

Jim Wells County

Group Insurance

Bid Packet

2019



JIM WELLS COUNTY

DENTAL AND VISION INSURANCE

BID SPECIFICATIONS FOR CONTRACT PERIOD

JANUARY 1, 2019 THRU DECEMBER 31, 2019

SPECIFICATIONS AND REQUIREMENTS FOR COUNTY OF JIM WELLS

EMPLOYEES' DENTAL AND VISION INSURANCE BID

1. Bidder shall submit a proposal for Dental and Vision Insurance coverage for employees and dependents to J.C. Perez III, Jim Wells County Clerk, 200 N. Almond Street, Alice, Texas no later than 10:00 o'clock A.M. local time November 13, 2018.
2. Bid proposals will be for a comprehensive plan according to Jim Wells County specifications and requirements. All bids should conform to the County's specifications and requirements with any exceptions noted on the Official Bid Proposal form.
3. Bid shall be submitted for a twelve (12) month period (January 1, 2019 thru December 31, 2019) and rates guaranteed for the twelve month period.
4. Bid rates must be submitted on the County's Official Bid Form in a sealed envelope, package or box only, properly identified (SEALED BID), prior to opening hour.
5. Bids will be accepted only from companies not prohibited under Article 3, Section 52 of the State Constitution and domiciled in the United States of America and licensed in the State of Texas.
6. Dependents will be employee's spouse, minor children, and unmarried children up to 26 years of age.
7. The County of Jim Wells shall pay 100% of insurance premiums for full time County employees. Employee is responsible for payment of all dependent insurance premiums with the exception of County paid supplement on dependent medical premium.
8. Information pertaining to the County's prior claims experience is attached. The bidder is expected to thoroughly acquaint him or herself with this information before submitting a bid.
9. A schedule of benefits to be bid on and other related information is attached.
10. Company guarantees to furnish the County's claims information at least 90 days prior to renewal date. Information should include incurred and paid claims, as well as paid premiums.
11. Successful bidder must be prepared to assume insurance coverage for the County of Jim Wells effective January 1, 2019.
12. First day of coverage of all current full time employees, dependents and eligible retirees.

13. The effective date of insurance coverage for all new employees will be the first of the month following sixty (60) days of full time employment.
14. All preexisting Dental conditions are to be covered from effective date of policy for all currently covered employees and dependents.
15. Credit will be given for deductibles fully or partially satisfied on or after October 1, 2018 for the year 2019.
16. Provide Cost Containment Benefits, if applicable.
17. Provide Dental insurance rates based on a four (4) tier rate structure.
18. All bidders are to have at least an "A" rating in A.M. Best's, Standard & Poor's or Moody's if applicable or supply copies of current financial statements.
19. Dental and Vision coverage is to be provided to any retiree presently covered and future retirees provided they enroll within ninety (90) days from retirement and have at least 20 years of continuous service. They must also pay for their premiums and if at least 65 years of age have Medicare Parts A&B as primary coverage with other coverage as a supplement to include prescription drugs.
20. The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires Jim Wells County to continue Dental and Vision Insurance Benefits for employees and qualified beneficiaries upon termination of employment at employee's cost.
21. The County of Jim Wells reserves the right to award insurance contracts at bid opening date or subsequent date announced and approved by Commissioner's Court.
22. Attach a reference list of participating Providers.
23. The County reserves the right to reject any or all bids, to waive any formality in the bids and to proceed in a manner which may be deemed to be in the best interest of the County of Jim Wells. Since there are important considerations involved in selecting an insurance carrier in addition to rates, the County will not be required to accept the lowest bid. In addition to gross premium, retention charges and administrative fees, reserve practice and quality of claim service rendered will serve as a basis for award of the contract.

DENTAL INSURANCE

**JIM WELLS COUNTY
BID PROPOSAL FORM
DENTAL INSURANCE**

1. Name of Insurance Company _____

2. Home Office Location _____

3. A.M. Best's rating _____

4. Name and Address of Servicing Agent Submitting
Bid: _____

5. Point from which Claims will be paid _____

6. Is Direct Claims Submission available? Yes _____ No _____

7. This bid is authorized by: _____

Title: _____

Date: _____

We hereby agree to furnish Group Dental Insurance Coverage to the County of Jim Wells according to the accompanying pages of benefits and specifications with any exceptions being noted.

BID ON ATTACHED SCHEDULE OF BENEFITS:

Monthly rate per employee dental cost _____

Monthly rate per employee & spouse dental cost _____

Monthly rate per employee & children dental cost _____

Monthly rate per employee & family dental cost _____

SCHEDULE OF BENEFITS
DENTAL INSURANCE

SEE ATTACHED SCHEDULE OF BENEFITS

**Jim Wells County
Summary of Benefits
Dental Insurance**

	Network Dentist	Non Network Dentist
<p>Preventive</p> <p>Routine exams, cleanings (2 per year) topical flouride, x-rays, sealants</p>	<p>100% no deductible</p>	<p>100% of Fee Schedule</p>
<p>Basic</p> <p>Space maintainers, emergency care, basic oral surgery, fillings, appliances for children, prefabricated stainles steel crowns, complex surgical extractions, periodontics, & endodontics</p>	<p>80% after deductible</p>	<p>80% of Fee Schedule</p>
<p>Major</p> <p>Crowns, inlays & onlays, bridges, & dentures</p>	<p>50% after deductible</p>	<p>50% of Fee Schedule</p>
<p>Othrodontics</p> <p>Children under 19 Lifetime Max</p>	<p>50% no deductible \$1,000.00</p>	<p>50% \$1,000.00</p>
<p>Maximum Benefit</p> <p>Per Employee's Effective Date Per Year Preventive, Basic and Major services per person per year.</p>	<p>\$3,000.00</p>	<p>\$3,000.00</p>
<p>Deductible</p> <p>Per Employee's effective date per year Applies to Basic and Major services</p> <p style="text-align: center;">Per Person Family Max</p>	<p>\$50.00 \$150.00</p>	<p>\$50.00 \$150.00</p>
<p>Specialists</p> <p>Endodontists, Oral Surgeons, Pediatric Specialists, Periodontists, Prosthodontists.</p>		

VISION INSURANCE

**JIM WELLS COUNTY
BID PROPOSAL FORM
VISION INSURANCE**

1. Name of Insurance Company _____

2. Home Office Location _____

3. A.M. Best's rating _____

4. Name and Address of Servicing Agent Submitting
Bid: _____

5. Point from which Claims will be paid _____

6. Is Direct Claims Submission available? Yes _____ No _____

7. This bid is authorized by: _____

Title: _____

Date: _____

We hereby agree to furnish Group Vision Insurance Coverage to the County of Jim Wells according to the accompanying pages of benefits and specifications with any exceptions being noted.

BID ON ATTACHED SCHEDULE OF BENEFITS:

Monthly rate per employee vision cost..... _____

Monthly rate per employee & spouse vision cost..... _____

Monthly rate per employee & children vision cost..... _____

Monthly rate per employee & family vision cost..... _____

SCHEDULE OF BENEFITS
VISION INSURANCE

SEE ATTACHED SCHEDULE OF BENEFITS

**Jim Wells County
Summary of Benefits
Vision Insurance**

	In-Network (Member Cost)	Out-of-Network Reimbursement
Exam with Dilation as Necessary	100% after \$10 copay	35\$ allowance
Contact Lens Options Standard fit and follow-up Premium fit and follow-up	100% after \$10 copay \$55 allowance	N/A N/A
Standard Plastic Lenses Single Vision Bifocal Trifocal	100% after \$15 copay 100% after \$15 copay 100% after \$15 copay	\$25 allowance \$40 allowance \$55 allowance
Frames	\$100 allowance	\$50 allowance
Lens Options UV Coating Tint (solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive Standard Anti-Reflective	\$15 \$15 \$15 \$40 \$65 \$45	N/A
Contact Lenses Conventional Disposable Medically Necessary	 \$110 allowance \$110 allowance 100%	 \$110 allowance \$110 allowance \$210 allowance
Laser Corrections Lasik or PRK	 \$300 allowance	 Not Covered
Frequency Examination Frame Lenses or Contact Lenses	 Once every 12 Months Once every 24 Months Once every 12 Months	 Once every 12 Months Once every 24 Months Once every 12 Months

