

## AGENDA FOR THURSDAY, JUNE 11, 2009

Y/ N/ NA

### APPOINTMENTS:

- 1. 1:30 p.m. - Pledge of Allegiance
- 2. 1:30 p.m. - Ed Slonaker, Morgan Financial/Discussion and Presentation of Health/Dental/Vision Insurance Proposals

### OLD BUSINESS:

- 3. Legislative Issue - Discussion
- 4. Zoning and Subdivision Ordinance Amendments Discussion
- 5. Discussion, Report of Federal Stimulus Funds
- 6. Organizational Planning - Discussion

### NEW BUSINESS:

- 7. Approval of Minutes  
Approval of Purchase Orders  
Approval of Accounts Payable
- 8. Public Comment
- 9. Bonding and Activity Report
- 10. Jennifer S. Maghan - County Clerk's Report
- 11. Stephanie Grove - Legal Update and Report
- 12. Request from the Jefferson County Public Service District for a Letter of Support for the PSD's Flowing Springs Sewer Project - Discussion/Action
- 13. County Health/Dental/Vision Decision - Discussion/Action
- 14. County Administrator Reports
- 15. County Commission Reports

**INFORMATION:**

- 16. The County Commission meeting will be held in the Old Charles Town Library meeting room for the June 11, 2009 meeting.
- 17. Letter of recommendation for reappointment of Rosamond Burns to the Board of Health received from Dr. Robert Johnson.
- 18. Comments received from department heads concerning the employee evaluation form.
- 19. Legislative information received from the County Commissioners' Association.
- 20. Information received from the Association of Counties concerning the digital television transition.
- 21. Meeting minutes received from the Jefferson County Public Service District.
- 22. Oath of Office received from Ashtyn B. Wimer as an Assistant Deputy Clerk for the Circuit Clerk's office.
- 23. Weekly settlement report received from the West Virginia Lottery for the Charles Town Races.
- 24. Miscellaneous

**CORRESPONDENCE:**

- 25. Postcards received from the following concerning public library funding:

Felix Flipski	Brianna Fisher
WD Greer, Jr.	Curtis Greer
Frances & Philip Cox	Destinee Appleby
Kathryn B. Kelly	Edward Klejnowski
Gwendolyn Twyman	Andrea L. Koch
Rebecca L. Dunn	Rosalind Welsh

*At all times the County Commission reserves the right to rearrange agenda items because of time constraints and to accommodate the Commission schedule or the public.*

	Guardian	Mountain State Blue Cross/ Blue Shield SB+ 250/500 2K/5K
Contract Type		
Office Visits	Subject to deductible and coinsurance	Office Visit Copay \$10
Deductibles	\$250	\$250 Individual \$500 family
Co Insurance	100% / 60% / 100%	80% / 60%
Co Insurance Out of Pocket Maximums	\$0	\$3150 Individual / \$5000 Family
Office Visit Copay	N/A	\$10 per office visit, 100% thereafter no-deductible
Hospital Admission Copay	N/A	100% in network / 80% out of network
Emergency Room Copay	N/A	100%, Subject to Deductible and Coinsurance
Lifetime Maximum	\$1,000,000	\$2,000,000
<b>Benefit Features</b>		
Dependent Age Limit	23/25, if full time student	19/25, if full student
Durable Medical Equipment	Subject to medical lifetime maximum	100% in-network / 80% out of network
Foot Disease and Deformity	Subject to medical lifetime maximum	
HIAA Percentile	60th	
Home Health Care	100 visits/year	100% in-network / 80% out of network (Maximum 100 visits)
Infertility	\$5000 Lifetime Limit	
Morbid Obesity (Surgical Treatment)	Subject to medical lifetime maximum	
Physical Therapy/Occupational Therapy	Subject to medical lifetime maximum	80% in network / 60% out of network
Speech Therapy	Included	80% in network / 60% out of network
Private Duty Nursing	Subject to medical lifetime maximum	80% in network / 60% out of network
Prosthetic & Orthotics	Subject to medical lifetime maximum	80% in network / 60% out of network
Spinal Manipulation	Subject to medical lifetime maximum	80% for the first 20 treatments; 50% thereafter
Pre-Certification Penalty	Benefits reduced to 50% to a max of \$500	\$500
Emergency Hospital Confinement and Emergency Room	Covered "In-Network" regardless of provider's network status	100%, Subject to Deductible and Co-Insurance
Ambulance	Covered "In-Network" regardless of provider's network status	100% No Deductible Emergency
Assistant Surgeon	20% of primary surgeon's allowance	80% in network / 60% out of network
Cardiac Rehabilitation	Unlimited for 6 months after surgery (3 mos. for other heart condition)	80% in network / 60% out of network
Chemotherapy/IVT	No prior authorization required	80% in network / 60% out of network
Dental Accident	Limited to annual maximum of plan within 6 mos. Of surgery	
Diabetes	Covered as standard medical benefit if mandated by state	\$10 per office visit, 100% thereafter no deductible
Contraceptives	Excluded	
Formula and Food Supplements for PKU and similar disorders	Subject to medical lifetime maximum	Excluded
Foot Orthotics	\$325 per pair	Excluded
Gender Surgery (Sex change, impotence)	Subject to medical lifetime maximum covered as in-network regardless of provider's network status if performed at a participating facility. 1. During an inpatient stay or outpatient surgery at an in-network hospital 2) while treated at an in-network hospital emergency room	Excluded
Lab, Radiology, Anesthesia		80% in network / 60% out of network
Non-emergent care outside of US & Puerto Rico	Subject to medical lifetime maximum	80% in network / 60% out of network
Preventative Care- Child	Included	Included
Preventative Care- Adult	Included	
Psychoanalysis, Hypnotherapy Aversion Therapy	Considered under the Mental and Nervous benefit	Subject to Deductible and Co-Insurance
Skilled Nursing Facility/Rehabilitation Facility/Extended Care Facility	100 day annual limit	\$10,000 maximum Subject to Deductible and Co-Insurance
Smoking cessation (same as Tobacco Dependency)	Considered under the substance abuse benefit	
TMJ	Subject to medical lifetime maximum	80% in network / 60% out of network
Transplant Services	Subject to medical lifetime maximum	80% in network / 60% out of network
Wigs	Excluded	excluded
Biofeedback & Acupuncture	considered under the Mental and Nervous benefit depending on condition	Subject to Deductible and Co-Insurance
Growth Hormone Stimulation Therapy	Subject to medical lifetime maximum	
Breast Implant Removal	Subject to medical lifetime maximum	
Certain Physical Exams	Excluded	Subject to Deductible and Co-Insurance
Non-Durable Medical Supplies	Subject to medical lifetime maximum	Not covered
Non-Medical Therapy Services	Excluded	Not covered
Orthognathic Surgery	Subject to medical lifetime maximum	Not covered
Certain Genetic Counseling and Genetic Studies	Subject to medical lifetime maximum	Not covered
Dental Impactions	Subject to medical lifetime maximum	Not covered
Mental and Nervous	Included; check benefit booklet for complete details	Inpatient 80% in network / 60% out of network Outpatient 80% for first 20 treatments, 50% thereafter, if medically necessary
Drug Abuse benefit	Included; check benefit booklet for complete details	Inpatient 80% in network / 60% out of network Outpatient 80% for first 20 treatments, 50% thereafter, if medically necessary
Alcohol Abuse benefit	Included; check benefit booklet for complete details	Inpatient 80% in network / 60% out of network Outpatient 80% for first 20 treatments, 50% thereafter, if medically necessary
Deductible waived for In-network X-Ray lab	No	No
Prescription	100% After Deductible	\$10/\$20/\$40
<b>Rates</b>		
Employee	\$822.59	\$534.76
Family	\$1,977.29	\$1,283.42
Total Annual Plan cost	\$1,755,805	\$1,221,819

Appointments

## *2009 Dental/Vision Proposals*

	<b>Guardian</b>	<b>Delta</b>	<b>United Concordia</b>
Dental	\$20.83* \$22.29	\$21.46	\$26.20
Vision	\$7.53* \$7.53		
<b>* Current Premium</b>			



05/01/2009

Group Plan G-270632

JEFFERSON COUNTY COMMISSION  
ATTN: MS LESLIE SMITH COUNTY ADMIN  
PO BOX 250  
100 EAST WASHINGTON STRET  
CHARLES TOWN, WV 25414

**Important information regarding the renewal of your Guardian Group benefits.**

Dear Planholder:

As a valued Guardian customer, we appreciate your business and hope that you are fully satisfied with our plans and services. Our commitment is to continue providing high quality plans while placing your benefit needs first.

**Please take a minute to review the renewal information below.**

As is customary each year, we reviewed your group benefits program and recalculated your group rates. Rates are determined based on a number of different factors, including:

- Employee age and gender
- Changes in group size
- Group location
- Claims experience by coverage

The enclosed information provides specific detail of the rating, along with your current rates and renewal rates. New rates will be effective on your plan anniversary of July 1, 2009.

**Please ensure that any plan change requests affecting your renewal rates are received in Guardian's Home Office at least two weeks prior to your renewal date.** Requests that are received after this time, but before your renewal date, will be reviewed and if approved the new rates will be reflected on your August 2009 billing statement.

**Please see the IMPORTANT NOTICES section of this renewal package for information regarding the Extended Access PPO Network.**

Renewal Rates are based on the assumption that all lines renew. Guardian would be happy to review your plan design to maximize your benefit dollars.

**If you have questions or would like to review your plan, we can assist you.**

Call your broker or contact your Guardian Group Sales Office at Foster Plaza 10, Suite 430, 680 Andersen Drive, Pittsburgh, PA 15220, (412) 922-2200 / (800) 622-7500.

**Thank you again for selecting Guardian -  
the right choice for your company and your employees.**

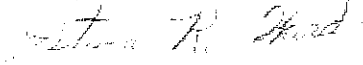
Guardian has a complete portfolio of innovative products and services to help you control rising benefits expenses. Our high quality Dental, Disability, Life, Medical, and Vision plans are available at more favorable rates when combined.

(continued)

Don't forget -- you can manage your company's benefit plans with less time and effort than ever before at [www.GuardianAnytime.com](http://www.GuardianAnytime.com). Through our secure benefits website, you can enroll new hires and add dependents, view and pay bills, download forms and employee materials and more! And you can do it 24/7, without picking up the phone. To register or log on, just go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

We look forward to serving you in the year ahead.

Sincerely,



Steven R. Ward, National  
Large Markets

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JEFFERSON COUNTY COMMISSION  
270632

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6	Derivation of trend factor for all coverages
7	Large claims listing
8	Life and Vision Experience
9	Value-Added Services



EXHIBIT 1

JEFFERSON COUNTY COMMISSION  
270632

COST SUMMARY  
SUMMARY OF CURRENT & RENEWAL RATES

Coverage	Volume or Employee/Dependent Enrollment	CURRENT		RENEWAL AS OF 07/01/09	
		Monthly Rate	Annual Cost	Monthly Rate	Annual Cost
BASIC LIFE	\$3,320,000	\$0.30/\$1000	\$11,952	\$0.30/\$1000	\$11,952
DEPENDENT LIFE	15 Dependents	\$2.25	\$405	\$2.25	\$405
AD & D	\$3,320,000	\$0.040/\$1000	\$1,594	\$0.040/\$1000	\$1,594
OPTIONAL LIFE EMPLOYEES	under age 30	\$0.07/\$1000		\$0.07/\$1000	
	30-34	\$0.08		\$0.08	
	35-39	\$0.10		\$0.10	
	40-44	\$0.17		\$0.17	
	45-49	\$0.33		\$0.33	
	50-54	\$0.51		\$0.51	
	55-59	\$0.85		\$0.85	
	60-64	\$1.19		\$1.19	
	65-69	\$2.07		\$2.07	
	70-74	\$3.21		\$3.21	
	75-79	\$5.87		\$5.87	
	80-84	\$8.97		\$8.97	
	85-89	\$16.41		\$16.41	
	90-94	\$22.14		\$22.14	
	95-99	\$48.30		\$48.30	
SPOUSE	under age 30	\$0.07/\$1000		\$0.07/\$1000	
	30-34	\$0.08		\$0.08	
	35-39	\$0.10		\$0.10	
	40-44	\$0.17		\$0.17	
	45-49	\$0.33		\$0.33	
	50-54	\$0.51		\$0.51	
	55-59	\$0.85		\$0.85	
	60-64	\$1.19		\$1.19	
	65-69	\$2.07		\$2.07	
	70-74	\$3.21		\$3.21	
	75-79	\$5.87		\$5.87	
	80-84	\$8.97		\$8.97	
	85-89	\$16.41		\$16.41	
	90-94	\$22.14		\$22.14	
	95-99	\$48.30		\$48.30	
CHILD		\$0.18/\$1000		\$0.18/\$1000	
MEDICAL	132 EE Only	\$697.11	\$1,104,222	\$822.59	\$1,302,983
	19 EE & Deps	\$1,675.67	\$382,053	\$1,977.29	\$450,822
			<u>\$1,486,275</u>		<u>\$1,753,805</u>



**EXHIBIT 1**

**JEFFERSON COUNTY COMMISSION  
270632**

**COST SUMMARY  
SUMMARY OF CURRENT & RENEWAL RATES**

Coverage	Volume or Employee/Dependent Enrollment	CURRENT		RENEWAL AS OF 07/01/09	
		Monthly Rate	Annual Cost	Monthly Rate	Annual Cost
DENTAL	129 EE Only	\$20.83	\$32,245	\$22.29	\$34,505
	12 EE & Sp	\$40.41	\$5,819	\$43.24	\$6,227
	7 EE & Ch	\$44.60	\$3,746	\$47.72	\$4,008
	17 EE & SpCh	\$64.21	\$13,099	\$68.70	\$14,015
				<u>\$54,909</u>	<u>\$58,755</u>
VISION	127 EE Only	\$7.53	\$11,476	\$7.53	\$11,476
	12 EE & Sp	\$13.34	\$1,921	\$13.34	\$1,921
	6 EE & Ch	\$13.61	\$980	\$13.61	\$980
	20 EE & SpCh	\$21.53	\$5,167	\$21.53	\$5,167
				<u>\$19,544</u>	<u>\$19,544</u>

Thank you for being a customer with multiple Guardian coverages. To ensure that we provide you with the best possible pricing, your coverages have been renewed as a package. If you are only interested in renewing specific coverages, please contact your broker or our local Guardian Group Sales Office prior to your renewal date. They are happy to re-price the options of your choice.



EXHIBIT 3

JEFFERSON COUNTY COMMISSION  
270632

SUMMARY OF RATE ACTION EFFECTIVE 07/01/09

EXPERIENCE PERIOD 03/01/08 - 03/01/09

	MEDICAL	DENTAL
1. Paid Claims	\$1,243,154	\$47,300
2. Large Claims Total Which Exceeds Pooling Level of \$80,000	\$85,282	N/A
3. Adjustment for Plan Changes	0	473
4. Mature Adjustment	\$0	\$0
5. Adjustment for Enrollment Change	-\$9,761	-\$210
6. Incurred Claims Adjustment	\$72,285	\$1,220
7. Claims Trend*	\$246,520	\$5,317
8. Trended Incurred Claims Projected to Renewal Period	\$1,466,916	\$54,100
9. Large Claims up to Pooling Level	\$80,000	N/A
10. Blended Claims from Prior Period	-\$18,312	\$449
11. Manual Claims Adjustment for Credibility	-\$39,409	\$0
12. Pooling Charge	\$107,970	N/A
13. Adjusted Projected Incurred Claims	\$1,597,165	\$54,549
14. Underwriting Margin	\$0	\$0
15. Retention	\$346,702	\$9,624
16. Required Renewal Premium	\$1,943,867	\$64,173
17. Premium based on current rates and enrollment	\$1,558,296	\$57,500
18. Required Renewal Increase	+25%	+12%
19. Requested Renewal Action	+18%	+7%

\*Annual Trend: 14% for Medical and 8% for Dental. Trend is determined on a mid-point basis.



## EXHIBIT 4

### JEFFERSON COUNTY COMMISSION 270632

#### SUMMARY OF RATE ACTION - GLOSSARY OF TERMS

- **Paid Claims** The dollar amount of claims paid (checks issued by Guardian) in the experience period.
- **Pooling Level** The point where we forgive the claim is called the Pooling Level. This minimizes the effect of large claims and helps to stabilize a group's renewal rate. The pooling level is a function of the number of insureds and premium level of your group.
- **Large Claims Total which Exceeds Pooling Level of \$80,000** This represents the total amount of claims on an individual for the experience period which exceeded the "Pooling Level" of the case. The entire claim amount is "forgiven" initially in the calculation. Later in the calculation, the amount up to the pooling level is added back into the calculation after the claims have been adjusted for maturation, enrollment changes, incurred claims adjustment and trend.
- **Adjustment for Plan Changes** The value used to adjust the paid claims to the current benefit level. For dental, this could include adjustments for deferred services and virgin coverage.
- **Mature Adjustment** This adjustment reflects an estimate of the claims that were incurred but not reported at the end of the experience period. This adjustment is made on first year cases only and cases with new branches and/or affiliates.
- **Adjustment for Enrollment Changes** An adjustment to claims to account for growth or shrinkage of the insured enrollment.
- **Incurred Claims Adjustment** An adjustment to claims to account for increase in value of the incurred yet unreported claims.
- **Annual Claims Trend** The expected increase in claim costs from the experience period to the future rating period. This assessment assumes that claims costs will increase due to changes in inflation, utilization, new technology, aging population and cost shifting. For medical and prescription drug coverage, annual trend is adjusted retrospectively for experience period.
- **Midpoint to Midpoint Trend** The value of annual trend projected by using the midpoint of the experience period to the midpoint of the future rating period. Represents the expected increase in claims costs.
- **Large Claims Limited to Pooling Level** The amount of large claim up to the Pooling Level. If there were multiple large claims above the Pooling Level, the amount equals the pooling level multiplied by the number of individuals who had claims forgiven.
- **Pooling Charge** The charge to fund expected claims over the Individual Stop Loss Level for a pool of business. This charge is assessed to all groups.
- **Blended Claims from Prior Period** An adjustment to trended incurred claims which is based upon your experience for the period immediately prior to the current period.
- **Manual Claims Adjustment for Credibility** The adjustment to the trended incurred claims for expected manual claims based on the groups specific demographic characteristics.
- **Credibility** The measurement of the predictability of the paid claim experience for the group. The larger number of exposures (employees and dependents), the more predictable is the recurrence of the experience.
- **Underwriting Margin** A charge assessed by the underwriter to address case specific risk considerations.
- **Retention** The sum of Guardian's cost to administer your benefit plan and profit charge. (Expenses, Profit and Risk)



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**EXHIBIT 4**

**JEFFERSON COUNTY COMMISSION  
270632**

**SUMMARY OF RATE ACTION - GLOSSARY OF TERMS**

- **PPO Access Fee** The administrative cost to access PPO network.
- **GME Fee** New York Health Care Reform Act requires all insurance companies to pay surcharge based on paid hospital claims to contribute the the State's Graduate Medical Education Fund.
- **Required Renewal Premium** The sum of projected incurred claims, margin, retention and fees.
- **Premium Based on Current Rates and Enrollment** The premium based on current rates for each coverage multiplied by the average number of employees and dependents covered during the experience period.
- **Required Renewal Increase** The percentage increase needed to bring the premium based on current rates up to the required renewal premium.
- **Requested Renewal Action** The final renewal action after underwriter consideration and review.



