



CITY COUNCIL SPECIAL SESSION

Thursday, August 12, 2021 at 5:30 PM

City Hall | 3300 Corinth Parkway

Pursuant to section 551.127, Texas Government Code, one or more council members or employees may attend this meeting remotely using videoconferencing technology. The videoconferencing technology can be accessed at www.cityofcorinth.com/remotesession. The video and audio feed of the videoconferencing equipment can be viewed and heard by the public at the address posted above as the location of the meeting.

A. NOTICE IS HEREBY GIVEN of a Workshop and Special Session of the Corinth City Council.

B. CALL TO ORDER

C. WORKSHOP AGENDA

1. Receive a report, hold a discussion, and provide staff direction on the Fiscal Year 2022 Annual Program of Services and Capital Improvement Program.

D. ADJOURN WORKSHOP

E. CALL TO ORDER, INVOCATION, PLEDGE OF ALLEGIANCE & TEXAS PLEDGE

F. CITIZENS COMMENTS

Please limit your comments to three minutes. Comments about any of the Council agenda items are appreciated by the Council and may be taken into consideration at this time or during that agenda item. Council is prohibited from acting on or discussing items brought before them at this time.

G. BUSINESS AGENDA

1. Consider and act on the acceptance of BlueCross BlueShield of Texas' proposal for City's employee medical insurance benefits for FY 2021-2022, and authorization for the City Manager to execute any necessary documents.
2. Consider and act on the acceptance of Metlife's proposal for City's employee dental insurance benefits for FY 2021-2022, and authorization for the City Manager to execute any necessary documents.

H. COUNCIL COMMENTS & FUTURE AGENDA ITEMS

The purpose of this section is to allow each Council Member the opportunity to provide general updates and/or comments to fellow Council Members, the public, and/or staff on any issues or future events. Also, in accordance with Section 30.085 of the Code of Ordinances, at this time, any Council Member may direct that an item be added as a business item to any future agenda.

I. ADJOURN

Posted on this 6th day of August 2021, at 11:30 A.M., on the bulletin board at Corinth City Hall.

A handwritten signature in black ink that reads "Lana Wylie". The signature is written in a cursive, flowing style.

Lana Wylie, City Secretary
City of Corinth, Texas

CITY OF CORINTH
Staff Report

Meeting Date:	8/12/2021	Title: Budget Overview Workshop
Strategic Goals:	<input checked="" type="checkbox"/> Citizen Engagement <input checked="" type="checkbox"/> Proactive Government <input checked="" type="checkbox"/> Organizational Development	
Governance Focus:	<i>Sub-Ends:</i>	
	<input checked="" type="checkbox"/> Growing Community <input checked="" type="checkbox"/> Delivers Outstanding Service <input checked="" type="checkbox"/> High-Quality Restaurants	<input checked="" type="checkbox"/> Conveniently located <input checked="" type="checkbox"/> High-Quality Retail <input checked="" type="checkbox"/> High-Quality Entertainment
	<i>Focus:</i> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Stakeholder	
	<i>Decision:</i> <input checked="" type="checkbox"/> Governance Policy <input type="checkbox"/> Ministerial Function	
Owner Support:	<input type="checkbox"/> Planning & Zoning Commission <input type="checkbox"/> Economic Development Corporation <input type="checkbox"/> Parks & Recreation Board <input type="checkbox"/> TIRZ Board #2 <input type="checkbox"/> Finance Audit Committee <input type="checkbox"/> TIRZ Board #3 <input type="checkbox"/> Keep Corinth Beautiful <input type="checkbox"/> Ethics Commission N/A	

Item/Caption

Receive a report, hold a discussion, and provide staff direction on the Fiscal Year 2022 Annual Program of Services and Capital Improvement Program.

Item Summary/Background/Prior Action

In compliance with the Charter requirement, the Fiscal Year 2022 budget was submitted to the Council by Friday, July 31, 2021 and can also be found on the City's website. This budget workshop is one of several for Council to deliberate on the Fiscal Year 2022 annual budget and to provide staff direction.

The City's budget development procedures are in conformance with State Law outlined in the Truth in Taxation process.

Applicable Owner/Stakeholder Policy

The City Charter, Section 9.02, requires that the City Manager be responsible for submitting an annual budget not later than sixty (60) days prior to the first day of the new fiscal year.