JIM WELLS COUNTY
CLAIMS EXPERIENCE

SEE ATTACHED PREMIUM AND CLAIMS SUMMARY REPORTS

Dental Paid Claims and Membership

JIM WELLS COUNTY (#761026)
 Current as of 10/2/2018

Division ID	(All)
Benefit Pkg	TX3E1862

Snapshot Date	Employee	Family	EE&Child	EE&Spouse	Total Subs	Total Members	Gross Premium	Paid Claims & Capitation
9/1/2016	125	31	21	29	206	369	\$6,200.45	\$4,457.81
10/1/2016	130	31	22	29	212	377	\$6,329.70	\$4,009.23
11/1/2016	129	31	22	29	211	376	\$6,311.84	\$4,600.80
12/1/2016	125	31	22	29	207	372	\$6,240.40	\$7,353.80
1/1/2017	113	34	23	33	203	385	\$6,416.65	\$1,776.80
2/1/2017	114	33	22	32	201	378	\$6,291.04	\$2,994.40
3/1/2017	112	33	21	32	198	373	\$6,215.37	\$2,476.10
4/1/2017	118	32	22	31	203	374	\$6,258.96	\$2,248.20
5/1/2017	120	32	23	32	207	380	\$6,374.69	\$2,778.58
6/1/2017	120	31	23	32	206	376	\$6,311.23	\$4,462.00
7/1/2017	124	29	24	33	210	378	\$6,335.76	\$7,670.80
8/1/2017	123	29	25	33	210	377	\$6,357.85	\$3,162.00
9/1/2017	122	28	25	34	209	375	\$6,316.59	\$3,938.00
10/1/2017	120	28	25	34	207	374	\$6,304.38	\$7,126.80
11/1/2017	119	28	27	34	208	380	\$6,342.91	\$3,759.90
12/1/2017	126	28	27	34	215	387	\$6,467.93	\$4,420.00
1/1/2018	128	28	27	33	216	384	\$6,257.27	\$3,572.70
2/1/2018	127	28	26	33	214	378	\$6,201.31	\$3,601.40
3/1/2018	125	28	25	33	211	373	\$6,128.06	\$5,858.40
4/1/2018	124	26	27	33	210	371	\$6,065.23	\$3,776.80
5/1/2018	124	26	27	33	210	371	\$6,065.23	\$6,187.90
6/1/2018	127	26	28	33	214	378	\$6,155.77	\$5,092.50
7/1/2018	125	26	30	33	214	383	\$6,198.53	\$8,413.08
8/1/2018	122	27	29	32	210	382	\$6,130.65	\$5,689.40
Grand Total	2,942	704	593	773	5,012	9,051	\$150,277.80	\$109,427.40

Vision Premium and Claims Reports

**Per current provider will no release Vision PVC for group under 500 lives

JIM WELLS COUNTY
GROUP INSURANCE RATE HISTORY

SEE ATTACHED SCHEDULE OF RATES

**JIM WELLS COUNTY
GROUP INSURANCE
YEAR: 2018**

Dental Ins	Humana			
	<u>Premium</u>	<u>Stipend</u>	<u>Employee Cost</u>	<u>Per Pay Period</u>
Employee Only	\$ 17.29		\$ -	\$ -
Employee + Children	\$ 38.67	\$ -	\$ 21.38	\$ 10.69
Employee + Spouse	\$ 38.78	\$ -	\$ 21.49	\$ 10.75
Employee + Family	\$ 61.44	\$ -	\$ 44.15	\$ 22.08

Vision Ins	Humana			
	<u>Premium</u>	<u>Stipend</u>	<u>Employee Cost</u>	<u>Per Pay Period</u>
Employee Only	\$ 6.41		\$ -	\$ -
Employee + Children	\$ 10.88	\$ -	\$ 4.47	\$ 2.24
Employee + Spouse	\$ 12.85	\$ -	\$ 6.44	\$ 3.22
Employee + Family	\$ 17.95	\$ -	\$ 11.54	\$ 5.77

JIM WELLS COUNTY
Other Information

SEE ATTACHED HUMANA STATEMENT



Invoice

For coverage in October 2018

JIM WELLS COUNTY

Billing ID
761026-001

Invoice number - Invoice date
295888107 - September 16, 2018

Billing Contact
1-800-232-2006
TEAM 2 BILLING UNIT

Payment due
October 1, 2018

HBSGAFPLETHBSG116A0916201823510001517
JIM WELLS COUNTY
CYNTHIA GARCIA
200 N ALMOND
ALICE, TX 78332

Invoice Summary

Amount due from last invoice	\$15,836.42
Total payments received	-\$8,190.70
Amount past due	\$7,645.72
Premiums this period	\$8,093.51
Member adjustments	\$23.70
Fees and other adjustments	\$0.00
Please pay total amount due	\$15,762.93

In accordance with Texas SB51 & SB1143 the employer is liable for premiums on any individual who is terminated until Humana receives notice of the individual's termination. To terminate coverage please go to Humana.com, select "Employers" and log in to the Employer Self-Service Center or contact Customer Service at 1-800-232-2006.

Our flexible options for health insurance help both your business and your employees. Whether you need several benefits or just one, you'll find a variety of options with pricing that strengthens your bottom line. We also provide guidance and support toward wellness incentives that reward you and your employees, so you'll have a happier and more productive workplace.

continued ►



RETURN THIS PORTION WITH YOUR PAYMENT

Payment Coupon


Billing ID: 761026-001
Invoice number: 295888107

Payment due date: October 1, 2018
Amount due: \$15,762.93
Amount enclosed:

295888025 001 0001576293 10012018 88779 0

HBSGAFPLETHBSG116A0916201823510001517
JIM WELLS COUNTY
CYNTHIA GARCIA
200 N ALMOND
ALICE, TX 78332

Please remit to:


HUMANA INSURANCE CO
P.O. BOX 3024
MILWAUKEE, WI 53201-3024

For change of address, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$15,836.42
Aug 28	Payment received (thank you)	-\$8,190.70	\$7,645.72
	Amount past due		\$7,645.72

Premiums by Product Type

Product type	QTY	Employee		Employee Plus Spouse (ESP)		Employee Plus Children (ECH)		Family (FAM)	Total
		(EMP)	QTY	(ESP)	QTY	(ECH)	QTY		
Dental	123	\$2,126.67	31	\$1,202.18	29	\$1,121.43	28	\$1,720.32	\$6,170.60
Specialty	131	\$839.71	31	\$398.35	25	\$272.00	23	\$412.85	\$1,922.91
Total	254	\$2,966.38	62	\$1,600.53	54	\$1,393.43	51	\$2,133.17	\$8,093.51

Premiums by Plan Type

Plan type	QTY	Employee		Employee Plus Spouse (ESP)		Employee Plus Children (ECH)		Family (FAM)	Total
		(EMP)	QTY	(ESP)	QTY	(ECH)	QTY		
DTP	123	\$2,126.67	31	\$1,202.18	29	\$1,121.43	28	\$1,720.32	\$6,170.60
VIS	131	\$839.71	31	\$398.35	25	\$272.00	23	\$412.85	\$1,922.91
Total	254	\$2,966.38	62	\$1,600.53	54	\$1,393.43	51	\$2,133.17	\$8,093.51

Plan Type Legend

DTP DENTAL TRADITIONAL PREFERRED
VIS VISION



Employee Detail:
JIM WELLS COUNTY
761026-001

761026-000-001 JIM WELLS COUNTY - ACTIVE

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106185601	DTP	EMP		\$17.29		\$17.29
	106185602	VIS	EMP			\$6.41	\$6.41
	106185389	DTP	EMP		\$17.29		\$17.29
	106185390	VIS	EMP			\$6.41	\$6.41
	106185368	DTP	ECH		\$38.67		\$38.67
	106185369	VIS	ECH			\$10.88	\$10.88
	107405757	VIS	EMP			\$6.41	\$6.41
	107405758	DTP	EMP		\$17.29		\$17.29
	109527051	VIS	EMP			\$6.41	\$6.41
	109527052	DTP	EMP		\$17.29		\$17.29
	109733014	VIS	ECH			\$10.88	\$10.88
	109733015	DTP	ECH		\$38.67		\$38.67
	110761469	DTP	EMP		\$17.29		\$17.29
	110761470	VIS	EMP			\$6.41	\$6.41
	106185611	DTP	EMP		\$17.29		\$17.29
	106185612	VIS	EMP			\$6.41	\$6.41
	106649513	VIS	ESP			\$12.85	\$12.85
	106649514	DTP	ESP		\$38.78		\$38.78
	106185521	DTP	EMP		\$17.29		\$17.29
	106185522	VIS	EMP			\$6.41	\$6.41
	106185691	DTP	EMP		\$17.29		\$17.29
	106185692	VIS	EMP			\$6.41	\$6.41
	111841142	DTP	FAM		\$61.44		\$61.44
	111841143	VIS	FAM			\$17.95	\$17.95
	106231244	DTP	ECH		\$38.67		\$38.67
	106231245	VIS	ECH			\$10.88	\$10.88
	108584500	VIS	EMP			\$6.41	\$6.41
	108584501	DTP	EMP		\$17.29		\$17.29
	108457055	VIS	EMP			\$6.41	\$6.41
	108457056	DTP	EMP		\$17.29		\$17.29
	106185477	DTP	EMP		\$17.29		\$17.29
	106185478	VIS	EMP			\$6.41	\$6.41
	106194176	DTP	FAM		\$61.44		\$61.44
	106194177	VIS	FAM			\$17.95	\$17.95



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
Don't forget, you can pay your invoice online at Humana.com.

