commissioner Boykin to accept the insurance summary as presented. All vote AYE.
 - D. After a discussion with Kim Carroll, the Board approved the Professional Services Agreement with Texan Engineering & Consulting, LLC to perform work for the District in creating a Master Drainage Study. Commissioner Boykin made the motion to approve the agreement and seconded by Commissioner Levingston. All voted AYE.
 - E. Jeff Ward with JWSA, Inc. presented a proposal for application(s) development for acquisition and demolition of flood prone properties on behalf of the District. The cost for 2023 FMA Application will be \$3000.00 for an Application Development for Hazard Mitigation Plan and a cost of \$5000.00 for application of Development for Project Scoping/Master Drainage Plan. It was explained that in order to qualify for State and Federal grants, the District must have a Hazard Mitigation Plan in place. Motion was made by Commissioner Boykin and seconded by Commissioner Levingston to approve the expenditure with JWSA, Inc. for each application. All vote AYE.
 - F. Motion was made by Commissioner Boykin and seconded by Commissioner Levingston to approve the 2024 Retiree Supplement Plan presented by County Choice Silver & Transamerica Life Insurance Company & Retiree RX Care. The plan coverage will be the same as the previous year at a cost of \$279.08 for Medical, an increase of 6.75% and \$274.07 for RX, an increase of 3.5% in premiums. The District will continue to pay 100% cost of premiums for its retirees. All voted AYE.
 - G. Motion was made by Commissioner Boykin and seconded by Commissioner Levingston to approve the General Fund Budget as presented in the amount of \$1,638,096.00 an increase of \$13,161.00 (.809900%) over the budget FY2023. All voted AYE
 - H. A review of the certified Taxable Value in the amount of \$296,362,151 was presented to the Commissioners. This value is an increase of \$33,700,478 from 2022 certified value.
 - I. A motion was made by Commissioner Boykin and seconded by Commissioner Levingston to adopt the District's 2023 tax rate of \$0.288751/\$100 valuation. A decrease of 2.16% from 2022 tax rate. All vote Aye.
 - J. There was no executive session.

MINUTES OF MEETING

SEPTEMBER 20, 2023

7:30 A.M.

6. Equipment/Project Update –

A. Equipment Update

1. The mini x has been over heating and Waukesha Pearce has been out to inspect the machine. It was determined that the regulator and water pump needed to be changed out. This repair has been completed and the machine is back in operation.

B. Project Update –

1. Tazz RV Park – Discussion was held on the revision of the plans for the RV Park. Tazz RV has presented plans to install a bridge across the District’s ditch on the property. We are recommending that concrete be placed in the bottom of the ditch under the bridge due to maintenance that would not be able to be performed by the District under the bridge.
2. Oasis Truck Stop - This project is on Hwy 73 and Kiker Rd. The preliminary drainage plans and site plans have been sent back with multiple corrections after Ms. Falgout reviewed them.
3. Longhorn RV – Due to the lack of permits being obtained that are required by TCEQ and Jefferson County, this project has been put on hold until the permits have been obtained. Also, the plans for the site are to be revised to meet Jefferson County requirements.

C. The District and Jefferson County is under a County Wide Burn Ban

1. Work Progress

Projects Completed – Buring of brush still needs to be done after the burn ban is lifted

- a) M. Jones – Hwy 73
- b) S. Salazar – Wilber Rd
- c) E. Toribio – Englin Rd – Crossing set

Projects in Progress –

- a) R. Byerly – Englin Rd
- b) V. Wright – Vincent Rd
- c) B. Bundick – Vincent Rd
- d) D. Phend – Hwy 73

Upcoming Projects –

- a) B. Fischer – Wise Rd
- b) N. Mitchell – E. Hamshire Rd
- c) C. Rollins – Coon Rd
- d) N. Marengo – Sattler Rd – Install Crossing
- e) J. Levingston – Camellia Dr
- f) H. Clubb – Wilber Rd

8. New Business

A. Meeting updates –

1. General Manager Ruffus Lavergne and Administrative Assistant Shanna Verret met with Mario Watkins and Vivian Ballou, with Legacy Community Development Corp, to discuss needs and grants available through Jefferson County and other sources to help the District.
2. The District hosted a community meeting with Legacy CDC to inform citizens of the Rescue & Restore program that is offering \$25,000 grants to help install septic systems and other home repairs that may be needed.

B. No Board Comments

C. The next regular meeting date is set for Wednesday, October 18, 2023 at 7:30a.m.

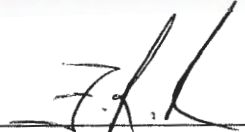
With no further business, meeting adjourned at 8:40 a.m.

DRAINAGE DISTRICT NO. 3
Jefferson County, Texas

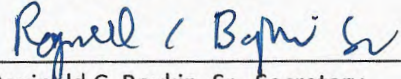
MINUTES OF MEETING

SEPTEMBER 20, 2023

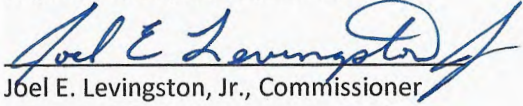
7:30 A.M.



