

LAMAR COUNTY BOARD OF COMMISSIONERS

Special Called Meeting Administration Building

May 02, 2023, 8:00 AM

Agenda

- 1. Call to Order
- 2. NFP-Renewal and Marketing Analysis
 - i. NFP-Renewal and Marketing Analysis
- 3. Fox Crossing-Phase 3B
 - i. Fox Crossing Erosion Control Certification Letter
 - ii. Consent Order EPD-WP-9282
 - iii. Resolution 2023-01
 - iv. Resolution 2023-02
 - v. Resolution 2023-03
- 4. Public Comment
- 5. Round Table
- 6. Executive Session
 - i. Real Estate
 - ii. Litigation
 - iii. Personnel
- 7. Adjournment

Renewal and Marketing Analysis

July 1, 2023



Renewal and Marketing Analysis

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July 1, 2023

Carrier Marketing Survey			
Medical Carriers	Status		
Aetna	Received quote - 21% over current		
Anthem	Current Carrier - 29% increase - renegotiated to 27%		
Cigna	Declined to quote		
UnitedHealthcare	Received quote - 26% over current		
Dental Carriers	Status		
Anthem	Current Carrier - rate guarantee until 7/1/2024		
Vision Carriers	Status		
Anthem	Current Carrier - rate guarantee until 7/1/2025		
Life and Disability Carriers	Status		
Lincoln	Current Carrier - rate guarantee until 7/1/2024		
Anthem	Received quote		

Medical Renewal Analysis July 1, 2023

			Anti Curi		Anth Rene		Anthem Revised Renewal		
			Base	Buy Up	Base	Buy Up	Base	Buy Up	
Plan Name			OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	
Provider Network			Blue Open Access	Blue Open Access	Blue Open Access	Blue Open Access	Blue Open Access	Blue Open Access	
In Network Benefits			In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	
Deductible		Single	\$2,500	\$1,500	\$2,500	\$1,500	\$2,500	\$1,500	
		Family	\$7,500	\$4,500	\$7,500	\$4,500	\$7,500	\$4,500	
Coinsurance			80%	100%	80%	100%	80%	100%	
Out-of-Pocket Maximum		Single	\$7,900	\$5,000	\$7,900	\$5,000	\$7,900	\$5,000	
		Family	\$15,800	\$10,000	\$15,800	\$10,000	\$15,800	\$10,000	
Hospital and Emergency									
Inpatient Hospital Copay			Ded + Coins	Deductible	Ded + Coins	Deductible	Ded + Coins	Deductible	
Outpatient Hospital Copay			Ded + Coins	Deductible	Ded + Coins	Deductible	Ded + Coins	Deductible	
Urgent Care			\$75	\$75	\$75	\$75	\$75	\$75	
Emergency Room			\$350 + Coins	\$250	\$350 + Coins	\$250	\$350 + Coins	\$250	
Prescription Drugs									
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	\$100 / \$300 (Tiers 2-4)	None	\$100 / \$300 (Tiers 2-4)	None	
Tier 1 (Preferred Value/Generic)			\$15	\$15	\$15	\$15	\$15	\$15	
Tier 2 (Preferred Brand)			\$45	\$45	\$45	\$45	\$45	\$45	
Tier 3 (Non-preferred)			\$90	\$90	\$90	\$90	\$90	\$90	
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350	
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A	N/A	N/A	
Out of Network Benefits									
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$6,000 / \$12,000	
Out-of-Pocket Maximum (Single/Fam	ily)		\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$15,000 / \$30,000	
Coinsurance			60%	80%	60%	80%	60%	80%	
Rates by Plan	Base	BuyUp	Base	Buy Up	Base	Buy Up	Base	Buy Up	
Employee	89	20	\$778.53	\$873.89	\$1,006.86	\$1,114.91	\$991.25	\$1,097.62	
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	\$2,114.49	\$2,341.41	\$2,081.71	\$2,305.10	
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	\$1,963.37	\$2,174.07	\$1,932.93	\$2,140.35	
Family	0	0	\$2,374.50	\$2,665.47	\$3,070.90	\$3,400.45	\$3,023.29	\$3,347.72	
Monthly Premium by Plan			\$75,712	\$17,478	\$97,917	\$22,298	\$96,399	\$21,952	
Annual Premium by Plan			\$908,547	\$209,734	\$1,175,009	\$267,578	\$1,156,792	\$263,429	
Combined Annual Plan Totals Combined Annual Cost Difference (\$) Combined Annual Cost Difference (%))		\$1,11:	3,280	\$1,442 \$324, 29.	306	\$1,420 \$301, 27.	940	