Staff Recommendation/Motion

N/A

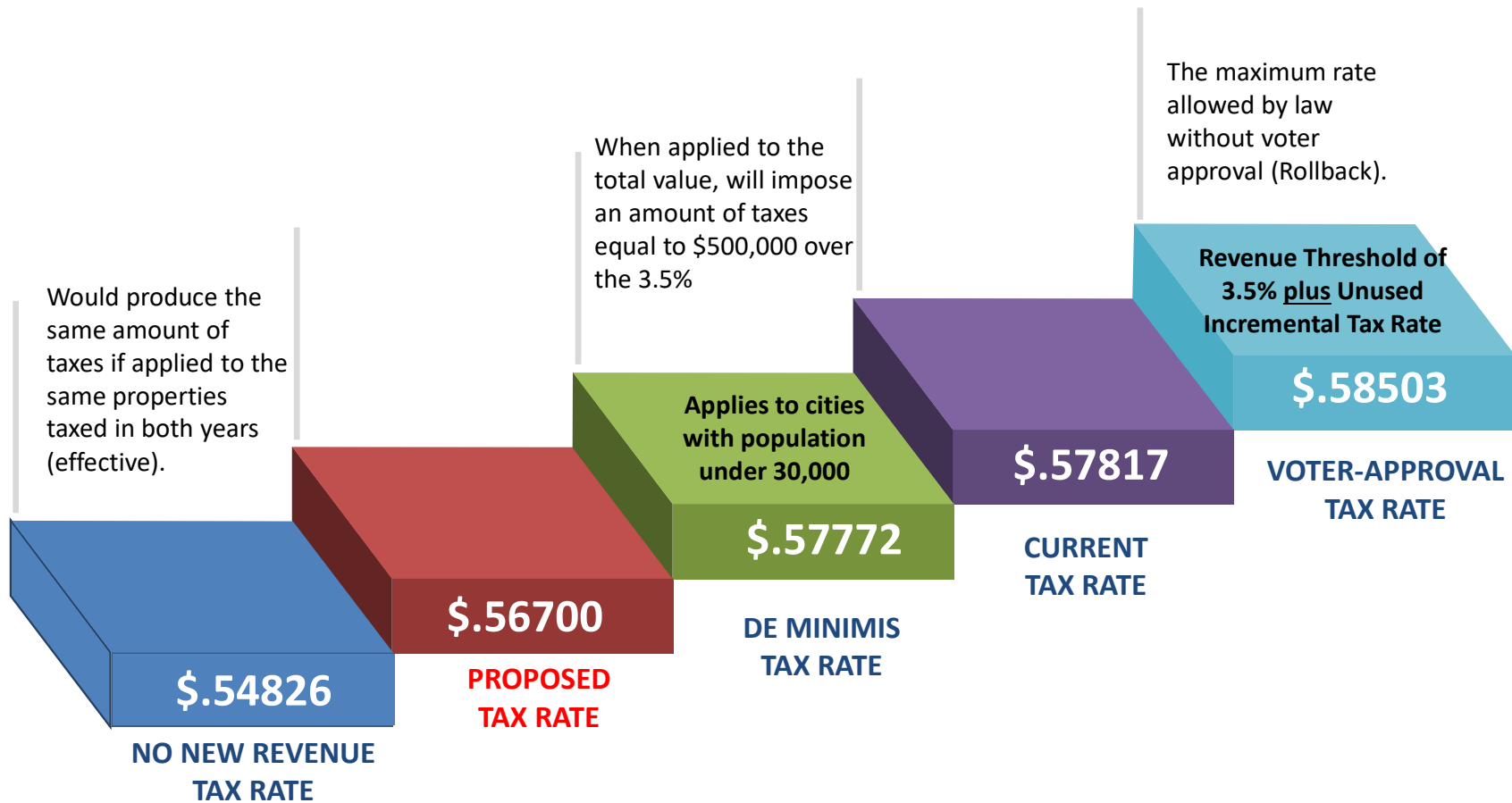
Annual Budget Overview

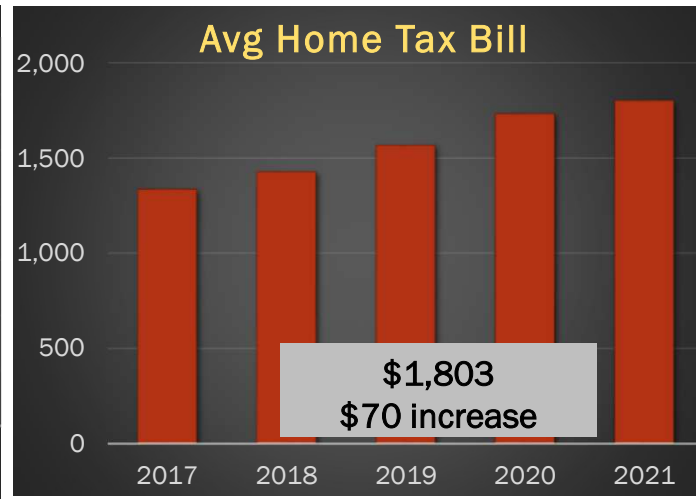