761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106827092	VIS	EMP			\$6.41	\$6.41
	106827093	DTP	EMP		\$17.29		\$17.29
	108823435	VIS	ESP			\$12.85	\$12.85
	108823436	DTP	ESP		\$38.78		\$38.78
	106185619	DTP	EMP		\$17.29		\$17.29
	106185620	VIS	EMP			\$6.41	\$6.41
	111104226	VIS	EMP			\$6.41	\$6.41
	111104718	DTP	EMP		\$17.29		\$17.29
	106194167	DTP	FAM		\$61.44		\$61.44
	106194168	VIS	EMP			\$6.41	\$6.41
	106185356	DTP	EMP		\$17.29		\$17.29
	106185357	VIS	EMP			\$6.41	\$6.41
	109527097	VIS	ESP			\$12.85	\$12.85
	109527098	DTP	ESP		\$38.78		\$38.78
	106185569	DTP	ECH		\$38.67		\$38.67
	106185571	VIS	ECH			\$10.88	\$10.88
	109527038	VIS	EMP			\$6.41	\$6.41
	109527039	DTP	EMP		\$17.29		\$17.29
	106184962	VIS	EMP			\$6.41	\$6.41
	106184963	DTP	EMP		\$17.29		\$17.29
	106185661	DTP	EMP		\$17.29		\$17.29
	106185662	VIS	EMP			\$6.41	\$6.41
	106185597	DTP	ESP		\$38.78		\$38.78
	106185598	VIS	EMP			\$6.41	\$6.41
	106219060	DTP	ECH		\$38.67		\$38.67
	106219061	VIS	ECH			\$10.88	\$10.88
	111393247	DTP	ECH		\$38.67		\$38.67
	111393248	VIS	ECH			\$10.88	\$10.88
	106212862	DTP	FAM		\$61.44		\$61.44
	106212863	VIS	FAM			\$17.95	\$17.95
	109034833	VIS	ECH			\$10.88	\$10.88
	109034834	DTP	ECH		\$38.67		\$38.67
	106185555	DTP	ECH		\$38.67		\$38.67
	106185556	VIS	ECH			\$10.88	\$10.88
	106185570	DTP	ESP		\$38.78		\$38.78
	106185572	VIS	ESP			\$12.85	\$12.85
	111416913	DTP	EMP		\$17.29		\$17.29



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID		Type	Premium			Total Premium
	Number	Plan		Medical	Dental	Specialty	
	111416914	VIS	EMP			\$6.41	\$6.41
	106185435	DTP	ESP		\$38.78		\$38.78
	106185436	VIS	ESP			\$12.85	\$12.85
	106185589	DTP	EMP		\$17.29		\$17.29
	106185590	VIS	EMP			\$6.41	\$6.41
	106185615	DTP	ESP		\$38.78		\$38.78
	106185616	VIS	ESP			\$12.85	\$12.85
	111508165	DTP	ECH		\$38.67		\$38.67
	111508166	VIS	ECH			\$10.88	\$10.88
	106444585	VIS	EMP			\$6.41	\$6.41
	106444586	DTP	EMP		\$17.29		\$17.29
	111419325	DTP	EMP		\$17.29		\$17.29
	111419326	VIS	EMP			\$6.41	\$6.41
	106185397	DTP	ECH		\$38.67		\$38.67
	106185398	VIS	ECH			\$10.88	\$10.88
	106185631	DTP	FAM		\$61.44		\$61.44
	106185632	VIS	FAM			\$17.95	\$17.95
	106185469	DTP	EMP		\$17.29		\$17.29
	106185470	VIS	EMP			\$6.41	\$6.41
	106185465	DTP	EMP		\$17.29		\$17.29
	106185466	VIS	EMP			\$6.41	\$6.41
	111416829	DTP	EMP		\$17.29		\$17.29
	111416830	VIS	EMP			\$6.41	\$6.41
	106749722	VIS	EMP			\$6.41	\$6.41
	106749723	DTP	ECH		\$38.67		\$38.67
	106185607	DTP	ESP		\$38.78		\$38.78
	106185608	VIS	ESP			\$12.85	\$12.85
	106185354	DTP	ESP		\$38.78		\$38.78
	106185355	VIS	ESP			\$12.85	\$12.85
	106185439	DTP	EMP		\$17.29		\$17.29
	106185440	VIS	ESP			\$12.85	\$12.85
	106185338	DTP	FAM		\$61.44		\$61.44
	106185339	VIS	ESP			\$12.85	\$12.85
	106185457	DTP	ECH		\$38.67		\$38.67
	106185458	VIS	ECH			\$10.88	\$10.88
	106186060	DTP	ECH		\$38.67		\$38.67
	106186061	VIS	ECH			\$10.88	\$10.88



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106185467	DTP	EMP		\$17.29		\$17.29
	106185468	VIS	EMP			\$6.41	\$6.41
	106185501	DTP	EMP		\$17.29		\$17.29
	106185502	VIS	EMP			\$6.41	\$6.41
	106185593	DTP	ESP		\$38.78		\$38.78
	106185594	VIS	ESP			\$12.85	\$12.85
	106185360	DTP	EMP		\$17.29		\$17.29
	106185361	VIS	EMP			\$6.41	\$6.41
	106185529	DTP	FAM		\$61.44		\$61.44
	106185530	VIS	FAM			\$17.95	\$17.95
	106460560	VIS	EMP			\$6.41	\$6.41
	106460561	DTP	EMP		\$17.29		\$17.29
	106185495	DTP	EMP		\$17.29		\$17.29
	106185496	VIS	EMP			\$6.41	\$6.41
	106185585	DTP	EMP		\$17.29		\$17.29
	106185586	VIS	EMP			\$6.41	\$6.41
	106206860	DTP	ECH		\$38.67		\$38.67
	106206861	VIS	ECH			\$10.88	\$10.88
	106185483	DTP	EMP		\$17.29		\$17.29
	106185484	VIS	EMP			\$6.41	\$6.41
	106185370	DTP	EMP		\$17.29		\$17.29
	106185371	VIS	EMP			\$6.41	\$6.41
	106185429	DTP	ESP		\$38.78		\$38.78
	106185430	VIS	ESP			\$12.85	\$12.85
	109118649	VIS	EMP			\$6.41	\$6.41
	109118650	DTP	EMP		\$17.29		\$17.29
	106185423	DTP	EMP		\$17.29		\$17.29
	106185424	VIS	EMP			\$6.41	\$6.41
	108900313	VIS	EMP			\$6.41	\$6.41
	108900314	DTP	EMP		\$17.29		\$17.29
	106185405	DTP	EMP		\$17.29		\$17.29
	106185406	VIS	EMP			\$6.41	\$6.41
	106185336	DTP	EMP		\$17.29		\$17.29
	106185337	VIS	EMP			\$6.41	\$6.41
	106185348	DTP	ESP		\$38.78		\$38.78
	106185349	VIS	ESP			\$12.85	\$12.85
	107611699	VIS	EMP			\$6.41	\$6.41