Medical Renewal Alternate

July 1, 2023

			Antł	nem	Antl	nem	
			Curr	ent	Alternate		
			Base	Buy Up	72P2	72LB	
Plan Name			OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	OAP5 3500/20%/7900 KE	OAP5 2500/0%/7900 AE	
Provider Network			Blue Open Access	Blue Open Access	Blue Open Access	Blue Open Access	
In Network Benefits			In-Network	In-Network	In-Network	In-Network	
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	\$30 / \$60	\$30 / \$60	
Deductible		Single	\$2,500	\$1,500	\$3,500	\$2,500	
		Family	\$7,500	\$4,500	\$10,500	\$7,500	
Coinsurance			80%	100%	80%	100%	
Out-of-Pocket Maximum		Single	\$7,900	\$5,000	\$7,900	\$7,900	
		Family	\$15,800	\$10,000	\$15,800	\$15,800	
Hospital and Emergency							
Inpatient Hospital Copay			Ded + Coin	Deductible	Ded + Coins	Deductible	
Outpatient Hospital Copay			Ded + Coin	Deductible	Ded + Coins	Deductible	
Urgent Care			\$75	\$75	\$75	\$75	
Emergency Room			\$350 + Coins	\$250	\$350 + Coins	\$350	
Prescription Drugs							
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	\$200 / \$400 (Tiers 2-4)	None	
Tier 1 (Preferred Value/Generic)			\$15	\$15	\$15	\$15	
Tier 2 (Preferred Brand)			\$45	\$45	\$45	\$35	
Tier 3 (Non-preferred)			\$90	\$90	\$85	\$60	
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350	
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A	
Out of Network Benefits							
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,500 / \$31,500	\$7,500 / \$22,500	
Out-of-Pocket Maximum (Single/Fam	nily)		\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$23,700 / \$47,400	
Coinsurance			60%	80%	50%	50%	
Rates by Plan	Base	BuyUp	Base	Buy Up	72P2	72LB	
Employee	89	20	\$778.53	\$873.89	\$970.47	\$1,051.50	
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	\$2,038.07	\$2,208.24	
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	\$1,892.41	\$2,050.42	
Family	0	0	\$2,374.50	\$2,665.47	\$2,959.91	\$3,207.05	
Monthly Premium by Plan			\$75,712	\$17,478	\$94,378	\$21,030	
Annual Premium by Plan			\$908,547	\$209,734	\$1,132,541	\$252,360	
Combined Annual Plan Totals			\$1,118	3,280	\$1,384	4,901	
Combined Annual Cost Difference (\$) Combined Annual Cost Difference (%					\$266 23.		

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

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Medical Marketing Analysis - Aetna July 1, 2023