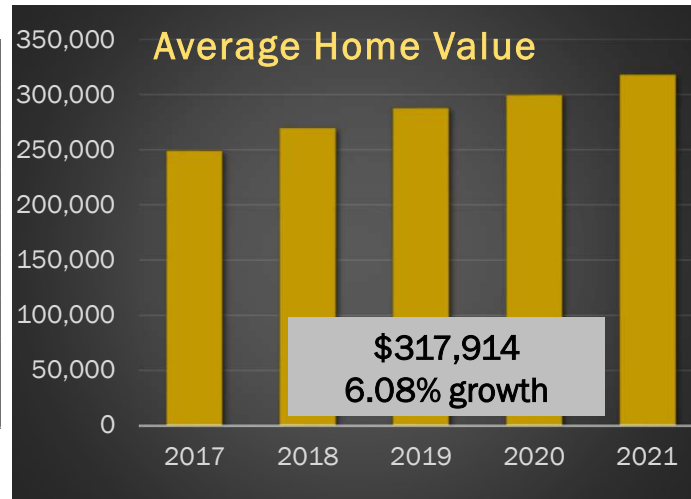
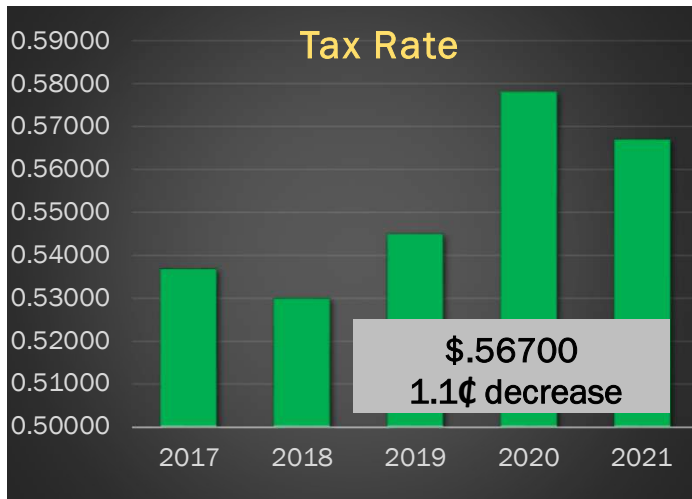
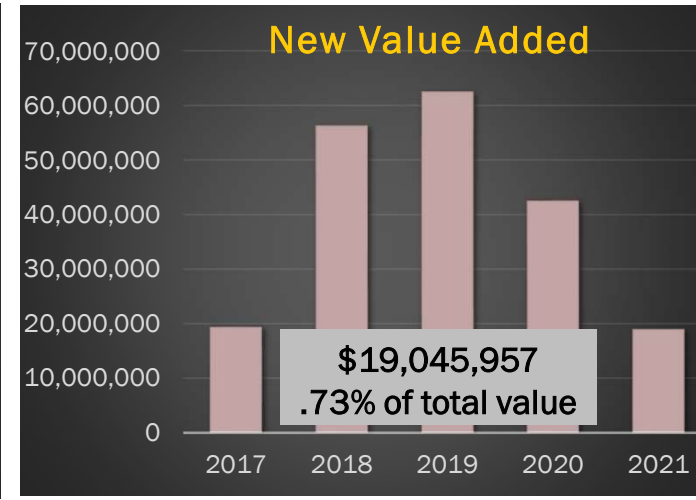