Frank R. Rose, Chairman



Reginald C. Boykin, Sr., Secretary



Joel E. Levingston, Jr., Commissioner

Maintenance Operations Fund Expenditures

Date	Num	Name	Description	Credit
08/30/2023	12853	PAYROLL ACCOUNT	Salaires & Auto Allowance	\$ 14,156.50
08/30/2023	ACH	FICA	Payroll Tax Liability	\$ 2,811.14
08/30/2023	ACH	Texas County District Retirement	Employer Premium	\$ 1,693.86
08/30/2023	12854	Amwins Group Benefits, LLC	Insurance	\$ 4,206.40
08/30/2023	12855	Tri-Con	Fuel	\$ 2,751.07
08/30/2023	12856	Office Depot	Office Supplies	\$ 207.87
08/30/2023	12857	Winnie Raditor	Welding Supplies	\$ 80.55
08/30/2023	12858	Rockin J On Site Waste Water System	Contract/Repairs	\$ 834.00
08/30/2023	12859	Audilet Tractor Sales, Inc	Tractor Repair	\$ 417.13
08/30/2023	12860	Beaumont Tractor	Tractor Repair	\$ 361.08
08/30/2023	12861	Centerpoint Energy	Natural Gas	\$ 96.34
08/30/2023	12862	AT & T	Telephone	\$ 107.46
08/30/2023	12863	Windstream	Telephone	\$ 329.29
08/30/2023	12864	Entergy	Electricity	\$ 370.05
08/30/2023	12865	Allison Getz - Tax Assessor/Collector	License Renewal	\$ 7.50
08/30/2023	12866	Winnie Welding Work	Equipment Rental	\$ 480.00
		Total		\$ 28,910.24
9/15/2023	12867	Payroll Account	Salaires	\$ 11,631.50
9/15/2023	ACH	FICA	Payroll Tax Liability	\$ 2,383.14
9/15/2023	12868	Southeast Texas Govt Employee Benefits	Insurance	\$ 19,149.41
9/15/2023	12869	County Treasurer	Life Insurance	\$ 38.45
9/15/2023	12870	The Examiner	Printed Matter	\$ 330.00
9/15/2023	12871	Seabreeze Culvert	Metal Culvert	\$ 1,143.68
9/15/2023	12872	Stratton's	Hardware	\$ 128.96
9/15/2023	12874	First National Bank of Ohio	Miscellaneous	\$ 22.07
9/15/2023	12875	Sam's Club	Miscellaneous	\$ 107.80
9/15/2023	12876	O'Reilly	Tools	\$ 109.98
9/15/2023	12877	Centerpoint Energy	Natural Gas	\$ 96.95
9/15/2023	12878	West Jefferson MWD	Water	\$ 39.49
9/15/2023	12879	Hamshire Waste	Waste Disposal	\$ 68.00
9/15/2023	12880	Lone Star Lube Right	Dues & Subscriptions	\$ 7.00
9/15/2023	12881	Texas Labor Law Posters	Dues & Subscriptions	\$ 99.50
9/15/2023	12882	TWCA	Dues & Subscriptions	\$ 445.00
9/15/2023	12883	Jux Technologies	Dues & Subscriptions	\$ 18.00
9/15/2023	12884	Jefferson Central Appraisal District	Appraisal District Fees	\$ 1,631.07
9/15/2023	12885	Tri-Con	Miscellaneous	\$ 106.60
9/15/2023	12886	Southern Tire Mart	Tires	\$ 268.20
		Total		\$ 37,824.80
		GRAND TOTAL		\$ 66,735.04

DRAINAGE DISTRICT No. 3
Profit & Loss Budget Performance
August 2023

	Aug 23	Budget	Oct '22 - Aug 23	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income					
REVENUES					
101 - Current Taxes	2,400.53	62,660.67	763,259.90	689,267.33	751,928.00
102 - Delinquent Taxes	918.36	666.67	12,810.06	7,333.33	8,000.00
103 - Interest	6,279.07	83.33	61,835.78	916.67	1,000.00
104 - Rendition Penalty	0.00	0.00	0.00	0.00	0.00
106 - Miscellaneous	0.00	0.00	26,749.76	0.00	0.00
Total REVENUES	9,597.96	63,410.67	864,655.50	697,517.33	760,928.00
Total Income	9,597.96	63,410.67	864,655.50	697,517.33	760,928.00
Gross Profit	9,597.96	63,410.67	864,655.50	697,517.33	760,928.00
Expense					
1 - SALARIES					
1002 - Clerical	4,197.00	4,197.33	46,167.00	46,170.67	50,368.00
1009 - Dept Head / Foreman	5,416.00	6,395.83	62,659.00	70,354.17	76,750.00
1010 - Commissioners	900.00	900.00	9,900.00	9,900.00	10,800.00
1015 - Extra Help	0.00	3,166.67	0.00	34,833.33	38,000.00
1048 - Equipment Operators/Asst	13,650.00	13,955.58	122,973.50	153,511.42	167,467.00
Total 1 - SALARIES	24,163.00	28,615.41	241,699.50	314,769.59	343,385.00
2 - FRINGE BENEFITS					
2001 - FICA Expenses	1,800.64	2,538.50	20,765.83	27,923.50	30,462.00
2002 - Retirement	1,693.86	1,988.42	19,958.13	21,872.58	23,861.00
2003 - Insurance	23,057.72	23,227.25	217,500.16	255,499.75	278,727.00
2004 - Worker's Compensation	0.00	916.67	3,618.00	10,083.33	11,000.00
2006 - Auto Allowance	1,625.00	1,650.00	17,975.00	18,150.00	19,800.00
2007 - Retirement Wage Contg					
Vacation Pay	0.00		10,332.00		
2007 - Retirement Wage Contg - Other	0.00	2,916.67	14,597.39	32,083.33	35,000.00
Total 2007 - Retirement Wage Contg	0.00	2,916.67	24,929.39	32,083.33	35,000.00
2008 - Health Ins. Savings Acct	0.00	1,000.00	1,431.81	11,000.00	12,000.00
Total 2 - FRINGE BENEFITS	28,177.22	34,237.51	306,178.32	376,612.49	410,850.00

DRAINAGE DISTRICT No. 3
Profit & Loss Budget Performance
August 2023

	Aug 23	Budget	Oct '22 - Aug 23	YTD Budget	Annual Budget
3 - MATERIALS & SUPPLIES					
3006 Batteries	0.00	250.00	156.98	2,750.00	3,000.00
3008 Bolts Nuts Nails & Screws	0.00	83.33	51.99	916.67	1,000.00
3009 Antifreeze & Coolant	0.00	166.67	0.00	1,833.33	2,000.00
3010 Books & Printed Matter	0.00	416.67	1,763.38	4,583.33	5,000.00
3012 Prints, Maps & Etc	0.00	83.33	0.00	916.67	1,000.00
3014 Chains & Hooks	0.00	66.67	0.00	733.33	800.00
3016 Chemicals Weed Control	0.00	2,166.67	3,988.25	23,833.33	26,000.00
3018 Cleaners & Solvents	0.00	125.00	0.00	1,375.00	1,500.00
3019 - Additives & Lubricants	0.00	208.33	0.00	2,291.67	2,500.00
3020 Metal Culvert Pipe	-7,389.20	4,166.67	4,822.70	45,833.33	50,000.00
3022 Copying Supplies	165.39	166.67	410.38	1,833.33	2,000.00
3027 Electrical Supplies	0.00	250.00	0.00	2,750.00	3,000.00
3030 Fencing Material	0.00	541.67	746.10	5,958.33	6,500.00
3032 Concrete, Sand, Aggregat	0.00	833.33	3,978.45	9,166.67	10,000.00
3034 Diesel Fuel	2,751.07	4,166.67	14,401.66	45,833.33	50,000.00
3036 Diesel Fuel ON ROAD	0.00	1,666.67	4,787.28	18,333.33	20,000.00
3037 Gasoline	0.00	583.33	0.00	6,416.67	7,000.00
3040 Hardware - Misc	40.99	250.00	594.55	2,750.00	3,000.00
3041 Hose & Fittings & Filters	0.00	833.33	831.90	9,166.67	10,000.00
3048 Lumber, Timbers, Rope	0.00	208.33	395.90	2,291.67	2,500.00
3050 Medical & Safety	33.20	250.00	2,501.38	2,750.00	3,000.00
3051 Motor Oil & Grease	0.00	833.33	0.00	9,166.67	10,000.00
3056 Paint & Brushes	0.00	83.33	0.00	916.67	1,000.00
3072 Rope Wire Manila & Burlap	0.00	66.67	0.00	733.33	800.00
3073 Spare Parts, Heavy Equip	0.00	83.33	0.00	916.67	1,000.00
3077 Computer Supplies	0.00	208.33	1,957.56	2,291.67	2,500.00
3078 Office Supplies	62.75	208.33	1,675.25	2,291.67	2,500.00
3080 Steel Angle Iron Rods, Etc	0.00	125.00	0.00	1,375.00	1,500.00
3083 Tires & Tubes	216.29	750.00	1,888.29	8,250.00	9,000.00
3084 Minor Equipment	0.00	833.33	1,993.92	9,166.67	10,000.00
3095 Welding Supplies	0.00	166.67	0.00	1,833.33	2,000.00
3099 Sundry	148.34	166.67	1,130.56	1,833.33	2,000.00
Total 3 - MATERIALS & SUPPLIES	-3,971.17	21,008.33	48,076.48	231,091.67	252,100.00
4 - MAINTENANCE & UTILITES					
4001 Cooling and Heating	0.00	83.33	0.00	916.67	1,000.00
4009 Building & Structure	649.89	291.67	890.98	3,208.33	3,500.00
4010 Tractors & Mowers	1,553.00	1,041.67	1,900.03	11,458.33	12,500.00
4011 Equipment Repairs	0.00	4,166.67	11,331.95	45,833.33	50,000.00
4013 Marine Craft	0.00	166.67	0.00	1,833.33	2,000.00
4014 - Auto - Truck	0.00	250.00	547.46	2,750.00	3,000.00
4015 Communication Equip	0.00	125.00	306.66	1,375.00	1,500.00
4020 Miscellaneous	0.00	41.67	0.00	458.33	500.00
4030 Tools	0.00	250.00	1,842.62	2,750.00	3,000.00
4051 Freight	0.00	25.00	0.00	275.00	300.00