				n ACCG rent	Aetna		
			Base	Buy Up	Base	Buy Up	
Plan Name			OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	OAMC 2500	OAMC 1500	
Provider Network			Blue Open Access	Blue Open Access	OA POS	OA POS	
In Network Benefits			In-Network	In-Network			
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	
Deductible		Single	\$2,500	\$1,500	\$2,500	\$1,500	
		Family	\$7,500	\$4,500	\$7,500	\$4,500	
Coinsurance			80%	100%	80%	100%	
Out-of-Pocket Maximum		Single	\$7,900	\$5,000	\$7,900	\$5,000	
		Family	\$15,800	\$10,000	\$15,800	\$10,000	
Hospital and Emergency		,					
Inpatient Hospital Copay			Ded & Coins	Deductible	Ded & Coins	Deductible	
Outpatient Hospital Copay			Ded & Coins	Deductible	Ded & Coins	Deductible	
Urgent Care			\$75	\$75	\$75	\$75	
Emergency Room			\$350 + Coins	\$250	\$350 + Coins	\$250	
Prescription Drugs							
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	\$250 / \$500 (Tiers 2-4)	None	
Tier 1 (Preferred Value/Generic)			\$15	\$15	\$15	\$15	
Tier 2 (Preferred Brand)			\$45	\$45	\$45	\$45	
Tier 3 (Non-preferred)			\$90	\$90	\$95	\$95	
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350	
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A	
Out of Network Benefits							
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$30,000	\$6,000 / \$18,000	
Out-of-Pocket Maximum (Single/Family	r)		\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,500 / \$47,000	\$15,000 / \$30,000	
Coinsurance			60%	80%	60%	70%	
Rates by Plan	Base	BuyUp	Base	Buy Up	Base	Buy Up	
Employee	89	20	\$778.53	\$873.89	\$918.55	\$1,161.92	
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	\$1,929.04	\$2,440.12	
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	\$1,791.17	\$2,265.82	
Family	0	0	\$2,374.50	\$2,665.47	\$2,801.56	\$3,543.99	
Monthly Premium by Plan			\$75,712	\$17,478	\$89,329	\$23,238	
Annual Premium by Plan			\$908,547	\$209,734	\$1,071,951	\$278,861	
Combined Annual Plan Totals			\$1,11	8,280	\$1,350		
Combined Annual Cost Difference (\$)					\$232		
Combined Annual Cost Difference (%)					21	%	



Medical Marketing Analysis - UHC July 1, 2023

			Anthem		UHC		
			Curr Base	ent Buy Up	Base	Buy Up	
Plan Name			OAP5 2500/20%/7900 KE		CAZ6 Mod 1 Rx797	CAZU Mod1 Rx529	
Provider Network			Blue Open Access	Blue Open Access	Choice +	CA20 Modil KX329 Choice +	
In Network Benefits			In-Network	In-Network	choice +	choice	
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	
Deductible		Single	\$2,500	\$1,500	\$2,500	\$1,500	
		Family	\$7,500	\$4,500	\$7,500	\$4,500	
Coinsurance		ranny	80%	100%	80%	100%	
Out-of-Pocket Maximum		Single	\$7,900	\$5,000	\$7,900	\$5,000	
		Family	\$15,800	\$10,000	\$15,800	\$10,000	
Hospital and Emergency		runny	\$15,800	\$10,000	Ş13,800	\$10,000	
Inpatient Hospital Copay			Ded & Coins	Deductible	Ded & Coins	Deductible	
Outpatient Hospital Copay			Ded & Coins	Deductible	Ded & Coins	Deductible	
Urgent Care			\$75	\$75	\$75	\$75	
Emergency Room			\$350 + Coins	\$250	\$350 + Coins	\$250	
Prescription Drugs			\$550 F COIIIS	Ş230	2330 ° Collis	Ş250	
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	\$250 / \$500 (Tiers 2-4)	None	
Tier 1 (Preferred Value/Generic)			\$15	\$15	\$10	\$10	
Tier 2 (Preferred Brand)			\$45	\$45	\$35	\$35	
Tier 3 (Non-preferred)			\$90	\$90	\$75	\$75	
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	\$150	\$150	
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A	
Out of Network Benefits				,,,	,,,	,,,	
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$6,000 / \$12,000	
Out-of-Pocket Maximum (Single/Family)		\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$15,000 / \$30,000	
Coinsurance	,		60%	80%	60%	80%	
Rates by Plan	Base	BuyUp	Base	Buy Up	Base	Buy Up	
Employee	89	20	\$778.53	\$873.89	\$973.16	\$1,125.99	
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	\$2,043.72	\$2,364.68	
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	\$1,897.66	\$2,195.68	
Family	0	0	\$2,374.50	\$2,665.47	\$2,968.12	\$3,434.24	
Monthly Premium by Plan			\$75,712	\$17,478	\$94,640	\$22,520	
Annual Premium by Plan			\$908,547	\$209,734	\$1,135,681	\$270,238	
Combined Annual Plan Totals			\$1,118	3,280	\$1,40	5,918	
Combined Annual Cost Difference (\$)					\$287,	638	
Combined Annual Cost Difference (%)					26	%	

