

NAVARRO COUNTY COMMISSIONER'S COURT

A Special meeting of the Navarro County Commissioner's Court was held on Monday, the 29<sup>th</sup>, day of July, 2019 at 9:00 a.m., in the Commissioners Courtroom of the Navarro County Courthouse 300 W. 3<sup>rd</sup> Ave., in Corsicana, Texas. Judge presiding HM Davenport, Commissioners present Jason Grant, Eddie Perry, Eddie Moore, and James Olsen.

1. 10:00 A.M. Motion to convene by Comm. Olsen sec by Comm. Moore  
Carried unanimously
2. Opening prayer by Comm. Grant
3. Pledge of Allegiance
4. Public Comments-John Gantt-VFD

**TO WIT PG 1399**

**Consent Agenda**

5. Approve and pay State Quarterly payments submitted by the County Auditor, (paid 07/31/2019) by Comm. Perry sec by Comm. Grant  
Carried unanimously

**Regular Agenda**

6. No action taken on Burn Ban remains off


The following agenda items 7, 8, & 9 were taken out of order:

7. Motion to approve Group Health Plan Option NGP Option #1 with Dental option #1 with \$2,000 limit and prescription plan \$10/\$25/\$40 by Comm. Grant sec by Comm. Perry  
Carried unanimously **TO WIT PG 1400-1411**
8. Motion to approve the list of Presiding Judges (No Alternate Judges on list) for 2019-2021, 2-year terms from this list for the Republican Party only by Comm. Olsen sec by Comm. Grant  
Carried unanimously **TO WIT PG 1411A**

9. Motion to approve KnowBe4 Software for Navarro County Courthouse by  
Comm. Grant sec by Comm. Perry TO WIT PG 1412  
Carried unanimously
10. Motion to approve CASO Document Management Proposal for Navarro County  
Sheriff's Department by Comm. Perry sec by Comm. Olsen  
Carried unanimously TO WIT PG 1413-1423
11. Motion to approve Sourcewell Agreement by Comm. Moore sec by Comm. Perry  
Carried unanimously TO WIT PG 1424-1426
12. Motion to approve Addendum 07.19 to the Navarro County Personnel Policy  
by Comm. Olsen sec by Comm. Grant TO WIT PG 1427-1429  
Carried unanimously
13. Budget Workshop-Break until 1:30 P.M. Back from Break  
  
Reviewed budget request letters
14. No Recess until 9:00 A.M. Wednesday to continue Budget Workshop
15. Motion to adjourn by Comm. Grant sec Comm. Perry  
Carried unanimously

I, Sherry Dowd, Navarro County Clerk, Attest that the Foregoing is a True and accurate accounting of the commissioners Court's authorized proceeding for July 29<sup>th</sup> , 2019.

Signed 29<sup>th</sup> day of July, 2019.



Sherry Dowd, County Clerk



NAVARRO COUNTY COMMISSIONERS COURT  
PUBLIC COMMENTS PARTICIPATION FORM

PRINT NAME AND SUBJECT

Date 7-29-19

NAME

SUBJECT

1. John GANTT

VFD CONTRACTS

2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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11. \_\_\_\_\_

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12. \_\_\_\_\_

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HEALTH INSURANCE ANALYSIS  
OVERVIEW OF RATES

NGP - Opt 1		CGP - Renewal		NGP - Opt 2	
Deductible Ind/Fam In NW	750/2250	Deductible Ind/Fam In NW	600/1800	Deductible Ind/Fam In NW	1000/3000
Deductible Ind/Fam Out NW	1000/3000	Deductible Ind/Fam Out NW	900/2700	Deductible Ind/Fam Out NW	3000/9000
Co-Ins % (In/Out NW)	80%/60%	Co-Ins % (In/Out NW)	80%/60%	Co-Ins % (In/Out NW)	80%/60%
Co-Ins \$ (In/Out NW)	\$3000/\$6000	Co-Ins \$ (In/Out NW)	3000/6000	Co-Ins \$ (In/Out NW)	\$3000/\$6000
Primary Care - Copay	\$25	Primary Care - Copay	\$30	Primary Care - Copay	\$30
Specialist - Copay	\$35	Specialist - Copay	\$30	Specialist - Copay	\$40
Emergency Room	\$150.00	Emergency Room	\$90	Emergency Room	\$150.00
<b>Total</b>	<b>\$887.66</b>	<b>Total</b>	<b>\$895.24</b>	<b>Total</b>	<b>\$867.95</b>
Basis Term Life/AD&D		Basis Term Life/AD&D		Basis Term Life/AD&D	
	\$3.52		\$3.52		\$3.52
Prescription Plan		Prescription Plan		Prescription Plan	
	\$10/\$25/\$40		\$10/\$25/\$40		\$10/\$25/\$40
<b>Dental Opt 1</b>		<b>Dental Opt 1</b>		<b>Dental Opt 1</b>	
Preventive Care	\$31.82	Preventive Care	\$31.82	Preventive Care	\$31.82
Basic Care	100%	Basic Care	100%	Basic Care	100%
Major Services	80%	Major Services	80%	Major Services	80%
Ortho Lifetime Max	50%	Ortho Lifetime Max	50%	Ortho Lifetime Max	50%
Plan Yr Deductibel	up to \$2000	Plan Yr Deductibel	up to \$2000	Plan Yr Deductibel	up to \$2000
Maximum Yr Benefit	\$50	Maximum Yr Benefit	\$50	Maximum Yr Benefit	\$50
	\$2,000		\$2,000		\$2,000
<b>Dental Opt 2</b>		<b>Dental Opt 2</b>		<b>Dental Opt 2</b>	
Preventive Care	\$30.24	Preventive Care	\$30.24	Preventive Care	\$30.24
Basic Care	100%	Basic Care	100%	Basic Care	100%
Major Services	80%	Major Services	80%	Major Services	80%
Ortho Lifetime Max	50%	Ortho Lifetime Max	50%	Ortho Lifetime Max	50%
Plan Yr Deductibel	up to \$2000	Plan Yr Deductibel	up to \$2000	Plan Yr Deductibel	up to \$2000
Maximum Yr Benefit	\$50	Maximum Yr Benefit	\$50	Maximum Yr Benefit	\$50
	\$1,500		\$1,500		\$1,500