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	107611700	DTP	EMP		\$17.29		\$17.29
	109746470	DTP	EMP		\$17.29		\$17.29
	109746471	VIS	EMP			\$6.41	\$6.41
	108036695	VIS	ECH			\$10.88	\$10.88
	108036696	DTP	ECH		\$38.67		\$38.67
	106185421	DTP	EMP		\$17.29		\$17.29
	106185422	VIS	EMP			\$6.41	\$6.41
	111514122	DTP	EMP		\$17.29		\$17.29
	111514123	VIS	EMP			\$6.41	\$6.41
	106185549	DTP	FAM		\$61.44		\$61.44
	106185550	VIS	FAM			\$17.95	\$17.95
	110299696	DTP	EMP		\$17.29		\$17.29
	110299697	VIS	EMP			\$6.41	\$6.41
	111525579	DTP	EMP		\$17.29		\$17.29
	111525580	VIS	EMP			\$6.41	\$6.41
	108457042	VIS	EMP			\$6.41	\$6.41
	108457043	DTP	EMP		\$17.29		\$17.29
	106185689	DTP	EMP		\$17.29		\$17.29
	106185690	VIS	EMP			\$6.41	\$6.41
	106185377	DTP	EMP		\$17.29		\$17.29
	106185378	VIS	EMP			\$6.41	\$6.41
	106185525	DTP	EMP		\$17.29		\$17.29
	106185526	VIS	EMP			\$6.41	\$6.41
	109671448	VIS	EMP			\$6.41	\$6.41
	109671449	DTP	EMP		\$17.29		\$17.29
	106185374	DTP	EMP		\$17.29		\$17.29
	106185375	VIS	EMP			\$6.41	\$6.41
	106197064	DTP	ESP		\$38.78		\$38.78
	106197065	VIS	ESP			\$12.85	\$12.85
	106185489	DTP	EMP		\$17.29		\$17.29
	106185490	VIS	EMP			\$6.41	\$6.41
	106827059	VIS	FAM			\$17.95	\$17.95
	106827060	DTP	FAM		\$61.44		\$61.44
	106185523	DTP	EMP		\$17.29		\$17.29
	106185524	VIS	EMP			\$6.41	\$6.41
	106185567	DTP	EMP		\$17.29		\$17.29
	106185568	VIS	EMP			\$6.41	\$6.41



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106185633	DTP	EMP		\$17.29		\$17.29
	106185634	VIS	EMP			\$6.41	\$6.41
	106185519	DTP	EMP		\$17.29		\$17.29
	106185520	VIS	EMP			\$6.41	\$6.41
	106185517	DTP	EMP		\$17.29		\$17.29
	106185518	VIS	EMP			\$6.41	\$6.41
	106185381	DTP	EMP		\$17.29		\$17.29
	106185382	VIS	EMP			\$6.41	\$6.41
	106711475	VIS	EMP			\$6.41	\$6.41
	106711476	DTP	EMP		\$17.29		\$17.29
	106219087	DTP	ECH		\$38.67		\$38.67
	106219088	VIS	ECH			\$10.88	\$10.88
	106185503	DTP	ESP		\$38.78		\$38.78
	106185504	VIS	ESP			\$12.85	\$12.85
	111752445	DTP	EMP		\$17.29		\$17.29
	111752445	DTP	EMP		\$17.29		\$17.29
	111752446	VIS	EMP			\$6.41	\$6.41
	111752446	VIS	EMP			\$6.41	\$6.41
	106185613	DTP	EMP		\$17.29		\$17.29
	106185614	VIS	EMP			\$6.41	\$6.41
	106185587	DTP	EMP		\$17.29		\$17.29
	106185588	VIS	EMP			\$6.41	\$6.41
	106196192	DTP	EMP		\$17.29		\$17.29
	106196193	VIS	EMP			\$6.41	\$6.41
	106185417	DTP	EMP		\$17.29		\$17.29
	106185418	VIS	EMP			\$6.41	\$6.41
	106185407	DTP	EMP		\$17.29		\$17.29
	106185408	VIS	EMP			\$6.41	\$6.41
	106185545	DTP	EMP		\$17.29		\$17.29
	106185546	VIS	EMP			\$6.41	\$6.41
	106185441	DTP	EMP		\$17.29		\$17.29
	106185442	VIS	EMP			\$6.41	\$6.41
	106185427	DTP	ECH		\$38.67		\$38.67
	106185428	VIS	ECH			\$10.88	\$10.88
	106185342	DTP	EMP		\$17.29		\$17.29
	106185343	VIS	EMP			\$6.41	\$6.41
	111532447	DTP	FAM		\$61.44		\$61.44



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	111532448	VIS	FAM			\$17.95	\$17.95
	106185627	DTP	EMP		\$17.29		\$17.29
	106185628	VIS	EMP			\$6.41	\$6.41
	108823694	VIS	EMP			\$6.41	\$6.41
	108823695	DTP	EMP		\$17.29		\$17.29
	106185609	DTP	EMP		\$17.29		\$17.29
	106185610	VIS	EMP			\$6.41	\$6.41
	109592069	VIS	ESP			\$12.85	\$12.85
	109592070	DTP	ESP		\$38.78		\$38.78
	106185625	DTP	EMP		\$17.29		\$17.29
	106185626	VIS	EMP			\$6.41	\$6.41
	106185364	DTP	ESP		\$38.78		\$38.78
	106185365	VIS	ESP			\$12.85	\$12.85
	106289304	VIS	FAM			\$17.95	\$17.95
	106289305	DTP	FAM		\$61.44		\$61.44
	107430572	VIS	ESP			\$12.85	\$12.85
	107430573	DTP	FAM		\$61.44		\$61.44
	106189601	DTP	EMP		\$17.29		\$17.29
	106189602	VIS	EMP			\$6.41	\$6.41
	109013995	VIS	EMP			\$6.41	\$6.41
	109013996	DTP	EMP		\$17.29		\$17.29
	106185358	DTP	ESP		\$38.78		\$38.78
	106185359	VIS	ESP			\$12.85	\$12.85
	108955337	VIS	EMP			\$6.41	\$6.41
	108955338	DTP	ECH		\$38.67		\$38.67
	106185362	DTP	FAM		\$61.44		\$61.44
	106185363	VIS	FAM			\$17.95	\$17.95
	106185595	DTP	EMP		\$17.29		\$17.29
	106185596	VIS	EMP			\$6.41	\$6.41
	106185639	DTP	EMP		\$17.29		\$17.29
	106185640	VIS	EMP			\$6.41	\$6.41
	106418037	VIS	ESP			\$12.85	\$12.85
	106418038	DTP	ESP		\$38.78		\$38.78
	106185533	DTP	ECH		\$38.67		\$38.67
	106185534	VIS	ECH			\$10.88	\$10.88
	106185553	DTP	EMP		\$17.29		\$17.29
	106185554	VIS	FAM			\$17.95	\$17.95

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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106185376	DTP	EMP		\$17.29		\$17.29
	106231126	DTP	ESP		\$38.78		\$38.78
	106231127	VIS	ESP			\$12.85	\$12.85
	106185655	DTP	ECH		\$38.67		\$38.67
	106185656	VIS	ECH			\$10.88	\$10.88
	107405601	VIS	EMP			\$6.41	\$6.41
	107405602	DTP	EMP		\$17.29		\$17.29
	106185491	DTP	EMP		\$17.29		\$17.29
	106185492	VIS	EMP			\$6.41	\$6.41
	111433724	DTP	EMP		\$17.29		\$17.29
	111433725	VIS	EMP			\$6.41	\$6.41
	108823528	VIS	EMP			\$6.41	\$6.41
	108823529	DTP	EMP		\$17.29		\$17.29
	106185332	DTP	EMP		\$17.29		\$17.29
	106185333	VIS	EMP			\$6.41	\$6.41
	106195468	DTP	ESP		\$38.78		\$38.78
	106195469	VIS	ESP			\$12.85	\$12.85
	106185617	DTP	EMP		\$17.29		\$17.29
	106185618	VIS	EMP			\$6.41	\$6.41
	108823508	VIS	EMP			\$6.41	\$6.41
	108823509	DTP	EMP		\$17.29		\$17.29
	107641501	VIS	EMP			\$6.41	\$6.41
	107641502	DTP	ECH		\$38.67		\$38.67
	106185379	DTP	ECH		\$38.67		\$38.67
	106185380	VIS	ECH			\$10.88	\$10.88
	111635929	DTP	EMP		\$17.29		\$17.29
	111635930	VIS	EMP			\$6.41	\$6.41
	106185621	DTP	FAM		\$61.44		\$61.44
	106185622	VIS	FAM			\$17.95	\$17.95
	106185485	DTP	ESP		\$38.78		\$38.78
	106185486	VIS	EMP			\$6.41	\$6.41
	107066000	VIS	EMP			\$6.41	\$6.41
	107066001	DTP	EMP		\$17.29		\$17.29
	106185384	DTP	EMP		\$17.29		\$17.29
	106185386	VIS	EMP			\$6.41	\$6.41
	106185515	DTP	ECH		\$38.67		\$38.67
	106185516	VIS	ECH			\$10.88	\$10.88