DRAINAGE DISTRICT No. 3
Profit & Loss Budget Performance
August 2023

	Aug 23	Budget	Oct '22 - Aug 23	YTD Budget	Annual Budget
4052 Postage	0.00	41.67	396.09	458.33	500.00
4053 Natural Gas/Butane	96.34	308.33	2,251.83	3,391.67	3,700.00
4054 Telephone	542.82	500.00	4,924.19	5,500.00	6,000.00
4056 Electricity	370.05	500.00	3,636.97	5,500.00	6,000.00
4057 Water & Sewer	38.59	166.67	336.76	1,833.33	2,000.00
4058 Garbage Waste Disposal	68.00	100.00	748.00	1,100.00	1,200.00
Total 4 - MAINTENANCE & UTILITES	3,318.69	8,058.35	29,113.54	88,641.65	96,700.00
5 - MISCELLANEOUS SERVICES					
5009 Professional Services	0.00	833.33	3,511.47	9,166.67	10,000.00
5021 Dues & Subscriptions	977.50	208.33	3,144.40	2,291.67	2,500.00
5027 Engineering Fees	0.00	833.33	0.00	9,166.67	10,000.00
5028 Assessor/Collector Fees	0.00	166.67	0.00	1,833.33	2,000.00
5029 Attorney Fees	0.00	833.33	1,000.00	9,166.67	10,000.00
5031 Filing, Records & Photos	0.00	8.33	0.00	91.67	100.00
5032 Accounting Services	0.00	41.67	0.00	458.33	500.00
5036 Treasurer Commision	0.00	133.33	1,462.86	1,466.67	1,600.00
5038 Supplemenal Tax Refunds	0.00	166.67	0.00	1,833.33	2,000.00
5040 Insurance Autos & Trucks	0.00	491.66	4,455.00	5,408.34	5,900.00
5041 Insurance Property	0.00	425.00	5,059.00	4,675.00	5,100.00
5043 Insurance General Liab	0.00	166.67	733.00	1,833.33	2,000.00
5044 Insurance Official Liab	0.00	166.67	1,326.00	1,833.33	2,000.00
5045 Bonds Surety & Notary	0.00	83.33	668.00	916.67	1,000.00
5053 Equipment Rental	560.55	1,416.67	5,590.55	15,583.33	17,000.00
5054 Contract Aerial Spraying	0.00	1,333.33	0.00	14,666.67	16,000.00
5055 Contract Spraying	0.00	1,450.00	0.00	15,950.00	17,400.00
5062 Travel & Meeting Expense	0.00	66.67	0.00	733.33	800.00
5064 Training & Education	0.00	125.00	214.19	1,375.00	1,500.00
5074 Independent Auditor Fees	0.00	1,750.00	20,575.00	19,250.00	21,000.00
5095 Bank Service Charges	0.00	250.00	0.00	2,750.00	3,000.00
5098 Appraisal District Fees	0.00	750.00	6,062.70	8,250.00	9,000.00
5099 Sundry	0.00	83.33	275.00	916.67	1,000.00
Total 5 - MISCELLANEOUS SERVICES	1,538.05	11,783.32	54,077.17	129,616.68	141,400.00
6 - CAPITAL OUTLAY					
6001 Office Machines	0.00	375.00	1,199.00	4,125.00	4,500.00
6002 Excavation Equipment	0.00	13,750.00	0.00	151,250.00	165,000.00
6011 Machinery & Equipment	88,614.89	9,166.66	109,164.91	100,833.34	110,000.00
6014 Building & Structures	4,277.00	3,416.67	17,401.00	37,583.33	41,000.00
6022 Furniture & Fixtures	0.00	416.67	0.00	4,583.33	5,000.00
6042 Auto Truck & Trailer	0.00	4,166.67	0.00	45,833.33	50,000.00
6045 Land/ROW Acquisitions	0.00	416.67	0.00	4,583.33	5,000.00
Total 6 - CAPITAL OUTLAY	92,891.89	31,708.34	127,764.91	348,791.66	380,500.00

DRAINAGE DISTRICT No. 3 Profit & Loss Budget Performance August 2023

	Aug 23	Budget	Oct '22 - Aug 23	YTD Budget	Annual Budget
Reconciliation Discrepancies	0.00	0.00	335.35	0.00	0.00
Total Expense	146,117.68	135,411.26	807,245.27	1,489,523.74	1,624,935.00
Net Ordinary Income	-136,519.72	-72,000.59	57,410.23	-792,006.41	-864,007.00
Other Income/Expense					
Other Expense					
Transfer Account	0.00	0.00	-13,983.50	0.00	0.00
Total Other Expense	0.00	0.00	-13,983.50	0.00	0.00
Net Other Income	0.00	0.00	13,983.50	0.00	0.00
Net Income	-136,519.72	-72,000.59	71,393.73	-792,006.41	-864,007.00