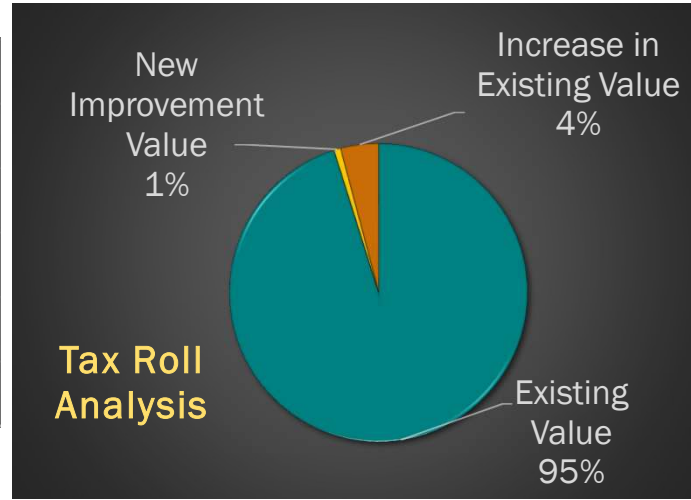
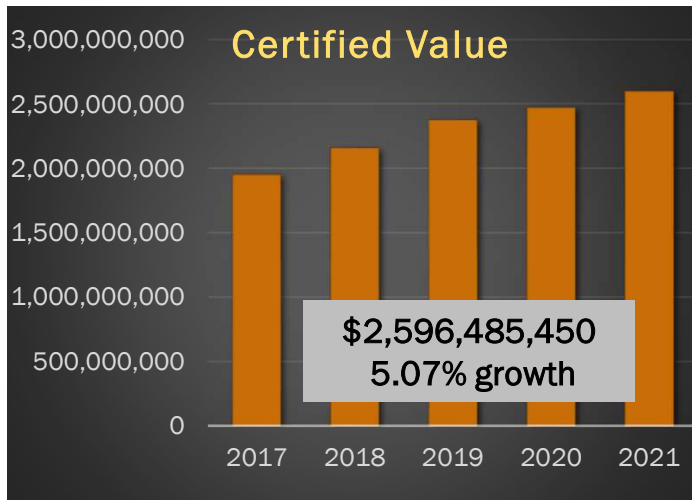
FOR FISCAL YEAR 2021-2022