**HEALTH INSURANCE PLAN ANALYSIS  
MONTHLY AND YEARLY COST FOR THE COUNTY**

As of 6/30/2019 - 285 Employees on Insurance

	County Paid		County Paid		County Paid
<b>NGP - Opt 1</b>	\$887.66		\$895.24		\$867.95
	\$252,983.10		\$255,143.40		\$247,365.75
<b>Basis Term Life/AD&amp;D</b>	\$3.52		\$3.52		\$3.52
	\$1,003.20		\$1,003.20		\$1,003.20
<b>Prescription Plan</b>					
\$10/\$25/\$40		\$10/\$30/\$35		\$10/\$25/\$40	
<b>Dental Opt 1</b>	\$31.82		0		\$31.82
	\$9,068.70				\$9,068.70
<b>Total Cost to County Monthly</b>	\$263,055.00	<b>Total Cost to County Monthly</b>	\$256,146.60	<b>Total Cost to County</b>	\$257,437.65
<b>Yearly Cost to the County</b>	\$3,156,660.00	<b>Less than Opt 1</b>	Less than Opt 1 \$ (6,908.40)	<b>Less than Opt 1</b>	Less than Opt 1 \$ (5,617.35)
		<b>Less than Opt 1</b>	\$3,073,759.20	<b>Greater than Renewal</b>	Greater than Renewal \$ 1,291.05
			(82,900.80)	<b>Less than Opt 1</b>	Less than Opt 1 \$ (67,408.20)
<b>Dental Opt 2</b>	\$30.24				\$15,492.60
	\$8,618.40				
<b>Total Cost to County Mthly</b>	Plus OPT 2 \$262,604.70	<b>Total Cost to County Mthly</b>	Opt 2 Dental \$256,987.35	<b>Opt 2 Dental</b>	Opt 2 Dental \$256,987.35
<b>Yearly Cost to the County</b>	\$3,151,256.40	<b>Yearly Cost to the County</b>	Less than Opt 1 \$ (5,617.35)	<b>Greater than Renewal</b>	Less than Opt 1 \$ (5,617.35)
				<b>Greater than Renewal</b>	Greater than Renewal \$ 840.75
				<b>Less than Opt 1</b>	Less than Opt 1 \$ (67,408.20)
				<b>Greater than Renewal</b>	Greater than Renewal \$ 10,089.00

1401

HEALTH INSURANCE PLAN ANALYSIS  
YEARLY COST PER EMPLOYEE

1402

	Monthly	Yearly		Monthly	Yearly		Monthly	Yearly		
<b>NGP - Opt 1</b>	887.66	\$ 252,983.10		<b>CGP - Renewal</b>	895.24	255,143.40		<b>NGP - Opt 2</b>	867.95	247,365.75
Emp + 1	318.98	3,827.76	Emp + 1	321.76	3,861.12	Emp + 1	311.81	3,741.72		
Emp + Children	701.86	8,422.32	Emp + Children	707.94	8,495.28	Emp + Children	686.04	8,232.48		
Emp + Spouse	975.86	11,710.32	Emp + Spouse	984.32	11,811.84	Emp + Spouse	953.87	11,446.44		
Emp + Family	1,526.06	18,312.72	Emp + Family	1,539.30	18,471.60	Emp + Family	1,491.69	17,900.28		
Dependent Life	3.80	45.60	Dependent Life	3.80	45.60	Dependent Life	3.80	45.60		
<b>Dental Opt 1</b>						<b>Dental Opt 1</b>				
Emp + 1	-	-	Emp + 1	-	-	Emp + 1	-	-		
Emp + Children	56.46	677.52	Emp + Children	56.46	677.52	Emp + Children	56.46	677.52		
Emp + Spouse	31.82	381.84	Emp + Spouse	31.82	381.84	Emp + Spouse	31.82	381.84		
Emp + Family	88.28	1,059.36	Emp + Family	88.28	1,059.36	Emp + Family	88.28	1,059.36		
<b>Dental Opt 2</b>						<b>Dental Opt 2</b>				
Emp + 1	-	-	Emp + 1	-	-	Emp + 1	-	-		
Emp + Children	51.90	622.80	Emp + Children	51.90	622.80	Emp + Children	51.90	622.80		
Emp + Spouse	30.24	362.88	Emp + Spouse	30.24	362.88	Emp + Spouse	30.24	362.88		
Emp + Family	82.14	985.68	Emp + Family	82.14	985.68	Emp + Family	82.14	985.68		
Yearly Cost Differences - NGP vs GP										
<b>OPT 1 - Medical &amp; OPT 1 Dental - YEARLY</b>			<b>OPT 1 Dental</b>	<b>NGP 01</b>	<b>NGP 02</b>	<b>OPT 2 - Medical &amp; OPT 1 Dental - YEARLY</b>				
Emp + 1	4,505.28		Emp + 1	644.16	558.12	Emp + 1	4,419.24			
Emp + Children	9,099.84		Emp + Children	604.56	414.72	Emp + Children	8,910.00			
Emp + Spouse	12,092.16		Emp + Spouse	280.32	16.44	Emp + Spouse	11,828.28			
Emp + Family	19,372.08		Emp + Family	900.48	488.04	Emp + Family	18,959.64			
<b>OPT 1 - Medical &amp; OPT 2 Dental - YEARLY</b>			<b>OPT 2 Dental</b>			<b>OPT 2 - Medical &amp; OPT 2 Dental - YEARLY</b>				
Emp + 1	4,450.56		Emp + 1	589.44	503.40	Emp + 1	4,364.52			
Emp + Children	9,045.12		Emp + Children	549.84	360.00	Emp + Children	8,855.28			
Emp + Spouse	12,073.20		Emp + Spouse	261.36	(2.52)	Emp + Spouse	11,809.32			
Emp + Family	19,298.40		Emp + Family	826.80	414.36	Emp + Family	18,885.96			