DRAINAGE DISTRICT No. 3
Statement of Cash Flows
August 2023

	<u>Aug 23</u>
OPERATING ACTIVITIES	
Net Income	-136,519.72
Adjustments to reconcile Net Income to net cash provided by operations:	
EMPLOYEE PAID EXPENSES:202-0400 Employee Insurance	<u>806.00</u>
Net cash provided by Operating Activities	<u>-135,713.72</u>
Net cash increase for period	-135,713.72
Cash at beginning of period	<u>1,547,552.65</u>
Cash at end of period	<u><u>1,411,838.93</u></u>

GROUP: DD3 Active
 PERIOD: 1/1/2023-12/31/2023

SUMMARY REPORT

MONTH	PAID MEDICAL CLAIMS	% OF TOTAL CLAIMS PAID	PAID VISION CLAIMS	% OF TOTAL CLAIMS PAID	PAID DENTAL CLAIMS	% OF TOTAL CLAIMS PAID	PAID PRESCRIPTION CLAIMS	% OF TOTAL CLAIMS PAID	TOTAL CLAIMS PAID	ADMIN	TOTAL EXPENSES	BILLED PREMIUM	NET PROFIT/(LOSS)
January	\$ 2,859.62	29.11%	\$ -	0.00%	\$ -	0.00%	\$ 6,963.43	70.89%	\$ 9,823.05	\$ 884.07	\$ 10,707.12	\$ 18,291.00	\$ 7,583.88
February	\$ 299.35	8.38%	\$ -	0.00%	\$ -	0.00%	\$ 3,271.63	91.62%	\$ 3,570.98	\$ 321.39	\$ 3,892.37	\$ 16,606.68	\$ 12,714.31
March	\$ 228.81	-10.03%	\$ -	0.00%	\$ -	0.00%	\$ (2,510.54)	110.03%	\$ (2,281.73)	\$ (205.36)	\$ (2,487.09)	\$ 14,435.48	\$ 16,922.57
April	\$ 133.75	8.02%	\$ -	0.00%	\$ 860.00	0.00%	\$ 673.72	40.40%	\$ 1,667.47	\$ 150.07	\$ 1,817.54	\$ 14,535.48	\$ 12,717.94
May	\$ 393.35	-6864.75%	\$ -	0.00%	\$ -	0.00%	\$ (399.08)	6964.75%	\$ (5.73)	\$ (0.52)	\$ (6.25)	\$ 14,535.48	\$ 14,541.73
June	\$ 41,627.34	93.86%	\$ -	0.00%	\$ -	0.00%	\$ 2,720.96	6.14%	\$ 44,348.30	\$ 3,991.35	\$ 48,339.65	\$ 16,169.94	\$ (32,169.71)
July	\$ 2,474.34	37.57%	\$ -	0.00%	\$ 25.00	0.00%	\$ 4,086.28	62.05%	\$ 6,585.62	\$ 592.71	\$ 7,178.33	\$ 16,169.94	\$ 8,991.61
August		0.00%		0.00%		0.00%		0.00%					
September		0.00%		0.00%		0.00%		0.00%					
October		0.00%		0.00%		0.00%		0.00%					
November		0.00%		0.00%		0.00%		0.00%					
December		0.00%		0.00%		0.00%		0.00%					
TOTALS	\$ 48,016.56	75.37%	\$ -	0.00%	\$ 885.00	0.00%	\$ 14,806.40	23.24%	\$ 63,707.96	\$ 5,733.72	\$ 69,441.68	\$ 110,744.00	\$ 41,302.32
MONTHLY AVERAGE	\$ 6,859.51		\$ -		\$ 126.43		\$ 2,115.20		\$ 9,101.14	\$ 819.10	\$ 9,920.24	\$ 15,820.57	\$ 5,900.33
ANNUAL PROJECTIONS	\$ 82,314.10		\$ -		\$ 1,517.14		\$ 25,382.40		\$ 109,213.65	\$ 9,829.23	\$ 119,042.87	\$ 189,846.86	\$ 70,803.98
PROJECTED MONTHLY AVERAGE PER ENROLLEE	\$ 1,143.25		\$ -		\$ 21.07		\$ 352.53		\$ 1,516.86				
PROJECTED MONTHLY AVERAGE PER MEMBER	\$ 762.17		\$ -		\$ 14.05		\$ 235.02		\$ 1,011.24				

GROUP: DD3 Retirees
 PERIOD: 1/1/2023-12/31/2023

SUMMARY REPORT

MONTH	PAID MEDICAL CLAIMS	% OF TOTAL CLAIMS PAID	PAID VISION CLAIMS	% OF TOTAL CLAIMS PAID	PAID DENTAL CLAIMS	% OF TOTAL CLAIMS PAID	PAID PRESCRIPTION CLAIMS	% OF TOTAL CLAIMS PAID	TOTAL CLAIMS PAID	ADMIN	TOTAL EXPENSES	BILLED PREMIUM	NET PROFIT/(LOSS)
January	\$ 25.68	10.15%	\$ -	0.00%	\$ 205.00	81.06%	\$ 22.22	8.79%	\$ 252.90	22.76	\$ 275.66	\$ 1,845.06	\$ 1,569.40
February	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1.58	100.00%	\$ 1.58	0.14	\$ 1.72	\$ 1,845.06	\$ 1,843.34
March	\$ -	0.00%	\$ -	0.00%	\$ 152.00	79.30%	\$ 39.68	20.70%	\$ 191.68	17.25	\$ 208.93	\$ 1,915.26	\$ 1,706.33
April	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 2.98	100.00%	\$ 2.98	0.27	\$ 3.25	\$ 1,915.26	\$ 1,912.01
May	\$ -	0.00%	\$ -	0.00%	\$ 1,348.00	97.01%	\$ 41.61	2.99%	\$ 1,389.61	125.06	\$ 1,514.67	\$ 1,915.26	\$ 400.59
June	\$ 393.92	95.30%	\$ -	0.00%	\$ -	0.00%	\$ 19.42	4.70%	\$ 413.34	37.20	\$ 450.54	\$ 1,915.26	\$ 1,464.72
July	\$ 83.33	96.55%	\$ -	0.00%	\$ -	0.00%	\$ 2.98	3.45%	\$ 86.31	7.77	\$ 94.08	\$ 1,915.26	\$ 1,821.18
August		0.00%		0.00%		0.00%		0.00%		0.00			
September		0.00%		0.00%		0.00%		0.00%		0.00			
October		0.00%		0.00%		0.00%		0.00%		0.00			
November		0.00%		0.00%		0.00%		0.00%		0.00			
December		0.00%		0.00%		0.00%		0.00%		0.00			
TOTALS	\$ 502.93	21.51%	\$ -	0.00%	\$ 1,705.00	72.91%	\$ 130.47	5.58%	\$ 2,338.40	210.46	\$ 2,548.86	\$ 13,266.42	\$ 10,717.56
MONTHLY AVERAGE	\$ 71.85		\$ -		\$ 243.57		\$ 18.64		\$ 334.06	\$ 17.54	\$ 364.12	\$ 1,895.20	\$ 1,531.08
ANNUAL PROJECTIONS	\$ 862.17		\$ -		\$ 2,922.86		\$ 223.66		\$ 4,008.69	\$ 210.46	\$ 4,369.47	\$ 22,742.43	\$ 18,372.97
PROJECTED MONTHLY AVERAGE PER ENROLLEE	\$ 71.85		\$ -		\$ 48.71		\$ 18.64		\$ 139.20				
PROJECTED MONTHLY AVERAGE PER MEMBER	\$ 71.85		\$ -		\$ 27.06		\$ 18.64		\$ 117.55				