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EXHIBIT 5

JEFFERSON COUNTY COMMISSION  
270632

EXPERIENCE SUMMARY

MEDICAL				
Month/Year	Billed Premium	Paid Claims	Lives	Loss Ratio
Mar 2008	\$120,699	\$71,116	160	59%
Apr 2008	\$124,360	\$90,223	160	73%
May 2008	\$122,531	\$108,275	159	88%
Jun 2008	\$122,458	\$60,281	158	49%
Jul 2008	\$129,345	\$109,445	157	85%
Aug 2008	\$129,299	\$116,639	157	90%
Sep 2008	\$129,580	\$98,628	156	76%
Oct 2008	\$131,672	\$97,711	159	74%
Nov 2008	\$127,623	\$97,964	156	77%
Dec 2008	\$127,623	\$145,437	156	114%
Jan 2009	\$125,251	\$171,337	153	137%
Feb 2009	\$123,856	\$76,098	151	61%
Mar 2009				
<b>TOTAL:</b>	<b>\$1,514,297</b>	<b>\$1,243,154</b>	<b>1882</b>	<b>82%</b>

DENTAL				
Month/Year	Billed Premium	Paid Claims	Lives	Loss Ratio
Mar 2008				
Apr 2008	\$4,900	\$4,711	173	96%
May 2008	\$4,883	\$3,959	173	81%
Jun 2008	\$4,861	\$4,613	172	95%
Jul 2008	\$4,873	\$3,444	171	71%
Aug 2008	\$4,821	\$3,833	170	80%
Sep 2008	\$4,821	\$5,131	170	106%
Oct 2008	\$4,773	\$2,365	169	50%
Nov 2008	\$4,787	\$4,190	172	88%
Dec 2008	\$4,705	\$4,290	169	91%
Jan 2009	\$4,705	\$2,850	169	61%
Feb 2009	\$4,601	\$3,860	166	84%
Mar 2009	\$4,576	\$4,056	165	89%
<b>TOTAL:</b>	<b>\$57,306</b>	<b>\$47,302</b>	<b>2039</b>	<b>83%</b>



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EXHIBIT 5

JEFFERSON COUNTY COMMISSION  
270632

EXPERIENCE SUMMARY

TOTAL			
Month/Year	Billed Premium	Paid Claims	Loss Ratio
Mar 2008	\$120,699	\$71,116	59%
Apr 2008	\$129,260	\$94,934	73%
May 2008	\$127,414	\$112,234	88%
Jun 2008	\$127,319	\$64,894	51%
Jul 2008	\$134,218	\$112,889	84%
Aug 2008	\$134,120	\$120,472	90%
Sep 2008	\$134,401	\$103,759	77%
Oct 2008	\$136,445	\$100,076	73%
Nov 2008	\$132,410	\$102,154	77%
Dec 2008	\$132,328	\$149,727	113%
Jan 2009	\$129,956	\$174,187	134%
Feb 2009	\$128,457	\$79,958	62%
Mar 2009	\$4,576	\$4,056	89%
<b>TOTAL:</b>	<b>\$1,571,603</b>	<b>\$1,290,456</b>	<b>82%</b>

NOTE: Where multiple premium payments are received in a month, premium amounts are allocated to the month in which the premium was due.



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EXHIBIT 7

JEFFERSON COUNTY COMMISSION  
270632

LARGE CLAIMS LISTING

Medical Claims Over \$10,000 Paid in the Period		
Employee/Dependent	Diagnosis	Total Amount
E	MALIGNANT NEOPLASM	\$85,282
E	MALIGNANT NEOPLASM COLON	\$78,986
E	MALIGNANT NEOPLASM RECTUM	\$68,074
E	HEART CONDITION ATRIAL	\$50,478
E	ULCER, GALLBLADDER	\$40,385
E	MORBID OBESITY, MENTAL DISORDER	\$39,534
E	OSTEOARTHRITIS	\$32,009
E	PREGNANCY	\$29,717
E	HYPOTHYROIDISM, JOINT PAIN	\$28,919
E	ACCIDENTAL KNEE INJURY, MOUTH	\$27,644
E	RHEUMATOID ARTHRITIS, PNEUMONIA	\$26,902
E	GALLBLADDER	\$26,392
E	BALLBLADDER, PROSTRATE, HYPERLIPIDEMIA	\$21,752
E	ENDOMETREOSIS	\$20,763
E	EXCESSIVE MENSTRUATION	\$20,617
E	PREGNANCY	\$18,847
E	ACUTE CHOLECYSTITIS	\$17,662
E	ACUTE CHOLECYSTITIS	\$17,511
E	DIABETIC	\$17,200
E	HEART, MENOPAUSE	\$17,047
E	BREAST CANCER	\$16,766
D	BENIGN NEOPLASM COLON	\$16,632
D	GENERAL SYMPTOMS, ILL DEFINED	\$14,518
E	MENOPAUSE	\$14,179
E	CHOLESTEATOMA	\$13,003
E	DIABETES, ALLERGIES/ASTHMA	\$12,822
E	MALIGNANT NEOPLASM LUNG	\$12,399
E	DIABETIC	\$12,354
E	PREGNANCY	\$11,691
E	DEPRESSION	\$11,678



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EXHIBIT 8

JEFFERSON COUNTY COMMISSION  
270632

LIFE, VISION AND OPT. LIFE EXPERIENCE

(03/01/08 - 03/01/09)

Coverage	Current Volume	Paid Premium	Paid Claims
LIFE	\$3,320,000	\$14,839	\$20,000
AD & D	\$3,320,000	\$1,629	\$0
OPTIONAL LIFE	N/A	\$5,135	\$0
VISION	N/A	\$19,868	\$11,824



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## EXHIBIT 9

### JEFFERSON COUNTY COMMISSION 270632

## Guardian's Medical Product Value Added Features - Quick Reference Guide

*Our Medical Product offers a variety of value-added features that not only focus on cost management, but provides employees with extensive educational and network resources to better manage their health care.*

### **Annual Preventive Screenings**

All our enhanced contracts (Readable 6A), and those older contracts with preventive care and deductible waived riders, offer the following preventive and wellness screenings for the cost of your office visit copay, where applicable, when you visit our in-network providers:

- Annual preventive visits from age 0 and older
- Annual gynecological exams, including Pap tests
- Bone Density Screening
- Annual mammograms for members over 40 years of age
- Immunizations and routine lab and x-rays considered part of a preventive exam
- Prostate Screening exams when age appropriate
- Colorectal Screenings when age appropriate

### **Foreign Travel Emergencies**

If traveling for either pleasure or business, Guardian will provide Medical coverage for emergency care outside the United States.

### **Complementary Networks**

All our PPO networks have a complementary network available. A complementary network will provide the member with discounted services while using an out-of-network provider. This complementary network can be used while traveling, or while utilizing an out-of-network physician locally.

### **NurseLine**

By calling 1-866-495-9170 (24 hours a day, 7 days a week), members access a Registered Nurse that can answer questions on a variety of Medical topics. These topics include, but are not limited to:

- Assisting members in selecting the most appropriate care
- Understanding already diagnosed medical conditions
- Preparing questions for doctor's visits
- Learning about specific medications
- Finding a support group or resource in their area

### **Disease Management/Nurse Outreach**

Members with specific chronic conditions may be contacted by registered nurses to assist members in managing their disease. The program is designed to assist and support the member in adhering to treatment plans and medication regimen and as well as reducing the need for emergency room visits and hospitalizations. The common diseases included in this program are:



- Heart Disease
- Hypertension
- Diabetes
- Asthma
- Back Pain

Our Nurse Outreach program will follow-up with member's physician when appropriate. Members can decline the service if they choose.

#### **National Transplant Network (URN)**

All Guardian members have access to the URN (United Resource Network) Transplant Network. URN is the largest transplant network in the world, credentialing and contracting with Centers of Excellence all over the country. Centers of Excellence are selected based on numerous criteria, including physician experience and patient survival. Besides the cost savings a well-managed transplant network brings to patient care, URN offers the opportunity for improved patient outcomes.

#### **Paradigm Health for Neonatal Intensive Care**

ParadigmHealth supports neonatologists in their role as clinical decision-makers and optimizes family involvement in the baby's care. ParadigmHealth clinicians have a substantial track record in establishing strong relationships with physicians, nurses, and hospitals and in providing quality information on the NICU care process.

ParadigmHealth care managers (RNs with substantial NICU experience) perform concurrent review for all Guardian members' babies admitted to the NICU. These care managers interact regularly with the hospital's medical and nursing staff, as well as parents, to ensure comprehensive care management and facilitate a smooth transition home from the NICU.

#### **Medco**

Guardian utilizes Medco for our Prescription Benefit Manager (PBM). Medco, a leading national PBM with the nation's largest mail order pharmacy operation, offers Guardian clients several programs that are designed to lower their prescription costs, while improving member care.

Some of the RX programs included in your Guardian coverage are:

##### **RationalMed**

Every Guardian member that has a Medco prescription drug card is automatically enrolled in Medco's RationalMed Program. The RationalMed program utilized Medco's drug data to analyze potential adverse reactions between drugs. When a possible adverse reaction is detected, physicians are notified of potential reactions, but are not obligated to make changes in what they have prescribed. The individual members are notified via mail.

##### **DUR (Drug Utilization Review)**

DUR is a program that uses an integrated clinical database to screen each patient's prescription against a patient's prescription drug claims history. This service helps identify possible overuse or misuse of drugs from prescription claim data across all prescribers and all pharmacies. DUR provides an additional safety mechanism for physicians and pharmacists to help prevent potentially harmful outcomes.



### **WellQuest Fitness Centers**

Guardian has teamed up with WellQuest Fitness Centers, to provide affordable access to an extensive network of health clubs. To utilize this resource, call WellQuest at 1-800-595-8448, or visit WellQuest on-line at [www.wellquestonline.com/glic](http://www.wellquestonline.com/glic)

### **Resources Through [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

GuardianAnytime.com, our member and employer portal, offers extensive educational information through WellGuard, our link to a variety of health-related resources.

Through WellGuard, you have the following resources at your fingertips:

#### **CAM (Complementary Alternative Network) Discount Program**

Through an arrangement with WholeHealth Networks, employees and family members covered by a proprietary, home office billed medical plan have access to a nationwide network of over 36,000 alternative medicine providers. Practitioners from 38 disciplines including acupuncture, massage/bodywork, chiropractic care, nutritional counseling, yoga, Pilates, personal trainers, and holistic medicine will extend discounts of up to 30% off the customary rates to those who show their Guardian ID card.

#### **WholeHealthMD**

WholeHealth provides extensive information on integrative, complementary medicine, written by board-certified doctors and specialists. Information includes:

- Healthy Recipes
- Reference Library on complementary alternatives
- Vitamin Information
- Latest research in Complementary Medicine

To utilize CAM and WholeHealthMD visit WholeHealth at [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and choose the "WellGuard" tab and select the "WholeHealthMD" link under "Resources and Tools" or call WholeHealth Networks at 866-656-6068.

#### **Healthforums**

- Library - Medical encyclopedia, symptom guides and dictionary.
- Drug Information - Information on both prescription and over-the-counter medicines
- Health Tools - Quizzes, calculators, charts and more
- Member Interactive - Q&A, Discussion groups



**The Guardian Life Insurance  
Company of America**

Pittsburgh Regional Group Insurance Office  
Foster Plaza 10 680 Andersen Drive, Suite 430; Pittsburgh, PA 15220  
Phone: (412) 922-2200; Toll Free: (800) 622-7500; Fax: (412) 922-8622

State (of Situs): WV

**PLAN COMPARISON REPORT**

Jefferson County Commission: Plan 270632

New Plan Readable6A? TRUE

**Medical Plan Design Change Summary - Effective:**

7/1/2009

Renewal/New Business:

Renewal

Current Medical Plan: All Other	Alternative Medical Plan: Readable 6 - Silver
SelectNet (808) - Modified Plan Type 02 ; Situs State: WV	SelectNet (808) - Modified Plan Type YM ; Situs State: WV
Coinsurance In-network: 100% Out-of-network: 80% Other: 100%	Coinsurance In-network: 100% Out-of-network: 80%
Common Deductible 250	Deductible In-network: 250 Out-of-network: 500
Individual Out-of-Pocket (OOP) Limit - Does not include deductible 400 - Applies to both In-network and Out-of-network charges	Out-of-Pocket (OOP) Limit - Does not include deductible In-network OOP: 0 Out-of-network OOP: 2500
In-network Office Visit Copay \$0	In-network Office Visit Copay \$10
<b>Plan Features</b>	<b>Plan Features</b>
Deductible Carry Over: Yes	Deductible Carry Over: Yes
There is deductible crossover between In-network and Out-of-network	In-network and Out-of-network deductibles accumulate separately.
Prev. Care: Adult and Child Preventive Care, Deductible Not Waived	Prev. Care: Deductible & coins. waived on in-network prev. care (\$500 max on office charges for R6)
Office Visit Option: All services in the physician's office are subject to the copay.	Office Visit Option: Evaluation & Management (E&M) Plus Preventive Care: In-network Coinsurance does NOT apply after the copay.
Infertility Benefit: \$5000 lifetime limit	Infertility Benefit: \$2500 lifetime limit
Accumulation Period: Calendar Year	Accumulation Period: Calendar Year
	Hospital admissions are subject to the deductible & coinsurance. ER Copay (R6/R8 PPO only, Coins. applies): 0; ER copay only applies to facility charges;
Cost Containment: TRUE	Cost Containment: TRUE
Factor to Include Drugs: Drugs Covered Under Major Medical	Factor to Include Drugs: Separate Drug Card
Exclude Mental and Nervous: No	Exclude Mental and Nervous: No
Exclude Alcohol Abuse: No	Exclude Alcohol Abuse: No
Exclude Drug Abuse: No	Exclude Drug Abuse: No
Family Deductible: 3 Per Family	Family Deductible: 3 Per Family
Dependent Age Limit: 23/25	Dependent Age Limit: 19/25
Transplant Benefit (INN/OON): MM Lifetime Max	Transplant Benefit (INN/OON): MM Lifetime Max
Speech Therapy: Subject to Major Med. Lifetime Max	Speech Therapy: \$2500 annual limit
Physical/Occup. Therapy: Subject to Major Med. Lifetime Max	Physical/Occup. Therapy: \$2500 annual limit
Private Duty Nursing: Subject to Major Med. Lifetime Max	Private Duty Nursing: \$2000 annual limit
Foot Disorder: \$2500 annual limit	Foot Disorder: \$2500 annual limit
Waive Ded. for Accident?: No	Waive Ded. for Accident?: N/A
Lifetime Maximum: 1000000	Lifetime Maximum: 2000000
Dual Option?: No	Dual Option?: No
Waive Ded. for Hospital?: No	Waive Ded. for Hospital?: N/A
Prevailing Health Care Charges (formerly HIAA) %: 90%	Prevailing Health Care Charges (formerly HIAA) %: 90%
Other coinsurance is not equal to Out-of-Network coinsurance	X-Ray, Lab, Anesthesia, & assoc charges paid at INN rate, if performed at network facility; Effective 1/1/2010, in-net & out-of-net deductibles accumulate separately. No credit towards
<b>Renewal Plan Design Medical Rates</b>	<b>Alternative Plan Design Medical Rates*</b>
Monthly Total Premium      Count      MonthlyMMRate      PDC Rate	Monthly Premium      Count      MonthlyMMRate      PDC Rate
EE      \$108,581.88      132      \$822.69	EE      \$90,531.44      132      \$685.64      \$0.00

EE+DEP	\$37,568.51	19	\$1,977.29	EE+DEP	\$31,232.09	19	\$1,643.79	\$0.00
	\$146,150.39	151			\$121,763.53	151		
Please refer to benefit description for additional details.				*Rates are valid until 90 days after the proposal date.				
				Change in Aggregate Policy Premium:				-16.88%

**RATES DO NOT INCLUDE PRESCRIPTION DRUG CARD (PDC) RATES FOR PLANS WITH A PDC (Does not apply to HSA)**

Requires Underwriting Approval, since Proposed Rates represent an increase, or more than a 15% decrease.