Voluntary Dental Marketing Analysis July 1, 2023

	Anthem		
Deductible	4		
Individual	\$50		
Family	\$150		
Coinsurance			
Type A: Preventive Services	100%		
Type B: Basic Services	80%		
Type C: Major Services	50%		
Type D: Orthodontia	50%		
Maximums			
Annual Per Member	\$1,500		
Lifetime Orthodontia	\$1,000		
Annual Roll-Over Amount	None		
Maximum Roll-Over	None		
Procedures			
Oral Exams	Туре А		
Oral Exams Frequency	2 per 12 months		
Bitewing X-rays	Туре А		
Bitewing X-rays Frequency	1 set per 12 months		
Full Mouth/Panoramic X-rays	Туре А		
Full Mouth/Panoramic X-rays Frequency	1 in 3 Years		
Fluoride	Туре А		
Fluoride Age Limit	Through age 18		
Sealants	Type A		
Sealants Age Limit	Through age 18		
Space Maintainers	Туре А		
Simple Extractions	Туре В		
Complex Extractions	Туре В		
Simple Periodontics	Туре В		
Periodontal Surgery	Туре В		
Simple Endodontics	Туре В		
Complex Endodontics	Туре В		
Crowns	Type C		
Crown Frequency	1 in 5 Years		
Implants	Type C		
Implant Frequency	1 in 5 Years		
Orthodontics (Child and/or Adult)	Child only through age 18		
UCR Percentage	90%		
Participation Requirement	Minimum of 60% eligible		
Waiting Periods			
Current	None		
Late Entrants	None		
Rate Guarantee	1 Year Remaining (7/1/2024)		
Estimated Enrollment Census	Anthem		
Employee 60	\$30.65		
Employee + Spouse 11	\$62.90		
Employee & Child(ren) 8	\$72.57		
Family 5	\$112.55		
Total Monthly Premium	\$3,674		
Total Annual Premium	\$44,091		



Vision Renewal Analysis July 1, 2023

		Anthem E	Blue View			
		In-Network	Out-of-Network			
Plan Name		FS.B.10.20.13	30.130 4M6T			
Network		Eyemec	Access			
Copays (Exams/Materials)		\$10 / \$20	N/A			
Exam		Covered in Full	Up to \$42			
Frequency						
Examination		12 M	onths			
Lenses or Contact Lenses		12 M	onths			
Frames		24 M	onths			
Frames						
Frame Allowance (Retail)		Up to \$130	Up to \$45			
Lenses						
Single Vision		\$20 Copay	Up to \$40			
Bifocal		\$20 Copay	Up to \$60			
Trifocal		\$20 Copay	Up to \$80			
Contact Lenses						
Contact Lens Fit and Follow-up		Up to \$55	No benefit			
Elective		Up to \$130	Up to \$105			
Necessary		100%	Up to \$210			
Other Benefits						
LASIK Coverage		Discounts available through SpecialOffers program	No benefit			
Add'l Materials Discount		20% off remaining balance	No benefit			
Participation Requirement		Minimum 10 enrolled				
Rate Guarantee		2 Years Remaining (7/1/2025)				
Rates		Anthem E	Blue View			
Single	55	\$6.	.19			
EE + Spouse	13	\$12.38				
EE + Child(ren)	5	\$13.86				
Family	8		82			
Monthly Premium Annual Premium		\$7 \$8,1	45 943			