Proposal

The following is Jeffrey S. Ward, & Associates, Inc's proposal for application(s) development for acquisition and demolition of flood prone properties on behalf of Jefferson County Drainage District No. 3 (DD3).

The consultant will provide the following services, in constant coordination with DD3:

FMA application for 2023

- **Application Development for Hazard Mitigation Plan** **\$3,000.00**

FMA application for 2023

- **Application Development for Project Scoping/Master Drainage Plan** **\$5,000.00**

Scope of Work

The consultant will:

- Coordinate with the DD3 on data requests needed for the application to the Flood Mitigation Assistance (FMA) grant.
 - Recent FEMA guidance allows for the inclusion of any home that is in the mapped floodplain (SFHA) that can be acquired and demolished for less than \$276,000
 - Note: homes on an FMA application may carry current flood insurance
- Draft the applications
- Ensure all federal and state forms are prepared and included in application
- Ensure application is submitted to the state by the established deadline

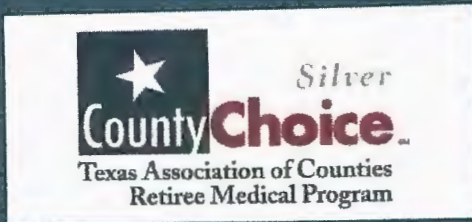
Jeffrey S. Ward, President

08/14/2023
Date

MWINS™

Bring on the Future

2024 Renewal Summary:



Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Renewal Summary

We are pleased to provide the 2024 Group Retiree Medical and Prescription Drug Program Renewal for Texas Association of Counties. Other than the annual Medicare deductible and co-insurance adjustments for Parts A, B, and D, the plan designs will remain unchanged for 2024. Please review the program details enclosed in this summary.

Amwins is also excited to offer a comprehensive Retiree Assistance Program. This program, **Manage My Health**, offers greater assistance to retirees and spouses by giving them easy, confidential access to an immense suite of programs and services aimed at improving their physical, mental, and financial wellbeing. In 2024, retirees will have:

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

We are confident your retirees will greatly benefit from this retiree assistance program. Each employer group will need to select MMH for 2024 on their Renewal Acceptance, if they are choosing to include it in the 2024 benefits.

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

Eligibility Management

Annual and Monthly Enrollments

Retiree Communications

Customer Service

Program Administration

Billing and Collection of Premiums

Retiree Specialty Contact Center

Ongoing Retiree Advocacy and Support

Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Medical Plan

Underwritten by: Transamerica Life Insurance Company
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
Medical Package 1	\$261.00	\$279.08	6.93%	368
Medical Package 2	\$146.00	\$155.45	6.47%	42
Medical Package 3	\$239.00	\$255.43	6.87%	0

Prescription Drug Plan

Underwritten by: Elixir Insurance Company through Retiree RxCare
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
Rx Package 1	\$264.80	\$274.07	3.50%	291
Rx Package 2	\$104.35	\$108.00	3.50%	41
Rx Package 3	\$231.69	\$239.80	3.50%	166

MAPD Plan

Underwritten by: Humana
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
MAPD Package 1	\$359.43	\$374.85	4.29%	36
MAPD Package 2 & 3	\$276.51	\$288.27	4.25%	5

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



Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Retiree Program Plan Designs

Medical Plan

Underwritten by: Transamerica Life Insurance Company

Effective January 1, 2024 – December 31, 2024

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

*Includes Part B Deductible (2023: \$226). Retiree is responsible for 50% of both the Part A and B deductible if enrolled in Package 2. Only responsible for 50% of Part B deductible for Package 3.

**Includes Calendar Year Deductible

Prescription Drug Plan:

Underwritten by: Elixir Insurance Company through Retiree RxCare

Effective January 1, 2024 – December 31, 2024

Prescription Drug Plan (30 Day Retail)	Package 1	Package 2	Package 3
Annual Deductible:	\$0	\$0	\$0
Tier 1: Generic	\$5	\$5	\$10
Tier 2: Preferred Brand	\$25	\$25	\$30
Tier 3: Non-Preferred Brand	\$60	\$60	\$65
Tier 4: Specialty	25%	25%	25%
Coverage in Gap*	Full Gap Coverage	Tier 1 only Gap Coverage	Full Gap Coverage
OPX that Triggers Catastrophic		\$8,000	

*After your total yearly drug costs reach \$5,030, you will pay the same co-payment schedule as noted above. The co-payments shown already include the manufacturer discounts on brand name drugs provided by the Medicare Coverage Gap Discount Program.



Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

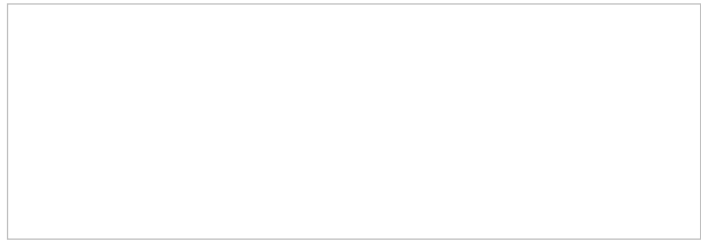
Retiree Program Plan Designs (*continued*)

MAPD Plan:

Underwritten by: Humana

Effective January 1, 2024 – December 31, 2024

MAPD Plan	Package 1 High Plan	Package 2 & 3 Low Plan
Calendar Year Deductible	\$0	\$0
Part B Co-Insurance	0%	0%
Out-of-Pocket Maximum**	Unlimited	\$2,400
Office Visit Co-pay	\$0	\$10
Emergency Room Co-pay	\$0	\$90
Part D Prescription	30-day standard retail	
Tier 1: Generic	\$5	\$5
Tier 2: Preferred Brand	\$25	\$25
Tier 3: Non-Preferred Brand	\$60	\$60
Tier 4: Specialty	33%	33%
Coverage in Gap	Full Gap Coverage	Tier 1 Only Gap Coverage (25% all other Tiers)
OPX that Triggers Catastrophic	\$8,000	\$8,000