GENERAL FUND | RESTRICTED FUNDS | DEBT & CAPITAL IMPROVEMENT PROGRAM

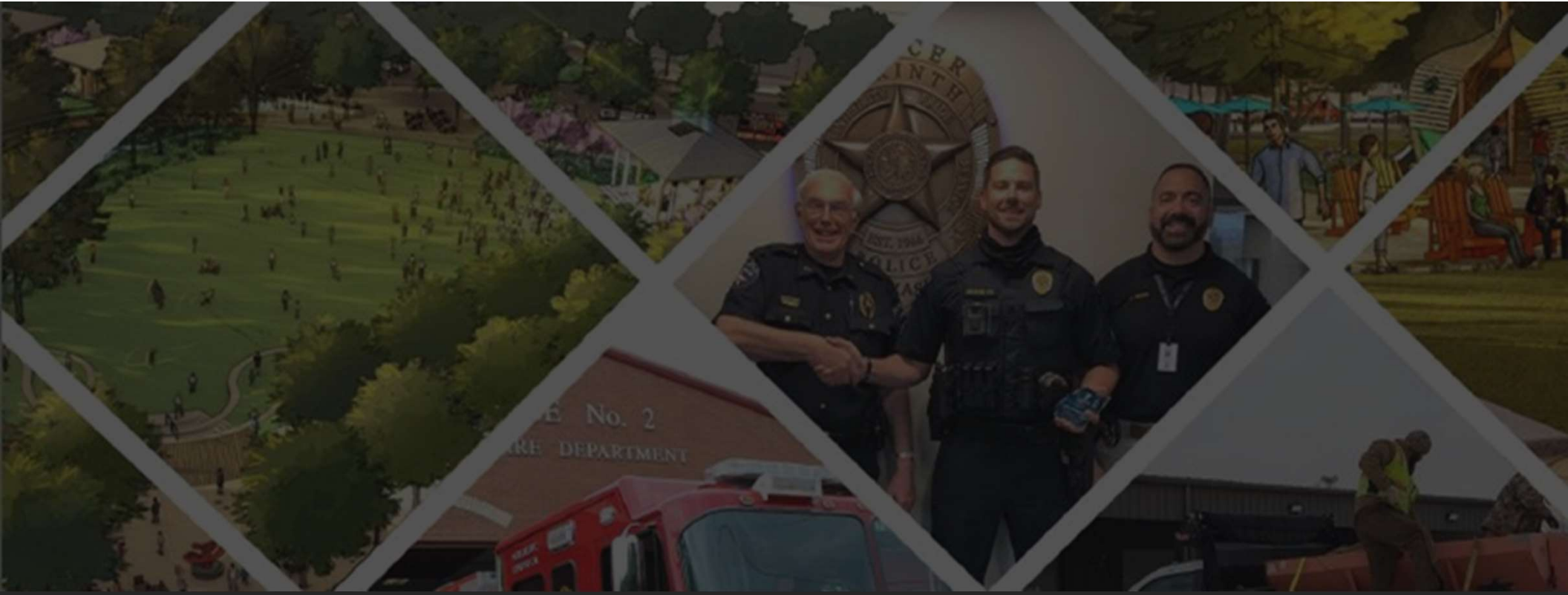
PROPERTY TAX RATE ANALYSIS

Using Certified Estimate Value of \$2,596,485,450





2021 PROPERTY TAX DASHBOARD



General Fund Overview

City Administration | Human Resources | Police | Fire | Finance & Administration | Public Works | Planning & Development

City Administration Overview

Division	FTE	2021-2022
City Council	-	\$44,130
Legal	-	200,000
City Administration	3	885,453
	3	\$1,129,583



3

Employees

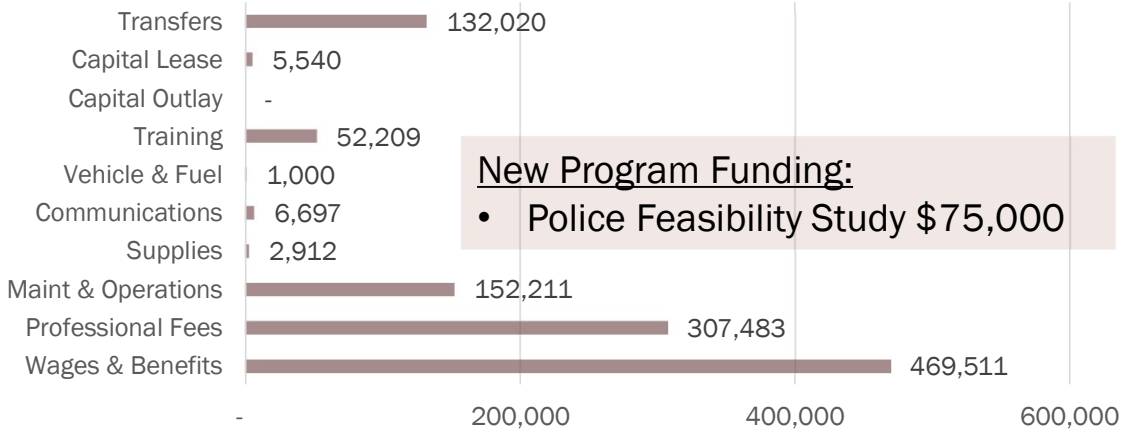
✓ \$75k

New Program Funding

Goals For 2021-2022

- Clearly establish governance policies and practices.
- Establish community wide emergency management program – including hiring a coordinator intern.
- Implement Broadband strategic plan.
- Establish plan with DCTA for commuter rail stop funding.
- Secure backup power sources for city facilities.
- Construct The Commons at Agora.
- Initiate construction of the public infrastructure at Agora.
- Acquire streetlights from Oncor and establish maintenance agreement.
- Finalize development agreements within Agora.
- Provide operational support for Lake Cities Focus.
- Secure foundational operations business / entertainment for Agora.
- Ensure Transparency of American Recovery Act Expenditures.
- Participate in the Regional Integration of Sustainability Efforts Coalition (RISE) through NCTCOG.