Underwriting Approval Obtained Yes No

Planholder Signature: \_\_\_\_\_ Date Prepared: 5/1/2009

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Guardian to change our company's Medical plan design to the Alternative Plan Design shown above.

If you would like to convert your current plan to the plan design shown above, please sign and return the authorization with all pages of this medical option

**The Guardian Life Insurance Company of America**

Pittsburgh Regional Group Insurance Office  
 Foster Plaza 10 680 Andersen Drive, Suite 430; Pittsburgh, PA 15220  
 Phone: (412) 922-2200; Toll Free: (800) 622-7500; Fax: (412) 922-8622

State (of Situs): WV

**PLAN COMPARISON REPORT**

Jefferson County Commission: Plan 270632

New Plan Readable6A? TRUE

**Medical Plan Design Change Summary - Effective:**

7/1/2009

Renewal/New Business:

Renewal

**Current Medical Plan: All Other**

**Alternative Medical Plan: Readable 6 - Silver**

SelectNet (808) - Modified Plan Type 02 ; Situs State: WV  
 Coinsurance  
 In-network: 100%  
 Out-of-network: 80%  
 Other: 100%  
 Common Deductible  
 250  
 Individual Out-of-Pocket (OOP) Limit - Does not include deductible  
 400 - Applies to both In-network and Out-of-network charges  
 In-network Office Visit Copay  
 \$0

SelectNet (808) - Modified Plan Type IF ; Situs State: WV  
 Coinsurance  
 In-network: 80%  
 Out-of-network: 60%  
 Deductible  
 In-network: 250  
 Out-of-network: 500  
 Out-of-Pocket (OOP) Limit - Does not include deductible  
 In-network OOP: 2000  
 Out-of-network OOP: 5000  
 In-network Office Visit Copay  
 \$10

**Plan Features**

**Plan Features**

Deductible Carry Over: Yes  
 There is deductible crossover between In-network and Out-of-network  
 Prev. Care: Adult and Child Preventive Care, Deductible Not Waived  
 Office Visit Option: All services in the physician's office are subject to the copay.  
 Infertility Benefit: \$5000 lifetime limit  
 Accumulation Period: Calendar Year  
 Cost Containment: TRUE  
 Factor to Include Drugs: Drugs Covered Under Major Medical  
 Exclude Mental and Nervous: No  
 Exclude Alcohol Abuse: No  
 Exclude Drug Abuse: No  
 Family Deductible: 3 Per Family  
 Dependent Age Limit: 19/25  
 Transplant Benefit (INN/OON): MM Lifetime Max  
 Speech Therapy: Subject to Major Med. Lifetime Max  
 Physical/Occup. Therapy: Subject to Major Med. Lifetime Max  
 Private Duty Nursing: Subject to Major Med. Lifetime Max  
 Foot Disorder: \$2500 annual limit  
 Waive Ded. for Accident?: No  
 Lifetime Maximum: 1000000  
 Dual Option?: No

Deductible Carry Over: Yes  
 In-network and Out-of-network deductibles accumulate separately.  
 Prev. Care: Deductible & coins. waived on in-network prev. care (\$500 max on office charges for R6)  
 Office Visit Option: Evaluation & Management (E&M) Plus Preventive Care: In-network Coinsurance does NOT apply after the copay.  
 Infertility Benefit: \$2500 lifetime limit  
 Accumulation Period: Calendar Year  
 Hospital admissions are subject to the deductible & coinsurance.  
 ER Copay (R6/R8 PPO only, Coins. applies): 0; ER copay only applies to facility charges;  
 Cost Containment: TRUE  
 Factor to Include Drugs: Separate Drug Card  
 Exclude Mental and Nervous: No  
 Exclude Alcohol Abuse: No  
 Exclude Drug Abuse: No  
 Family Deductible: 3 Per Family  
 Dependent Age Limit: 19/25  
 Transplant Benefit (INN/OON): MM Lifetime Max  
 Speech Therapy: \$2500 annual limit  
 Physical/Occup. Therapy: \$2500 annual limit  
 Private Duty Nursing: \$2000 annual limit  
 Foot Disorder: \$2500 annual limit  
 Waive Ded. for Accident?: N/A  
 Lifetime Maximum: 2000000  
 Dual Option?: No

Waive Ded. for Hospital?: No

Waive Ded. for Hospital?: N/A

Prevailing Health Care Charges (formerly HIAA) %: 90%  
 Other coinsurance is not equal to Out-of-Network coinsurance

Prevailing Health Care Charges (formerly HIAA) %: 90%  
 X-Ray, Laboratory, Anesthesia, and the associated charges are paid at the in network rate, Effective 1/1/2010, in-net & out-of-net deductibles accumulate separately. No credit towards

**Renewal Plan Design Medical Rates**

	Monthly Total Premium	Count	MonthlyMMRate	PDC Rate
EE	\$108,581.88	132	\$822.59	

**Alternative Plan Design Medical Rates\***

	Monthly Premium	Count	MonthlyMMRate	PDC Rate
EE	\$83,890.97	132	\$635.54	\$0.00

EE+DEP	\$37,568.51	19	\$1,977.29	EE+DEP	\$28,867.45	19	\$1,519.34	\$0.00
	\$146,150.39	151			\$112,758.42	151		
Please refer to benefit description for additional details.				*Rates are valid until 90 days after the proposal date.				
				Change in Aggregate Policy Premium:				-22.85%

**RATES DO NOT INCLUDE PRESCRIPTION DRUG CARD (PDC) RATES FOR PLANS WITH A PDC (Does not apply to HSA)**  
 Requires Underwriting Approval, since Proposed Rates represent an increase, or more than a 15% decrease.

Underwriting Approval Obtained      Yes \_\_\_\_\_      No \_\_\_\_\_

Planholder  
Signature

I authorize Guardian to change our company's Medical plan design to the Alternative Plan Design shown above.      Date Prepared: 5/1/2009  
 Authorized Signature/Title: \_\_\_\_\_      Date: \_\_\_\_\_  
 If you would like to convert your current plan to the plan design shown above, please sign and return the authorization with all pages of this medical option

## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009
<b>Benefit Period</b> (used for Deductible and Coinsurance limits)	January 1 through December 31 (Calendar Year)
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b>	
Individual	\$250
Family (may be met collectively)	\$500
<b>Note: All services are subject to the Deductible unless otherwise specified.</b>	
<b>Carry-Over Deductible Period</b>	October, November and December
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b>	
Individual	\$400
Family (may be met collectively)	\$1,000
<b>Deductible and Network Coinsurance Limit:</b>	
Individual	\$650
Family (may be met collectively)	\$1,500
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits)	
Individual	\$2,500
Family (may be met collectively)	\$5,000
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined)	
Individual	\$3,150
Family (may be met collectively)	\$6,500
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person

### BENEFIT HIGHLIGHTS

	NETWORK	NON-NETWORK
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	100%, Subject to Deductible and Coinsurance	100%, Subject to Deductible and Coinsurance
<b>Prescription Drugs are provided through a Preferred Pharmacy Network</b> Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

<b>PREVENTIVE CARE SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Routine Pap Smear - one per calendar year	100%	80%
Routine HPV Testing - one every 3 years age 30 and older	100%	80%
Routine Mammogram - per schedule age 35 and older	100%	80%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	100%	80%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Fecal occult blood test - one per calendar year	100%	80%
Flexible Sigmoidoscopy - one every 5 years	100%	80%
Colonoscopy - one every 10 years	100%	80%
Double Contrast Barium Enema - one every 5 years	100%	80%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	100%	80%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
<b>WELL CHILD CARE SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
<b>PHYSICIAN SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
In-Hospital Medical Visit	100%	80%
Surgery, Assistant to Surgery, Anesthesia	100%	80%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	100%	80%
Newborn Care including circumcision.	100%	80%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	100%	80%
Speech Therapy when necessary due to a medical condition.	100%	80%
Rehabilitation Services	100%	80%
Temporomandibular Joint Dysfunction/Craniomandibular Disorders	100%	80%
Diagnostic, X-ray, Lab and Testing	100%	80%
Allergy Testing and Treatment	100%	80%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

<b>INPATIENT HOSPITAL / FACILITY SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>Unlimited Days Semi-Private Room and Board</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	100%	80%
<b>Ancillaries, Drugs, Therapy Services, X-ray and Lab</b>	100%	80%
<b>General Nursing Care</b>	100%	80%
<b>Surgical Services</b>	100%	80%
<b>Birth Center Care / Maternity Services</b> - dependent daughters are NOT covered.	100%	80%
<b>Inpatient Mental Health Care Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
<b>Inpatient Drug Abuse Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
<b>Inpatient Alcoholism Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
<b>OUTPATIENT HOSPITAL / FACILITY SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>Non-Emergency Medical Care in the ER</b>	100%	80%
<b>Pre-Admission Testing</b>	100%	80%
<b>Diagnostic, X-ray, Lab and Testing</b>	100%	80%
<b>Surgery, Operating Room</b>	100%	80%
<b>Radiation and Chemotherapy</b>	100%	80%
<b>Occupational and Physical Therapy</b> Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
<b>Respiratory, Hyperbaric and Pulmonary Therapy</b>	100%	80%
<b>Speech Therapy</b> when necessary due to a medical condition.	100%	80%
<b>Rehabilitation Services</b>	100%	80%
<b>Outpatient Mental Health Services</b> - <b>Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Drug Abuse Services</b> - <b>Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Alcoholism Services</b> - <b>Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
Private Duty Nursing - \$5,000 Maximum per calendar year Note: Maximums are Network and Non-Network combined.	100%	80%
Skilled Nursing Facility - \$10,000 Maximum per calendar year Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	100%	80%
Durable Medical Equipment and Oxygen at home	100%	80%
Orthotic Devices and Prosthetic Appliances	100%	80%
Home Health Care - Maximum 100 visits Note: Maximums are Network and Non-Network combined.	100%	80%
Emergency Ambulance	100%, No Deductible	100%, No Deductible
Other Ambulance Services	100%	80%
Hospice Care	100%	80%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
Human Organ Transplant • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%
Bone Marrow Procedures • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per Inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



A HIGHMARK AFFILIATE

An Independent Licensee of the Blue Cross and Blue Shield Association

Jefferson County Commission

SB+ 250/500 100/80

	Rates Effective		through		
	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
TOTAL	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53

Comments:

The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 107,380

Annual Premium: \$ 1,288,559



A HIGHMARK AFFILIATE

An Independent Licensee of the Blue Cross and Blue Shield Association

## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009	
<b>Benefit Period (used for Deductible and Coinsurance limits)</b>	January 1 through December 31 (Calendar Year)	
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b>		
Individual	\$250	
Family (may be met collectively)	\$500	
<b>Note: All services are subject to the Deductible unless otherwise specified.</b>		
<b>Carry-Over Deductible Period</b>	October, November and December	
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b>		
Individual	\$400	
Family (may be met collectively)	\$1,000	
<b>Deductible and Network Coinsurance Limit:</b>		
Individual	\$650	
Family (may be met collectively)	\$1,500	
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits)		
Individual	\$2,500	
Family (may be met collectively)	\$5,000	
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined)		
Individual	\$3,150	
Family (may be met collectively)	\$6,500	
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person	
<b>BENEFIT HIGHLIGHTS</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible
<b>Prescription Drugs</b> are provided through a Preferred Pharmacy Network. Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

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PREVENTIVE CARE SERVICES		
	NETWORK	NON-NETWORK
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Routine Pap Smear - one per calendar year	80%	60%
Routine HPV Testing - one every 3 years age 30 and older	80%	60%
Routine Mammogram - per schedule age 35 and older	80%	60%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	80%	60%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Fecal occult blood test - one per calendar year	80%	60%
Flexible Sigmoidoscopy - one every 5 years	80%	60%
Colonoscopy - one every 10 years	80%	60%
Double Contrast Barium Enema - one every 5 years	80%	60%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	80%	60%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
WELL CHILD CARE SERVICES		
	NETWORK	NON-NETWORK
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
PHYSICIAN SERVICES		
	NETWORK	NON-NETWORK
In-Hospital Medical Visit	80%	60%
Surgery, Assistant to Surgery, Anesthesia	80%	60%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	80%	60%
Newborn Care including circumcision.	80%	60%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	80%	60%
Speech Therapy when necessary due to a medical condition.	80%	60%
Rehabilitation Services	80%	60%
Temporomandibular Joint Dysfunction/Cranio-mandibular Disorders	80%	60%
Diagnostic, X-ray, Lab and Testing	80%	60%
Allergy Testing and Treatment	80%	60%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

<b>INPATIENT HOSPITAL / FACILITY SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Unlimited Days Semi-Private Room and Board Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	80%	60%
Ancillaries, Drugs, Therapy Services, X-ray and Lab	80%	60%
General Nursing Care	80%	60%
Surgical Services	80%	60%
Birth Center Care / Maternity Services - dependent daughters are NOT covered.	80%	60%
Inpatient Mental Health Care Services - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
Inpatient Drug Abuse Services - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
Inpatient Alcoholism Services - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
<b>OUTPATIENT HOSPITAL / FACILITY SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Non-Emergency Medical Care in the ER	80%	60%
Pre-Admission Testing	80%	60%
Diagnostic, X-ray, Lab and Testing	80%	60%
Surgery, Operating Room	80%	60%
Radiation and Chemotherapy	80%	60%
Occupational and Physical Therapy Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	80%	60%
Speech Therapy when necessary due to a medical condition.	80%	60%
Rehabilitation Services	80%	60%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
<b>Private Duty Nursing - \$5,000 Maximum per calendar year</b> Note: Maximums are Network and Non-Network combined.	80%	60%
<b>Skilled Nursing Facility - \$10,000 Maximum per calendar year</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	80%	60%
<b>Durable Medical Equipment and Oxygen at home</b>	80%	60%
<b>Orthotic Devices and Prosthetic Appliances</b>	80%	60%
<b>Home Health Care - Maximum 100 visits</b> Note: Maximums are Network and Non-Network combined.	80%	60%
<b>Emergency Ambulance</b>	100%, No Deductible	100%, No Deductible
<b>Other Ambulance Services</b>	80%	60%
<b>Hospice Care</b>	80%	60%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
<b>Human Organ Transplant</b> • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%
<b>Bone Marrow Procedures</b> • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



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Jefferson County Commission

SB+ 250/500 2K/5K

	Rates Effective		through		
	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
TOTAL	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42

Comments:

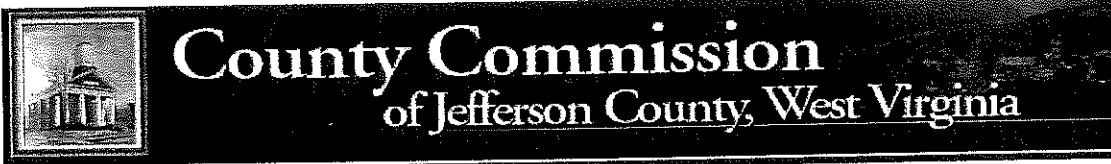
The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 101,818

Annual Premium: \$ 1,221,819



### Stop Loss Quote

SPECIFIC	Guardian	Boston Mutual Life Insurance Company		
	INFORCE	OPTION 1	OPTION 2	OPTION 3
Deductible	\$0	\$50,000	\$60,000	\$75,000
Coverage	Medical	Medical	Medical	Medical
Contract Basis		12/15	12/15	12/15
Lifetime Maximum		\$1MM	\$1MM	\$1MM
# of Single	133	133	133	133
# of Family	22	22	22	22
Single Rate	\$697.11	\$87.20	\$76.05	\$62.03
Family Rate	\$1,675.67	\$218.97	\$194.58	\$162.90
<b>Specific Premium</b>	<b>\$1,554,964</b>	<b>\$196,979</b>	<b>\$172,745</b>	<b>\$142,005</b>

Administration Fees		OPTION 1	OPTION 2	OPTION 3
TPA Admin Fee		\$20.00	\$20.00	\$20.00
COBRA HIPAA		\$1.25	\$1.25	\$1.25
CHP Network Access Fee		\$6.50	\$6.50	\$6.50
Estimated Annual Admin Fees		\$51,615.00	\$51,615.00	\$51,615.00

Utilization Review/Case and Disease Management is an hourly fee of \$130.00 per hour.

Charges for the Medical Director will be a pass through cost.

One Time Set-Up Fee of \$3,000.00

AGGREGATE	INFORCE	OPTION 1	OPTION 2	OPTION 3
Contract Basis		12/15	12/12	12/12
Coverages (Med, Rx, etc)		Medical/Rx	Medical/Rx	Medical/Rx
Corridor		125%	125%	125%
Single Factor		\$797.53	\$823.55	\$842.90
Family Factor		\$2,153.33	\$2,223.58	\$2,275.83
<b>Attachment Point Total</b>	<b>\$0</b>	<b>\$1,841,337</b>	<b>\$1,901,411</b>	<b>\$1,946,088</b>
Employees Composite	155	155	155	155
Aggregate PEPM		\$10.00	\$10.02	\$10.04
<b>Aggregate Premium</b>	<b>\$0</b>	<b>\$18,600</b>	<b>\$18,637</b>	<b>\$18,674</b>

PROPOSAL ANALYSIS				
Total Fixed Cost	\$1,554,964	\$267,194	\$242,997	\$212,295
Total Plan Cost	\$1,554,964	\$2,108,531	\$2,144,408	\$2,158,382

\* This proposal reflects 15% commissions

\* PLEASE REVIEW THE ENCLOSED CONTINGENCIES



Bradley Ryans, Jr.  
Account Executive  
1302 Concourse Drive  
Suite 402  
Linthicum, MD 21090  
410-691-1429  
410-691-1198 (Fax)  
[RyansJrB@aetna.com](mailto:RyansJrB@aetna.com)

April 16, 2009

Mr. Ron Sibole  
Morgan Financial Group, LLC

RE: Jefferson County Commission

VIA E-MAIL

Dear Ron:

Thank you for the opportunity to provide a proposal for the above-referenced group. Unfortunately, after reviewing this case we are not in a position to offer a quote at this time. Our decision not to quote is based on our inability to be competitive with the rates of their current carrier.