Basic Life Renewal and Marketing Analysis July 1, 2023

			Must be sold	with Vol Life
	Linc	oln	Anti	hem
	Current/I	Renewal		
Eligibility	All Active Ees wo	rking 30+ hours	All Active Ees wo	orking 30+ hours
Life and AD&D Amounts				
All Eligible Employees	\$20,	000	\$20,	000
Rate per \$1,000				
Life	\$0.1	40	\$0.	133
AD&D	\$0.0	020	\$0.	020
Volume	\$2,729,000		\$2,729,000	
Guaranteed Issue	\$20,000		\$20,000	
Reduction Schedule				
Benefits Reduced to	Percentage	Age	Percentage	Age
	65%	65	65%	70
	50%	70	50%	75
Participation Requirement	100)%	10	0%
Rate Guarantee	1 Year Remaini	ng (7/1/2024)	2 Ye	ears
Waiver of Premium	Inclu	ded	Included	
Living Benefit Rider	Inclu	ded	Included	
Conversion	Inclu	ded	Included	
Total Monthly Premium	\$43	37	\$418	
Total Annual Premium	\$5,2	240	\$5,	010
Annual Difference from Current (\$)			-\$2	29
Annual Difference from Current (%)			-4	%

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.



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Voluntary Term Life and AD&D Marketing and Renewal Analysis July 1, 2023

			Must be sold v		
	- ·	coln	Anth		
Eligibility		orking 30+ hours	All Active Ees working 30+ hours		
Definition of Earnings	N	/A	N/	/A	
enefit Amount					
mployee		o \$500,000 or 5x salary	\$10,000 increments to		
mployee		ext higher \$10,000)	annual e	0	
pouse		to \$150,000 or 2.5x	\$5,000 increments up		
,pouse		ry, not to exceed 50% of	exceed 50% of Emplo	yee benefit amount)	
Children		\$1,000 birth to age 6	\$5,000 or \$10,000 (\$1	.000 under 6 months	
	mor	nths)	1-7(1	,	
Suarantee Issue			1		
mployee	-	0,000	\$100		
pouse		,000	\$25,		
Children	\$10	,000	\$10,	000	
eduction Schedule					
	Percentage	Age	Percentage	Age	
Benefits Reduced To	45%	70	45%	70	
	30%	75	30%	75	
	20%	80	20%	80	
	15%	85	15%	85	
	10%	90	10%	90	
Coverage Termination					
Employee		rement	At retirement		
spouse	At employee	's retirement	At employee's retirement		
Contract Features					
Naiver of Premium	-	uded	Included		
Accelerated Benefit	-	uded	Included		
Portability		uded	Included		
Conversion		uded	Included		
True Open Enrollment Year 1?		/A	No		
Annual Increase Available without EOI	2 increments up to GI	(Late	No No		
Rate Based on Spouse Age	N	10	N	0	
mployee Life Rates per \$1,000					
. 20	Employee	Spouse	Employee	Spouse	
< 20	\$0.080	\$0.080	\$0.080	\$0.080	
20-24	\$0.080	\$0.080	\$0.080	\$0.080	
25-29	\$0.080	\$0.080 \$0.100	\$0.080	\$0.080	
30-34	\$0.100	\$0.100	\$0.100	\$0.100	
35-39	\$0.120	\$0.120	\$0.120	\$0.120	
40-44	\$0.190	\$0.190	\$0.190	\$0.190	
45-49	\$0.320	\$0.320	\$0.320	\$0.320	
50-54	\$0.480	\$0.480	\$0.480	\$0.480	
55-59	\$0.650	\$0.650	\$0.650	\$0.650	
60-64	\$0.940	\$0.940	\$0.940	\$0.940	
65-69	\$1.690	\$1.690	\$1.690	\$1.690	
70-74	\$2.800	\$2.800	\$2.800	\$2.800	
75+	\$2.800	\$2.800	\$2.800	\$2.800	
AD&D Rate per \$1,000	N/A	N/A	N/A	N/A	
Child Life Coverage	Life	AD&D	Life	AD&D	
Child Rates	\$0.200	N/A	\$0.200	N/A	
Participation Requirement			Greater of 63		
Rate Guarantee	1 Year Remain	ning (7/1/2024)	2 Ye	ears	



