2026 – 2027 Renewal Notice and Benefit Confirmation

Group: 94619 - Burnet County **Anniversary Date:** 10/01/2026

Return to TAC by: 06/26/2026

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

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

MEDICAL

Medical: Plan 1100 $25 Copay, $750 Ded, 80%, $3000 OOP Max
RX Plan: 5A $10/30/50, $0 Ded
Your % rate change is: 12.00%
Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$1,133.70	$1,269.74	$1,269.74	$0.00	$_____	$_____
Employee & Spouse	$1,812.88	$2,030.42	$1,269.74	$760.68	$_____	$_____
Employee & Child	$1,437.82	$1,610.36	$1,269.74	$340.62	$_____	$_____
Employee & Child(ren)	$1,802.68	$2,019.00	$1,269.74	$749.26	$_____	$_____
Employee & Family	$2,360.22	$2,643.44	$1,269.74	$1,373.70	$_____	$_____

_____ **Initial to accept Medical Plan and New Rates**.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., $50 Ded, 80% Bas., 50% Major
Your % rate change is: 1.80%
Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$34.12	$34.72	$34.72	$0.00	$	$
Employee & Spouse	$74.78	$76.12	$34.72	$41.40	$	$
Employee & Child(ren)	$64.08	$65.22	$34.72	$30.50	$	$
Employee & Family	$106.82	$108.74	$34.72	$74.02	$	$

_____ **Initial to accept Dental Plan and New Rates.**

VISION

Vision: PREM-12/12/12, $0 Exam Copay, $10 Lenses Copay, $180 Frame Allowance
Your % rate change is: 0.00%
Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$7.86	$7.86	$0.00	$7.86	$	$
Employee & Spouse	$14.98	$14.98	$0.00	$14.98	$	$
Employee & Child(ren)	$15.78	$15.78	$0.00	$15.78	$	$
Employee & Family	$23.22	$23.22	$0.00	$23.22	$	$

_____ **Initial to accept Vision Plan and New Rates.**

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☒ Allow election changes on the ESS ☐ Do not allow election changes on the ESS

_____ **Initial to confirm ESS Elections.**

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
89 days - Day following waiting period	Date of Hire

_____ **Initial to confirm Waiting Period.**

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☐ Group processes COBRA on OASys
** Group is responsible for fulfilling COBRA notification process and requirements.*

☑ BenefitConnect COBRA Department coordinates COBRA Administration
** WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.*

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
** Group is responsible for fulfilling COBRA notification process and requirements.*

_____ **Initial to confirm COBRA Administration.**

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name _____
Broker
Representative _____
Address _____
_____
Phone _____
Fax _____
Email _____

Agency Name _____
Consultant
Representative _____
Address _____
_____
Phone _____
Fax _____
Email _____

_____**Initial to confirm Broker or Consultant information**

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address _____
_____

_____ **Initial to confirm Physical Mailing Address**.

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name	Bryan Wilson	
Title	County Judge	
Address	220 S. Pierce	
	Burnet, TX 78611-2200	
Phone	5127550412	
Fax	5127155217	
Email	bwilson@burnetcountytexas.org	

BILLING CONTACT

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

Please list changes and/or corrections below.

Name	Shirley Bullard	
Title	HR Director	
Address	220 S. Pierce	
	Burnet , TX 78611	
Phone	5127565489	
Fax	5127565487	
Email	sbullard@burnetcountytexas.org	

COUNTY REPRESENTATIVE

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

Please list changes and/or corrections below.

Name	Shirley Bullard	
Title	HR Director	
Address	220 S. Pierce	
	Burnet, TX 78611	
Phone	5127565489	
Fax	5127565487	
Email	sbullard@burnetcountytexas.org	

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name	Shelly Denton	
Title	Assistant HR Director	
Address	220 S Pierce St Rm 1	
	Burnet, TX 78611-3136	
Phone	5127155203	
Fax		
Email	sdenton@burnetcountytexas.org	

Name	
Title	
Address	
Phone	
Fax	
Email	

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name	Shirley Bullard	
Title	Human Resources Director	
Address	220 S. Pierce Street	
	Burnet, TX 78611	
Phone	5127565489	
Fax		
Email	sbullard@burnetcountytexas.org	

Name	
Title	
Address	
Phone	
Fax	
Email	

_____ **Initial to confirm Member Contact Designations.**

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.
***

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.

2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.

3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.

4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.

5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.

6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.

7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.

9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.

10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.

11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162.and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.