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Purpose

#1

1404



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

### 2019-2020 Alternate Plan Proposal

Group: 66504 – Navarro County

Effective Date: 10/01/2019

Current Plan Year	Renewal Rates	Option 1	Option 2
Plan 800G	Plan 800G	Plan 1100 NGS	Plan 1200 NGS
Rx Option 4A G	Rx Option 4A G	Rx Option 4A NG	Rx Option 4A NG

#### Rates

Employee Only	\$904.25	\$895.24	\$887.66	\$867.95
Employee + 1 Child	\$1,229.30	\$1,217.00	\$1,206.64	\$1,179.76
Employee + Child(ren)	\$1,619.38	\$1,603.18	\$1,589.52	\$1,553.99
Employee + Spouse	\$1,898.56	\$1,879.56	\$1,863.52	\$1,821.82
Employee + Family	\$2,459.14	\$2,434.54	\$2,413.72	\$2,359.64

#### Medical Plan

Deductible In/Out Network	\$600/\$900	\$600/\$900	\$750/\$1000	\$1000/\$3000
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Max In/Out	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
Office Visit – Primary Care	\$30	\$30	\$25	\$30
Office Visit - Specialist	\$30	\$30	\$35	\$40
Emergency Room Hospital	\$90	\$90	\$150	\$150

#### Prescription Plan

Prescription Card Co-Pay	\$10/30/35	\$10/30/35	\$10/25/40	\$10/25/40
Deductible	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 07/31/2019 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here: Plan 1100 NGS, Rx Option 4A NG

Fax the signed document to 1-512-481-8481.

Signature

Date: 08/01/2019

66504 –Navarro County, Plan Year 2019 Alternate Plan Proposal



1400



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

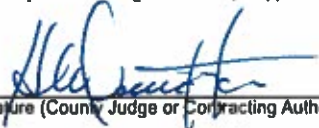
## Navarro County Final Plan Selection Form

Effective Date: 10/1/19

Please indicate the dental plan your Commissioners' Court or Board of Directors has chosen for the coming plan year. Email or fax selection form and initialed rate sheet to (512) 481-8481, no later than 30 days prior to your effective date. Call or email your Employee Benefit Specialist at 1-800-456-5974 with any questions.

DENTAL PLAN		
<input checked="" type="checkbox"/> Plan I (\$2000 Annual Max)	<input type="checkbox"/> Plan III (\$1000 Annual Max)	<input checked="" type="checkbox"/> With Orthodontics
<input type="checkbox"/> Plan II (\$1500 Annual Max)	<input type="checkbox"/> Plan IV (\$750 Annual Max) Orthodontics Not Available	
<input type="checkbox"/> Not Applicable – Did Not Elect Dental Coverage		

Indicate your broker/agent's name, if applicable: Not Applicable

  
Signature (County Judge or Contracting Authority)

H. M. DAVENPORT, Jr.  
Print Name and Title

1406



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

### 2019 - 2020 Amended Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County

Anniversary Date: 10/01/2019

Return to TAC by: 08/02/2019

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to mariac@county.org.

For any plan or funding changes other than those listed below, please contact Maria Castillo at 1-800-456-5974.

#### MEDICAL

Medical: Plan 1100-NGS \$25 Copay, \$750 Ded, 80%, \$3000 OOP

Max RX Plan: Option 4A-NG \$10/25/40, \$0 Ded

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$904.28	\$ 887.66	\$ 887.66	\$ .00	\$ 887.66
Employee + Child	\$1,229.30	\$1,206.64	\$ 887.66	\$ 318.98	\$ 1,206.64
Employee + Child(ren)	\$1,619.38	\$1,589.52	\$ 887.66	\$ 701.86	\$ 1,589.52
Employee + Spouse	\$1,898.56	\$1,863.52	\$ 887.66	\$ 975.86	\$ 1,863.52
Employee + Family	\$2,459.14	\$2,413.72	\$ 887.66	\$1,526.06	\$ 2,413.72

 Initial to accept New Medical Plan and New Rates.

#### VOLUNTARY VISION

Voluntary Vision: Plan I

Your % rate increase is: 0.00%

Your payroll deductions for voluntary vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$ 6.20	\$0.00	\$6.20	\$6.20
Employee + Child(ren)	\$12.44	\$12.44	\$0.00	\$12.44	\$12.44
Employee + Spouse	\$11.80	\$11.80	\$0.00	\$11.80	\$11.80
Employee + Family	\$18.28	\$18.28	\$0.00	\$18.28	\$18.28

 Initial to accept Voluntary Vision Plan and New Rates.

1407

DENTAL

Dental: Plan I w/Ortho - \$2000 Max, 100% Prevent, \$50 Ded, 80% Basic, 50% Major

Your payroll deductions for dental benefits are: Pre Tax

Tier	New Rates Effective 10/1/2019	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$ 31.82	\$ 31.82	\$ .00	\$ 31.82
Employee + Child(ren)	\$ 88.28	\$ 31.82	\$ 56.46	\$ 88.28
Employee + Spouse	\$ 63.64	\$ 31.82	\$ 31.82	\$ 63.64
Employee + Family	\$120.10	\$ 31.82	\$ 88.28	\$ 120.10

 Initial to accept New Dental Plan and New Rates

LIFE - BASIC

Basic Life Products:  
(Rates are per thousand)

Coverage Volume per Employee \$20,000

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.146	\$0.146	100%	0%
Basic AD&D	\$0.030	\$0.030	100%	0%

HEG Initial to accept New Basic Life Rates.

LIFE - VOLUNTARY

Voluntary Life Products:  
(Rates are per thousand)

Coverage Volume per Retiree \$20,000

	Current Rates	New Rates Effective 10/1/2019	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Voluntary Retiree Life	\$0.139	\$0.139	0%	100%

(Rates are monthly charges)

Coverage Volume: SP \$10K/CH \$10K

Voluntary Dependent Life	\$3.800	\$3.800	0%	100%
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\* Please see attachment for detail listing of Voluntary Life product rates.

HEG Initial to accept New Voluntary Life Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

- Medical  Pre 65  Post 65
- Voluntary Retiree Life  Pre 65  Post 65

HEG Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

**Employees**  
30 days - 1st of the month following waiting period

**Elected Officials**  
30 days - 1st of the month following waiting period

HEG Initial to confirm.