Thank you once again for the opportunity to review this bid specification. Please keep us in mind for all your client's insurance needs. If you have any questions, please feel free to call.

Sincerely,

Brad Ryans  
Account Executive

Katie Pergament  
New Business Manager



CIGNA HealthCare

6701 Democracy Blvd. Suite 401  
Bethesda MD 20817  
Phone: 301-841-0945

April 30, 2009

Ed Slonaker  
Morgan Financial Group  
*Via email*

RE: Jefferson County Commission

Dear Ed:

Thank you for considering CIGNA HealthCare for Jefferson County Commission.

Unfortunately, after a thorough evaluation of the information provided, our decision is to respectfully decline to quote. CIGNA HealthCare is unable to offer a competitive quote at this time.

We appreciate being given the opportunity to review this quote and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Katie Pergament  
New Business Manager



May 11, 2009

Ron Sibole  
Operations Associate  
Morgan Financial Group, LLC  
9773 Tuscarora Pike  
Martinsburg, WV 25403

Re: Jefferson County Commission *No-Bid*

Dear Ron:

Thank you for the detailed proposal request and the opportunity to provide a quote for Jefferson County Commission's medical program.

Unfortunately, as a result of a thorough review of the proposal request by our underwriting and management staff, UnitedHealthcare Large Group Department will not be releasing a bid for this group, due to uncompetitive rates.

We thank you for your request and would welcome an opportunity to evaluate this group for healthcare coverage in the future.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David W. B. Smith".

David W. B. Smith  
Senior Account Executive  
UnitedHealthcare  
8245 Boone Blvd., Suite 401  
Vienna, Virginia 22182



May 1, 2009

Morgan Financial Group, LLC  
Ron Sibole  
9773 Tuscarora Pike  
Martinsburg, WV 25403

Re: Coventry Health Care Employee Health Care Benefits Proposal for Jefferson County Commission

Dear Ron,

Thank you for providing Coventry Health Care the opportunity to prepare a health care benefits proposal for **Jefferson County Commission**. Unfortunately, our rates are not competitive for this group due to their claims experience and/or ongoing health conditions. Therefore, we are unable to release a quote for this group at this time.

Please feel free to contact me at 304-561-6995 if you have any questions or would like additional information.

I look forward to working with you in the future. Again, thank you for considering Coventry Health Care!

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly E. Newhouse".

Kelly E. Newhouse  
Account Executive

Coventry Health Care is a registered trade name of Carelink Health Plans, Inc., a West Virginia HMO, and Southern Health Services, Inc., a Virginia HMO. PPO products are underwritten by Coventry Health and Life Insurance Company and administered by Carelink Health Plans, Inc. in West Virginia and Southern Health Services, Inc. in Virginia.

500 Virginia Street E  
Ste 400  
Charleston, WV 25301  
304.348.2900  
Toll-free: 888.388.1744

1000 Research Park Blvd,  
Ste 200  
Charlottesville, VA 22911  
434.951.2500  
Toll-free: 800.975.1213

9881 Mayland Drive  
Richmond, VA 23233  
804.747.3700  
Toll-free: 800.424.0077

6701 Peter's Creek Rd.  
Ste 101  
Roanoke, VA 24019  
540.265.6720  
Toll-free: 866.240.4345

2001 Main Street,  
Ste 202  
Wheeling, WV 26003  
340-234-3481  
Toll-free: 800-896-9612  
VA.WV.B.DTQ.NotComp (09/08)

# Group Benefits Proposal

Prepared Exclusively For

## Jefferson County Commission

Presented by:

Ed Slonaker

## Thank you for your interest in Mountain State Blue Cross Blue Shield

When reviewing your proposal, please keep the following in mind:

- Mountain State Blue Cross Blue Shield provides you with a nationally recognized identification card.
- Super Blue Plus provides The Blue Card PPO Program. This allows members traveling outside the Mountain State service area to receive high level benefits when utilizing the services of more than 385,000 Blue Cross Blue Shield providers
- Your relationship with your local doctors, hospitals, and other providers is an important part of getting well and staying that way. That's why we've contracted with credentialed providers to help ensure you receive quality care. The percentage of contracts providers by product is as follows:

Contracted Providers	New Blue (Traditional)	Super Blue Plus (PPO)	Super Blue Select (POS)
Hospitals	97%	95%	95%
Physicians	97%	66%	61% of PCPs

- Claims processing and Customer Service functions are provided right here in West Virginia. Mountain State has over 800 employees in five West Virginia cities. Toll free telephone numbers provide easy access to our customer service department for your employees and their families.
- When carrying a Blue Cross Blue Shield Identification card you will join thousands of other West Virginians knowing you are covered by West Virginia's largest health insurance carrier.

## INTRODUCTION

Thank you for your interest in Mountain State BlueCross BlueShield (MSBCBS). For 1 in 4 Americans (over 65 million), BlueCross BlueShield represents peace of mind when it's needed most. For over 60 years, BlueCross BlueShield plans like MSBCBS have provided the assurance that customers receive quality medical care in a cost effective manner.

MSBCBS is West Virginia's largest private health insurer and is a leader in offering a wide range of products and covers such as traditional indemnity and managed care to groups of all sizes.

Our low cost of doing business, unequalled physician and hospital networks, dedication to providing superior customer service and the pride we take in serving West Virginians, makes Mountain State BlueCross BlueShield the best

MSBCBS and your independent agent appreciate the opportunity to present you with this group benefits proposal. The benefits program included herein has been specifically designed with your needs in mind. Product information, benefit summaries, options and premium calculations are included.

Should you have any questions regarding any portion of this proposal, please contact your independent agent or the MSBCBS sales or service professional at **(877) 886-2583 or (304) 234-4180.**

# GROUP ENROLLMENT CHECKLIST

The following checklist may be used to help new BlueCross BlueShield subscribers in the enrollment of their group.

## HEALTH COVERAGE

- 1) \_\_\_\_\_ MSBCBS Group Application.
- 2) \_\_\_\_\_ Group Product and Enrollment Change Form for each enrolling employee.
- 3) \_\_\_\_\_ A signed waiver(s) for those NOT electing coverage, on the above form.
- 4) \_\_\_\_\_ The most recent quarterly wage statement (State of West Virginia form WVUC-A-154-A). This form is to be submitted with the above enrollment.  
**Indicate directly on the most recent wage statement any part-time, seasonal, or terminated employees.**
- 5) \_\_\_\_\_ Check made payable to Mountain State BlueCross BlueShield for the amount of the 1st months' premium.

*Should you have any questions regarding the enrollment process, call your independent insurance agent or your MSBCBS sales or service professional at (877) 886-2583 or (304) 234-4180.*

## EXPLANATION OF TERMS

<b>Benefit Period</b>	January 1 through December 31 (Calendar Year)
<b>Carry Over Deductible</b>	If you have not satisfied your Deductible by September 30, expenses for any Covered Services which you incur during the months of October, November, and December will be applied toward meeting your Deductible for the following year. While we honor deductibles met under a previous carrier's coverage, we do not honor a previous carrier's carry-over deductible arrangements.
<b>Co-Payment</b>	The amount, usually stated in a percentage, which you must pay for Covered Services. There is usually a limit to the Co-Payment amount which you must pay, after which Mountain State's percentage of payment increases to 100%. <b>Amounts credited toward the co-payment amounts for individual family members are combined to meet the family Co-Payment limit.</b>
<b>Covered Services</b>	A service or supply for which we will pay, as indicated in the enclosed Benefit Summary. The payment percentages given are based on the UCR Allowance, which is determined by MSBCBS.
<b>Deductible</b>	An amount which must be satisfied by an individual each calendar year, before we start to pay. <b>Amounts credited toward the individual deductible for each family member are combined to meet the family Deductible.</b>
<b>Out-of-Pocket</b>	The maximum amount (for most Covered Services) which you must pay each Calendar Year. This amount includes the Deductible and Co-Payments for which you are responsible. Exceptoin: There are some Covered Services, such as Outpatient Mental Health Care, which do not apply to your Copayment limit or Out of Pocket maximums. These exceptions are noted in the enclosed
<b>Pre-Certification</b>	Under this program, hospital admissions are reviewed prior to the admission, to ensure that services received are both Medically Necessary and done in the most cost-effective setting, without reducing the quality of care provided. You must contact Mountain State for all non-emergency admissions two weeks prior to the date of admission or as soon as the date is known. For emergency and maternity admissions you must contact MSBCBS within 48 hours of the admission or as soon as medically possible. If you fail to have your admission pre-approved, you may be subject to a Pre-Admission Review Deductible as indicated in the enclosed Benefit Summary. <b>The number to call is given on your identification card.</b>



A HIGHMARK AFFILIATE

An Independent Licensee of the Blue Cross and Blue Shield Association

## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009
<b>Benefit Period (used for Deductible and Coinsurance limits)</b>	January 1 through December 31 (Calendar Year)
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b>	
Individual	\$250
Family (may be met collectively)	\$500
<b>Note: All services are subject to the Deductible unless otherwise specified.</b>	
<b>Carry-Over Deductible Period</b>	October, November and December
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b>	
Individual	\$400
Family (may be met collectively)	\$1,000
<b>Deductible and Network Coinsurance Limit:</b>	
Individual	\$650
Family (may be met collectively)	\$1,500
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits)	
Individual	\$2,500
Family (may be met collectively)	\$5,000
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined)	
Individual	\$3,150
Family (may be met collectively)	\$6,500
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person

### BENEFIT HIGHLIGHTS

	NETWORK	NON-NETWORK
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	100%. Subject to Deductible and Coinsurance	100%, Subject to Deductible and Coinsurance
<b>Prescription Drugs</b> are provided through a Preferred Pharmacy Network. Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

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PREVENTIVE CARE SERVICES		
	NETWORK	NON-NETWORK
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Routine Pap Smear - one per calendar year	100%	80%
Routine HPV Testing - one every 3 years age 30 and older	100%	80%
Routine Mammogram - per schedule age 35 and older	100%	80%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	100%	80%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Fecal occult blood test - one per calendar year	100%	80%
Flexible Sigmoidoscopy - one every 5 years	100%	80%
Colonoscopy - one every 10 years	100%	80%
Double Contrast Barium Enema - one every 5 years	100%	80%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	100%	80%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
WELL CHILD CARE SERVICES		
	NETWORK	NON-NETWORK
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
PHYSICIAN SERVICES		
	NETWORK	NON-NETWORK
In-Hospital Medical Visit	100%	80%
Surgery, Assistant to Surgery, Anesthesia	100%	80%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	100%	80%
Newborn Care including circumcision.	100%	80%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	100%	80%
Speech Therapy when necessary due to a medical condition.	100%	80%
Rehabilitation Services	100%	80%
Temporomandibular Joint Dysfunction/Craniomandibular Disorders	100%	80%
Diagnostic, X-ray, Lab and Testing	100%	80%
Allergy Testing and Treatment	100%	80%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

INPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
Unlimited Days Semi-Private Room and Board Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	100%	80%
Ancillaries, Drugs, Therapy Services, X-ray and Lab	100%	80%
General Nursing Care	100%	80%
Surgical Services	100%	80%
Birth Center Care / Maternity Services - dependent daughters are NOT covered.	100%	80%
Inpatient Mental Health Care Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
Inpatient Drug Abuse Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
Inpatient Alcoholism Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
OUTPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
Non-Emergency Medical Care in the ER	100%	80%
Pre-Admission Testing	100%	80%
Diagnostic, X-ray, Lab and Testing	100%	80%
Surgery, Operating Room	100%	80%
Radiation and Chemotherapy	100%	80%
Occupational and Physical Therapy Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	100%	80%
Speech Therapy when necessary due to a medical condition.	100%	80%
Rehabilitation Services	100%	80%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
<b>Private Duty Nursing - \$5,000 Maximum per calendar year</b> Note: Maximums are Network and Non-Network combined.	100%	80%
<b>Skilled Nursing Facility - \$10,000 Maximum per calendar year</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	100%	80%
<b>Durable Medical Equipment and Oxygen at home</b>	100%	80%
<b>Orthotic Devices and Prosthetic Appliances</b>	100%	80%
<b>Home Health Care - Maximum 100 visits</b> Note: Maximums are Network and Non-Network combined.	100%	80%
<b>Emergency Ambulance</b>	100%, No Deductible	100%, No Deductible
<b>Other Ambulance Services</b>	100%	80%
<b>Hospice Care</b>	100%	80%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
<b>Human Organ Transplant</b> • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%
<b>Bone Marrow Procedures</b> • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



A HIGHMARK AFFILIATE

An Independent Licensee of the Blue Cross and Blue Shield Association

### Jefferson County Commission

SB+ 250/500 100/80

Rates Effective 07.01.09 through 6.30.10

	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
TOTAL	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53

Comments:

The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 107,380

Annual Premium: \$ 1,288,559



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## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009
<b>Benefit Period</b> (used for Deductible and Coinsurance limits)	January 1 through December 31 (Calendar Year)
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b> Individual Family (may be met collectively) <b>Note: All services are subject to the Deductible unless otherwise specified.</b>	\$250 \$500
<b>Carry-Over Deductible Period</b>	October, November and December
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b> Individual Family (may be met collectively)	\$400 \$1,000
<b>Deductible and Network Coinsurance Limit:</b> Individual Family (may be met collectively)	\$650 \$1,500
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits) Individual Family (may be met collectively)	\$2,500 \$5,000
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined) Individual Family (may be met collectively)	\$3,150 \$6,500
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person

### BENEFIT HIGHLIGHTS

	NETWORK	NON-NETWORK
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible
<b>Prescription Drugs are provided through a Preferred Pharmacy Network</b> Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

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<b>PREVENTIVE CARE SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Routine Pap Smear - one per calendar year	80%	60%
Routine HPV Testing - one every 3 years age 30 and older	80%	60%
Routine Mammogram - per schedule age 35 and older	80%	60%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	80%	60%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Fecal occult blood test - one per calendar year	80%	60%
Flexible Sigmoidoscopy - one every 5 years	80%	60%
Colonoscopy - one every 10 years	80%	60%
Double Contrast Barium Enema - one every 5 years	80%	60%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	80%	60%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
<b>WELL CHILD CARE SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
<b>PHYSICIAN SERVICES</b>		
	<b>NETWORK</b>	<b>NON-NETWORK</b>
In-Hospital Medical Visit	80%	60%
Surgery, Assistant to Surgery, Anesthesia	80%	60%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	80%	60%
Newborn Care including circumcision.	80%	60%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	80%	60%
Speech Therapy when necessary due to a medical condition.	80%	60%
Rehabilitation Services	80%	60%
Temporomandibular Joint Dysfunction/Craniomandibular Disorders	80%	60%
Diagnostic, X-ray, Lab and Testing	80%	60%
Allergy Testing and Treatment	80%	60%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

INPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
<b>Unlimited Days Semi-Private Room and Board</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	80%	60%
<b>Ancillaries, Drugs, Therapy Services, X-ray and Lab</b>	80%	60%
<b>General Nursing Care</b>	80%	60%
<b>Surgical Services</b>	80%	60%
<b>Birth Center Care / Maternity Services</b> - dependent daughters are NOT covered.	80%	60%
<b>Inpatient Mental Health Care Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
<b>Inpatient Drug Abuse Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
<b>Inpatient Alcoholism Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
OUTPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
<b>Non-Emergency Medical Care in the ER</b>	80%	60%
<b>Pre-Admission Testing</b>	80%	60%
<b>Diagnostic, X-ray, Lab and Testing</b>	80%	60%
<b>Surgery, Operating Room</b>	80%	60%
<b>Radiation and Chemotherapy</b>	80%	60%
<b>Occupational and Physical Therapy</b> Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
<b>Respiratory, Hyperbaric and Pulmonary Therapy</b>	80%	60%
<b>Speech Therapy</b> when necessary due to a medical condition.	80%	60%
<b>Rehabilitation Services</b>	80%	60%
<b>Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity.</b> If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
Private Duty Nursing - \$5,000 Maximum per calendar year Note: Maximums are Network and Non-Network combined.	80%	60%
Skilled Nursing Facility - \$10,000 Maximum per calendar year Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	80%	60%
Durable Medical Equipment and Oxygen at home	80%	60%
Orthotic Devices and Prosthetic Appliances	80%	60%
Home Health Care - Maximum 100 visits Note: Maximums are Network and Non-Network combined.	80%	60%
Emergency Ambulance	100%, No Deductible	100%, No Deductible
Other Ambulance Services	80%	60%
Hospice Care	80%	60%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
Human Organ Transplant • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%
Bone Marrow Procedures • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



**Jefferson County Commission**

SB+ 250/500 2K/5K

	Rates Effective	07.01.09	through	6.30.10	
	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
TOTAL	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42

Comments:

The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 101,818

Annual Premium: \$ 1,221,819

# Group Benefits Proposal

Prepared Exclusively For

## Jefferson County Commission

Presented by:

Ed Slonaker

## Thank you for your interest in Mountain State Blue Cross Blue Shield

When reviewing your proposal, please keep the following in mind:

- Mountain State Blue Cross Blue Shield provides you with a nationally recognized identification card.
- Super Blue Plus provides The Blue Card PPO Program. This allows members traveling outside the Mountain State service area to receive high level benefits when utilizing the services of more than 385,000 Blue Cross Blue Shield providers
- Your relationship with your local doctors, hospitals, and other providers is an important part of getting well and staying that way. That's why we've contracted with credentialed providers to help ensure you receive quality care. The percentage of contracts providers by product is as follows:

Contracted Providers	New Blue (Traditional)	Super Blue Plus (PPO)	Super Blue Select (POS)
Hospitals	97%	95%	95%
Physicians	97%	66%	61% of PCPs

- Claims processing and Customer Service functions are provided right here in West Virginia. Mountain State has over 800 employees in five West Virginia cities. Toll free telephone numbers provide easy access to our customer service department for your employees and their families.
- When carrying a Blue Cross Blue Shield Identification card you will join thousands of other West Virginians knowing you are covered by West Virginia's largest health insurance carrier.