12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Bryan Wilson

Printed Name of Contracting Authority

Signature of Contracting Authority **Date**

PLAN INFORMATION

- RNBC must be received by 06/26/2026 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

_____ **Initial to confirm Plan Information.**

RENEWAL CONFIRMATION SIGNATURE

Date:_____

_____

Signature of County Judge or Contracting Authority

Bryan Wilson, County Judge

Please PRINT Name and Title

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

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2026 – 2027 Alternate Plan Proposal

Group: 94619 - Burnet County

Effective Date: 10/01/2026

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	**Plan 1100**	**Plan 1100**	**Plan 1100-G**	**Plan 1100-G2**	**Plan 1200-NG**
Option:	**RX-5A**	**RX-5A**	**RX-5A-G**	**RX-5A-G2**	**RX-5A-NG**
Rates					
Employee Only	$1,133.70	$1,269.74	$1,234.64	$1,210.32	$1,235.38
Employee & Spouse	$1,812.88	$2,030.42	$1,973.98	$1,934.86	$1,975.18
Employee & Child	$1,437.82	$1,610.36	$1,565.70	$1,534.76	$1,566.64
Employee & Child(ren)	$1,802.68	$2,019.00	$1,962.88	$1,923.98	$1,964.06
Employee & Family	$2,360.22	$2,643.44	$2,569.80	$2,518.76	$2,571.36
Medical Plan					
Deductible In/Out Network	$750/1000	$750/1000	$900/1200	$1030/1370	$1000/3000
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	$3000/6000	$3000/6000	$3600/7200	$4100/8200	$3000/6000
Office Visit	$25	$25	$30	$30	$30
Specialist Visit					
Emergency Room Hospital	$120	$120	$120	$135	$150
Prescription Plan					
Prescription Card Co-Pay	$10/30/50	$10/30/50	$10/30/60	$15/40/65	$10/30/50
Deductible	$0	$0	$0	$0	$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/26/2026 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 1100 RX-5A.

Fax the signed document to 512-481-8481 or email to meganw@county.org.

Signature_____ Date_____

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Burnet County

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

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or via mobile app.

Burnet County's CSI

Our records indicate that Burnet County currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2027 plan year, or if you would like to make modifications to your current design. If you select "Yes," your TAC HEBP Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

Current CSI > | Annual Exam: Prize drawing entry

Please select one:

- ■ Yes, we would like to continue with the same CSI program for the 2027 plan year.
- ☐ We are interested in making changes to our CSI program.

County Name: __Burnet County_____

Printed Name and Title: Bryan Wilson, County Judge

Contracting Authority Signature: _____

Date: _____

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Medical Report

Post Date : Mar 2026

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 Months [Apr 2025 - Mar 2026]
Account : (000094500 - POOLED)
Coverage Type : (Medical)
Group : (094619 - BURNET COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2025	335	542	$410,595.92	$460,401.56	$115,694.14	$576,095.70
May 2025	332	538	$406,129.48	$288,096.68	$91,233.97	$379,330.65
Jun 2025	328	535	$401,995.64	$368,956.38	$119,712.87	$488,669.25
Jul 2025	330	536	$402,862.76	$421,327.32	$109,332.60	$530,659.92
Aug 2025	326	532	$394,472.04	$382,375.31	$89,259.84	$471,635.15
Sep 2025	332	537	$404,243.08	$437,955.86	$77,939.53	$515,895.39
Oct 2025	333	534	$444,315.18	$323,521.77	$85,982.72	$409,504.49
Nov 2025	331	534	$440,914.08	$212,422.88	$71,780.72	$284,203.60
Dec 2025	336	539	$448,366.64	$265,288.22	$111,945.28	$377,233.50
Jan 2026	334	534	$442,612.36	$217,238.37	$72,896.64	$290,135.01
Feb 2026	340	547	$454,085.84	$255,819.59	$79,566.67	$335,386.26
Mar 2026	340	546	$453,315.62	$423,335.71	$72,179.05	$495,514.76
Total: Selected Filter(s)	**333**	**538**	**$5,103,908.64**	**$4,056,739.65**	**$1,097,524.03**	**$5,154,263.68**