**COBRA ADMINISTRATION**

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASYS  
*\*County/Group is responsible for fulfilling COBRA notification process and requirements.*

BCBS COBRA Department processes COBRA  
*\*BCBS COBRA Department administers via COBRA contract with the County/Group*

                     Initial to confirm COBRA Administration.

**PLAN INFORMATION**

**Broker or Consultant Information**

Please confirm your broker or consultant's name, if applicable: **Not Applicable**

Agency Name \_\_\_\_\_  
 Agency Address \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Broker \_\_\_\_\_  
 Representative or \_\_\_\_\_  
 Consultant's Name \_\_\_\_\_  
 Contact Phone \_\_\_\_\_  
 Number \_\_\_\_\_  
 Contact Email \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by **08/02/2019** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

# TAC HEBP Member Contact Designation Navarro County

## CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

<b>Name/Title</b>	Honorable Ryan Douglas/County Treasurer	Terri Gillen/County Auditor
<b>Address</b>	300 West 3rd Ave., Ste 3 Corsicana, TX 75110-4672	300 W. 3rd Ave., Ste. 4 Corsicana, TX 75110
<b>Phone</b>	903-654-3091	903-875-3306
<b>Fax</b>	903-875-3391	903-654-3097
<b>Email</b>	rdouglas@navarrocounty.org	tgillen@navarrocounty.org

## BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

<b>Name/Title</b>	Honorable Ryan Douglas/County Treasurer	Jane McCollum
<b>Address</b>	300 West 3rd Ave., Ste3 Corsicana, TX 75110	
<b>Phone</b>	903-654-3092	903-654-3090
<b>Fax</b>	903-875-3391	
<b>Email</b>	rdouglas@navarrocounty.org	jmccollum@navarrocounty.org

HIPAA Secured Fax


## COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

<b>Name/Title</b>	Jane McCollum/County Chief Deputy Treasurer	
<b>Address</b>	300 West 3rd Ave., Ste 3 Corsicana, TX 75110	
<b>Phone</b>	903-654-3090	
<b>Fax</b>	903-875-3391	
<b>Email</b>	jmccollum@navarrocounty.org	

Date: 8-1-19

  
 \_\_\_\_\_  
 Signature of County Judge or Contracting Authority

H.M. Davenport Jr., County Judge

Please PRINT Name and Title

*The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.*

# County Specific Incentive Program (CSI)

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

## YOUR COUNTY'S CSI FOR PLAN YEAR 2020

Our records indicate that your County or District is interested in implementing a County Specific Incentive. Make a selection below if you would like to implement a County Specific Incentive for the 2019 - 2020 plan year. If a design is selected, your county or district's Wellness Consultant will reach out to you to discuss design options. Please contact your Wellness Consultant to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

Healthy County is available to assist in the process of designing, communicating, and tracking a County Specific Incentive. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

- We would like to implement the following County Specific Incentive Design:
  - Option 1: Covered Employees who complete an Annual Physical to avoid a premium contribution or to earn a reward.
  - Option 2: Covered Employees who complete an Annual Physical and complete a Tobacco Affidavit. Tobacco Users will need to complete Tobacco Cessation Coaching.
  - Option 3: Covered Employees who complete an Annual Physical and complete 108 days of 5,000 steps or 45 minutes of Physical Activity.
- We are not interested in implementing a County Specific Incentive Design.

County/District: Navarro County

Printed Name and Title: H.M. Davenport Jr., County Judge

Signature:  Date: 8-1-19

## 2019-2021 Republican List of Presiding and Alternate Judges

Central Counting Station: Bill Carson

Early Voting Ballot Board: Frank Steed

Kerens: Rita West

Lion's Den: Nancy Blankenship

Rice City Hall: Gale Greeson

MLK: Danny Cyrus

Bears Den: Priscilla Wadley

Dawson VFD: Raymond Bland Jr.

Mildred Baptist Church: Victoria Bailey

Pursley: Debbie Bigler

Cook Center: Steve Jessup

CJCLDS: Deborah Loyce Wright

Silver City: Mary Wade

Eureka: Elisabeth Smith

Frost: Dottie Barnes

Westside Baptist Church: Janice Barlow

YMCA: Sharon Bland

Annex: Gilbert Hall

Richland City Hall: Barbara Wilson

Winkler: Patrick Metcalf

Fannie Mae Vernon Room: Tom Miles

Chatfield: Barbara McVay

\_\_\_\_\_  
Republican Party Chair

  
\_\_\_\_\_  
Dan Teed, Navarro County Election Administrator



Company Address 33 N Garden Avenue, Suite 1200  
Clearwater, FL 33755  
US

Created Date 7/24/2019  
Expiration Date 7/31/2019  
Quote Number 00327998  
Payment Terms Net 90

Prepared By Michael Schmaus  
Email michaels@knowbe4.com  
Phone (727) 315-0494

Contact Name Tommy Pryor  
Phone 9036543098  
Email tpryor@navarrocounty.org

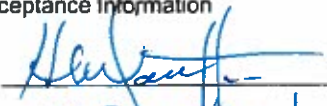
Bill To Name Navarro County  
Bill To 306 N Civiand Mssillon Road  
Corsicana, TX 75151  
United States

Ship To Name Navarro County  
Ship To 306 N Civiand Mssillon Road  
Corsicana, TX 75151  
United States

Description +3 Free Months (39 Months Total)

Product	Product Description	Sales Price	Discount	Quantity	Total Price
1550KMHCN000000-G	KnowBe4 Home Internet Security Course Access	USD 0.00	100.00%	150.00	USD 0.00
1000KMSGN000C36-G	KnowBe4 Security Awareness Training Subscription Gold 101-500 Users 3 Years	USD 31.32	20.00%	150.00	USD 3,758.40
1000KMSP0U00C36-G	KnowBe4 Security Awareness Training Subscription Platinum Upgrade 3 Years 101-500 Users	USD 5.40	100.00%	150.00	USD 0.00
1000KMSD0U00C36-G	KnowBe4 Security Awareness Training Subscription Diamond Upgrade 3 Years 101-500 Users	USD 10.80	20.00%	150.00	USD 1,296.00
1000KER0000C36-G	KnowBe4 PhishER Subscription 101-500 Users 3 Year	USD 19.44		150.00	USD 2,916.00
<b>Total Price</b>		<b>USD 7,970.40</b>			

Quote Acceptance Information

Signature   
Name H.M. DAVENTPORT, Jr.  
Title NAVARRO COUNTY JUDGE  
Date 7-29-19

Your signature on this quote tells us that you have the authority to make this purchase on behalf of your company and that you agree to pay within the stated terms. The subscription period will begin when we process your order, which is when we receive your signed quote. Unless included on the invoice, customer is responsible for any applicable sales and use tax. KnowBe4's standard Terms of Service ([knowbe4.com/terms](http://knowbe4.com/terms)) and Product Privacy Policy ([knowbe4.com/privacy-policy](http://knowbe4.com/privacy-policy)) apply, unless mutually agreed otherwise in writing.