Voluntary Short Term Disability Renewal and Marketing Analysis July 1, 2023

		Must be sold with Basic and Vol Lif
	Lincoln	Anthem
Benefit Percentage	60%	60%
Maximum Weekly Benefit	\$750	\$750
Elimination Period		
Accident	14 Days	14 Days
Sickness	14 Days	14 Days
Duration of Benefits	24 Weeks	24 Weeks
Employer Contribution	0%	0%
Pre-Existing Condition Limits	3/12	3/12
Coverage	Voluntary	Voluntary
Zero Day Residual	N/A	N/A
Mandatory Rehab	No	No
Annual Enrollment	No EOI required, Pre-Ex applies	EOI
Rate Guarantee	1 Year Remaining (7/1/2024)	2 Years
Participation Requirement	Greater of 36% or 10 Lives	Greater of 46% or 10 lives
Rate per \$10 of Weekly Benefit		
Age		
< 25	\$0.512	\$0.512
25-29	\$0.520	\$0.520
30-34	\$0.520	\$0.520
35-39	\$0.496	\$0.496
40-44	\$0.496	\$0.496
45-49	\$0.544	\$0.544
50-54	\$0.600	\$0.600
55-59	\$0.840	\$0.840
60-64	\$0.920	\$0.920
65-69	\$0.920	\$0.920
70-74	\$0.920	\$0.920
74+	\$0.920	\$0.920



Voluntary Long Term Disability Renewal and Marketing Analysis July 1, 2023

July 1, 2025		Must be sold with Basic & Vol Life
	Lincoln	Anthem
Eligibility	FT working 30+ hours per week	FT working 30+ hours per week
Class Definition	All Eligible Employees	All Eligible Employees
Benefit Outline		
Benefit Percentage	60.00%	60.00%
Maximum Benefit	\$5,000	\$5,000
Elimination Period	180 Days	180 Days
Own Occupation Period	24 Months	24 Months
Benefit Duration	Later of Age 65 or SSNRA	SSNRA
Benefit Offset by Sick Leave?	Yes	Yes
Contract Features		
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings
Pre-Existing Condition Limit	3/12	3/12
Mental & Nervous	12 months	24 Months
Alcohol & Drug	12 months	24 Months
Specified Conditions	12 months	
Self-Reported Limitation	None	None
Recurrent Disability	Included	Included
Residual Disability	Included	Included
Return to Work	Included	Included
Survivor Benefit	Included	Included
Waiver of Premium	Included	Included
Conversion	N/A	N/A
Contribution	Contributory	Contributory
W-2 Issuance	Included	Included
FICA Match	Included	Included
Annual Enrollment	No EOI required, Pre-Ex applies	EOI
Participation Requirement	Greater of 46% or 10 Lives	Greater of 61% or 10 Lives
Rate Guarantee	1 Year Remaining (7/1/2024)	2 Years
Rate per \$100 of Covered Payroll		
Age		
< 20	\$0.072	\$0.072
20-24	\$0.072	\$0.072
25-29	\$0.072	\$0.072
30-34	\$0.224	\$0.224
35-39	\$0.336	\$0.336
40-44	\$0.519	\$0.519
45-49	\$0.623	\$0.623
50-54	\$0.975	\$0.975
55-59	\$1.119	\$1.119
60-64	\$1.191	\$1.191
65-69	\$0.599	\$0.599
70+	\$0.448	\$0.448
70+	\$0.448	\$0.448



Brella Summary July 1, 2023

	Brella		
Summary	Option 1		
Employer Contribution	100% for employee coverage		
Benefit Amount			
Moderate	\$200		
Severe	\$500		
Catastrophic	\$1,000		
Guaranteed Issue	Full coverage is GI		
Covered Conditions	13,000+ covered conditions classified as moderate, severe or		
Lovered Conditions	catastrophic		
Claims Payment	EOB not required - employees answer questions in app		
lifetime Menimum Depetit	No maximum for moderate or severe		
Lifetime Maximum Benefit	Catastrophic max is 3 x benefit		
Separation Period			
Moderate	14 days		
Severe	30 days		
Catastrophic	90 days		
Pre-Existing Condition Exclusion	None		
Excluded Conditions	Chronic conditions, mental illness, maternity		
New Employee Waiting Period	60 days for late entrants		
Age reduction	50% at age 70		
Waiver of Premium	Not included		
Portability	Included		
Coverage Provisions			
Minimum Enrollment	100%		
Rate Guarantee	1 Year Remaining (7/1/2024)		
Monthly Rate	EE Rate (ER Paid)	Buy Up Rate	Total Rate
Employee	\$22.18		\$22.18
Employee + Spouse	\$22.18	\$22.17	\$44.35
Employee + Child(ren)	\$22.18	\$17.74	\$39.92
Family	\$22.18	\$44.35	\$66.53
Total Monthly Premium			\$2,395
Total Annual Premium			\$28,745