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Dental Report

Post Date : Mar 2026

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)
Rows : (Paid Date)
Columns : (Metrics)
Paid Date : Last 12 Months [Apr 2025 - Mar 2026]
Account : (000094500 - POOLED)
Coverage Type : (Dental)
Group : (094619 - BURNET COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Apr 2025	332	629	$15,816.54	$14,514.04
May 2025	329	625	$15,697.34	$12,748.43
Jun 2025	325	622	$15,585.78	$12,063.48
Jul 2025	326	623	$15,559.22	$15,198.73
Aug 2025	323	614	$15,243.00	$15,969.86
Sep 2025	328	621	$15,600.82	$13,576.98
Oct 2025	330	623	$17,713.70	$20,537.63
Nov 2025	328	623	$17,536.56	$11,056.00
Dec 2025	334	628	$17,816.06	$13,807.46
Jan 2026	333	623	$17,565.92	$13,490.35
Feb 2026	340	639	$18,155.48	$15,204.22
Mar 2026	340	634	$17,990.82	$12,339.52
Total: Selected Filter(s)	**331**	**625**	**$200,281.24**	**$170,506.70**

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

Post Date : Mar 2026

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)
Metrics : (Paid)
Claim Type : (MEDICAL, PHARMACY)
Coverage Type : (Medical)
Group : (094619 - BURNET COUNTY)
Paid Month : Last 12 Months [Apr 2025 - Mar 2026]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member Status	Medical Paid	Pharmacy Paid	Paid
18770396884	Active	$332,672.85	$9.14	$332,681.99
20940184587	Active	$160,791.17	$3,834.42	$164,625.59
8840188440	Active	$7,279.71	$152,815.64	$160,095.35
21040534196	Active	$151,102.00	$0.00	$151,102.00
19670905341	Active	$149,509.49	$94.83	$149,604.32
8840243521	Cobra	$112,429.14	$11,955.34	$124,384.48
20551462744	Active	$110,534.34	$326.13	$110,860.47
20080522510	Active	$105,791.41	$992.37	$106,783.78
3140235751	Active	$3,307.55	$85,465.52	$88,773.07
20551462743	Active	$83,939.31	$4,724.15	$88,663.46
20551481634	Active	$86,605.15	$521.99	$87,127.14
18410958951	Active	$74,614.09	$6,330.89	$80,944.98
18310195965	Active	$66,945.39	$170.22	$67,115.61
8840188504	Active	$4,991.19	$57,735.88	$62,727.07
18380012083	Active	$39,154.27	$19,528.66	$58,682.93
19940065784	Active	$51,785.97	$3,660.20	$55,446.17
9270460131	Active	$51,636.87	$3,743.90	$55,380.77
20040906106	Active	$39,597.91	$8,462.43	$48,060.34
20040301327	Active	$46,288.25	$241.70	$46,529.95
13570079783	Active	$45,954.64	$132.32	$46,086.96
6380196035	Active	$37,187.07	$7,755.05	$44,942.12
17130297264	Active	$44,660.12	$76.21	$44,736.33
17810256351	Active	$22,578.16	$21,188.28	$43,766.44

20220488731	Active	$3,579.62	$39,956.08	$43,535.70
16580065027	Active	$43,280.92	$145.79	$43,426.71
19800407595	Active	$40,608.26	$517.43	$41,125.69
19360080135	Active	$29,251.93	$11,560.97	$40,812.90
17810166275	Active	$40,298.85	$440.92	$40,739.77
20551481635	Active	$36,772.74	$1,737.30	$38,510.04
20920245576	Active	$37,984.72	$66.42	$38,051.14
20790536907	Active	$25,598.28	$12,156.61	$37,754.89
12920135683	Active	$37,181.94	$0.00	$37,181.94
19980510507	Active	$35,602.01	-$27.57	$35,574.44
20580405393	Active	$34,888.30	$25.61	$34,913.91
4970190551	Active	$24,594.94	$9,282.98	$33,877.92
20220543007	Active	$31,209.25	$2,152.72	$33,361.97
18770051991	Active	$27,203.28	$4,468.10	$31,671.38
20520263086	Active	$29,258.31	$0.00	$29,258.31
18530154876	Active	$29,108.18	$3.18	$29,111.36
18270494364	Active	$28,874.96	$66.15	$28,941.11
20110053342	Active	$28,585.89	$250.81	$28,836.70
20090192512	Active	$26,163.36	$2,665.62	$28,828.98
20051097162	Active	$27,742.74	$724.00	$28,466.74
17945394923	Active	$9,075.05	$18,881.72	$27,956.77
16740386425	Active	$9,183.95	$18,612.34	$27,796.29
16830391718	Active	$712.54	$26,790.51	$27,503.05
19230384414	Active	$27,396.05	$0.00	$27,396.05
16000327226	Active	$21,945.28	$5,079.92	$27,025.20
19190529037	Active	$4,133.38	$22,776.52	$26,909.90
17170122828	Active	$26,240.19	$139.18	$26,379.37
20551462742	Active	$24,365.89	$61.03	$24,426.92
20220488733	Active	$24,207.85	$126.03	$24,333.88
16620044782	Active	$24,078.61	$80.10	$24,158.71
16030406073	Active	$24,036.37	$34.05	$24,070.42
9270337604	Active	$9,937.56	$13,853.13	$23,790.69
19640217560	Active	$22,848.70	$3.85	$22,852.55
19800274800	Active	$21,835.93	$121.50	$21,957.43
18240694207	Active	$4,057.95	$17,893.23	$21,951.18
5680195981	Active	$9,499.33	$12,350.88	$21,850.21
18871108251	Active	$6,176.72	$14,811.96	$20,988.68
20551462745	Active	$7,991.26	$12,273.31	$20,264.57
12360329782	Active	$7,747.94	$12,509.37	$20,257.31
11840198767	Active	$18,924.96	$1,323.04	$20,248.00
18140216538	Active	$13,414.69	$6,603.85	$20,018.54