**Prepared for: Ms. Krystal McCollum**

**CASO Document Management  
Document Conversion Project Proposal  
For:  
36 boxes of Inmate Files**

**July 15, 2019**

**Prepared by:**  
Jeff Powell  
VP – Sales/Texas  
CASO Document Management  
3453 I-35 N., Suite 215  
San Antonio, Texas 78219  
Phone: 210-222-9124 Ext. 229  
Cell: 208-830-4538  
E-mail: jeff.powell@caso.com

**CASO Document Management  
Comprehensive Solutions**

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## 1.0 Executive Overview

CASO Document Management (CASO), a records management company and an imaging and document management service provider with principal offices in San Antonio and New York is pleased to submit this proposal to Navarro County Sheriff's Office for the digital conversion of 36 boxes of Inmate Records that are stored in paper files. These files will be scanned in Black and White at 200 DPI and indexed with the CASE NUMBER, COMPLAINTANT SUSPECT's LAST NAME, SEQUENCE NUMBER, DATAGROUP NUMBER. There will be approximately 30 characters to be indexed for each Inmate file. The purpose of this project is to provide for the long-term safety of these documents and to allow Navarro County Sheriff's Office's staff to find and retrieve these documents more rapidly.

These records are located in the Sheriff's office in Corsicana, Texas. CASO Document Management will pick up these documents at Navarro County Sheriff's Office's office and bring them to the CASO scanning facility in San Antonio. CASO staff will then scan these files and then index them as stated above, convert them to TIFF format and then return the images on a USB Memory Stick to Navarro County Sheriff's Office.

CASO is pleased to submit this proposal to provide Navarro County Sheriff's Office with a scanning solution that converts these records into a digital format for storage and disaster recovery.

We look forward to working with you.

*Jeff Powell*

VP – Sales/Texas  
210-222-9124 ext. 229

## **2.0 Scanning Production Procedures**

CASO utilizes extensive document preparation and quality control procedures which are unique to the document conversion industry. We realize many organizations are converting to digital media, therefore, paper based or microfilm documents are prepared and processed so we can easily transition our clients to the digital media and enhance retrieval speed and accessibility.

### **Document Preparation**

- Creation of "Control Lists" of all boxes of records received
- Retention of all document lists should a question arise.

### **Paper Scanning**

Paper scanning is done on special high-volume scanners that provide high quality scans while protecting fragile and valuable documents. We will scan these images at 200 Dots per Inch (DPI).

### **Image Processing and Quality Control**

Quality control is ongoing during the document conversion process. The images are Quality Checked (QC) during the scanning process and again at the indexing process.

### **Quality Control Procedures**

- Physical Inspection
- Document content Inspection
- Monitoring of all capture components both hardware and software
- Quality Evaluation (to assure optimum quality)
- Documentation of quality control inspections

Throughout the conversion process, a series of tests and observations are constantly being made to ensure that the completed document conversion product is accurate and legible and that no record or document is missed.

### **Document Retrieval during Conversion**

Access to your volumes is available while they are in our possession for conversion. CASO will provide you with a contact number so that you can request any documents needed during the conversion process. Needed images will be retrieved, scanned and faxed to you the same day as they are requested. Any required documents will be turned over to you per procedures established prior to conversion.

**Statement of Confidentiality**

Upon employment at CASO, each employee must sign our "**Agreement Regarding Confidential Information**" form and HIPPA Compliancy document. This agreement informs the employee that client or company information may not be disclosed at any time. In addition, CASO is bonded and insured against such disclosure. CASO storage and manufacturing facilities are also secured with alarm devices to the ensure safety of your records.