## INTRODUCTION

Thank you for your interest in Mountain State BlueCross BlueShield (MSBCBS). For 1 in 4 Americans (over 65 million), BlueCross BlueShield represents peace of mind when it's needed most. For over 60 years, BlueCross BlueShield plans like MSBCBS have provided the assurance that customers receive quality medical care in a cost effective manner.

MSBCBS is West Virginia's largest private health insurer and is a leader in offering a wide range of products and covers such as traditional indemnity and managed care to groups of all sizes.

Our low cost of doing business, unequaled physician and hospital networks, dedication to providing superior customer service and the pride we take in serving West Virginians, makes Mountain State BlueCross BlueShield the best

MSBCBS and your independent agent appreciate the opportunity to present you with this group benefits proposal. The benefits program included herein has been specifically designed with your needs in mind. Product information, benefit summaries, options and premium calculations are included.

Should you have any questions regarding any portion of this proposal, please contact your independent agent or the MSBCBS sales or service professional at **(877) 886-2583 or (304) 234-4180.**

# GROUP ENROLLMENT CHECKLIST

The following checklist may be used to help new BlueCross BlueShield subscribers in the enrollment of their group.

## HEALTH COVERAGE

- 1) \_\_\_\_\_ MSBCBS Group Application.
- 2) \_\_\_\_\_ Group Product and Enrollment Change Form for each enrolling employee.
- 3) \_\_\_\_\_ A signed waiver(s) for those NOT electing coverage, on the above form.
- 4) \_\_\_\_\_ The most recent quarterly wage statement (State of West Virginia form WVUC-A-154-A). This form is to be submitted with the above enrollment.  
**Indicate directly on the most recent wage statement any part-time, seasonal, or terminated employees.**
- 5) \_\_\_\_\_ Check made payable to Mountain State BlueCross BlueShield for the amount of the 1st months' premium.

*Should you have any questions regarding the enrollment process, call your independent insurance agent or your MSBCBS sales or service professional at (877) 886-2583 or (304) 234-4180.*

## EXPLANATION OF TERMS

<b>Benefit Period</b>	January 1 through December 31 (Calendar Year)
<b>Carry Over Deductible</b>	If you have not satisfied your Deductible by September 30, expenses for any Covered Services which you incur during the months of October, November, and December will be applied toward meeting your Deductible for the following year. While we honor deductibles met under a previous carrier's coverage, we do not honor a previous carrier's carry-over deductible arrangements.
<b>Co-Payment</b>	The amount, usually stated in a percentage, which you must pay for Covered Services. There is usually a limit to the Co-Payment amount which you must pay, after which Mountain State's percentage of payment increases to 100%. <b>Amounts credited toward the co-payment amounts for individual family members are combined to meet the family Co-Payment limit.</b>
<b>Covered Services</b>	A service or supply for which we will pay, as indicated in the enclosed Benefit Summary. The payment percentages given are based on the UCR Allowance, which is determined by MSBCBS.
<b>Deductible</b>	An amount which must be satisfied by an individual each calendar year, before we start to pay. <b>Amounts credited toward the individual deductible for each family member are combined to meet the family Deductible.</b>
<b>Out-of-Pocket</b>	The maximum amount (for most Covered Services) which you must pay each Calendar Year. This amount includes the Deductible and Co-Payments for which you are responsible. Exceptoin: There are some Covered Services, such as Outpatient Mental Health Care, which do not apply to your Copayment limit or Out of Pocket maximums. These exceptions are noted in the enclosed
<b>Pre-Certification</b>	Under this program, hospital admissions are reviewed prior to the admission, to ensure that services received are both Medically Necessary and done in the most cost-effective setting, without reducing the quality of care provided. You must contact Mountain State for all non-emergency admissions two weeks prior to the date of admission or as soon as the date is known. For emergency and maternity admissions you must contact MSBCBS within 48 hours of the admission or as soon as medically possible. If you fail to have your admission pre-approved, you may be subject to a Pre-Admission Review Deductible as indicated in the enclosed Benefit Summary. <b>The number to call is given on your identification card.</b>



A HIGHMARK AFFILIATE

An Independent Licensee of the Blue Cross and Blue Shield Association

## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009
<b>Benefit Period</b> (used for Deductible and Coinsurance limits)	January 1 through December 31 (Calendar Year)
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b>	
Individual	\$250
Family (may be met collectively)	\$500
<b>Note: All services are subject to the Deductible unless otherwise specified.</b>	
<b>Carry-Over Deductible Period</b>	October, November and December
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b>	
Individual	\$400
Family (may be met collectively)	\$1,000
<b>Deductible and Network Coinsurance Limit:</b>	
Individual	\$650
Family (may be met collectively)	\$1,500
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits)	
Individual	\$2,500
Family (may be met collectively)	\$5,000
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined)	
Individual	\$3,150
Family (may be met collectively)	\$6,500
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person

### BENEFIT HIGHLIGHTS

	NETWORK	NON-NETWORK
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	100%, Subject to Deductible and Coinsurance	100%, Subject to Deductible and Coinsurance
<b>Prescription Drugs</b> are provided through a Preferred Pharmacy Network. Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

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PREVENTIVE CARE SERVICES		
	NETWORK	NON-NETWORK
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Routine Pap Smear - one per calendar year	100%	80%
Routine HPV Testing - one every 3 years age 30 and older	100%	80%
Routine Mammogram - per schedule age 35 and older	100%	80%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	100%	80%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
Fecal occult blood test - one per calendar year	100%	80%
Flexible Sigmoidoscopy - one every 5 years	100%	80%
Colonoscopy - one every 10 years	100%	80%
Double Contrast Barium Enema - one every 5 years	100%	80%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	100%	80%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 80% thereafter, No Deductible
WELL CHILD CARE SERVICES		
	NETWORK	NON-NETWORK
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
PHYSICIAN SERVICES		
	NETWORK	NON-NETWORK
In-Hospital Medical Visit	100%	80%
Surgery, Assistant to Surgery, Anesthesia	100%	80%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	100%	80%
Newborn Care including circumcision.	100%	80%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	100%	80%
Speech Therapy when necessary due to a medical condition.	100%	80%
Rehabilitation Services	100%	80%
Temporomandibular Joint Dysfunction/Craniomandibular Disorders	100%	80%
Diagnostic, X-ray, Lab and Testing	100%	80%
Allergy Testing and Treatment	100%	80%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

INPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
Unlimited Days Semi-Private Room and Board Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	100%	80%
Ancillaries, Drugs, Therapy Services, X-ray and Lab	100%	80%
General Nursing Care	100%	80%
Surgical Services	100%	80%
Birth Center Care / Maternity Services - dependent daughters are NOT covered.	100%	80%
Inpatient Mental Health Care Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
Inpatient Drug Abuse Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
Inpatient Alcoholism Services - If admission is not precertified you pay a \$500 Precertification review penalty.	100%	80%
OUTPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
Non-Emergency Medical Care in the ER	100%	80%
Pre-Admission Testing	100%	80%
Diagnostic, X-ray, Lab and Testing	100%	80%
Surgery, Operating Room	100%	80%
Radiation and Chemotherapy	100%	80%
Occupational and Physical Therapy Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	100%	80%
Speech Therapy when necessary due to a medical condition.	100%	80%
Rehabilitation Services	100%	80%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
<b>Private Duty Nursing - \$5,000 Maximum per calendar year</b> Note: Maximums are Network and Non-Network combined.	100%	80%
<b>Skilled Nursing Facility - \$10,000 Maximum per calendar year</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	100%	80%
<b>Durable Medical Equipment and Oxygen at home</b>	100%	80%
<b>Orthotic Devices and Prosthetic Appliances</b>	100%	80%
<b>Home Health Care - Maximum 100 visits</b> Note: Maximums are Network and Non-Network combined.	100%	80%
<b>Emergency Ambulance</b>	100%, No Deductible	100%, No Deductible
<b>Other Ambulance Services</b>	100%	80%
<b>Hospice Care</b>	100%	80%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
<b>Human Organ Transplant</b> • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%
<b>Bone Marrow Procedures</b> • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	100%	80%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



**Jefferson County Commission**

SB+ 250/500 100/80

Rates Effective 07.01.09 through 6.30.10

	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	\$563.97	\$1,353.53	\$1,353.53	\$1,353.53	\$1,353.53

Comments:

The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 107,380

Annual Premium: \$ 1,288,559



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## SuperBlue Plus 2000 Jefferson County Commission

### III. SUMMARY OF BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

<b>Group Effective Date</b>	July 1, 2009
<b>Benefit Period</b> (used for Deductible and Coinsurance limits)	January 1 through December 31 (Calendar Year)
<b>Deductible (Applies to Network and Non-Network Benefits combined)</b> Individual Family (may be met collectively)	\$250 \$500
<b>Note: All services are subject to the Deductible unless otherwise specified.</b>	
<b>Carry-Over Deductible Period</b>	October, November and December
<b>Network Coinsurance Limit: (Network and Non-Network Coinsurance dollars cross apply)</b> Individual Family (may be met collectively)	\$400 \$1,000
<b>Deductible and Network Coinsurance Limit:</b> Individual Family (may be met collectively)	\$650 \$1,500
<b>Non-Network Coinsurance Limit:</b> (In addition to the Deductible and Network Coinsurance limits) Individual Family (may be met collectively)	\$2,500 \$5,000
<b>Maximum Out of Pocket</b> (Deductible, Network & Non-Network Coinsurance Limits combined) Individual Family (may be met collectively)	\$3,150 \$6,500
<b>Lifetime Maximum Benefit</b> For all Covered Services (in addition to the lifetime maximums for Organ Transplants and Bone Marrow Procedures)	\$2,000,000 per Covered Person

### BENEFIT HIGHLIGHTS

	NETWORK	NON-NETWORK
<b>Office Visit / Office Consultation</b> - Applies to charge for visit only. Does not apply to other services received during visit. Office Visit Fees do not apply to Deductible or Coinsurance limits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
<b>Emergency Accident Care/Emergency Medical Care in the ER</b>	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible	First \$500 paid at 100%, No Deductible, 80% thereafter Subject to Deductible
<b>Prescription Drugs are provided through a Preferred Pharmacy Network</b> Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS
<b>Mail Order Drugs</b> - Members will be required to pay the difference between the brand and generic allowance in addition to the co-pay, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply.	\$10 Generic/\$20 Formulary Brand/\$40 Non-Formulary Brand	NO BENEFITS

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PREVENTIVE CARE SERVICES		
	NETWORK	NON-NETWORK
Annual Gynecological Exam - one per calendar year	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Routine Pap Smear - one per calendar year	80%	60%
Routine HPV Testing - one every 3 years age 30 and older	80%	60%
Routine Mammogram - per schedule age 35 and older	80%	60%
Prostate Exam - one per calendar year for males over age 50.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Prostate Specific Antigen (PSA) Test - one per calendar year	80%	60%
Colorectal Cancer Exam - for individual's age 50 and older or a symptomatic person under age 50. One per calendar year.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
Fecal occult blood test - one per calendar year	80%	60%
Flexible Sigmoidoscopy - one every 5 years	80%	60%
Colonoscopy - one every 10 years	80%	60%
Double Contrast Barium Enema - one every 5 years	80%	60%
Annual Routine Physical Exam - Exam only, one per calendar year	No Benefits	No Benefits
Routine Diagnostic Services	80%	60%
Diabetes Education & Control - refresher education limited to \$100 per CY. Copay applies to office visit only. All other services will fall under Medical Benefits.	\$10 per Office Visit, 100% thereafter, No Deductible	\$10 per Office Visit, 60% thereafter, No Deductible
WELL CHILD CARE SERVICES		
	NETWORK	NON-NETWORK
Well Baby Care - Routine office visits, lab tests and immunizations to age 6.	100%, No Deductible	100%, No Deductible
Well Child Care - Routine office visits and immunizations age 6 through 17.	100%, No Deductible	100%, No Deductible
PHYSICIAN SERVICES		
	NETWORK	NON-NETWORK
In-Hospital Medical Visit	80%	60%
Surgery, Assistant to Surgery, Anesthesia	80%	60%
Second Surgical Opinion Services (outpatient)	100%, No Deductible	100%, No Deductible
Maternity Care - dependent daughters are NOT covered.	80%	60%
Newborn Care including circumcision.	80%	60%
Occupational, Physical Therapy and Chiropractic Manipulations Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
Respiratory, Hyperbaric and Pulmonary Therapy	80%	60%
Speech Therapy when necessary due to a medical condition.	80%	60%
Rehabilitation Services	80%	60%
Temporomandibular Joint Dysfunction/Craniomandibular Disorders	80%	60%
Diagnostic, X-ray, Lab and Testing	80%	60%
Allergy Testing and Treatment	80%	60%
Outpatient Mental Health Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Drug Abuse Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
Outpatient Alcoholism Services - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

INPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
<b>Unlimited Days Semi-Private Room and Board</b> Note: If admission is not Precertified, you pay a \$500 Precertification review penalty.	80%	60%
<b>Ancillaries, Drugs, Therapy Services, X-ray and Lab</b>	80%	60%
<b>General Nursing Care</b>	80%	60%
<b>Surgical Services</b>	80%	60%
<b>Birth Center Care / Maternity Services</b> - dependent daughters are NOT covered.	80%	60%
<b>Inpatient Mental Health Care Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
<b>Inpatient Drug Abuse Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
<b>Inpatient Alcoholism Services</b> - If admission is not precertified you pay a \$500 Precertification review penalty.	80%	60%
OUTPATIENT HOSPITAL / FACILITY SERVICES		
	NETWORK	NON-NETWORK
<b>Non-Emergency Medical Care in the ER</b>	80%	60%
<b>Pre-Admission Testing</b>	80%	60%
<b>Diagnostic, X-ray, Lab and Testing</b>	80%	60%
<b>Surgery, Operating Room</b>	80%	60%
<b>Radiation and Chemotherapy</b>	80%	60%
<b>Occupational and Physical Therapy</b> Note: Limitations are for Physician and Outpatient Facility services combined (per calendar year). Network and Non-Network Coinsurance amounts for these services do not apply to your Coinsurance limits.	80% for the first 20 treatments, 50% thereafter	80% for the first 20 treatments, 50% thereafter
<b>Respiratory, Hyperbaric and Pulmonary Therapy</b>	80%	60%
<b>Speech Therapy</b> when necessary due to a medical condition.	80%	60%
<b>Rehabilitation Services</b>	80%	60%
<b>Outpatient Mental Health Services</b> - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Drug Abuse Services</b> - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary
<b>Outpatient Alcoholism Services</b> - Treatment Plan is required prior to the 9th treatment to determine medical necessity. If treatment plan is not submitted or approved, additional treatments will be denied as not medically necessary. Note: Limitations are Physician and Outpatient Facility services combined (per calendar year). Coinsurance amounts for these services do not apply to your Coinsurance Limits.	80% for the first 20 treatments, 50% thereafter, if medically necessary	80% for the first 20 treatments, 50% thereafter, if medically necessary

OTHER COVERED SERVICES		
	NETWORK	NON-NETWORK
Private Duty Nursing - \$5,000 Maximum per calendar year Note: Maximums are Network and Non-Network combined.	80%	60%
Skilled Nursing Facility - \$10,000 Maximum per calendar year Note: If admission is not Precertified, you pay a \$500 Precertification review penalty. Maximums are Network and Non-Network combined.	80%	60%
Durable Medical Equipment and Oxygen at home	80%	60%
Orthotic Devices and Prosthetic Appliances	80%	60%
Home Health Care - Maximum 100 visits Note: Maximums are Network and Non-Network combined.	80%	60%
Emergency Ambulance	100%, No Deductible	100%, No Deductible
Other Ambulance Services	80%	60%
Hospice Care	80%	60%

HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES		
	NETWORK	NON-NETWORK
Human Organ Transplant • \$2,000,000 lifetime maximum per type of transplant • \$35,000 for acquisition, storage and transport of organ • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%
Bone Marrow Procedures • \$2,000,000 lifetime maximum per cause of transplant for all procedures combined • \$150 per day to a maximum of \$10,000 for transportation, meals and lodging. Note: Benefit is in addition to the lifetime medical maximum.	80%	60%

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
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Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per Inpatient admission.
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Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the hire date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."
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ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES OR THE PROVIDER'S REIMBURSEMENT ALLOWANCE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.



**Jefferson County Commission**

SB+ 250/500 2K/5K

Rates Effective 07.01.09 through 6.30.10

	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42
Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
<b>TOTAL</b>	\$534.76	\$1,283.42	\$1,283.42	\$1,283.42	\$1,283.42

Comments:

The above rates are only an estimate. The final rates are determined based on submission and evaluation of the MSBCBS enrollment forms completed by each eligible employee in your group.