*ENGINEERING * LAND PLANNING * SURVEYING * *CONSTRUCTION MANAGEMENT * LANDSCAPE ARCHITECTURE* WWW.FDC-LLC.COM

April 24, 2023

Mrs. Anita Buice Lamar County Planning and Community Development Director 408 Thomaston Street Barnesville, GA 30204

Re: Fox Crossing Phase 3 Erosion Control Certification

Mrs. Buice,

This letter is to certify that the Erosion and Sedimentation Control Plans and Details for Fox Crossing Phase 3 by Falcon Design Consultants, LLC provide an appropriate and comprehensive system of Best Management Practices (BMP's) required by the Georgia Water Quality Control Act and the document 'Manual for Erosion and Sediment Control in Georgia' published by the Georgia Soil and Water Conservation Commission as of January 1 of the year in which the land disturbance activity was permitted, provides for the sampling of the receiving water(s) or the sampling of stormwater outfalls and that the designed system of Best Management Practices (BMP's) and sampling methods is expected to meet the requirements contained in the General NPDES Permit No. GAR 100003.

The erosion control measures and storm sewer infrastructure (i.e. pipes, swales, inlets and detention ponds) in place are designed for post built conditions and are sufficient to allow the house construction to start. The existing erosion control measures will need to be removed and permanent vegetation installed via seed and straw or sod once houses are completed.

Please contact the office at 678-807-7100 should you have any questions.

Sincerely,

Sean Paul Heyes

Sean Paul Hayes, P.E. GSWCC Level II #0000058941



ENVIRONMENTAL PROTECTION DIVISION

Item ii.

West Central District 2640 Shurling Drive Macon, Georgia 31211 478-751-6612

April 20, 2023

Electronic Mail

NBC Homes at Fox Crossing, LLC Attn: Gary Adams 100 Corporate Center Dr., Ste 13 Stockbridge, GA 20281

> RE: Consent Order EPD-WP-9282 Fox Crossing, Phase 3 2485 Barnesville Road Lamar County

Dear Mr. Adams:

On April 17, 2023, a follow-up inspection was conducted on the above-referenced site. It was determined that Best Management Practices (BMPs) are being maintained at the site and it is mostly stabilized. It has been determined that all conditions of Consent Order EPD-WP-9282 have been met.

Please be aware that all NPDES Construction Stormwater Permit (Permit) conditions and BMP implementation/maintenance required by your Erosion and Sedimentation Control Plan (ESPCP) must be conducted until a Notice of Termination is submitted. Failure to maintain compliance with the Permit and your ESPCP may result in additional enforcement actions.

If you have any questions concerning this correspondence, please contact Brannon Rufo, Environmental Specialist, Jody Sapp, Program Manager, or me at (478) 751-6612.

Sincerely,

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J. Tilden Bembry District Manager

Enclosure

RESOLUTION 2023-01 LAMAR COUNTY, GEORGIA MAJOR SUBDIVISION-FOX CROSSING PHASE 3B

WHEREAS, NBC @ Fox Crossing, has applied for Final Plat approval of Fox Crossing Phase 3B. This portion contains 63 lots and four new roads. The property access is located on Fox Crossing Road, Griffin GA, Land Lots 103 and 122 of the 6th Land District, as shown on Tax Map 040, Parcel 001 and recorded in Deed Book 1031, page 263; and