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	111635530	DTP	EMP		\$17.29		\$17.29
	111635531	VIS	EMP			\$6.41	\$6.41
	106185431	DTP	ESP		\$38.78		\$38.78
	106185432	VIS	ESP			\$12.85	\$12.85
	106184397	VIS	FAM			\$17.95	\$17.95
	106184398	DTP	FAM		\$61.44		\$61.44
	106186058	DTP	EMP		\$17.29		\$17.29
	106186059	VIS	EMP			\$6.41	\$6.41
	106185411	DTP	FAM		\$61.44		\$61.44
	106185412	VIS	FAM			\$17.95	\$17.95
	111125730	DTP	ECH		\$38.67		\$38.67
	111125731	VIS	EMP			\$6.41	\$6.41
	106185537	DTP	EMP		\$17.29		\$17.29
	106185538	VIS	EMP			\$6.41	\$6.41
	106185547	DTP	FAM		\$61.44		\$61.44
	106185548	VIS	FAM			\$17.95	\$17.95
	106194184	DTP	EMP		\$17.29		\$17.29
	106194185	VIS	EMP			\$6.41	\$6.41
	106185443	DTP	EMP		\$17.29		\$17.29
	106185444	VIS	EMP			\$6.41	\$6.41
	106185591	DTP	EMP		\$17.29		\$17.29
	106185592	VIS	EMP			\$6.41	\$6.41
	106185687	DTP	EMP		\$17.29		\$17.29
	106185688	VIS	EMP			\$6.41	\$6.41
	106185463	DTP	FAM		\$61.44		\$61.44
	106185464	VIS	FAM			\$17.95	\$17.95
	106185535	DTP	ESP		\$38.78		\$38.78
	106185536	VIS	ESP			\$12.85	\$12.85
	108584490	VIS	EMP			\$6.41	\$6.41
	108584491	DTP	EMP		\$17.29		\$17.29
	106185509	DTP	EMP		\$17.29		\$17.29
	106185510	VIS	EMP			\$6.41	\$6.41
	106185557	DTP	ECH		\$38.67		\$38.67
	106185558	VIS	ECH			\$10.88	\$10.88
	106185603	DTP	EMP		\$17.29		\$17.29
	106185604	VIS	EMP			\$6.41	\$6.41
	111511149	DTP	ECH		\$38.67		\$38.67



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	111511150	VIS	ECH			\$10.88	\$10.88
	106194930	DTP	ESP		\$38.78		\$38.78
	106194931	VIS	ESP			\$12.85	\$12.85
	106185671	DTP	ESP		\$38.78		\$38.78
	106185672	VIS	ESP			\$12.85	\$12.85
	106185665	DTP	EMP		\$17.29		\$17.29
	106185666	VIS	EMP			\$6.41	\$6.41
	111091650	DTP	EMP		\$17.29		\$17.29
	111091651	VIS	EMP			\$6.41	\$6.41
	106206863	DTP	FAM		\$61.44		\$61.44
	106206864	VIS	FAM			\$17.95	\$17.95
	106185543	DTP	EMP		\$17.29		\$17.29
	106185544	VIS	EMP			\$6.41	\$6.41
	106185481	DTP	EMP		\$17.29		\$17.29
	106185482	VIS	EMP			\$6.41	\$6.41
	106196199	DTP	FAM		\$61.44		\$61.44
	106196200	VIS	FAM			\$17.95	\$17.95
	109733187	DTP	EMP		\$17.29		\$17.29
	900006040	VIS	EMP			\$6.41	\$6.41
	106185635	DTP	EMP		\$17.29		\$17.29
	106185636	VIS	EMP			\$6.41	\$6.41
	106185326	DTP	FAM		\$61.44		\$61.44
	106185327	VIS	EMP			\$6.41	\$6.41
	106185637	DTP	EMP		\$17.29		\$17.29
	106185638	VIS	EMP			\$6.41	\$6.41
	108523971	VIS	EMP			\$6.41	\$6.41
	108523972	DTP	EMP		\$17.29		\$17.29
	108677679	VIS	ESP			\$12.85	\$12.85
	108677680	DTP	ESP		\$38.78		\$38.78
	106185461	DTP	EMP		\$17.29		\$17.29
	106185462	VIS	EMP			\$6.41	\$6.41
	106185581	DTP	ESP		\$38.78		\$38.78
	106185582	VIS	ESP			\$12.85	\$12.85
	106185334	DTP	EMP		\$17.29		\$17.29
	106185335	VIS	EMP			\$6.41	\$6.41
	106194934	DTP	FAM		\$61.44		\$61.44
	106194935	VIS	FAM			\$17.95	\$17.95



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761026-000-001 JIM WELLS COUNTY - ACTIVE (Continued)

Member Name	Member ID		Type	Premium			Total Premium
	Number	Plan		Medical	Dental	Specialty	
	108843058	VIS	EMP			\$6.41	\$6.41
	108843059	DTP	EMP		\$17.29		\$17.29
	106185366	DTP	EMP		\$17.29		\$17.29
	106185367	VIS	EMP			\$6.41	\$6.41
	106185531	DTP	EMP		\$17.29		\$17.29
	106185532	VIS	EMP			\$6.41	\$6.41
	106185565	DTP	FAM		\$61.44		\$61.44
	106185566	VIS	FAM			\$17.95	\$17.95
	106184876	VIS	ECH			\$10.88	\$10.88
	106184877	DTP	ECH		\$38.67		\$38.67
	106185561	DTP	EMP		\$17.29		\$17.29
	106185562	VIS	EMP			\$6.41	\$6.41
	106185507	DTP	EMP		\$17.29		\$17.29
	106185508	VIS	EMP			\$6.41	\$6.41
	106185683	DTP	EMP		\$17.29		\$17.29
	106185684	VIS	EMP			\$6.41	\$6.41
	106185605	DTP	EMP		\$17.29		\$17.29
	106185606	VIS	EMP			\$6.41	\$6.41
	109527914	VIS	EMP			\$6.41	\$6.41
	109527915	DTP	EMP		\$17.29		\$17.29
	106185651	DTP	EMP		\$17.29		\$17.29
	106185652	VIS	EMP			\$6.41	\$6.41
	108013722	VIS	EMP			\$6.41	\$6.41
	108013723	DTP	FAM		\$61.44		\$61.44
	106958654	VIS	EMP			\$6.41	\$6.41
	106958655	DTP	FAM		\$61.44		\$61.44
	111091688	DTP	EMP		\$17.29		\$17.29
	111091689	VIS	EMP			\$6.41	\$6.41
	106185393	DTP	EMP		-\$17.29		-\$17.29
	106185394	VIS	EMP			-\$6.41	-\$6.41
	106185563	DTP	EMP		\$17.29		\$17.29
	106185564	VIS	EMP			\$6.41	\$6.41



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► Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
761026-000-001									
DTP	119	\$2,057.51	27	\$1,047.06	27	\$1,044.09	25	\$1,536.00	\$5,684.66
VIS	126	\$807.66	28	\$359.80	23	\$250.24	20	\$359.00	\$1,776.70
Totals	245	\$2,865.17	55	\$1,406.86	50	\$1,294.33	45	\$1,895.00	\$7,461.36



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Employee Detail:
 JIM WELLS COUNTY
 761026-001

761026-000-002 JIM WELLS COUNTY - RETIREE

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106195460	DTP	ESP		\$38.78		\$38.78
	106195461	VIS	ESP			\$12.85	\$12.85
	106196206	DTP	ESP		\$38.78		\$38.78
	106196207	VIS	ESP			\$12.85	\$12.85
	106185399	DTP	FAM		\$61.44		\$61.44
	106185400	VIS	FAM			\$17.95	\$17.95
	106185577	DTP	ESP		\$38.78		\$38.78
	106185578	VIS	ESP			\$12.85	\$12.85
	106196195	DTP	FAM		\$61.44		\$61.44
	106196196	VIS	FAM			\$17.95	\$17.95
	106185387	DTP	FAM		\$61.44		\$61.44
	106185388	VIS	FAM			\$17.95	\$17.95
	106185372	DTP	EMP		\$17.29		\$17.29
	106185373	VIS	EMP			\$6.41	\$6.41
	106185453	DTP	ECH		\$38.67		\$38.67
	106185454	VIS	ECH			\$10.88	\$10.88
	106185559	DTP	EMP		\$17.29		\$17.29
	106185560	VIS	EMP			\$6.41	\$6.41
	106185393	DTP	EMP		\$17.29		\$17.29
	106185393	DTP	EMP		\$17.29		\$17.29
	106185394	VIS	EMP			\$6.41	\$6.41
	106185394	VIS	EMP			\$6.41	\$6.41

► Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
761026-000-002									
DTP	3	\$51.87	3	\$116.34	1	\$38.67	3	\$184.32	\$391.20
VIS	3	\$19.23	3	\$38.55	1	\$10.88	3	\$53.85	\$122.51
Totals	6	\$71.10	6	\$154.89	2	\$49.55	6	\$238.17	\$513.71



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Employee Detail:
 JIM WELLS COUNTY
 761026-001

761026-000-004 JIM WELLS COUNTY - ELECTED OFFICIALS

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
	106185328	DTP	ESP		\$38.78		\$38.78
	106185329	VIS	EMP			\$6.41	\$6.41
	108424177	VIS	EMP			\$6.41	\$6.41
	108519933	DTP	EMP		\$17.29		\$17.29
	108013713	VIS	ECH			\$10.88	\$10.88
	108013714	DTP	ECH		\$38.67		\$38.67

► Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
761026-000-004 DTP	1	\$17.29	1	\$38.78	1	\$38.67	0	\$0.00	\$94.74
VIS	2	\$12.82	0	\$0.00	1	\$10.88	0	\$0.00	\$23.70
Totals	3	\$30.11	1	\$38.78	2	\$49.55	0	\$0.00	\$118.44

± Cobra Coverage " State Continuation Coverage ž State Continuation with Subsidy



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
 Don't forget, you can pay your invoice online at Humana.com

JIM WELLS COUNTY
GROUP INSURANCE CENSUS
10-11-2018

SEE ATTACHED CENSUS SCHEDULE

**JIM WELLS COUNTY
EMPLOYEE CENSUS
YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Salary Year: 2018	Occupation		Type Of Coverage Dental Ins	Type Of Coverage Vision Ins.
M	03-05 1957	61	07-01-87	47,353	R&B Laborer	1	Employee Only	Employee Only
M	01-10 1966	52	08-01-00	53,390	Deputy Sheriff	1	Employee Only	Employee Only
F	05-07 1961	57	01-05-09	31,659	Clerical	1	Declined	Declined
F	05-29 1967	51	12-17-12	28,000	Deputy Tax A/C	1	Employee + Children	Employee + Children
M	12-27 1991	27	08-22-16	33,000	Deputy	1	Employee Only	Employee Only
M	08-11 1962	56	06-26-17	24,960	Laborer	1	Employee Only	Employee Only
F	12-20 1975	43	08-14-17	26,250	Clerical	1	Employee + Children	Employee + Children
M	07-26 1988	30	10-02-17	25,436	ACO	1	Employee Only	Employee Only
F	01-09 1980	38	01-01-09	38,295	Clerical	1	Employee Only	Employee Only
M	07-25 1964	54	02-22-16	53,490	Sheriff Deputy	1	Employee + Spouse	Employee + Spouse
F	05-18 1965	53	06-09-14	26,000	Dispatcher	1	Employee Only	Employee Only
F	07-12 1994	24	09-16-13	23,544	Clerical	1	Employee Only	Employee Only
F	08-21 1965	53	07-01-18	47,627	Jail Nurse	1	Employee + Family	Employee + Family
M	11-14 1989	29	02-12-13	38,800	Deputy	1	Employee + Children	Employee + Children
F	10-06 1989	29	01-30-17	25,564	Clerical	1	Employee Only	Employee Only
M	10-05 1955	63	01-01-17	77,057	Sheriff	1	Employee + Spouse	Employee Only
M	09-25 1996	22	11-28-16	27,506	Jailer	1	Employee Only	Employee Only
F	03-04 1957	61	02-13-12	32,293	Deputy Tax A/C	1	Employee Only	Employee Only
M	06-19 1964	54	04-03-14	39,000	Building Supervisor	1	Employee + Family	Employee + Family
M	08-31 1976	42	04-16-16	30,000	Jailer	1	Employee Only	Employee Only
M	10-31 1950	68	02-01-17	19,760	Custodian	1	Employee + Spouse	Employee + Spouse
M	01-23 1965	53	01-01-15	23,920	R&B Laborer	1	Employee Only	Employee Only
M	01-22 1981	37	01-22-18	82,000	Asst Dist Atty	1	Employee Only	Employee Only
F	07-09 1969	49	07-12-10	29,900	Deputy Tax A/C	1	Employee + Family	Employee Only
F	12-05 1965	53	01-01-15	45,500	Clerical	1	Employee Only	Employee Only
M	03-03 1985	33	06-14-17	32,918	Deputy Sheriff	1	Employee + Spouse	Employee + Spouse
F	06-22 1974	44	01-01-13	39,325	Clerical	1	Employee + Children	Employee + Children
M	10-08 1958	60	01-01-06	24,960	R&B Laborer	1	Employee Only	Employee Only
M	09-25 1991	27	07-10-17	26,630	Jailer	1	Employee Only	Employee Only
M	07-30 1961	57	01-01-14	23,566	Laborer	1	Employee Only	Employee Only
F	12-05 1959	59	01-01-94	49,600	Chief Deputy	1	Employee + Spouse	Employee Only
F	01-10 1974	44	09-16-96	30,444	Clerical	1	Employee + Children	Employee + Children
M	10-03 1977	41	03-08-18	32,918	Deputy Sheriff	1	Employee + Children	Employee + Children
M	06-19 1958	60	01-01-93	40,159	Constable	1	Employee + Family	Employee + Family
F	08-03 1996	22	03-02-17	24,700	Dispatcher	1	Employee + Children	Employee + Children
M	08-13 1973	45	11-11-02	41,773	Deputy Sheriff	1	Employee + Children	Employee + Children
F	07-12 1953	65	09-12-95	34,500	Clerical	1	Employee + Spouse	Employee + Spouse
F	03-03 1982	36	03-12-18	26,500	Deputy Tax A/C	1	Employee Only	Employee Only
F	07-27 1945	73	01-01-99	73,659	Co Treasurer	1	Employee + Spouse	Employee + Spouse
M	08-26 1977	41	05-17-10	38,198	Deputy Sheriff	1	Employee Only	Employee Only
M	08-04 1965	53	05-19-14	42,642	Drug Court Coord	1	Employee + Spouse	Employee + Spouse
F	11-27 1975	43	04-03-18	31,060	Clerical	1	Employee + Children	Employee + Children
M	12-17 1991	27	12-28-15	33,000	Deputy	1	Employee Only	Employee Only
M	11-07 1958	60	10-16-17	26,520	R&B Laborer	1	Employee Only	Employee Only
M	03-09 1979	39	05-25-15	42,000	Safety Officer	1	Employee + Children	Employee + Children
F	08-22 1957	61	12-01-99	55,694	Clerical	1	Employee + Family	Employee + Family
F	07-15 1955	63	03-13-06	39,140	Clerical	1	Employee Only	Employee Only
M	01-27 1955	63	06-01-95	21,421	Court Interpr.	1	Employee Only	Employee Only
M	05-27 1967	51	04-02-18	31,720	R&B Laborer	1	Employee Only	Employee Only