Texas Association of Counties 2024 Post-65 Retiree Benefit Plans Package 1



**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 st through 90 th day	All but \$400 per day	\$400 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$800 per day	\$800 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$200 a day	Up to \$200 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$226 of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

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

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

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

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

**GROUP RETIREE PART D PLAN
Package 1**



Description	Package 1
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Rx Deductible	\$0
Formulary	Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	25%
Initial Coverage Limit	\$5,030
TrOOp Threshold	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



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

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

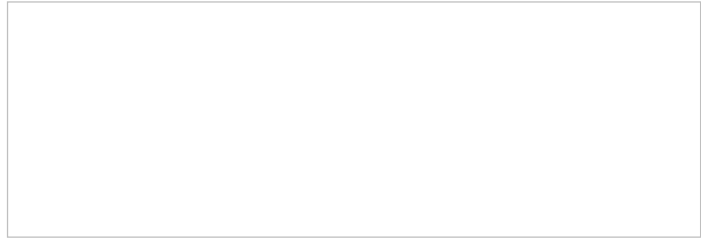


Description	Amount You Pay - Package 1
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Rx Deductible	\$0
Formulary	Group Plus
PART D 30 DAY STANDARD RETAIL SUPPLY NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	
Initial Coverage Limit	\$5,030
TrOOp Threshold	
TrOOp Threshold	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	
Copay for Generics	\$0
Copay for all other drugs	
Copay for all other drugs	\$0
OR Coinsurance	
OR Coinsurance	\$0

GROUP RETIREE PAYMENT SUMMARY
Package 1

TAC HEBP		
2024 Payment Summary – Package 1		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$279.08
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$274.07
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$374.85

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



Texas Association of Counties 2024 Post-65 Retiree Benefit Plans Package 2



**GROUP RETIREE MEDICAL
Package 2**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
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HOSPITAL CONFINEMENT BENEFIT*
Semiprivate room and board, general nursing and miscellaneous services and supplies:

First 60 days	All but \$1,600	\$800 (50% of Part A Deductible)	\$800 (50% of Part A Deductible)
61 st through 90 th day	All but \$400 per day	\$400 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$800 per day	\$800 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs

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

First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$200 a day	\$100 per day	\$100 per day
101 st day and after	\$0	\$0	All costs

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

First 3 pints	\$0	50%	50%
Additional amounts	100%	\$0	\$0

HOSPICE CARE

Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Balance	Balance
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Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
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OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:

Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	10%	10%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	50%	50%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

**GROUP RETIREE MEDICAL
Package 2**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	50%	50%
Next \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

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

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

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

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

**GROUP RETIREE PART D PLAN
Package 2**



Description	Package 2
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Tier 1 Gap Coverage Only
Rx Deductible	\$0
Formulary	Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	25%
Initial Coverage Limit	
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



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

Hearing Services (Medicare-covered)

\$20



**GROUP MEDICARE ADVANTAGE PPO
Package 2**

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

Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)

\$500 copay per admission



**GROUP MEDICARE ADVANTAGE PPO
Package 2**

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

Lab Services

\$0



**GROUP MEDICARE ADVANTAGE PPO
Package 2**

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

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 2**



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

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

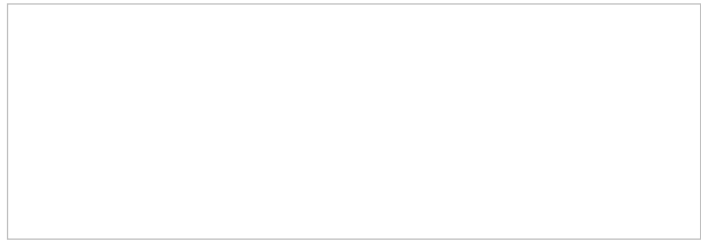


Description	Amount You Pay - Package 2
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Tier 1 Gap Coverage Only
Rx Deductible	\$0
Formulary	Group Plus
PART D 30 DAY STANDARD RETAIL SUPPLY NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	
Initial Coverage Limit	\$5,030
TrOOp	
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	
Copay for Generics	\$0
Copay for all other drugs	
Copay for all other drugs	\$0
OR Coinsurance	
OR Coinsurance	\$0

GROUP RETIREE PAYMENT SUMMARY
Package 2

TAC HEBP 2024 Payment Summary – Package 2		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$155.45
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$108.00
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$288.27

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



Texas Association of Counties 2024 Post-65 Retiree Benefit Plans Package 3



**GROUP RETIREE MEDICAL
Package 3**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
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HOSPITAL CONFINEMENT BENEFIT*
Semiprivate room and board, general nursing and miscellaneous services and supplies:

First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 st through 90 th day	All but \$400per day	\$400per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$800 per day	\$800per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs

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

First 20 Days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$200 a day	Up to \$200 a day	\$0
101 st day and after	\$0	\$0	All costs

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

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

HOSPICE CARE

Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
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OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:

Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

**GROUP RETIREE MEDICAL
Package 3**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	0%
Next \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

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

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

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

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

**GROUP RETIREE PART D PLAN
Package 3**



Description	Package 3
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Rx Deductible	\$0
Formulary	Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY	
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$30
Tier 3: Non-Preferred Brand	\$65
Tier 4: Specialty Tier	25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$20
Tier 2: Preferred Brand	\$60
Tier 3: Non-Preferred Brand	\$130
Tier 4: Specialty Tier	25%
Initial Coverage Limit	\$5,030
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

**GROUP MEDICARE ADVANTAGE PPO
Package 3**



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

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



Description	Amount You Pay - Package 3
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Tier 1 Gap Coverage Only
Rx Deductible	\$0
Formulary	Group Plus
PART D 30 DAY STANDARD RETAIL SUPPLY	
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	
Initial Coverage Limit	\$5,030
TrOOp	
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

GROUP RETIREE PAYMENT SUMMARY
Package 3

TAC HEBP 2024 Payment Summary – Package 3		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Retiree Medical Plan	Transamerica (pages 2-3)	\$255.43
Prescription Drug Plan	Retiree RxCare (page 4)	\$239.80
Medicare Advantage	Humana (pages 5-11)	\$288.27

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

PROFESSIONAL SERVICES AGREEMENT

This Agreement is by and between Jefferson County Drainage District No. 3 (CLIENT) and **Texan Engineering and Consulting, LLC (TEC)** who agree as follows: Client engages **TEC** to perform the services described in Part I ("Services") and **TEC** agrees to perform the Services for the compensation set forth in Part III. **TEC** shall be authorized to commence the Services upon execution of this Agreement. Client and **TEC** agree that this Agreement and attachments referred to herein, constitute the entire Agreement between them relating to the Services ("Agreement").