WHEREAS, the applicant is applying under Lamar County Code Appendix A Development Regulations, Article 4; and

WHEREAS, notice of this application, public hearing, and action was properly advertised in the legal organ, a sign was placed on the subject property, and letters describing the application and hearing date were sent to property owners within 300' of the subject property; and

WHEREAS, the public hearing as advertised was held on April 18 at 7:00 pm with the Board of Commissioners to consider the application and giving an opportunity for interested persons to be heard;

NOW THEREFORE, BE IT RESOLVED, after hearing all matters and evidence presented at this public hearing and after considering all factors involving the application, the Board of Commissioners of Lamar County, Georgia, determine that the application for the final plat of Fox Crossing Phase 3B be approved in accordance with the Lamar County Appendix A Development Regulations Ordinance.

Approved this ______ day of _____, 2023.

RYRAN TRAYLOR, Chairman

Attest:

CARLETTE DAVIDSON, County Clerk (seal)

RESOLUTION 2023-02 LAMAR COUNTY, GEORGIA MAJOR SUBDIVISION-FOX CROSSING PHASE 3B FOR ACCEPTANCE OF ROADS

WHEREAS, NBC Homes at Fox Crossing, LLC has received Final Plat approval of Fox Crossing Phase 3B. This portion contains 63 lots, a stormwater drainage system, and four new roads. The property access is located on Fox Crossing Road, Griffin GA, Land Lots 103 and 122 of the 6th Land District, as shown on Tax Map 040, Parcel 001 and recorded in Deed Book 1031, page 263; and

WHEREAS, the applicant has constructed four interior roads for this development; and

WHEREAS, the construction of these roads have been tested and found to meet applicable county regulations for road construction; and

WHEREAS, NBC Homes at Fox Crossing, LLC has provided maintenance bonds to protect the integrity of the road system for a period of two years; and

NOW THEREFORE, BE IT RESOLVED, that, after hearing all matters and evidence presented and after considering all factors involving the application, the Board of Commissioners of Lamar County, Georgia, determine the following roads be accepted by Lamar County as county maintained roads and to accept the deeds as presented:

Kennelsman Drive, Hatmaker Court, Fox Chase Court, and Townsend Court

in accordance with the Lamar County Appendix A Development Regulations Ordinance.

Approved this ______ day of _____, 2023.

RYRAN TRAYLOR, Chairman

Attest:

CARLETTE DAVIDSON, County Clerk (seal)

RESOLUTION 2023-03 LAMAR COUNTY, GEORGIA MAJOR SUBDIVISION-FOX CROSSING PHASE 3B FOR ACCEPTANCE OF STORM DRAINAGE SYSTEM

WHEREAS, NBC Homes at Fox Crossing, LLC has received Final Plat approval of Fox Crossing Phase 3B. This portion contains 63 lots, a stormwater drainage system, and four new roads. The property access is located on Fox Crossing Road, Griffin GA, Land Lots 103 and 122 of the 6th Land District, as shown on Tax Map 040, Parcel 001 and recorded in Deed Book 1031, page 263; and

WHEREAS, the applicant has constructed stormwater drainage system including gutters, inlets, and culverts for this development; and

WHEREAS, the construction of this system has been tested and found to meet applicable county regulations for drainage construction; and

WHEREAS, NBC Homes at Fox Crossing, LLC has provided maintenance bonds to protect the integrity of the drainage system for a period of two years; and

WHEREAS, after hearing all matters and evidence presented and after considering all factors involving the application, the Board of Commissioners of Lamar County, Georgia, determined the stormwater drainage system as constructed in Fox Crossing Phase 3B is acceptable as a county maintained system;

NOW THEREFORE, BE IT RESOLVED, in consideration of the above facts and as provided by law in accordance with the Lamar County Appendix A Development Regulations Ordinance, the Board of Commissioners of Lamar County, Georgia does hereby accept the stormwater drainage system in Fox Crossing Phase 3B as stated hereinabove.

Approved this ______ day of _____, 2023.

RYRAN TRAYLOR, Chairman

Attest:

CARLETTE DAVIDSON, County Clerk (seal)