**JIM WELLS COUNTY
EMPLOYEE CENSUS
YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Salary Year: 2018	Occupation		Type Of Coverage Dental Ins	Type Of Coverage Vision Ins.
F	10-22 1967	51	03-28-16	80,000	Asst. Dist Atty	1	Employee + Children	Employee Only
F	09-08 1955	63	03-15-04	25,816	Clerical	1	Employee + Spouse	Employee + Spouse
F	04-20 1958	60	01-01-13	40,729	Clerical	1	Employee + Spouse	Employee + Spouse
F	05-07 1966	52	04-26-99	27,295	Clerical	1	Employee Only	Employee + Spouse
M	08-01 1985	33	06-19-13	34,490	Deputy Sheriff	1	Employee + Spouse	Employee + Spouse
M	08-31 1958	60	09-25-97	91,928	Clerical	1	Employee + Children	Employee + Children
M	12-12 1953	65	02-17-09	30,720	R&B Laborer	1	Employee Only	Employee Only
M	02-14 1954	64	01-21-92	40,176	Juv Prob Officer	1	Employee Only	Employee Only
F	07-12 1977	41	08-19-02	35,637	Juvenile Prob Officer	1	Employee + Children	Employee + Children
F	10-14 1976	42	05-02-12	52,500	Clerical	1	Employee Only	Employee Only
M	11-23 1944	74	01-01-15	73,659	Co Commissioner	1	Employee + Spouse	Employee + Spouse
F	01-18 1978	40	02-07-05	33,887	Clerical	1	Employee Only	Employee Only
M	07-23 1974	44	02-03-14	20,945	Laborer	1	Employee + Family	Employee + Family
M	07-02 1993	25	01-19-16	33,000	Deputy	1	Employee Only	Employee Only
F	03-23 1965	53	04-20-15	39,140	Internal Auditor	1	Employee Only	Employee Only
F	09-25 1964	54	02-06-06	36,504	Clerical	1	Employee Only	Employee Only
M	09-18 1974	44	01-01-15	157,000	Co Cr Law Judge	1	Employee + Children	Employee + Children
F	02-03 1959	59	01-06-17	23,000	Clerical	1	Employee Only	Employee Only
F	02-20 1961	57	09-01-03	32,126	Clerical	1	Employee + Spouse	Employee + Spouse
M	02-12 1975	43	04-26-17	32,918	Sheriff Deputy	1	Employee Only	Employee Only
F	05-25 1965	53	10-31-11	31,222	Clerical	1	Employee Only	Employee Only
F	03-16 1988	30	04-03-17	30,400	911 Clerk	1	Employee Only	Employee Only
F	04-27 1961	57	08-17-15	26,000	Clerical	1	Employee Only	Employee Only
M	05-29 1947	71	01-01-07	73,659	Commissioner	1	Employee Only	Employee Only
M	11-14 1945	73	01-01-15	39,960	Formen	1	Employee + Spouse	Employee + Spouse
F	05-09 1957	61	01-01-10	38,095	Clerical	1	Employee Only	Employee Only
F	05-31 1994	24	10-02-17	23,544	Clerical	1	Employee Only	Employee Only
F	05-27 1982	36	11-28-16	33,000	Juv Prob Officer	1	Employee + Children	Employee + Children
F	04-30 1959	59	07-05-10	32,000	Clerical	1	Employee Only	Employee Only
M	01-06 1972	46	03-19-18	29,120	R&B Laborer	1	Employee Only	Employee Only
M	11-26 1975	43	06-20-06	36,249	Deputy Sheriff	1	Employee + Family	Employee + Family
F	07-26 1981	37	10-16-17	24,950	Jail Cook	1	Employee Only	Employee Only
M	03-04 1998	20	06-05-18	27,961	Jailer	1	Employee Only	Employee Only
M	10-01 1972	46	12-27-16	45,150	Deputy Sheriff	1	Employee Only	Employee Only
M	10-07 1954	64	01-17-17	69,976	Commissioner	1	Employee Only	Employee Only
M	10-15 1986	32	10-14-13	23,000	Clerical	1	Employee Only	Employee Only
M	08-08 1958	60	08-18-14	27,506	Jailer	1	Employee Only	Employee Only
F	02-16 1985	33	09-14-15	27,810	Clerical	1	Employee Only	Employee Only
M	09-19 1999	19	09-19-17	26,630	Jailer	1	Employee Only	Employee Only
F	03-07 1960	58	01-01-99	47,837	Clerical	1	Employee Only	Employee Only
F	01-26 1961	57	01-01-13	73,659	Commissioner	1	Employee + Spouse	Employee + Spouse
F	03-14 1960	58	06-11-12	35,856	Clerical	1	Employee Only	Employee Only
M	12-05 1967	51	04-04-16	40,000	Asst. Dist Atty	1	Employee + Family	Employee + Family
F	11-30 1964	54	05-01-00	31,968	Clerical	1	Employee Only	Employee Only
M	07-26 1946	72	07-11-07	43,260	Constable	1	Employee Only	Employee Only
F	01-10 1984	34	06-03-08	27,712	Dispatcher	1	Employee Only	Employee Only
M	01-14 1967	51	01-01-17	112,000	County Attorney	1	Employee + Children	Employee + Children
F	08-18 1969	49	01-01-01	30,442	Clerical	1	Employee Only	Employee Only
F	02-12 1968	50	12-01-14	27,000	Deputy Clerk	1	Employee Only	Employee Only

**JIM WELLS COUNTY
EMPLOYEE CENSUS
YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Salary Year: 2018	Occupation		Type Of Coverage Dental Ins	Type Of Coverage Vision Ins
M	06-06 1962	56	01-01-99	73,659	Dist Clerk	1	Employee Only	Employee Only
M	02-22 1990	28	03-26-18	32,918	Deputy Sheriff	1	Employee Only	Employee Only
F	01-22 1965	53	01-01-13	58,399	Investagor	1	Employee + Children	Employee + Children
M	05-27 1939	79	07-01-96	50,243	Deputy Sheriff	1	Employee + Spouse	Employee + Spouse
M	12-29 1999	19	07-03-18	27,506	Jailer	1	Employee Only	Employee Only
M	03-10 1970	48	09-06-10	35,992	R&B Laborer	1	Employee Only	Employee Only
F	12-19 1973	45	04-07-15	24,000	Clerical	1	Employee Only	Employee Only
F	03-20 1963	55	08-13-07	30,000	Clerical	1	Employee Only	Employee Only
F	03-03 1943	75	01-01-03	40,159	Justice of the Peace	1	Employee Only	Employee Only
M	07-03 1955	63	02-03-14	47,800	Emergency Mgmt	1	Employee Only	Employee Only
F	06-14 1964	54	06-01-07	40,159	Justice of the Peace	1	Employee Only	Employee Only
F	02-10 1953	65	04-02-07	61,350	Clerical	1	Employee Only	Employee Only
F	08-28 1977	41	01-01-13	43,434	Clerical	1	Employee + Children	Employee + Children
M	09-06 1961	57	01-01-13	40,159	Constable	1	Employee Only	Employee Only
M	05-10 1973	45	06-01-18	50,000	Investagor	1	Employee + Family	Employee + Family
F	05-12 1952	66	05-08-14	24,000	Clerical	1	Employee Only	Employee Only
M	03-30 1992	26	01-04-17	31,350	Sheriff Deputy	1	Employee Only	Employee Only
F	06-17 1943	75	01-01-09	73,659	Tax A/C	1	Employee Only	Employee Only
M	06-01 1957	61	09-14-17	76,000	Asst Dist Atty	1	Employee + Spouse	Employee + Spouse
M	08-03 1965	53	07-01-14	20,800	Laborer	1	Employee Only	Employee Only
M	07-11 1965	53	01-05-15	45,481	Deputy	1	Employee + Spouse	Employee + Spouse
M	10-02 1970	48	06-05-09	43,680	Laborer	1	Employee + Family	Employee + Family
F	10-11 1962	56	10-07-02	36,650	Clerical	1	Employee + Family	Employee + Spouse
F	12-28 1979	39	01-01-09	26,909	Clerical	1	Employee Only	Employee Only
M	04-22 1994	24	04-24-17	32,918	Sheriff Deputy	1	Employee Only	Employee Only
F	12-12 1957	61	03-22-02	45,500	Clerical	1	Employee + Spouse	Employee + Spouse
F	03-05 1969	49	04-24-17	61,750	Court Reporter	1	Employee + Children	Employee + Only
F	05-24 1974	44	09-06-00	37,454	Juvenile Prob Officer	1	Employee + Family	Employee + Family
M	06-14 1963	55	09-02-14	20,800	Laborer	1	Employee Only	Employee Only
F	08-05 1969	49	03-02-15	26,000	Clerical	1	Employee Only	Employee Only
M	10-26 1931	87	06-01-87	7,815	County Surveyor	1	Employee + Spouse	Employee + Spouse
F	08-28 1980	38	03-18-13	31,890	Clerical	1	Employee + Children	Employee + Children
F	10-25 1967	51	08-17-09	37,080	Clerical	1	Employee Only	Employee + Family
F	06-14 1953	65	01-06-86	58,406	Justice of the Peace	1	Employee Only	Declined
M	12-11 1954	64	01-01-11	73,659	County Clerk	1	Employee + Spouse	Employee + Spouse
M	01-20 1978	40	08-01-11	59,180	Investigator	1	Employee + Children	Employee + Children
F	11-10 1981	37	08-22-16	31,364	Asst. Co. Auditor	1	Employee Only	Employee Only
M	03-31 1967	51	01-01-13	92,500	Asst. Dist Atty	1	Employee Only	Employee Only
M	12-22 1950	68	03-26-18	20,800	Custodian	1	Employee Only	Employee Only
M	04-03 1955	63	10-01-97	37,577	R&B Laborer	1	Employee Only	Employee Only
M	09-15 1959	59	01-10-17	20,800	Laborer	1	Employee Only	Employee Only
M	08-02 1940	78	02-16-95	22,550	Maintenance	1	Employee + Spouse	Employee + Spouse
F	11-21 1975	43	08-12-96	49,680	Clerical	1	Employee Only	Employee Only
M	08-15 1957	61	01-10-17	19,760	Laborer	1	Employee Only	Employee Only
F	12-21 1987	31	04-04-16	35,500	Clerical	1	Employee + Children	Employee Only
F	06-03 1961	57	06-26-06	31,500	Clerical	1	Employee + Children	Employee + Children
F	08-27 1998	20	06-29-18	25,935	Dispatcher	1	Employee Only	Employee Only
F	03-13 1959	59	08-27-01	98,413	Asst Co Atty	1	Employee + Family	Employee + Family
F	12-07 1956	62	09-22-09	32,640	Clerical	1	Employee + Spouse	Employee Only