Department Budget



Human Resources Overview

Division	FTE	2021-2022
Human Resources	4	\$522,885



4

Employees



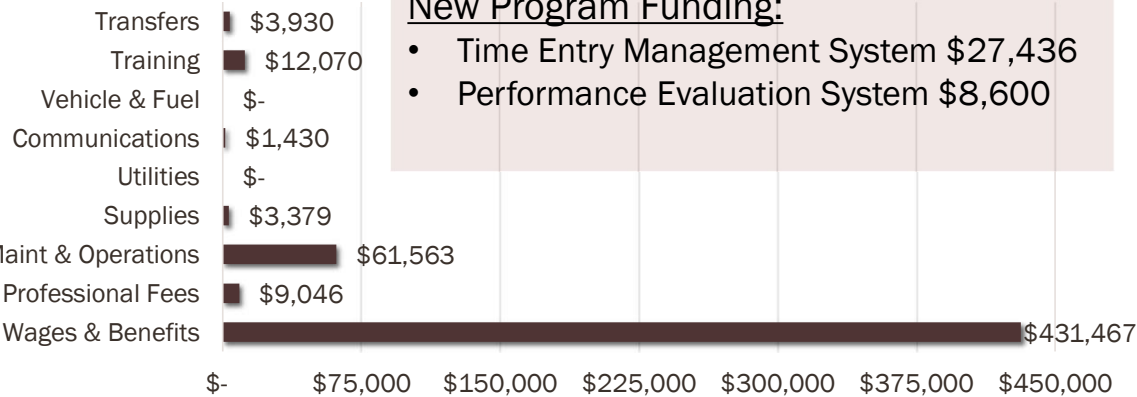
\$36k

New Program Funding

Goals For 2021-2022

- Identify and implement initiatives that support the desired organizational culture.
- Revise City values considering employee's input.
- Evaluate and revamp Human Resource software.
- Facilitate the review of the City's retirement plans with ICMA-RC.
- Facilitate Deployment of third employee culture survey.
- Promote learning and development.

Department Budget



Health Insurance Proposed City Rates FY2022

- 7% increase after negotiation
- Continues Health Employee Insurance Benefits Trust – 1.75% premium savings
- City dependent contribution remains at 69%
- Continues Base & Buy Up Insurance Plans
- Continues contribution to employee Health Savings Account of \$1,000

CITY IMPACT
\$144,915

BASE PLAN
Employee Monthly Impact
\$0 - \$29.44

BUY UP PLAN
Employee Monthly Impact
\$4.92 - \$45.16

Dental Insurance Proposed City Rates FY2022

- Increase of 1.25%
- City dependent contribution from at 70% to 69% to be consistent with medical.

**CITY IMPACT
\$3,828**

**Employee
Monthly Impact
\$0 - \$1.06**

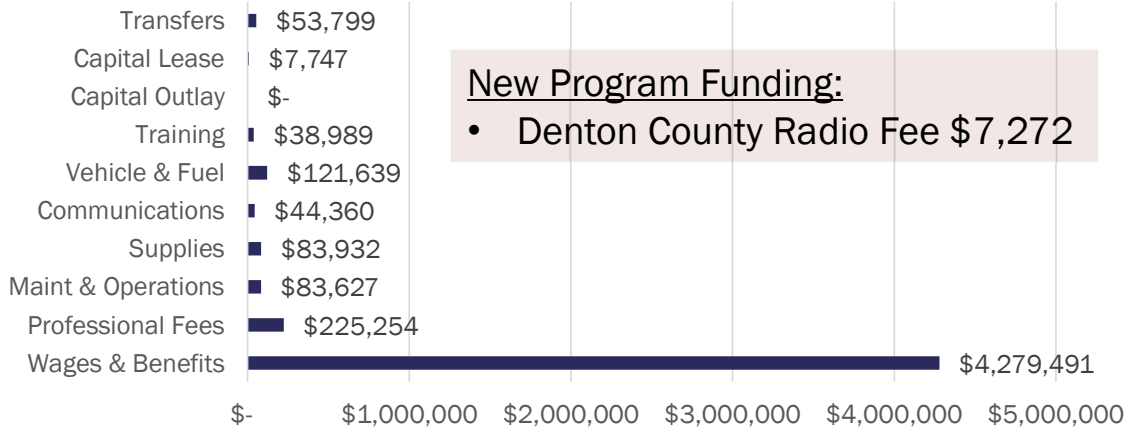
Police Overview

Division	FTE	2021-2022
Police	39	\$4,938,838

 **39**
Employees

 **\$7k**
New Program
Funding

Department Budget



Goals For 2021-2022

- Complete an Interlocal Agreement for continuing police services to Shady Shores.
- Implement a peer support program to aid police personnel suffering from PTSD or other mental/emotional trauma.
- Re-vitalize the Department's community outreach efforts sidelined by the COVID pandemic.
- Obtain Regional Training provider status through TCOLE.
- Conduct a study for merging the police services with Lake Dallas, both independently and utilizing a Capstone Class.