Project/Services: General Services

Location: Jefferson County Drainage District No. 3

I. TEC'S RESPONSIBILITIES: **TEC** shall perform or furnish the services described under this Agreement.

II. CLIENT'S RESPONSIBILITIES: Client, at its expense, shall do the following in a timely manner so as not to delay the Services.

1. INFORMATION/REPORTS: Furnish **TEC** with all reports, studies, site characterizations, regulatory orders, and similar information in its possession relating to the Services. Unless otherwise specified in Part I, **TEC** may rely upon Client-furnished information without independent verification in performing the Services.

2. REPRESENTATIVE: Designate a representative for the services who shall have the authority to transmit instructions, receive information, interpret and define Client's policies, and make decisions with respect to the Services.

3. DECISIONS: Provide all criteria and full information as to Client requirements for the Services, obtain (with **TEC's** assistance, if applicable) necessary approvals and permits, attend Project-related meetings, provide interim reviews on an agreed-upon schedule, make decisions on Project alternatives, and generally participate in the Project to the extent necessary to allow **TEC** to perform the Services.

III. COMPENSATION, BILLING, AND PAYMENT: Client shall pay **TEC** for Services in accordance with the following Billing Schedule.

1. SERVICES: Compensation basis shall be an hourly rate of **\$215 per hour** for Professional Engineering Services. This rate shall be subject to increase by negotiation on a 2 year interval from the effective date of this agreement.

2. REIMBURSABLE EXPENSES: Out-of-town travel expenses, and other non-labor charges directly related to the Services will be billed at cost in addition to the fees agreed upon for services rendered. Filing fees, permit fees, and other special charges which are advanced on behalf of the Client will be billed on a similar basis.

3. PAYMENTS: Billings for services rendered will be made monthly and payment is requested within fifteen (15) days of receipt of an invoice. **TEC** reserves the right to suspend work should invoices not be paid within the stated terms. The amount of any excise, VAT, or sales tax that may be imposed for professional services shall be added to the compensation as determined above. Notwithstanding the foregoing, **TEC** shall not bill for, and client is not responsible to pay for, any tax or imposition based on income or gross receipts including, but not limited to, federal or state income tax, franchise tax, or margins tax.

IV. STANDARD TERMS AND CONDITIONS:

1. STANDARD OF CARE. Services shall be performed in accordance with the standard of professional practice ordinarily exercised by the applicable profession at the time and within the locality where the Services are performed. Professional services are not subject to, and **TEC** cannot provide, any warranty or guarantee, express or implied, including warranties or guarantees contained in any uniform commercial code. Any such warranties or guarantees contained in any purchase orders, requisitions, or notices to proceed issued by Client are specifically objected to.

2. SAFETY. **TEC** has established and maintains corporate programs and procedures for the safety of its employees. Unless specifically included as a service to be provided under this Agreement, **TEC** specifically disclaims any authority or responsibility for general job site safety and safety of persons other than **TEC** employees.

3. TERMINATION/SUSPENSION. Either party may terminate this Agreement upon 30 days written notice to the other party. Client shall pay **TEC** for all Services rendered prior to termination.

In the event either party defaults in its obligations under this Agreement (including Client's obligation to make the payments required hereunder), the non-defaulting party may, after 7 days written notice stating its intention to suspend performance under the Agreement if cure of such default is not commenced and diligently continued, and failure of the defaulting party to commence cure within such time limit and diligently continue, suspend performance under this Agreement.

4. OPINIONS OF CONSTRUCTION COST. Any opinion of construction costs prepared by **TEC** is supplied for the general guidance of the Client only. Since **TEC** has no control over competitive bidding or market conditions, **TEC** cannot guarantee the accuracy of such opinions as compared to contract bids or actual costs to Client.

5. RELATIONSHIP WITH CONTRACTORS. **TEC** shall serve as Client's professional representative for the Services, and may make recommendations to Client concerning actions relating to Client's contractors, but **TEC** specifically disclaims any authority to direct or supervise the means, methods, techniques, sequences, or procedures of construction selected by Client's contractors.

6. CONSTRUCTION REVIEW. For Services involving construction, Client acknowledges that under generally accepted professional practice, interpretations of construction documents in the field are normally required, and that performance of construction-related services by the design professional for any Project permits errors or omissions to be identified and corrected at comparatively low cost.

7. INSURANCE. **TEC** will maintain insurance coverage for errors and omissions, professional liability, commercial general liability and automobile in amounts required by Client prior to performing any Services here under. Client is not obligated to pay for any Services rendered prior to providing Client with proof of the required coverages.

9. HAZARDOUS MATERIALS. Hazardous materials may exist at a site where there is no reason to believe they could or should be present. **TEC** and Client agree that the discovery of unanticipated hazardous materials constitutes a changed condition mandating a renegotiation of the scope of work. **TEC** agrees to notify Client as soon as practically possible should unanticipated hazardous materials or suspected hazardous materials be encountered. Client acknowledges and agrees that it retains title to all hazardous material existing on the site and shall report to the appropriate federal, state or local public agencies, as required, any conditions at the site that may present a potential danger to the public health, safety or the environment. Client shall execute any manifests or forms in connection with transportation, storage and disposal of hazardous materials resulting from the site or work on the site or shall authorize **TEC** to execute such documents as Client's agent.

10. INDEMNITY. To the fullest extent permitted by law, **TEC** shall indemnify and hold harmless Client from and against loss, liability, and damages sustained by Client, its agents, employees, and representatives by reason of injury or death to persons or damage to tangible property to the extent caused directly by the failure to adhere to the standard of care described in Part IV Paragraph 1 above of **TEC**, its agents or employees.

11. ACCESS. Client shall provide **TEC** safe access to any premises necessary for **TEC** to provide the Services.

12. REUSE OF PROJECT DELIVERABLES. Reuse of any documents or other deliverables, including electronic media, pertaining to the Services by Client for any purpose other than that for which such documents or deliverables were originally prepared, or alteration of such documents or deliverables without written verification or adaptation by **TEC** for the specific purpose intended, shall be at the Client's risk. Further, all title blocks and the engineer's seal, if applicable, shall be removed when Client provides deliverables in electronic media to another entity. Client agrees that relevant analyses, findings and reports provided in electronic media shall also be provided in hard copy and that the hard copy shall govern in the case of a discrepancy between the two versions and shall be held as the official set of drawings, as signed and sealed. **TEC** shall be afforded a period of 30 days in which to check the hard copy against the electronic media. In the event that any error or inconsistency is found as a result of this process, the inconsistency shall be corrected at no additional cost to Client

13. AMENDMENT. This Agreement, upon execution by the parties hereto, can be amended only by a written instrument signed by the parties.

14. ASSIGNMENT. Except for assignments (a) to entities which control, or are controlled by, the parties hereto or (b) resulting from operation of law, the rights and obligations of this Agreement cannot be assigned by any party without written permission of each other party. This Agreement shall be binding upon and inure to the benefit of any permitted assigns.