**JIM WELLS COUNTY
EMPLOYEE CENSUS
YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Salary Year: 2018	Occupation		Type Of Coverage Dental Ins	Type Of Coverage Vision Ins.
M	01-16 1995	23	05-23-16	27,506	Jailer	1	Employee Only	Employee Only
F	08-31 1969	49	04-22-14	30,000	Deputy Clerk	1	Employee Only	Employee Only
M	03-07 1982	36	07-22-13	38,198	Deputy	1	Employee + Children	Employee + Children
F	03-06 1984	34	06-04-18	28,000	Deputy Clerk	1	Employee Only	Employee Only
M	09-10 1971	47	07-02-08	61,646	Justice of the Peace	1	Employee + Family	Employee + Family
M	09-30 1947	71	01-01-91	65,032	Justice of the Peace	1	Employee + Spouse	Employee + Spouse
M	06-18 1960	58	09-02-15	33,000	Deputy Sheriff	1	Employee Only	Employee Only
F	12-19 1970	48	03-16-09	29,800	Clerical	1	Employee + Family	Employee + Family
F	03-14 1979	39	01-03-18	26,500	Deputy Clerk	1	Employee + Children	Employee Only
F	07-27 1963	55	01-10-11	32,000	Clerical	1	Employee Only	Employee Only
M	12-01 1975	43	01-01-14	29,120	Laborer	1	Employee + Family	Employee + Family
F	09-21 1963	55	08-06-15	34,500	Jailer	1	Employee Only	Employee Only
M	06-20 1977	41	06-14-02	44,294	Deputy Sheriff	1	Employee Only	Employee Only
M	07-24 1954	64	01-11-13	30,282	Baliff	1	Employee Only	Employee Only
M	12-30 1989	29	10-18-10	36,490	Deputy Sheriff	1	Employee Only	Employee Only
F	03-02 1959	59	02-04-13	24,150	Clerical	1	Employee + Family	Employee + Family
F	03-15 1962	56	11-25-13	38,095	Clerical	1	Employee + Spouse	Employee + Spouse
F	01-28 1991	27	12-07-16	27,506	Jailer	1	Employee Only	Employee Only
F	08-24 1954	64	07-15-83	38,045	Dispatcher	1	Employee Only	Employee Only
F	01-29 1958	60	01-06-04	30,000	Clerical	1	Employee + Children	Employee + Children
F	05-10 1958	60	05-01-04	55,569	Clerical	1	Employee Only	Employee Only
M	11-17 1978	40	04-16-18	33,250	Veteran's Officer	1	Employee + Children	Employee + Children
M	07-29 1946	72	01-01-05	49,341	Constable	1	Employee + Spouse	Employee + Spouse
M	12-02 1957	61	01-01-01	31,493	R&B Laborer	1	Employee + Spouse	Employee + Spouse
M	12-14 1989	29	01-06-14	21,029	Laborer	1	Employee Only	Employee Only
M	08-15 1993	25	02-22-18	27,182	Jailer	1	Employee Only	Employee Only
M	11-16 1977	41	09-25-07	43,238	Deputy Sheriff	1	Employee + Family	Employee + Family
M	09-21 1980	38	01-01-14	21,424	Laborer	1	Employee Only	Employee Only
M	03-10 1957	61	06-10-13	23,566	Laborer	1	Employee Only	Employee Only
M	12-30 1957	61	05-15-06	68,300	Chief Juv Prob Office	1	Employee + Family	Employee + Family
M	11-17 1996	22	10-06-17	27,962	Jailer	1	Employee Only	Employee Only
F	07-28 1967	51	09-04-92	45,813	Juvenile Prob Officer	1	Employee Only	Employee Only
M	08-20 1976	42	10-21-13	41,200	IT Tech	1	Employee + Family	Employee Only
M	07-04 1960	58	09-15-15	29,000	R&B Laborer	1	Employee Only	Employee Only
F	10-31 1979	39	01-17-17	30,296	Clerical	1	Employee Only	Employee Only
M	09-29 1967	51	02-08-17	41,496	Formen	1	Employee + Spouse	Employee + Spouse
F	03-07 1944	74	09-18-00	40,849	Clerical	1	Employee Only	Employee Only
F	08-16 1949	69	04-30-13	34,490	Deputy	1	Employee + Spouse	Employee + Spouse
M	07-08 1956	62	05-01-04	7,500	Dist Judge	1	Employee Only	Employee Only
F	07-07 1960	58	06-19-06	30,189	Clerical	1	Employee + Family	Employee + Family
M	10-28 1955	63	03-23-17	26,630	Jailer	1	Employee Only	Employee Only
M	07-10 1952	66	07-23-12	30,369	Laborer	1	Employee Only	Employee Only
F	08-05 1952	66	10-27-11	27,458	Deputy Tax A/C	1	Employee Only	Employee Only
F	07-19 1970	48	01-01-15	40,000	Clerical	1	Employee + Family	Employee + Family
M	08-28 1971	47	01-01-15	108,799	County Judge	1	Employee + Children	Employee + Children
F	10-21 1961	57	05-01-04	81,245	Court Reporter	1	Employee Only	Employee Only
M	04-16 1973	45	10-27-97	74,290	Deputy Sheriff	1	Employee Only	Employee Only
F	04-22 1989	29	03-09-15	27,506	Jailer	1	Employee Only	Employee Only
M	08-09 1963	55	01-01-13	40,159	Constable	1	Employee Only	Employee Only

**JIM WELLS COUNTY
EMPLOYEE CENSUS
YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Salary Year: 2018	Occupation		Type Of Coverage Dental Ins	Type Of Coverage Vision Ins.
M	11-25 1993	25	06-12-17	32,918	Deputy Sheriff	1	Employee Only	Employee Only
M	03-19 1989	29	06-08-11	42,750	Deputy Sheriff	1	Employee Only	Employee Only
M	09-26 1967	51	12-01-16	92,000	Asst Dist Atty	1	Employee + Family	Employee Only
M	12-21 1989	29	05-11-16	27,506	Jailer	1	Employee + Family	Employee Only
F	01-09 1963	55	12-28-17	30,000	Deputy Clerk	1	Employee Only	Employee Only
M	09-02 1943	75	05-01-06	39,795	Deputy Sheriff	1	Employee Only	Employee Only
						49.68	No. of Employees 202	

**JIM WELLS COUNTY
 RETIERED EMPLOYEE CENSUS
 YEAR: 2018**

2018

Gender	D.O.B.	Age	Date of Hire	Date of Retirement	Occupation	Type Of Coverage Dental Ins	Type Of Coverage Vision Ins
M	06-27 1944	74	09-10-79	04-30-06	Retired	Employee + Spouse	Employee + Spouse
M	11-16 1954	64	05-01-80	12-31-14	Retired	Employee + Spouse	Employee + Spouse
F	08-15 1957	61	06-01-82	12-31-15	Retired	Employee + Family	Employee + Family
M	01-21 1938	80	01-01-81	07-29-16	Retired	Employee + Spouse	Employee + Spouse
F	06-28 1959	59	05-01-81	12-30-16	Retired	Employee + Family	Employee + Family
M	04-25 1967	51	04-15-96	02-24-17	Retired	Employee + Family	Employee + Family
M	09-06 1956	62	10-21-91	06-30-16	Retired	Employee Only	Employee Only
F	07-03 1955	63	06-01-81	12-31-16	Retired	Employee + Children	Employee + Children
M	11-12 1956	62	01-01-78	12-30-16	Retired	Employee Only	Employee Only
F	05-13 1947	71	01-24-89	08-10-18	Retired	Employee Only	Employee Only