Rates/Premiums are based on the following enrollment(s):

	<u>Total</u>	<u>Single</u>	<u>Employee &amp; Child</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Children</u>	<u>Family</u>
Medical	161	140	0	0	0	21

Monthly Premium: \$ 101,818

Annual Premium: \$ 1,221,819

# 12-nb

**Leslie D. Smith**

---

**From:** James V. Kelsh, Esq. [kelshlaw@yahoo.com]  
**Sent:** Thursday, June 04, 2009 10:53 AM  
**To:** ldsmith@jeffersoncountywv.org  
**Cc:** Sue Lawton; Joseph Hankins  
**Subject:** Agenda item request, letter to PSC supporting Flowing Springs sewer project  
**Attachments:** Jeff Co Comm support ltr.doc

Ms. Smith,

Attached please find a draft letter for the County Commission's consideration expressing support to the PSC for the Jefferson County PSD's Flowing Springs sewer project. Please place this item on the agenda for the next County Commission meeting.

The PSC has scheduled a public hearing June 25 at the Ranson City Building on the District's certificate application. The evidentiary portion of the hearing begins at 3 pm, and the public comment period starts at 7 pm. The District would like to have a letter of support from the County Commission filed with the PSC before then, and to have the President of the County Commission attend the public comment portion of the hearing to express support for the Project.

The attached draft is just that, and the District recognizes that the County Commission may modify it as it sees fit.

Please feel free to contact me should you or any member of the County Commission have any concerns or questions. Please confirm your receipt of this e-mail by replying to it. Thank you for your assistance.

James V. Kelsh, Esq.  
300 Summers St., Ste. 1230  
P.O. Box 3713  
Charleston, WV 25337-3713  
(304) 343-1654  
Fax: (304) 343-1657  
[kelshlaw@yahoo.com](mailto:kelshlaw@yahoo.com)

CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION. If you received this message in error, please notify the sender of the sending error.

*New Business*

June 11, 2009

Ms. Sandra Squire  
Executive Secretary  
Public Service Commission of  
201 Brooks Street  
Post Office Box 812  
Charleston, West Virginia 25323

RE: CASE NO. 09-0347-PSD-CN  
JEFFERSON COUNTY PUBLIC SERVICE DISTRICT

Dear Ms. Squire:

The Jefferson County Commission wishes to express its support for the Flowing Springs sewer project ("Project") submitted to the Public Service Commission ("PSC") by the Jefferson County Public Service District ("District").

The Project, if granted a certificate of convenience and necessity by the PSC, will result in the construction of a 1 million gallon per day membrane bio reactor wastewater treatment plant located in the Halltown area of Jefferson County. The cost of the Project will be paid for by a federal stimulus fund grant and Capital Improvement Fees ("CIFs") paid by developers or builders on the District's system.

The Jefferson County Commission believes that the District has selected the right location for its plant, the right type of plant, and the right way to pay for the Project. The plant location is close to the housing developments that are expected to use the plant in Jefferson County's residential growth corridor. The membrane bio-reactor plant is designed to remove nitrogen and phosphorous nutrients from the District's discharge to protect the water quality and the aquatic life environment of the Chesapeake Bay and its tributaries, including the Shenandoah River. The District's proposed method to repay the cost of this facility, with CIFs, is appropriate because it is new growth in the county that is creating the need for this facility. The District's receipt of federal stimulus funds, for which there is much competition, confirms the merit of this Project.

For these reasons, the Jefferson County Commission urges the PSC to grant a certificate of convenience and necessity to the District for the Project and approve the District's proposed funding and rates.

Jefferson County Commission

By: \_\_\_\_\_  
Dale Manuel, President

# Jefferson County Health Department

ROBERT E. JONES, M.D.  
HEALTH OFFICER



1948 WILTSHIRE ROAD, SUITE 1  
KEARNEYSVILLE, WV 25430  
ENVIRONMENTAL: (304) 728-8415  
FAX: (304) 728-3314  
MEDICAL: (304) 728-8416  
FAX: (304) 728-3319

To the members of the Jefferson County Commission:

I have worked with Rosamond Burns for over a year during her term as a member of the Jefferson County Board of Health. She has demonstrated a wonderful initiative and a positive attitude toward accomplishment. Both qualities that have made her a valuable member of our board. It is with pride that I recommend her for another term as a board of health member.

Ms. Burns has attended more than 90% of the meetings during her term and has added valuable knowledge to the issues pertaining to the Board of Health. Her presents and wisdom complements the other board members and strengthens the board as a whole. She is a self directed person with effective communication skills, both written and verbal. I find myself uniquely qualified to support Ms. Burns' candidacy as I have observed her in a number of situations which have allowed me to witness first hand her dedication to helping the community in her role as a member of the board of health. Mrs. Burn possesses characteristics which lend me to believe you will be hard-pressed to find a more qualified candidate for this position.

I find Mrs. Burns abilities as excellent. I strongly recommend her for another term as a member of the Jefferson County Board of Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Robert Johnson".

Dr. Robert Johnson, Chairman Board of Health

**RECEIVED**

JUN 03 2009

**Jefferson County Commission**

*Information*

## Leslie D. Smith

---

**From:** Roger Goodwin [rgoodwin@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 9:50 AM  
**To:** 'Leslie D. Smith'  
**Cc:** engineering@jeffersoncountywv.org; 'Roger Goodwin, Chief County Engineer'  
**Subject:** RE: Employee Evaluation Form Review

Leslie,

I reviewed the evaluation form and have no comments or changes.

Roger Goodwin, P.E.  
Chief County Engineer  
Jefferson County Engineering Dept.  
116 East Washington Street, Suite 100  
Charles Town, WV 25414

304-728-3257

---

**From:** Leslie D. Smith [mailto:ldsmith@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 8:47 AM  
**To:** Barb Miller; Bill Polk; Jeffrey A. Polczynski, ENP; F. Mark Schiavone; Roger Goodwin  
**Subject:** Employee Evaluation Form Review

Attached is the Jefferson County Employee Evaluation Form utilized by the County. The Commission would like your review and comment of the form for possible future modification. Could you provide your comments back to the Commission office as soon as possible.

Thank you,

Leslie

Leslie D. Smith  
County Administrator  
Jefferson County Commission  
PO Box 250  
124 E. Washington Street  
Charles Town WV 25414  
304.728.3284  
304.725.7916 fax

## Leslie D. Smith

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**From:** Barbara Miller [bmiller@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 9:57 AM  
**To:** 'Leslie D. Smith'  
**Subject:** RE: Employee Evaluation Form Review

Leslie:

This is the form that I have been using to evaluate my staff and it is the one that you have used in my evaluations. I have found it to be very user-friendly from both the perspective of a department head, and an employee. I feel it gives ample opportunity for both the evaluator and the employee to openly express themselves. Thank you for the opportunity to comment on the form.

Barbara J. Miller

---

**From:** Leslie D. Smith [mailto:ldsmith@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 8:47 AM  
**To:** Barb Miller; Bill Polk; Jeffrey A. Polczynski, ENP; F. Mark Schiavone; Roger Goodwin  
**Subject:** Employee Evaluation Form Review

Attached is the Jefferson County Employee Evaluation Form utilized by the County. The Commission would like your review and comment of the form for possible future modification. Could you provide your comments back to the Commission office as soon as possible.

Thank you,

Leslie

Leslie D. Smith  
County Administrator  
Jefferson County Commission  
PO Box 250  
124 E. Washington Street  
Charles Town WV 25414  
304.728.3284  
304.725.7916 fax

## Leslie D. Smith

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**From:** Bill Polk [bpolk@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 10:08 AM  
**To:** 'Leslie D. Smith'  
**Subject:** RE: Employee Evaluation Form Review

Les,

Everything looks good to me except I am not a big fan of some of the employee comment questions.

Bill

---

**From:** Leslie D. Smith [mailto:ldsmith@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 8:47 AM  
**To:** Barb Miller; Bill Polk; Jeffrey A. Polczynski, ENP; F. Mark Schiavone; Roger Goodwin  
**Subject:** Employee Evaluation Form Review

Attached is the Jefferson County Employee Evaluation Form utilized by the County. The Commission would like your review and comment of the form for possible future modification. Could you provide your comments back to the Commission office as soon as possible.

Thank you,

Leslie

Leslie D. Smith  
County Administrator  
Jefferson County Commission  
PO Box 250  
124 E. Washington Street  
Charles Town WV 25414  
304.728.3284  
304.725.7916 fax

## Leslie D. Smith

---

**From:** F. Mark Schiavone [mschiavone@jeffersoncountywv.org]  
**Sent:** Friday, May 22, 2009 9:37 AM  
**To:** 'Leslie D. Smith'  
**Subject:** RE: Employee Evaluation Form Review  
**Attachments:** How to Give an Effective Em...pdf

Leslie,

My comments on the employee evaluation form:

1. The form lacks specific instructions for department heads regarding the evaluation process. I'm attaching a document that contains 9 steps to provide specific guidance for the evaluator.
2. This form as currently arranged cannot provide for equally-complete evaluations of all staff. Some staff positions are completely ministerial with no latitude for decision-making or planning capabilities. If a single department head isn't trained in when to correctly apply the Not Applicable label for a specific staff/skill evaluation, then the process overall violates equal treatment. As an example - department head A evaluates a staff member as excellent in a category that never really applies to that staff member. Department head B understands the category, and ends up rating a staff member with an AA when that category really does apply and the staff really deserves that rating. A committee should be emplaced to review every staff position and block out the categories that do not apply.
3. An annual review process such as this is beginning to become out of favor among HR professionals. Managers, again unless properly trained, tend to only remember the most recent few weeks of performance while the evaluated staff will clearly remember earlier best performances. Many organizations are moving to more frequent, project-based evaluations in lieu of this approach. At the Federal level, we were evaluated in terms of a set of goals the staff/manager pair had laid forth the prior year. This performance-based evaluation is less subjective than the presently proposed scheme.

F. Mark Schiavone  
Director and Impact Fee Coordinator  
Department of Capital Planning and Management  
Jefferson County Government  
114 E. Washington Street  
Charles Town, WV 25414  
(304) 728-3331 (general)  
(304) 728-3337 (direct)  
(304) 724-2178 (fax)

-----Original Message-----

**From:** Leslie D. Smith [mailto:ldsmith@jeffersoncountywv.org]  
**Sent:** Wednesday, May 20, 2009 8:47 AM  
**To:** Barb Miller; Bill Polk; Jeffrey A. Polczynski, ENP; F. Mark Schiavone; Roger Goodwin  
**Subject:** Employee Evaluation Form Review

Attached is the Jefferson County Employee Evaluation Form utilized by the County. The Commission would like your review and comment of the form for possible future modification. Could you provide your comments back to the Commission office as soon as possible.

Thank you,

Leslie

Leslie D. Smith  
County Administrator



## How to Give an Effective Employee Evaluation

10

4

by eHow Business Editor

### Introduction

Evaluating an employee's performance isn't easy, but it can be a valuable process for both of you.

### Instructions

**Difficulty:** Moderately challenging

#### Steps



##### Step One

Be sure that your employee has been given a job description and knows what he or she is being evaluated against.



##### Step Two

Let the employee see a blank copy of the evaluation form and have him or her fill out performance ratings.



##### Step Three

Set up a time and place to meet so that you'll have privacy and quiet.



##### Step Four

Set aside at least an hour, even though you might not need it.



##### Step Five

Outline your goals for the evaluation - to improve the employee's performance, reward good performance, establish new performance expectations, receive

feedback or other goals.



### Step Six

Avoid doing all of the talking. Ask questions and let the employee tell you how they feel and what they need.



### Step Seven

Offer the employee the option of writing an alternate point of view for his or her file in case of disagreement.



### Step Eight

Do your best to put the employee at ease, or anxiety will keep him or her from hearing what you say.



### Step Nine

Avoid focusing only on areas that need improvement. Every employee wants and needs to be praised, so spend just as much, if not more, time describing what he or she is doing right. This is crucial to keeping a good employee around!

## Tips & Warnings



If the employee gets angry at something you say, let him or her vent while you listen. Don't become defensive and argue.



Even if you and the employee disagree on a point, you can both express your opinions.



Be careful about what you say, and make sure you have consistent expectations of all of your employees without regard to sex, color, age or disability.



The performance review should not be a shock in and of itself, nor should it be the first time the employee hears about a particular problem.

## Overall Things You'll Need

+ Printers

+ Printer Paper

+ Computers

## Member Comments

Great advice. The last warning says it all. This should not be new news to the employee. Ongoing conversations throughout the year should be taking place. The conversation should be professional, productive and part of the continuous employee development.

I've been an HR for 3 years. This is good advice. very good. 5\*

Remember, very few things are black in white. Your schedule isn't which is why cancellations and postponements happen, and neither is the "never cancel or postpone an evaluation" guideline given in the first comment. Same goes for the goal of not surprising an employee during a review. If you value your staff then you'd make following these guidelines a priority, as far as is practical. The original comment's author wasn't being pedantic, and neither should you.

Never cancel or postpone an evaluation? That's great advice. Especially since this is a business situation where everything always goes as planned. (extreme sarcasm) Most of what is in this post on how to is not in the real world. Conceptually it all sounds good, but that's just not how it all goes. There is no basic set of rules that applies in whole to employee evaluations. Also, to say that during a review an employee should never be hearing about a problem for the first time is ridiculous. Good advice would be to be a manager and do reviews for awhile before making statements like this.

High performers are commonly their own worst critics, and depending on the informal feedback they receive in the normal course of performing their job duties, will expect to hear their own internal criticisms repeated and amplified.

In environments where communications between management and employees are infrequent, sterile, or commonly negative, these individuals are prone to read more into the administrative scheduling of an evaluation than management might intend. Schedule evaluations during the first three days of an employee's work-week and during the first half of an their shift, before their meal break, to minimize an employee's apprehension. If possible and appropriate, take them to lunch after the evaluation or give a gift card to a restaurant so they can go out.

Finally, never cancel or postpone (more than a few hours) an evaluation meeting once it is set. For some managers, a postponement will tell the employee exactly how important and appreciated they are. Leaving the manager with a human distillery (i.e., your good people evaporate and condense elsewhere leaving nothing but useless sludge).

**Find this article at:** [http://www.ehow.com/how\\_1914\\_give-effective-employee.html](http://www.ehow.com/how_1914_give-effective-employee.html)

## Leslie D. Smith

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**From:** WV County Commissioners' Bulletin Board [CCAWV-L@listserv.wvu.edu] on behalf of Vivian Parsons [dixie304@YAHOO.COM]  
**Sent:** Tuesday, June 02, 2009 11:21 PM  
**To:** CCAWV-L@listserv.wvu.edu

Hi folks,

Following are 15 bills that were passed in the 1st special session of 2009. They have completed legislative action and Governor for signature.

## Completed Legislation

The search returned 15 Bills ( 6 House Bills, 9 Senate Bills )

<u>Bill</u>	<u>Title</u>	<u>Status</u>	<u>Effective Date</u>
<u>HB 102</u>	Relating to the allocation of adjusted gross receipts from pari-mutuel racetracks with West Virginia Lottery racetrack table games	House received Senate message	Completed Le Governor's sig
<u>HB 103</u>	Alternative and Renewable Energy Portfolio Act	Completed legislative action	Completed Le Governor's sig
<u>HB 104</u>	Relating to the Motor Fuel Excise Tax Shortfall Reserve Fund	House received Senate message	Completed Le Governor's sig
<u>HB 105</u>	Relating to the issuance of retail licenses for the sale of liquor	House received Senate message	Completed Le Governor's sig
<u>HB 109</u>	School Innovation Zones Act	House received Senate message	Completed Le Governor's sig
<u>HB 113</u>	Relating to revenue bonds for tourism and education and providing a procedure for the selection of projects to receive moneys resulting from such bonds	House received Senate message	Completed Le Governor's sig
<u>SB 1001</u>	Creating critical skills instructional support programs for third and eighth grades	House received Senate message	Completed Le Governor's sig
<u>SB 1002</u>	Relating to recruitment and retention of certain employees at Mildred Mitchell-Bateman Hospital and William R. Sharpe, Jr. Hospital	House Message received	Completed Le Governor's sig
<u>SB 1003</u>	Creating High-Technology Business Property Valuation Act	House received Senate message	Completed Le Governor's sig
<u>SB 1006</u>	Relating to hiring, terminating, transferring and reassigning teachers and school personnel	House received Senate message	Completed Le Governor's sig
<u>SB 1009</u>	Providing tax deduction for trust funds for children with autism	House Message received	Completed Le Governor's sig
<u>SB 1010</u>	Providing county commissions with authority to regulate location of exotic entertainment businesses	House received Senate message	Completed Le Governor's sig
<u>SB 1011</u>	Relating to post-mine land use development	Completed legislative action	Completed Le Governor's sig
<u>SB 1014</u>	Making supplemental appropriation from State Fund, General Revenue, to Governor's office, Civil Contingent Fund, for flood recovery	House Message received	Completed Le Governor's sig
<u>SB</u>	Making supplemental appropriation from Excess Lottery Revenue	House Message received	Completed Le

To: ALL COUNTY OFFICIALS From: WVACO



F.Y.I -  
INFORMATION  
IN case your  
constituents  
have questions



## ➔ What Should I Do to Be Ready?

You have three choices:

- ➊ **1** Connect your analog TV to a digital-to-analog converter box. Your local broadcasters may make the transition before the June 12<sup>th</sup> deadline, and some already have. So be ready. Digital-to-analog converter boxes are in stores and have a one-time cost of \$40-\$70. To help you pay for the boxes, the U.S. Government is offering two \$40 coupons per household. (Please note that these coupons will expire 90 days after mailing). For more information on the coupons, visit [www.DTV2009.gov](http://www.DTV2009.gov), or call 1-888-388-2009 (voice) or 1-877-530-2634 (TTY). Plus, you should not need a new antenna if you get good quality reception on analog channels 2-51 with your existing antenna. Or
- ➋ **2** Buy a digital television (a TV with a built-in digital tuner). You do not need a High Definition TV (HDTV) to watch digital broadcast television. You only need a digital TV (or an analog TV connected to a digital-to-analog converter box). Plus, you should not need a new antenna if you get good quality reception on analog channels 2-51 with your existing antenna. Or
- ➌ **3** Subscribe to a paid TV service. If your TV set receives local broadcast stations through a paid provider such as cable or satellite TV, it is already prepared for the DTV transition. Cable companies are not required to transition or switch any of their channels to digital. However, if you have an analog TV that does not receive local broadcast stations through your paid provider, you will need a digital-to-analog converter box to watch digital broadcasts on that TV.