Fire Overview

Division	FTE	2021-2022
Fire	53	\$6,809,499



53

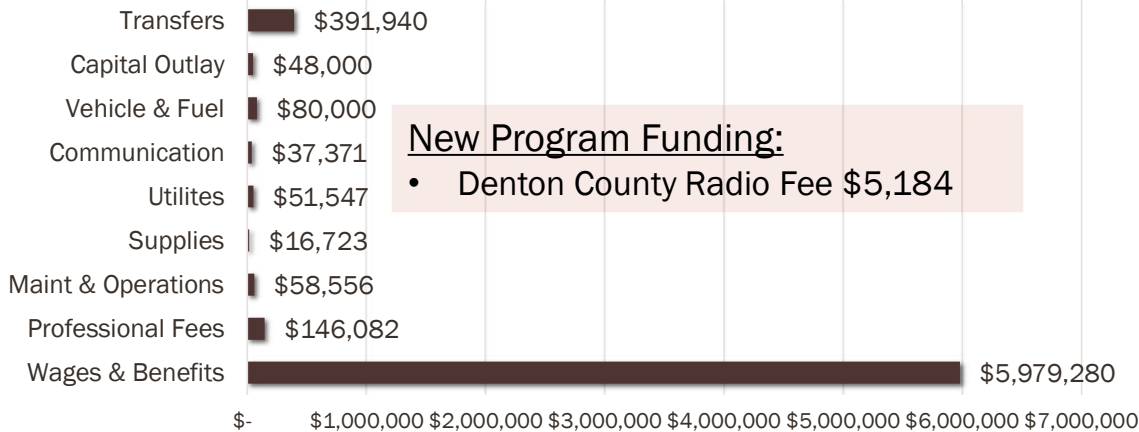
Employees



\$5k

New Program Funding

Department Budget



Goals For 2021-2022

- Revamp the wellness initiatives to include more mental resilience and PTS prevention.
- Fully implement the fire prevention program for senior citizens.
- Implement the Master Plan of the Fire training field.
- Amend the Fire Department's Strategic Plan.
- Reinstate the Public Safety Citizens Academy.
- Develop formal succession plan.
- Complete a long-term assessment of station locations utilizing a Capstone Class.

Public Works Overview

Division	FTE	2021-2022
Streets	7	1,261,513
Parks	9	\$1,379,020
	16	\$2,640,533

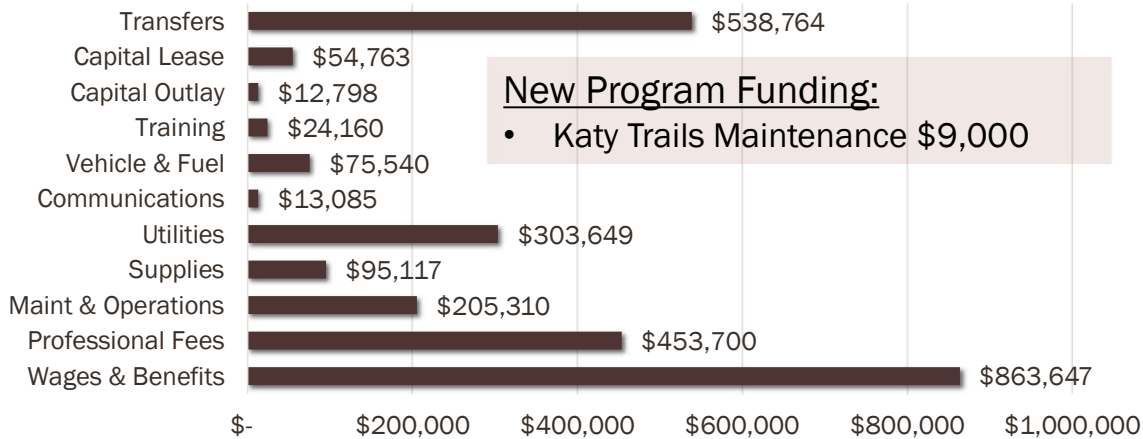
16

Employees

\$9k

New Program Funding

Department Budget



Goals For 2021-2022

- Fog and Crack Seal 100% of Asphalt, Concrete, and Pavement.
- Install sidewalk from Community Park to Agora site.
- Complete year 3 of striping program; using Cityworks to develop mapping and plan.
- Implement maintenance program for Katy Trail.
- Start 3-year plan to add fillable water stations at all parks.
- Launch Neighborhood Parks' Preventive Maintenance Plan.
- Complete and update tree inventory.
- Complete APWA re-accreditation.
- Contract out all tree removal and planting.
- Increase mowing contract to include FM2499, Lake Sharon extension, and Amherst Park.
- Develop Key Performance Indicators (KPI's) for Public Works with dashboard transparency.
- Establish a schedule for Amherst Park Maintenance.
- Repair sidewalks that pose a risk to pedestrians.
- Asset Inventory for assets greater than \$350.