**Guidelines for Conversion**

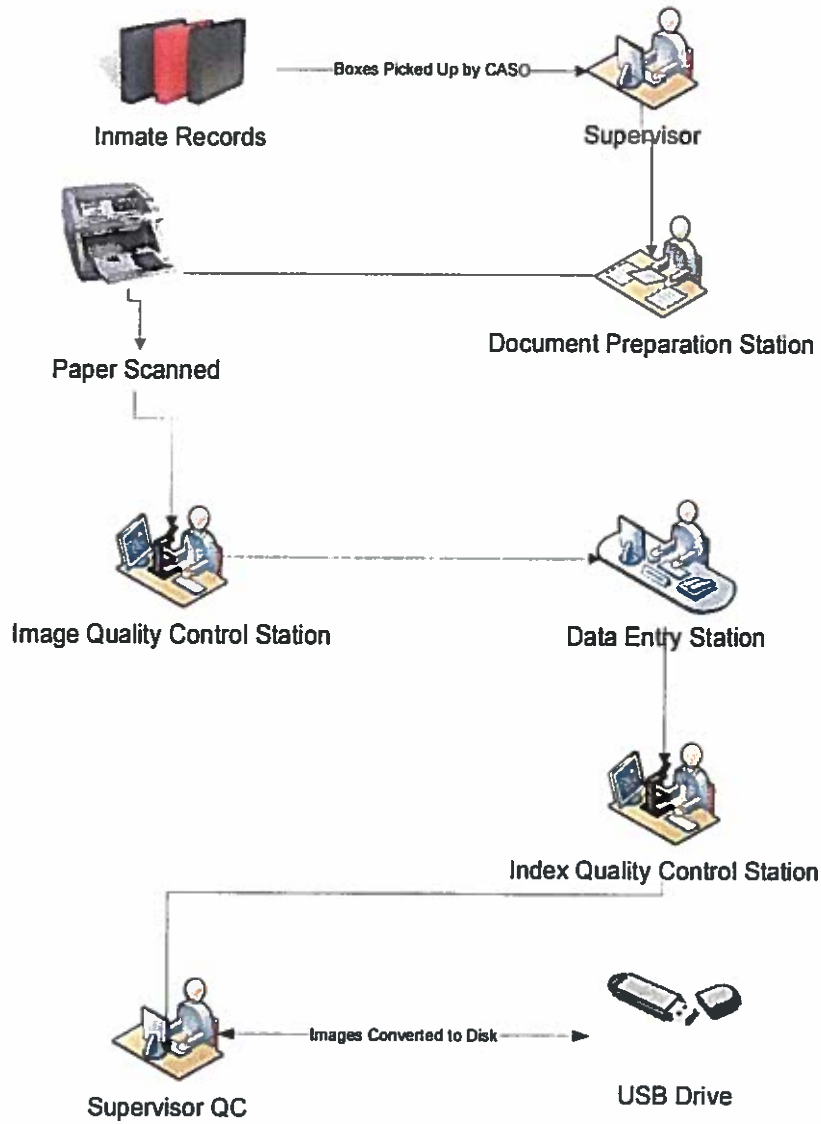
1. Customer is to fill out an inventory of the boxes with a listing of the first and last file.
2. Paper records will be transported using our company van, which is closed and secured. Our personnel will compare the inventory of all media received and signed record of custody form.
3. During the period of time that any records are in CASO's possession, due care will be exercised to insure their security and safety. Confidentiality will be carried out throughout the entire conversion process.
4. CASO will use appropriate digital scanner to capture documents as prescribed by the customer. The digital scanners used will provide the highest resolution possible.
5. The documents will be converted at our facility in San Antonio. After the conversion has been completed, quality control personnel will check results for quality. This final inspection will insure the highest quality for your document conversion. Documentation will be provided stating results for the conversion process.
6. The digitally captured documents will be indexed, as specified by the customer into a pre-agreed database-indexing format. During the indexing process, a visual quality control verification procedure will view the index quality and accuracy of random sample files. A second visual inspection will further insure the accuracy of the indexing information.

**Records Security**

CASO facility is equipped with a *state-of-the-art* security system. There is limited access to our offices and warehouse. In addition, CASO is bonded and insured. All visitors to areas containing records are accompanied by authorized personnel and asked to show an ID and sign in.

# Back File Conversion for Navarro County Sheriff

Diagram of the WorkFlow for Document Scanning



### 3.0 Navarro County Sheriff's Office Pricing Proposal

#### *Inmate Files - Paper*

Description	QTY	Price	Total
Scanning of 36 boxes of paper files. Price per image. Price includes preparation and scanning. Estimated quantity. Final pricing will be based on the actual number of pages scanned	66,600	\$0.094	\$6,593
Indexing of Paper Files based on an estimated of 158 files per box – 36 boxes	5,688	\$0.35	\$1,991
USB Thumb Drives	1	\$50	\$50
Pick Up Fee	1	\$500	\$500
Shredding Fee	36	\$7.50	\$270
Please note, all quantities are estimated. Final billing will be based on the actual number of images scanned and indexed.			
Boxes of files will be stored at No Charge at CASO for 60 dates after the delivery of the digital files to allow our clients to review the digital files. After 60 days we will bill a monthly storage fee of \$3.00 per box.			
Terms: Net 30 days			
<b>Estimated Total</b>			<b>\$9,404</b>

#### CASO Document Management

By: \_\_\_\_\_  
 Printed: Jeff Powell  
 Title: Vice President Sales, Texas  
 Date: \_\_\_\_\_

#### Navarro County Sheriff's Office

By: \_\_\_\_\_  
 Printed: H. M. DAVENPORT, Jr.  
 Title: Navarro County Judge  
 Date: 7-29-19

#### Note:

Please forward all documents to the attention of:

Jeff Powell  
 CASO Document Management  
 3453 IH 35 N, Suite 215  
 San Antonio, Texas 78219  
 (210) 222-9124 Ext. 229  
 Email: [Jeff.powell@casocom](mailto:Jeff.powell@casocom)



## 4.0 Appendix A: Scanning Data Worksheet

### Inmate Records

Navarro County Sheriff	PVE Import File on USB Drive
Contact Name	Ms. Krystal McCollum
Phone	903-654-3002
Email	<a href="mailto:kMcollum@ncsotx.org">kMcollum@ncsotx.org</a>
Project Start Date	After Pickup

Number of Cartons Standard	36
Number of Cartons Bankers	
Inches of File	N/A
Duplex/Simplex	Under 25%
# of Images (Est. 1,850 images per box)	66,600
# of Documents 158 per box X 36 boxes	5,688
Average Doc Size	12 Images
Time to Complete Project	12 weeks
DOCUMENT PREPARATION- repair	Minimal
In Folders (Y/N)	Y
In Binder (Y/N)	N
> 1 Staple per document	N
% Repair Needed	Less than 10%
Scan Folders	N
Insert Poor Quality Image Notice	N
Reassemble Documents (Y/N)	N
Destroy Docs After Scan (Y/N)	Y
SCANNING	
Scan DPI	200
Scan BW or Color	Primarily B&W – Color Images in Color
TIFF - PDF – JPG	Tiff
Duplex (Y/N)	Y/Some
Full Text Searchable (Y/N)	N
% Larger than Legal	0%
% Smaller than Letter	Minimal
% Younger than 10 yrs.	All
% Docs older than 10 yrs.	0
% Docs older than 20 yrs.	0
% Docs older than 30 yrs.	0
% Docs older than 50 yrs.	0