## ➔ What Is The Digital TV (DTV) Transition?

Currently, many over-the-air stations are broadcasting in both analog and digital TV formats. By June 12, 2009, all full-power TV stations will broadcast only in digital. The DTV transition will affect those who watch free over-the-air television (through a rooftop antenna or "rabbit ears"). If you watch over-the-air programs on an analog TV, you must take action now.

## ➔ Why Are Broadcast Stations Switching to Digital?

Federal law requires the switch, which will free up the airwaves for police, fire, and emergency rescue communications, allow broadcasters to offer programming with better picture and sound quality and offer more programming choices, and allow for advanced wireless services for consumers.

**For More Information:**

# JEFFERSON COUNTY PUBLIC SERVICE DISTRICT

# RECEIVED

JUN 03 2009

Jefferson County Public Service District  
Regular Board Meeting  
May 4, 2009

Jefferson County Commission

The monthly meeting of the Jefferson County Public Service District was held at 7:00PM on Monday, May 4, 2009 in the meeting room at the Districts office in Kearneysville. Those in attendance included: Chairman, Joe Hankins; Secretary, Jim Cummins; Treasurer, Jack Lantzy; General Manager, Susanne Lawton; Administrative Assistant, Ashley Wilt; Pentree Engineer, Zane Summerfield; District legal counsel, Jim Kelsh; and County Commission Liaison to the Public Service District, Commissioner Lyn Widmyer.

Chairman Hankins called the meeting to order at 7:00PM.

## Public Comments

James Walker, a Keyes Ferry Acres resident, and Barbara Humes, Chairperson of the Elks Run Study Committee read their comments into record.

## OLD BUSINESS

### Review minutes of April 6, 2009 regular Board meeting

The minutes of the April 6, 2009 regular Board meeting were approved as presented.

**Action:** Motion made by Mr. Lantzy and seconded by Mr. Cummins to accept the April 6, 2009 minutes as presented. Unanimously approved.

### Consideration of Alternatives to Provide Sewer Service for Daily Farm, King's Crossing and Thornhill on an Interim Basis

At the December 2008 Board meeting, the Board approved a resolution which allowed Thornhill, Kings Crossing and Daily Farms to use the District's capacity at the Charles Town Wastewater Treatment Plant for new homes to keep the projects moving forward until the Highland Farms, aka Evitts Run, wastewater treatment plant is built. Mr. Summerfield presented his findings from his report showing possible alternatives and estimated costs to get the flows from the southern developments to the Charles Town Wastewater Treatment Plant by either upgrading Pump Station 4-5 and using a bigger force main or upgrading the Norborne Glebe Pump Station. The Board feels that the option to upgrade pump station 4-5 and force main costing an estimate of \$2,404,345 would be the best option. Mr. Kelsh drafted an Alternate Mainline Extension Agreement and a Release Agreement between the District and the 3 developments. Herb Jonkers, and Dan Ebersol, from Dan Ryan Builders, were present for questions.

**Action:** Motion made by Mr. Cummins and seconded by Mr. Lantzy to authorize the Chairman to execute the Alternate Mainline Extension Agreement between the District, Daily Farms LLC, Dan Ryan Builders LLC, and Thornhill LLC with the requirements that the final exhibits are provided and the total EDU count is adjusted to 350. Prior to vote, the Board took public comment.

Public comments were received by:

- Dr. Richard Latteral
- Dan Ebersol, Dan Ryan Builders; Mr. Ebersol informed Mr. Kelsh that in the agreement, Dan Ryan Builders LLC should be changed to D.R. Acquisitions LLC.

**Action:** After discussion, the Board noted 2 more changes to the agreement including the name change of Dan Ryan Builders LLC to D. R. Acquisitions LLC and noting that the Board prefers Option 1, the use of pump station 4-

**5, from Mr. Summerfield's analysis to provide service for these three developments. Unanimously approved.**

**Action: Motion made by Mr. Cummins and seconded by Mr. Lantzy to approve the Release Agreement with changes to page 2, typo in section 3C and the addition of a signature block on the last page. Unanimously approved.**

Discuss Agreement for Jefferson Utilities / Public Service District Mountain Water Design Project  
The Board asked for any public comments for this item.

Commissioner Lyn Widmyer informed the Board of concerns of the Jefferson County Commission with the agreement. They would like the District to make sure the project will solve existing customer problems first before providing water for any new growth.

Other public comments were received by:

- Ruth McQuade, Counsel for Citizens of the Blue Ridge Act (COBRA); Ms. McQuade requested the Board wait to take action on the agreement as the concerned citizens on the Mountain were meeting on May 11<sup>th</sup> and would like to discuss this issue. They would like their comments to be considered by Board prior to taking action.
- John Maxey
- Dr. Richard Latteral
- Scott Tatina

Mr. Hankins, along with the other Board members are pleased by the 20 or more written comments received by the public. Some of the comments expressed concern about moving water from the valley to the mountain. The District and Jefferson Utilities will incorporate that issue into the scope of work in the engineering design for the project. Mr. Kelsh reviewed the changes made to the agreement after receiving public comment. Mr. Cummins felt the agreement was not ready for approval at this time.

**Action: Motion made by Mr. Cummins and seconded by Mr. Lantzy to postpone the approval of the agreement until the Board receives the comments from the May 11<sup>th</sup> meeting on the Mountain. Prior to vote, the Board took public comment.**

Mr. Lee Snyder responded to comments made by the public in the audience before the motion. He also expressed his concern that delays are damaging to this project as grant money will not be available for very long.

Ms. McQuade stated she will forward the comments from the Mountain meeting to the District by Wednesday, May 13<sup>th</sup> after the meeting referred to above.

**Action: After discussion, the original motion was amended to have a Special Meeting at 9:00AM on May 14, 2009 for consideration of the agreement by the Board. Unanimously approved.**

Update on Joint Application to West Virginia Infrastructure and Jobs Development Council with Jefferson Utilities Incorporated

Mr. Kelsh updated the Board. Mr. Snyder received a letter from WV IJDC determining the project as technically feasible by the Water Technical Review Committee. The project will be placed on the WV IJDC pending list of projects.

**Action: No action taken by the Board.**

Consider Submitting Preliminary Application to West Virginia Infrastructure and Jobs Development Council for Phase II Mountain Water Project with Jefferson Utilities, Inc

Mr. Kelsh updated the Board. He is going to have the application ready for consideration at the May 14<sup>th</sup> Special meeting. This item will be added to the May 14<sup>th</sup> agenda.

**Action: Motion made by Mr. Cummins and seconded by Mr. Lantzy to have staff draft the Phase II preliminary application for review and potential approval at the May 14<sup>th</sup> Special meeting. Unanimously approved.**

Consider Selection of Engineer for Mountain Water Project Design

At the February 25<sup>th</sup> Special meeting, the Board formed an interview committee that would report back to the full District Board with interview results that would inform further District Board selection decisions. Those in the committee included Mr. Hankins, Ms. Lawton, and Mr. Snyder. The committee interviewed five (5) firms out of the twelve firms who submitted statement of qualifications for the project which was advertised by Jefferson Utilities. The firms interviewed included Rummel, Klepper & Kahl, LLP; S&S Engineers; Chapman Technical Group; Alpha Associates; and Pentree, Inc. The Board would like Ms. Lawton to forward the rankings of the interviewed firms to the Board before a decision is made. This item will be added to the agenda for the May 14<sup>th</sup> Special meeting.

**Action: Motion made by Mr. Cummins and seconded by Mr. Lantzy to have the selection committee to rank the engineering firms that were interviewed and forward to Board members and staff. Unanimously approved.**

Flowing Springs wastewater treatment plant update

Mr. Kelsh updated the Board. The District received a letter from WV DEP stating the District is eligible to be considered for using stimulus money for a portion of the funding instead of the normal pool of funds. Ms. Lawton, Mr. Kelsh, Mr. Summerfield, Mr. Lantzy, and Mr. Crawford will be meeting with homeowners who have easement concerns regarding the proposed line for the Flowing Springs wastewater treatment plant on May 5<sup>th</sup>.

**Action: Motion made by Mr. Cummins and seconded by Mr. Hankins to authorize Mr. Lantzy to represent the Board at the meeting with the homeowners regarding easement concerns. Approved 2-0. Mr. Lantzy refrained from voting.**

**NEW BUSINESS**

Approval of FY-2010 Annual Budget

Mr. Lantzy discussed the FY-2010 annual budget for the sewer and water systems estimated budget. This budget shows 127% coverage.

**Action: Motion made by Mr. Lantzy and seconded by Mr. Cummins to adopt the FY-2010 PSD sewer system budget as presented. Unanimously approved.**

**Action: Motion made by Mr. Lantzy and seconded by Mr. Cummins to adopt the FY-2010 PSD water system budget as presented. Unanimously approved.**

General Manager's Report

Ms. Lawton updated the Board on activities since last month's meeting.

**Action: No action taken by the Board.**

Discussion of any expenses over budget

Mr. Lantzy informed the Board that there are no items over budget.

**Action: No action taken by the Board.**

Disbursements

**Action:** Motion made by Mr. Lantzy and seconded by Mr. Cummins to approve disbursements for Cavaland water expenses in the amount of \$1,358.44, Glen Haven water expenses in the amount of \$1,614.50, and for the Public Service District expenses in the amount of \$141,981.24. Unanimously approved.

Approve transfer of \$4,083.59 from Sewer Security Deposit account into Sewer Operating account for security deposit refunds

**Action:** Motion made by Mr. Lantzy and seconded by Mr. Cummins to approve transfer of \$4,083.59 from sewer security deposit account into sewer operating account for security deposit refunds. Unanimously approved.

Approve transfer of \$180.77 from Cavaland Security Account into Cavaland Operating Account for Security Deposit Refunds

**Action:** Motion made by Mr. Lantzy and seconded by Mr. Cummins to approve transfer of \$180.77 from Cavaland Security Account into Cavaland Operating Account for Security Deposit Refunds. Unanimously approved.

Approve transfer of \$2,128.80 from Future Needs Account into Sewer Operating Account for Computer Upgrades

**Action:** Motion made by Mr. Lantzy and seconded by Mr. Cummins to approve transfer of \$2,128.80 from Future Needs Account into Sewer Operating Account for Computer Upgrades. Unanimously approved.

Correspondence  
None discussed.

Public Comments  
None.

**DISCUSS LITIGATION, PERSONNEL MATTERS, AND CONTRACT NEGOTIATIONS**

Retaining Jim Crawford to provide legal services regarding property matters in Flowing Springs project

**Action:** Motion made by Mr. Cummins and seconded by Mr. Lantzy to approve James Crawford, III for the examination and certifications of titles associated with the Flowing Springs Wastewater Treatment Plant. Unanimously approved.

Discuss Flows from Industrial Customer, Royal Vendors

Ms. Lawton was informed by Royal Vendors that when DEP did their last inspection they asked that they reroute the liquid from the mist in the room where vending machines were washed, from a floor drain that went to the parking lot to the pretreatment system they use for the wash water. There are about 2 gallons per day of this liquid and the operation occurs 3 days a week, so only about 24 gallons per month. The District made Charles Town aware of what was going on and they responded to Royal Vendors stating that Charles Town would only allow them to send the liquids to the sewer system if they entered into an agreement with them. The District would like to enter into a pre-treatment agreement with all their customers who are industrial users, including Royal Vendors, DALB, and USDA. The District feels that it is not appropriate for Charles Town to enter into contracts with District Customers.

**Action: No action taken by the Board.**

City of Martinsburg NPDES permit appeal before WV EQB  
The hearing has been rescheduled until August 2009.

**Action: No action taken by the Board.**

Citizens of Blue Ridge Act v. Jefferson Utilities  
The hearing has been scheduled for the end of June 2009. There has been no PSC order yet.

**Action: No action taken by the Board.**

### **OTHER BUSINESS**

Approval to move forward with Source Water Protection Grant  
The District has advertised to DBE's. This same advertisement will be in the local papers for all engineering firms on May 8<sup>th</sup>. The proposals are due to the District office by May 29<sup>th</sup>. The District will continue to move forward.

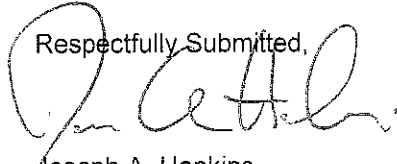
**Action: No action taken by the Board.**

**Action: Motion made by Mr. Lantzy and seconded by Mr. Cummins to adjourn. Unanimously approved.**

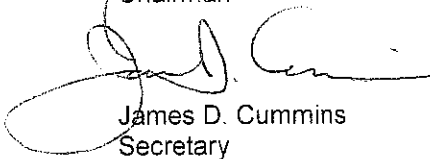
There being no further business at this time, the meeting was adjourned at 10:35PM

The next regular meeting is scheduled for June 1, 2009 at 7:00pm at 340 Edmond Road, Suite A at the Districts office in Kearneysville.

Respectfully Submitted,



Joseph A. Hankins  
Chairman



James D. Cummins  
Secretary

# JEFFERSON COUNTY PUBLIC SERVICE DISTRICT

# RECEIVED

JUN 03 2009

Jefferson County Public Service District  
Special Board Meeting  
May 14, 2009

Jefferson County Commission

The special meeting of the Jefferson County Public Service District was held at 9:00AM on Thursday, May 14, 2009 at the Districts office in Kearneysville. Those in attendance included: Chairman, Joe Hankins by speakerphone; Secretary, Jim Cummins; Treasurer, Jack Lantzy; General Manager PSD, Susanne Lawton; Administrative Assistant, Ashley Wilt; District legal counsel, Jim Keish by speakerphone; and County Commission Liaison to the Public Service District, Commissioner Lyn Widmyer.

Treasurer, Jack Lantzy called the meeting to order at 9:10AM.

#### Public Comments

Public comments were received by:

- James Walker, resident of Keyes Ferry Acres
- Scott Smiley, resident of Keyes Ferry Acres
- John Maxey, Citizens of the Blue Ridge Act (COBRA)
- Ed Burns, Citizens for Better Government

#### Consider Agreement for the Public / Private Partnership between Jefferson Utilities, Inc. and Jefferson County Public Service District for the Mountain Water Design Project

Mr. Keish reviewed the May 13<sup>th</sup> draft agreement including the changes made after the public comments were received.

**Action:** Motion made by Mr. Hankins for the Board to adopt the May 13<sup>th</sup> draft agreement as presented. Before a 2<sup>nd</sup> was made on the motion, a brief discussion took place.

Mr. Cummins stated he was not comfortable with the changes made to the agreement, specifically about the water supply study. He would like the District to be able to provide more input on the study rather than just receive a copy from Jefferson Utilities after it is completed. He believes a better understanding is needed on the source supplies and the study should be completed before moving forward. Commissioner Lyn Widmyer echoed his concerns. Mr. Cummins would like to incorporate the language from the May 11<sup>th</sup> draft on the water supply study back into the May 13<sup>th</sup> draft. The May 11<sup>th</sup> language gave the District more control over the completion of a water supply study.

**Action:** Mr. Lantzy seconded the original motion. After another brief discussion, Mr. Cummins made a motion to amend the original motion to propose to insert section 1.d. language from the May 11<sup>th</sup> version into section 1.d. of the May 13<sup>th</sup> version. A brief discussion took place.

Mr. Snyder stated that by waiting for studies to be completed the project will get killed if the Board waits for months of debate before considering the project design. Mr. Hankins respected Mr. Cummins concerns, but agrees with Mr. Snyder that the project will be held up if studies need to be completed first. Mr. Hankins believes the language in the May 13<sup>th</sup> version is flexible enough to allow the District with oversight over the study. Mr. Cummins argues that the language in the May 13<sup>th</sup> version gives the District little control over the study and believes the District should have equal share in all public money spending aspects of the project. The Board also discussed other changes made to the May 13<sup>th</sup> version of the agreement. Mr. Hankins pointed out that the May 4<sup>th</sup> version of the agreement on the website and the May 11<sup>th</sup> version are very similar. Mr. Snyder would like to add a phase to section 11, making it parenthetical phrase 1, and extend the date to 2012 in section 11 parenthetical phrase 2 which the Board agreed to.

**Action:** Mr. Cummins amendment to the original motion died for lack of a second. Back to the original motion made by Mr. Hankins, the motion failed by vote 0-3.

**Action:** Mr. Hankins made a motion and seconded by Mr. Cummins to approve the May 4<sup>th</sup> draft by retaining the language in section 1.a. and 1.c. as is, to strike the word "design" throughout section 1.b., to add the parenthetical phrase "District determines, pursuant to paragraph 2b above, not to pursue the project;" as number 1 in section 11, and to change the date in section 11 parenthetical number 2 to 2012. After a brief discussion, Mr. Hankins amended the motion to reflect the change of the word "termination" to "purchase" in section 10. Unanimously approved.

**Action:** Motion made by Mr. Cummins and seconded by Mr. Hankins to authorize Mr. Lantzy to execute the agreement. Unanimously approved.

Consider Submission of Preliminary Application to West Virginia Infrastructure and Jobs Development Council for Phase II Mountain Water Project with Jefferson Utilities, Inc.

Mr. Kelsh reviewed the application. The preliminary application for phase II would expand the phase I project to include replacement of all of the distribution lines throughout Keyes Ferry Acres, Harpers Ferry Campsites, and Westridge Hills beyond just the main transition "backbone" and water line across the Shenandoah.