16000270915	Active	$10,622.27	$9,383.01	$20,005.28
20480420997	Active	$19,270.90	$412.65	$19,683.55
16150262031	Active	$6,605.37	$12,495.63	$19,101.00
20760208510	Active	$18,740.94	$42.35	$18,783.29
16830129897	Active	$17,042.66	$1,529.29	$18,571.95
16000270916	Active	$2,228.09	$16,244.68	$18,472.77
20630127268	Active	$18,286.48	$0.98	$18,287.46
20360221993	Active	$17,631.98	$0.00	$17,631.98
20760323179	Active	$17,603.85	$0.00	$17,603.85
16030137804	Active	$6,105.02	$11,173.88	$17,278.90
17380200040	Active	$1,185.60	$15,739.78	$16,925.38
3043379840	Active	$2,279.04	$14,470.40	$16,749.44
20840120376	Active	$16,440.35	$0.01	$16,440.36
18310284755	Active	$3,629.81	$12,411.82	$16,041.63
16830187520	Active	$3,633.34	$12,171.93	$15,805.27
20790504442	Active	$15,385.47	$11.49	$15,396.96
20900377289	Active	$14,783.29	$360.02	$15,143.31
20730099002	Active	$14,868.92	$0.00	$14,868.92
16940819793	Active	$8,446.58	$5,891.25	$14,337.83
17460623193	Active	$13,654.29	$290.66	$13,944.95
20510305932	Active	$1,557.22	$11,817.41	$13,374.63
20000441336	Active	$13,222.52	$18.37	$13,240.89
8840188505	Active	$7,840.27	$5,310.90	$13,151.17
9670171828	Active	$2,477.61	$10,542.10	$13,019.71
16310083830	Active	$1,165.13	$11,839.90	$13,005.03
18871034590	Active	$11,141.94	$1,725.35	$12,867.29
5440131836	Active	$1,421.70	$11,259.35	$12,681.05
20600008608	Active	$12,550.42	$80.76	$12,631.18
21040545236	Active	$1,143.54	$11,469.50	$12,613.04
21100499312	Active	$1,202.19	$11,370.00	$12,572.19
19100408552	Active	$12,199.90	$337.28	$12,537.18
19270104814	Active	$12,396.67	$0.00	$12,396.67
16580065034	Active	$1,085.41	$11,248.14	$12,333.55
19490129634	Active	$5,519.13	$6,712.50	$12,231.63
12750125132	Active	$12,125.27	$91.18	$12,216.45
18240740533	Active	$3,681.42	$8,532.37	$12,213.79
17350160431	Active	$12,029.55	$1.55	$12,031.10
12020159370	Active	$11,733.94	$273.12	$12,007.06
20790152020	Active	$9,212.24	$2,766.72	$11,978.96
16620044796	Active	$1,418.88	$10,388.60	$11,807.48
8840188477	Active	$11,160.51	$628.56	$11,789.07

19840267934	Active	$9,106.79	$2,545.78	$11,652.57
3061408036	Active	$11,277.60	$139.06	$11,416.66
18270549794	Active	$11,020.05	$365.99	$11,386.04
17510206240	Active	$376.00	$10,973.31	$11,349.31
18871034737	Active	$11,175.79	$44.33	$11,220.12
8840188524	Active	$2,992.32	$7,846.97	$10,839.29
18600234907	Active	$10,296.35	$281.95	$10,578.30
18530154854	Active	$3,638.42	$6,459.68	$10,098.10
6120096533	Active	$7,027.08	$3,038.22	$10,065.30
Query Total	**114**	**$3,206,594.84**	**$921,022.69**	**$4,127,617.53**