DATA CAPTURE	PaperVision Load File
Project Name	CID Reports
# Manual Indexes/Values	3
CASE NUMBER- Example	C13-00301
COMPLAINANT - Example	State of Texas
SUSPECT	SMITH
Sequence #	CASO Only
DATAGRP #	CASO Only
Alpha Based/Values	
# and Alpha Based/Values	3
Information on First Page (Y/N)	N
Information on Folder Tab (Y/N)	Y
Information on Binder (Y/N)	N
Page Deletion Request	Delete Blank Pages
Barcode Reading	Insert Bar Code Separator Sheets
OCR reading	N
Database Connection	N
Require Double Blind	N

Location of Scanning	CASO
Scan at San Antonio Facility (Y/N)	Y
Scan at Client (Y/N)	N

Client Site Information	
Hours per Week Available	N/A
Sq. Ft of Processing Rm	N/A
Sq. Ft of Carton Staging Area	N/A
Client Cartons	N/A
Client Separator Sheets	N/A

Destroy Docs After Scanning	Yes
Carton Storage Required	N
Delivery of Images (Hard Drive to client)	USB
Additional Instructions	Must insert C in front of the case number if it is missing

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## 5.0 Terms and Conditions

Your Acceptance of this proposal is intended to create a legal binding agreement. Pricing does not include travel, shipping, handling, or tax, unless otherwise specified. Pricing is valid for 60 days from date of proposal. Invoice terms are Net 30. Client agrees to pay CASO for its services. An additional late payment fee of 1.5% per month will added to all amounts that remain unpaid 5 days after their Due Date for every 30-day period that such amount remains unpaid. Project Work will be performed Monday through Friday 8 am to 5 pm.

After hours' support is available for additional fees.

- This agreement will begin upon receipt of a Purchase Order and Signed Statement of Work. The Client will be invoiced per the payment terms and conditions:
- Project delays resulting from the Clients inability to meet agreed upon responsibilities will impacted the timeline of this agreement and will outside CASO control.
- The cost herein is based on delivering the services and deliverables as described in this SOW. Changes to the scope, deliverables and/or assumptions will require a revised price quote.
- Services that require weekend or holiday work, will be charged at one and a half times (1.5) the normal rate unless otherwise agreed to in writing by the parties.
- CASO will have fulfilled its obligations under this agreement when any one of the following occurs:
  - CASO provides the services specified in this SOW or in any approved Project Change Request or other written change authorization.
  - The Client or CASO terminates the Services in accordance with the provisions of this Agreement.

For Conversion Services Agreements, Pricing is based on customer provided information and estimated number of images to be converted.

### **Billing Schedule:**

Conversion Services will be at the completion of the scanning project for the actual number of images converted and indexed. (CASO reserves the right to process conversion service projects at either our New York, NY or San Antonio, TX Scanning Facilities unless otherwise specified in this agreement.

### **Pricing Policy**

CASO pricing is based on the good faith belief that these documents are of sufficient quality to be scanned through industry scanners, and that no page is smaller than half a standard sheet or larger than legal (unless otherwise noted in scope of work). It is also understood that this proposal is based on an estimated number of images to be scanned provided by the customer. Invoicing will be based on the actual number of images converted. CASO reserves the right to bill the customer for services monthly.

### **Image Quality**

Every possible effort will be used to deliver high quality images back to the client; however, CASO can only deliver back images that are equal in quality to that of the original source documents. If there are discrepancies that do not match the agreed upon image quality, the expectation for accuracy percentage may be closer to 80– 85%.

### **Indexing of Files**

It is assumed that the indexing information on the documents will be clearly legible and located on the folder tab of each file, where it can be easily identified, unless otherwise noted in the scope of work. any indexing data is not clearly visible on the folder tab it will be left blank. CASO guarantees that any file or files identified as containing errors in indexing or image quality will be corrected or re-scanned as necessary, at no charge. We will visually inspect 100% off all images for clarity, skewing, and over scan and 100% of index information is verified.

**Document Integrity**

CASO provides conversion services to our clients using the industries best practices to provide top of line deliverables. CASO will not alter, change or insert any new materials in any documents and will maintain the integrity of the original source document. CASO will certify that all records (hardcopy or digital) will remain confidential while under our control. CASO will not under any circumstances, share the contents, copy, or transfer the documents or the related electronic images to anyone other than the client.

**Box Storage Policy**

CASO provides storage for the documents to be converted for 60 days after the conversion project to allow for the review of the scanning deliverables.

Once this 60-day period has expired the documents will need to be

- 1) returned to the Client
- 2) scheduled for destruction or
- 3) moved into our extended storage facility. Records moved into extended storage will be billed a fee of \$3.00 per month for each box stored.

**Digital File Retention Policy**

CASO provides storage for the digital version of the converted documents 1800 days after the conversion project to allow for the review of the scanning deliverables.

Once this 180-day period has expired the digital files documents will be

- 1) Deleted from our servers
- 2) A copy of the files can be sent to the client. A fee of \$250 per USB memory required will be billed for the delivery of the digital files
- 3) The digital files can be stored on our on-line archive. The fee for storing digital files is \$300 per GB per year with a minimum fee of \$500 per year to be billed annually.

**File Disposition Policy**

Prior to shredding any boxes of files or deleting any digital files CASO will sent out a "Destruction Request" form to the Client. We request that this form be returned to CASO within a 14-day period. If we do not receive a reply to this initial request, we will send out a reminder email and try to contact the Client by phone. If the client does not respond to either request, we will move the files into long-term storage and begin charging the appropriate fees to the client until we receive the requested notification.



SOURCEWELL AGREEMENT

This Agreement, made effective on the date hereof, by and between Sourcewell (formerly known as National Joint Powers Alliance) and \_\_\_\_\_ (hereinafter referred to as the "Member").