**Action:** Motion made by Mr. Hankins and seconded by Mr. Cummins to approve the Phase II preliminary application with the amendment to the total amount being \$5,950,000.00 and authorization of the treasurer to execute the application. Unanimously approved.

Consider Selection of Engineer for Mountain Water Project Design

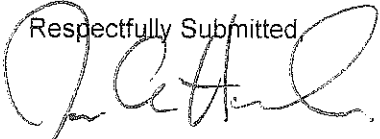
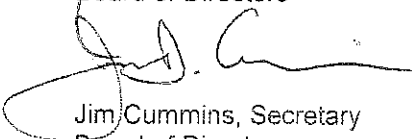
**Action:** Motion made by Mr. Cummins and seconded by Mr. Lantzy to convene into executive session for the purpose of discussing contract negotiations. Unanimously approved.

**Action:** Motion made by Mr. Cummins and seconded by Mr. Hankins to return to public session. Unanimously approved.

Mr. Lantzy announced that the Chapman Technical Group has been selected for the Mountain Water Project design and a list has been formed with firms ranked after the interview process.

**Action:** Motion made by Mr. Cummins and seconded by Mr. Hankins to adjourn the special meeting. Unanimously approved.

The meeting was adjourned at 11:45AM.

Respectfully Submitted,  
  
Joe Hankins, Chairman  
Board of Directors  
  
Jim Cummins, Secretary  
Board of Directors

*STATE OF WEST VIRGINIA,*

COUNTY OF JEFFERSON.

RECEIVED

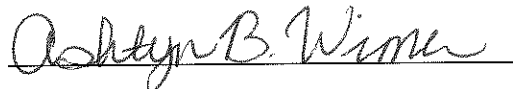
JUN 03 2009

OATH OF OFFICE

Jefferson County Commission

I, **Ashtyn Wimer**, do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of West Virginia;

I, **Ashtyn Wimer**, do solemnly swear that I will faithfully discharge and perform the duties of **Assistant Deputy Clerk** to the best of my skill and judgment, and according to law, So help me God.

  
Ashtyn B. Wimer

The above oath was taken and subscribed this 2<sup>nd</sup> day of June, 2009.

  
Laura E. Rattenni

Laura E. Rattenni, Clerk  
Jefferson County Circuit Court

WEST VIRGINIA LOTTERY  
 First Benchmark  
 Charles Town  
 County / City Split  
 Fiscal Year 2009

Charles Town  
 1999 Net Terminal Revenue \$ 45,603,174  
 Benchmark Goal @ 2% \$ 912,063.48

DATE	2% OF ADJ. NET REVENUE	TO JEFFERSON COUNTY	TO FIVE CITIES	BOLIVAR 12.42%	CHARLES TOWN 34.56%	HARPERS FERRY 3.65%	RANSON 35.08%	SHEPHERDS TOWN 14.29%
5 days ending: 7/1/08 - 7/5/08	\$ 169,912.58	\$ 169,912.58	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Week ending: 7/6/08 - 7/12/08	\$ 176,592.38	\$ 176,592.38	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
07/19/08	\$ 160,344.08	\$ 160,344.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
07/26/08	\$ 162,982.74	\$ 162,982.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
08/02/08	\$ 178,171.04	\$ 178,171.04	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
08/09/08	\$ 163,015.38	\$ 123,536.04	\$ 59,477.34	\$ 7,387.09	\$ 20,555.37	\$ 2,170.92	\$ 20,864.65	\$ 8,499.31
08/16/08	\$ 164,959.78	\$ 82,482.89	\$ 82,482.89	\$ 10,244.37	\$ 28,506.09	\$ 3,010.83	\$ 28,935.00	\$ 11,788.80
08/23/08	\$ 152,852.36	\$ 76,426.18	\$ 76,426.18	\$ 9,492.13	\$ 26,412.89	\$ 2,789.58	\$ 26,810.30	\$ 10,921.30
08/30/08	\$ 178,919.72	\$ 89,459.86	\$ 89,459.86	\$ 11,110.91	\$ 30,917.33	\$ 3,265.28	\$ 31,382.52	\$ 12,783.81
09/06/08	\$ 183,288.92	\$ 91,644.46	\$ 91,644.46	\$ 11,382.24	\$ 31,672.33	\$ 3,345.02	\$ 32,148.88	\$ 13,095.99
09/13/08	\$ 159,459.86	\$ 79,728.93	\$ 79,728.93	\$ 9,902.46	\$ 27,554.66	\$ 2,910.14	\$ 27,969.26	\$ 11,393.41
09/20/08	\$ 142,538.72	\$ 71,269.36	\$ 71,269.36	\$ 8,851.85	\$ 24,630.69	\$ 2,601.34	\$ 25,001.29	\$ 10,184.39
09/27/08	\$ 159,471.46	\$ 79,735.73	\$ 79,735.73	\$ 9,903.18	\$ 27,556.67	\$ 2,910.35	\$ 27,971.29	\$ 11,394.24
10/04/08	\$ 150,372.44	\$ 75,186.22	\$ 75,186.22	\$ 9,338.13	\$ 26,994.36	\$ 2,744.30	\$ 26,375.32	\$ 10,744.11
10/11/08	\$ 154,278.08	\$ 77,139.04	\$ 77,139.04	\$ 9,580.87	\$ 26,659.25	\$ 2,815.57	\$ 27,060.38	\$ 11,023.17
10/18/08	\$ 161,338.52	\$ 80,688.26	\$ 80,688.26	\$ 10,019.00	\$ 27,878.95	\$ 2,944.39	\$ 28,298.43	\$ 11,527.49
10/25/08	\$ 126,758.88	\$ 64,379.44	\$ 64,379.44	\$ 7,995.93	\$ 22,249.53	\$ 2,349.85	\$ 22,564.31	\$ 9,189.82
11/01/08	\$ 136,704.84	\$ 68,352.42	\$ 68,352.42	\$ 8,469.37	\$ 23,622.60	\$ 2,494.86	\$ 23,978.03	\$ 9,767.56
11/08/08	\$ 141,646.04	\$ 70,823.02	\$ 70,823.02	\$ 8,796.22	\$ 24,476.44	\$ 2,585.04	\$ 24,844.71	\$ 10,120.81
11/15/08	\$ 131,131.00	\$ 65,565.50	\$ 65,565.50	\$ 8,143.24	\$ 22,659.44	\$ 2,393.14	\$ 23,000.37	\$ 9,969.31
11/22/08	\$ 127,767.60	\$ 63,883.80	\$ 63,883.80	\$ 7,934.37	\$ 22,078.24	\$ 2,331.76	\$ 22,410.43	\$ 9,129.00
11/29/08	\$ 139,700.24	\$ 69,850.12	\$ 69,850.12	\$ 8,875.38	\$ 24,140.20	\$ 2,549.54	\$ 24,503.42	\$ 9,981.58
12/06/08	\$ 111,393.36	\$ 55,896.88	\$ 55,896.88	\$ 6,917.53	\$ 19,248.77	\$ 2,032.93	\$ 19,538.38	\$ 7,959.06
12/13/08	\$ 120,356.08	\$ 60,178.04	\$ 60,178.04	\$ 7,474.11	\$ 20,797.53	\$ 2,186.50	\$ 21,110.46	\$ 8,595.44
12/20/08	\$ 104,378.38	\$ 52,189.19	\$ 52,189.19	\$ 6,481.90	\$ 18,036.58	\$ 1,904.91	\$ 18,307.96	\$ 7,457.84
12/27/08	\$ 144,411.62	\$ 72,205.91	\$ 72,205.91	\$ 8,967.97	\$ 24,954.36	\$ 2,635.53	\$ 25,329.83	\$ 10,316.22
01/03/09	\$ 193,009.30	\$ 98,504.85	\$ 98,504.85	\$ 11,986.88	\$ 33,352.01	\$ 3,522.42	\$ 33,853.89	\$ 13,790.51
01/10/09	\$ 108,573.24	\$ 53,288.82	\$ 53,288.82	\$ 6,818.20	\$ 18,415.85	\$ 1,944.98	\$ 18,692.95	\$ 7,614.66
01/17/09	\$ 112,137.74	\$ 58,068.87	\$ 58,068.87	\$ 6,983.75	\$ 19,377.40	\$ 2,048.52	\$ 19,668.88	\$ 8,012.24
01/24/09	\$ 142,949.26	\$ 71,474.63	\$ 71,474.63	\$ 8,977.15	\$ 24,701.83	\$ 2,808.83	\$ 25,073.30	\$ 10,213.72
01/31/09	\$ 122,179.60	\$ 61,089.80	\$ 61,089.80	\$ 7,587.35	\$ 21,112.63	\$ 2,229.79	\$ 21,430.30	\$ 8,729.73
02/07/09	\$ 167,079.28	\$ 83,539.83	\$ 83,539.83	\$ 10,375.62	\$ 28,871.30	\$ 3,049.20	\$ 29,305.70	\$ 11,937.81
02/14/09	\$ 152,108.88	\$ 76,054.44	\$ 76,054.44	\$ 9,445.86	\$ 26,284.41	\$ 2,775.99	\$ 26,879.90	\$ 10,868.18
02/21/09	\$ 183,876.82	\$ 91,838.41	\$ 91,838.41	\$ 11,408.33	\$ 31,739.35	\$ 3,352.11	\$ 32,216.91	\$ 13,123.71
02/28/09	\$ 161,613.76	\$ 80,806.88	\$ 80,806.88	\$ 10,036.21	\$ 27,926.86	\$ 2,949.46	\$ 28,347.06	\$ 11,647.30
03/07/09	\$ 97,674.26	\$ 48,837.13	\$ 48,837.13	\$ 6,065.57	\$ 16,878.10	\$ 1,782.58	\$ 17,132.07	\$ 6,976.83
03/14/09	\$ 192,050.78	\$ 96,025.39	\$ 96,025.39	\$ 11,928.35	\$ 33,186.37	\$ 3,504.83	\$ 33,685.71	\$ 13,722.03
03/21/09	\$ 158,005.64	\$ 79,002.82	\$ 79,002.82	\$ 9,812.15	\$ 27,303.38	\$ 2,883.80	\$ 27,714.19	\$ 11,289.50
03/28/09	\$ 158,501.66	\$ 79,250.83	\$ 79,250.83	\$ 9,842.95	\$ 27,389.09	\$ 2,882.88	\$ 27,801.19	\$ 11,324.94
04/04/09	\$ 151,936.60	\$ 75,968.30	\$ 75,968.30	\$ 9,435.28	\$ 26,254.85	\$ 2,772.84	\$ 26,649.68	\$ 10,855.87
04/11/09	\$ 151,929.88	\$ 75,964.94	\$ 75,964.94	\$ 9,434.85	\$ 26,253.46	\$ 2,772.72	\$ 26,648.50	\$ 10,855.39
04/18/09	\$ 161,196.44	\$ 80,598.22	\$ 80,598.22	\$ 10,010.30	\$ 27,854.74	\$ 2,941.84	\$ 28,273.85	\$ 11,517.49
04/25/09	\$ 151,142.82	\$ 75,571.46	\$ 75,571.46	\$ 9,385.96	\$ 26,117.50	\$ 2,758.36	\$ 26,510.46	\$ 10,789.16
05/02/09	\$ 147,914.10	\$ 73,957.05	\$ 73,957.05	\$ 9,165.47	\$ 25,559.58	\$ 2,689.43	\$ 25,944.13	\$ 10,568.46
05/09/09	\$ 153,394.44	\$ 76,697.22	\$ 76,697.22	\$ 8,925.79	\$ 26,506.57	\$ 2,799.45	\$ 26,905.38	\$ 10,960.03
05/16/09	\$ 143,851.40	\$ 71,925.70	\$ 71,925.70	\$ 8,933.17	\$ 24,857.52	\$ 2,625.29	\$ 25,231.54	\$ 10,278.18
05/23/09	\$ 162,790.86	\$ 81,395.43	\$ 81,395.43	\$ 10,109.31	\$ 28,130.26	\$ 2,970.93	\$ 28,553.52	\$ 11,631.41
05/30/09	\$ 184,323.10	\$ 82,161.55	\$ 82,161.55	\$ 10,204.46	\$ 28,395.03	\$ 2,998.90	\$ 28,822.27	\$ 11,740.89
<b>Subtotal</b>	<b>\$ 7,280,790.22</b>	<b>\$ 4,088,428.88</b>	<b>\$ 3,174,363.36</b>	<b>\$ 394,255.81</b>	<b>\$ 1,097,058.87</b>	<b>\$ 115,864.36</b>	<b>\$ 1,113,566.62</b>	<b>\$ 453,616.50</b>

Benchmark Goal @ 2% \$ 912,063.48

Remainder until 1% / 1% Split \$ -

**WEST VIRGINIA LOTTERY  
WEEKLY SETTLEMENT FOR CHARLES TOWN**

Week Ending Date	Week Ending May 30, 2009
<b>To be Deposited on:</b>	June 5, 2009
<b>Amount Played</b>	95,458,231.80
<b>Amount Won</b>	85,900,092.64
<b>MWAP Contribution</b>	<u>48,700.02</u>
<b>Adjusted Gross Terminal Revenue</b>	<u>9,509,439.14</u>
<b>Administrative Costs @ 4%</b>	0.00
<b>Excess Lottery Fund @ 4%</b>	<u>380,377.56</u>
<b>Net Terminal Revenue</b>	<u>9,129,061.58</u>
<b>Surcharge @ 10%</b>	912,906.15
<b>State Share Excess @ 58%</b>	529,485.57
<b>Track Share of Capital Reinvestment @ 42%</b>	383,420.58
Track Share of Capital Reinvestment @ 42% - 96%	\$ 388,093.78
Track Share of Capital Reinvestment @ 42% - 4%	\$ 15,336.62
<b>Adjusted Net Terminal Revenue</b>	<u>8,216,155.43</u>
<b>Racetrack @ 46.50% / 42%</b>	3,450,785.28
<b>Lottery Fund @ 30% / 0%</b>	0.00
<b>Excess Lottery Fund @ 0% / 41%</b>	3,368,623.73
<b>Race Track Purses @ 7% / 14% / 8%</b>	657,292.43
<b>Workers' Compensation Debt Reduction @ 7%</b>	0.00
<b>Employee Pension Fund @ 1% / .5%</b>	41,080.78
<b>Greyhound Development @ .75%</b>	61,621.17
<b>Thoroughbred Development @ .75%</b>	61,621.17
<b>Racing Commission @ 1%</b>	82,161.55
<b>County/Municipality @ 2%</b>	164,323.10
<b>3% Funds:</b>	
<b>Tourism Promotion Fund @ 1.375%</b>	112,972.14
<b>Development Office Promotion Fund @ .375%</b>	30,810.58
<b>Research Challenge Fund @ .5%</b>	41,080.78
<b>Capitol Renovation and Improvement Fund @ .8875%</b>	56,486.07
<b>2004 Capitol Complex Parking Garage Fund @ .0625%</b>	5,135.10
<b>1% Funds:</b>	
<b>State Capitol Complex Parking Garage @ 1%</b>	0.00
<b>Cultural Facilities and Capitol Resources @ .5%</b>	0.00
<b>Capitol Dome and Capitol Improvements @ .5% / 1%</b>	82,161.55
	<u>8,216,155.43</u>

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name W D Greer, Jr  
Address 76 Rudder Rd  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name Curtis Greer  
Address 76 Rudder Rd  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

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As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name Felix Flipski  
Address 406 Stony Lane  
City, State, Zip Ranson, WV 25438

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name Brianna Fisher  
Address 76 Rudder Rd  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

Cover, backside

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name Destinee Appleby  
Address 76 Rudder Rd  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature Frances and Philip Cox  
Printed Name Frances and Philip Cox  
Address 382 South Hill Dr.  
City, State, Zip Shepherdstown, WV 25443

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners:  
As a patron of the Summit Point Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

We need our free, public libraries now more than ever!

Thank you,  
Signature [Signature]  
Printed Name Edward Klejnowski  
Address 128 Turkey Run Lane  
City, State, Zip Kearneysville WV 25430

(Paid for by Friends of Shepherdstown Library)

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As a patron of the Summit Point Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

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Thank you,  
Signature [Signature]  
Printed Name Kathryn B. Kelly  
Address 51 Satic Lane  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners:  
As a patron of the Shepherdstown Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

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Thank you,  
Signature [Signature]  
Printed Name Kathryn B. Kelly  
Address 51 Satic Lane  
City, State, Zip Shepherdstown WV 25443

(Paid for by Friends of Shepherdstown Library)

Dear County Commissioners: South Jefferson Public Library, I am asking you to reinstate the \$20,000 in funding that was cut from our library's budget for fiscal year 2010. A cut in funding such as this will result in fewer materials, shorter hours and cuts in the programs that are so important to our community. Please consider restoring this money to our public library. It is money well spent, and benefits the entire community, from children's programs to job searches to Internet access.

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Thank you,  
Signature Andrew Koch  
Printed Name Andrew L. Koch  
Address 28 Buckingham Lane  
City, State, Zip Charles Town WV 25414

(Paid for by Friends of Shepherdstown Library)

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Thank you,  
Signature Rosalind Welsh  
Printed Name Rosalind Welsh  
Address PO box 147  
City, State, Zip Summit Point, WV 25446

(Paid for by Friends of Shepherdstown Library)

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Thank you,  
Signature Gwendolyn Awyman  
Printed Name Gwendolyn Twyman  
Address 2507 Lewisville Road  
City, State, Zip Summit Point, WV 25446

(Paid for by Friends of Shepherdstown Library)

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Thank you,  
Signature Rebecca L. Dunn  
Printed Name Rebecca L. Dunn  
Address 1071 So. Childs Rd.  
City, State, Zip Kearneysville, WV 25430

(Paid for by Friends of Shepherdstown Library)