15. DISPUTE RESOLUTION. The parties shall attempt to settle disputes arising under this Agreement by discussion between the party's senior representatives of management. If any dispute cannot be resolved in this manner, within a reasonable length of time, the parties agree to attempt non-binding mediations or any other method of alternative dispute resolution prior to filing any legal proceedings. In the event any actions are brought to enforce this Agreement, the prevailing party shall be entitled to collect its litigation costs including attorney's fees from the other party. This agreement is made and entered into in Jefferson County, Texas, and is performable in Jefferson County, Texas. Venue for all legal proceedings and mediations shall be in Jefferson County, Texas. Texas law shall apply.

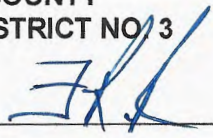
16. NO WAIVER. No waiver by either party of any default by the other party in the performance of any particular section of this Agreement shall invalidate any other section of this Agreement or operate as a waiver of any future default, whether like or different in character.

17. NO THIRD-PARTY BENEFICIARY. Nothing contained in this Agreement, nor the performance of the parties hereunder, is intended to benefit, nor shall inure to the benefit of, any third party, including Client's contractors, if any.

18. SEVERABILITY. The various terms, provisions and covenants herein contained shall be deemed to be separate and severable, and the invalidity or unenforceability of any of them shall not affect or impair the validity or enforceability of the remainder.

19. AUTHORITY. The persons signing this Agreement warrant that they have the authority to sign as, or on behalf of, the party for whom they are signing.

APPROVED FOR
JEFFERSON COUNTY
DRAINAGE DISTRICT NO. 3

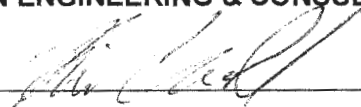
By: 

Printed
Name: Frank R. Rose

Title: Chairman

Date: September 20, 2023

APPROVED FOR
TEXAN ENGINEERING & CONSULTING, LLC

By: 

Printed
Name: Kim Carroll

Title: Owner

Date: 9-20-23

Jefferson County Drainage District 3

Grant Sources and Descriptions

September 2023

1. Hazard Mitigation Plan – This plan is necessary for any FEMA grant assistance through the HMA program.
 - a. Hazard Mitigation Assistance Program (HMA)
 - i. Hazard Mitigation Grant Program (HMGP)
 - ii. Flood Mitigation Assistance Program (FMA)
 - iii. Building Resilient Infrastructure and Communities (BRIC)
2. Texas Water Development Board (TWDB)
 - a. Flood Infrastructure Fund (FIF)
 - i. Category 1 - Flood Protection Planning Grants
 1. Master Drainage Plan
 - a. Consists of 3 documents
 - i. Master Drainage Plan – This is the “official” document under Water Code 49.211 that must be adopted by resolution of the DD3 Board of Commissioners.
 - ii. Drainage Regulations - This document establishes rules, regulations, and process for drainage plan reviews.
 - iii. Drainage Criteria Manual – This document establishes criteria for drainage designs and protocols for “land development” projects within DD3.
 2. Drainage Studies
 - a. District-wide or watershed studies
 - ii. Category 2 - Planning, Acquisition, Design, Construction, Rehabilitation
 1. 0% Loans
 2. Grants
 - iii. Category 3 - Federal Award Matching Funds
 1. Program is designed for communities who have received a federal award for flood-related activities that require support with local matching funds.
 2. Provides state-funded financial assistance that supports a portion of the federally required local matching funds.

**JEFFERSON COUNTY DRAINAGE DISTRICT NO. 3
MASTER DRAINAGE PLAN - Water Code Chapter 49.211**

PRIME CONSULTANT SERVICES - Texan Engineering & Consulting LLC			NOTES
DESCRIPTION	MANHOURS	COST	
	Principal-Registered Professional Engineer		
Professional Services	164	\$ 35,260	
Inventory Baseline Conditions	8	\$ 1,720	
Examine Existing Coordination and Review Processes	4	\$ 860	
Rules and Regulations for Drainage Plan Review	24	\$ 5,160	
Drainage Criteria Manual	40	\$ 8,600	
Constituent Committee and Public Involvement	8	\$ 1,720	If needed
Draft Master Drainage Plan	24	\$ 5,160	
Documents Review and Revision	24	\$ 5,160	
Final Document Preparation	16	\$ 3,440	
Adoption and Implementation	8	\$ 1,720	
General Project Management	8	\$ 1,720	
TOTAL HOURS	164	164	
RATE		\$ 215	
TOTAL LABOR	\$ 35,260	\$ 35,260	
TOTAL PRIME CONSULTANT SERVICES		\$ 35,260	
Subtotal - Sub-Consultant Services.....			
MISCELLANEOUS PROJECT EXPENSES			
Printing, etc.....			
Subtotal - Miscellaneous Project Expenses.....			
ENGINEERING FEE TOTALS			
Prime Consultant Services.....		\$ 35,260	
Sub-Consultant Services.....			
Miscellaneous Project Expenses.....			
TOTAL CONSULTANT SERVICES FEE.....		\$ 35,260	



Proposal

The following is Jeffrey S. Ward, & Associates, Inc's proposal for application(s) development for acquisition and demolition of flood prone properties on behalf of Jefferson County Drainage District No. 3 (DD3).

The consultant will provide the following services, in constant coordination with DD3:

FMA application for 2023

- **Application Development for Hazard Mitigation Plan** **\$3,000.00**

FMA application for 2023

- **Application Development for Project Scoping/Master Drainage Plan** **\$5,000.00**

Scope of Work

The consultant will:

- Coordinate with the DD3 on data requests needed for the application to the Flood Mitigation Assistance (FMA) grant.
 - Recent FEMA guidance allows for the inclusion of any home that is in the mapped floodplain (SFHA) that can be acquired and demolished for less than \$276,000
 - Note: homes on an FMA application may carry current flood insurance
- Draft the applications
- Ensure all federal and state forms are prepared and included in application
- Ensure application is submitted to the state by the established deadline

Jeffrey S. Ward, President

08/14/2023
Date

Adopted Tax Rate Information

TAX UNIT NAME: Jefferson County Drainage District No. 3

TAX YEAR: 2023

TAX RATE:

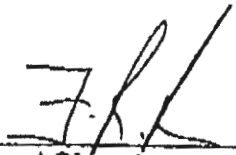
Maintenance & Operation Tax Rate .288751

Interest & Sinking Tax Rate 0.00

Total Tax Rate .288751

Date Adopted September 20, 2023

I hereby certify that I have prepared the above information and support the contents thereof.
The above information is true and correct to the best of my knowledge.



Authorized Signature

September 20, 2023

Date

Frank R. Rose, Chairman

Printed name