Agreement

- 1. Sourcewell, a public entity whose creation was authorized by Minn. Stat. § 123A.21, has followed procurement procedures for products and services offered by this Agreement in accordance with Minn. Stat. § 471.345. Sourcewell is permitted to engage in cooperative purchasing pursuant to Minn. Stat. § 123A.21 Subd. 7(23).
2. It is the sole responsibility of each Member to follow state and local procurement statutes and rules as it pertains to cooperative purchasing or joint power Agreements with in-state or out-of-state public agencies.
3. Sourcewell makes cooperative purchasing contracts available to Members "as is," and is under no obligation to revise the terms, conditions, scope, price, and/or any other conditions of the contract for the benefit of the Member. Members are permitted to negotiate and agree to additional terms and conditions with Vendors directly.
4. Each party shall be responsible for its acts and the results thereof, to the extent authorized by law, and will not be responsible for the acts of the other party and the results thereof. The Member will be responsible for all aspects of its purchase, including ordering its goods and/or services, inspecting and accepting the goods and/or services, and paying the Vendor who will have directly billed the Member placing the order.
5. The use of each contract by the Member will adhere to the terms and conditions of the Sourcewell contract.
6. Any dispute which may arise between the Member and the Vendor are to be resolved between the Member and the Vendor.
7. This Agreement incorporates all Agreements, covenants and understandings between Sourcewell and the Member. No prior Agreement or understanding, verbal or otherwise, by the parties or their agents, shall be valid or enforceable unless embodied in this Agreement. This Agreement shall not be altered, changed or amended except by written amendment executed by both parties.

Member Name

Sourcewell

By

[Handwritten signature]

Its

NAVARRO CO JUDGE

TITLE

\_\_\_\_\_

TITLE

7-29-19

DATE

DATE

**MEMBER INFORMATION**

Indicate an address to which correspondence may be delivered.

Organization Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City \_\_\_\_\_

State/Province Code \_\_\_\_\_ ZIP code\* \_\_\_\_\_

Country \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Website \_\_\_\_\_

Contact person\* (First, Last) \_\_\_\_\_

Job Title\* \_\_\_\_\_

Job Role\* \_\_\_\_\_

E-mail\* \_\_\_\_\_

Phone\* \_\_\_\_\_

**Organization Type:**

**Government**

- Federal
- State
- County
- Municipality
- Tribal
- Township
- Special District

**Education**

- Pre-K
- Public K-12
- Private K-12
- Public Higher Ed
- Private Higher Ed

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**Non-Profit (Please include documentation demonstrating non-profit status)**

- Church
- Medical Facility
- Other

**REFERRED BY**

- Advertisement
- Colleague/Friend
- Vendor Representative
- Conference/Trade Show \_\_\_\_\_
- Search Engine/Web Search

**RETURN COMPLETED AGREEMENT TO:**

Sourcewell  
202 12<sup>th</sup> Street NE  
P.O. Box 219  
Staples, MN 56479

877-585-9706  
membership@sourcewell-mn.gov

*\*Denotes required information*

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**NAVARRO COUNTY PERSONNEL POLICY MANUAL**

**SECTION B: WORK RULES AND EMPLOYEE RESPONSIBILITY**  
**1B-17 CODE OF CONDUCT**  
**Addendum 07.19**

**I. Code of Conduct**

County employees must abide by the laws of the United States, the State of Texas, and the ordinances or resolutions of Navarro County while on duty. They shall conduct themselves in a professional and ethical manner at all times. In performing their day to day duties involving contacts with the public, County employees should be aware impressions of County government are formed, in part, upon their speech, conduct and general demeanor. Employees should strive to be well-groomed, helpful and patient.

It has been determined that the following types of conduct are unacceptable and may lead to discipline up to and including termination.

- a. Intentional fraud in securing employment;
- b. Intentionally or knowingly filing a false, incomplete or misleading report or record;
- c. Conviction of any felony or of a misdemeanor involving moral turpitude, or the entry of a plea of no lo contendere to either during employment;
- d. Intentional misuse of government funds or property;
- e. Intentional falsification or misuse of government records, including: application forms, time and financial records, reports, files or personnel documents;
- f. Reporting to work or working under the influence of alcohol or substances that impair job performance, or the use of such substances during working hours; except prescribed medication that does not adversely affect the ability to perform assigned work tasks;
- g. Fighting that is intentionally, knowingly or recklessly done.

**II. Supervisory Conduct**

Supervisors shall conduct themselves with professionalism, integrity, and exercise appropriate authority for their position. Behaviors or actions that diminish the perception of these qualities will be admonished.

During normal working hours, County employees will strive to maintain a work environment that is free from inappropriate (intimate, romantic or dating) relationships between supervisors and their subordinates or between employees involved in any other power-differentiated relationship. Power-differentiated relationships can lead to sexual harassment or the perception of harassment, and adversely affect employee morale, workplace operations, and productivity because of favoritism, bias, or unfair treatment or the perception of such treatment.

A "power-differentiated relationship" is any supervisor-subordinate work relationship or other work relationship in which one employee supervises or manages (directly or indirectly) another employee or makes decisions concerning another employee's work activities, conditions or privileges of employment. The County does not otherwise discourage friendship or social activities among its employees.



## Code of Conduct Policy

In order to effectuate the purposes expressed above, if an intimate, romantic, or dating relationship develops between a supervisor and a subordinate, the supervisor involved in the relationship must promptly report it to their Department Head who shall investigate and submit a recommendation to resolve the workplace relationship to the Human Resources Department.

Once a power-differentiated relationship is reported, the County may attempt to modify the work relationship, through transfer within the County or by any other available options.

### **III. Insubordination**

Employees shall obey all lawful orders and directions given by their supervisor. Failure or deliberate refusal of an employee to obey such orders is insubordination. Flouting the authority of a supervisor by displaying obvious disrespect or by disputing orders is likewise insubordination.

### **IV. Truthfulness**

Employees shall not knowingly give any false or misleading information concerning the duties, responsibilities or actions of the agency or any member thereof, nor withhold any information that is their duty to report, nor falsify any official documents.

### **V. Responsibility to Serve the Public**

Employees shall consider it their duty to be of service to the general public and to render that service in impartial, considerate, professional and patient manner.

### **VI. Respecting the Rights of Others**

Employees shall respect the rights of others and shall not engage in discrimination, oppression or favoritism. The use of profane, demeaning or insulting language will not be tolerated.

### **VII. Sleeping on Duty**

Employees should be alert while at work. Sleeping or napping while on duty is strictly forbidden.

**Failure to comply with this Code of Conduct policy may result in discipline up to and including termination.**

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Code of Conduct Policy

I, \_\_\_\_\_, have read and agree to adhere to the Navarro County Code of Conduct policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date