📍 Planning & Development Overview

Division	FTE	2021-2022
Planning	4.5	\$526,299
Building Permits	5	605,441
City Hall	-	297,980
Garrison Complex	-	16,185
Public Safety Complex	-	154,129
Total	9.5	1,600,034

 **9.5**

Employees

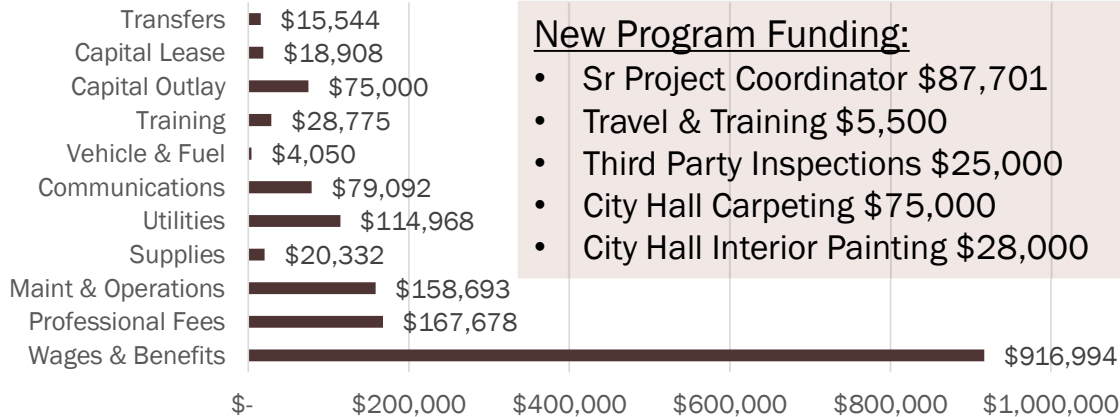
 **\$221k**

New Program Funding

🎯 Goals For 2021-2022

- Submit grant application to Texas Parks & Wildlife for park/trail improvements.
- Amend the City of Corinth Sign Regulations.
- Amend City of Corinth Non-residential & Multi-Family landscaping regulations.
- Prepare and Adopt 2021 International Building Codes.
- Prepare and Adopt 2021 International Green Code & National Green Build Standard.
- Prepare and Adopt Single Family Rental Inspection Program.
- Prepare and Adopt Portable Storage Container Ordinance.

📉 Department Budget



Finance & Administration Overview

Division	FTE	2021-2022
Finance	7	\$1,122,962
Technology Services	9	1,112,810
Municipal Court	4	457,711
City Marshal	1	183,432
Communications	2	289,212
	23	3,166,127

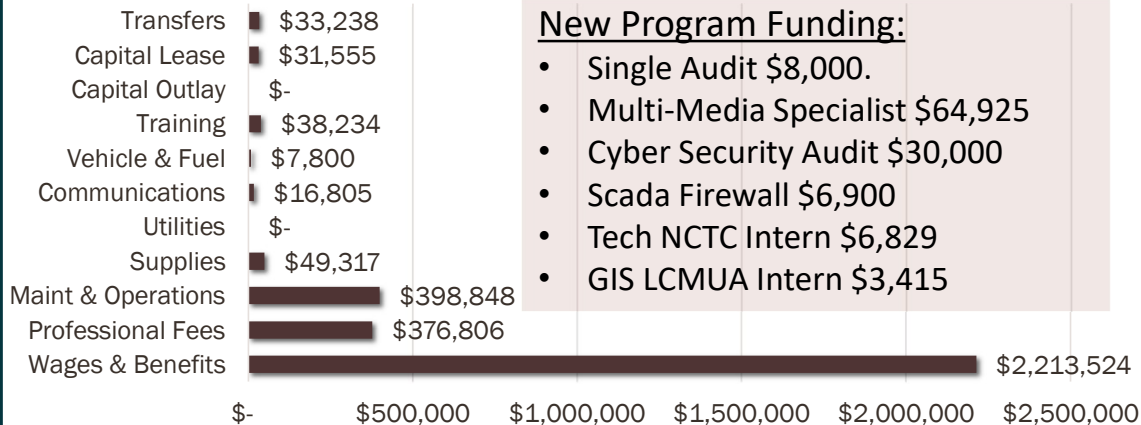
 **23**

Employees

 **\$120k**

New Program Funding

Department Budget



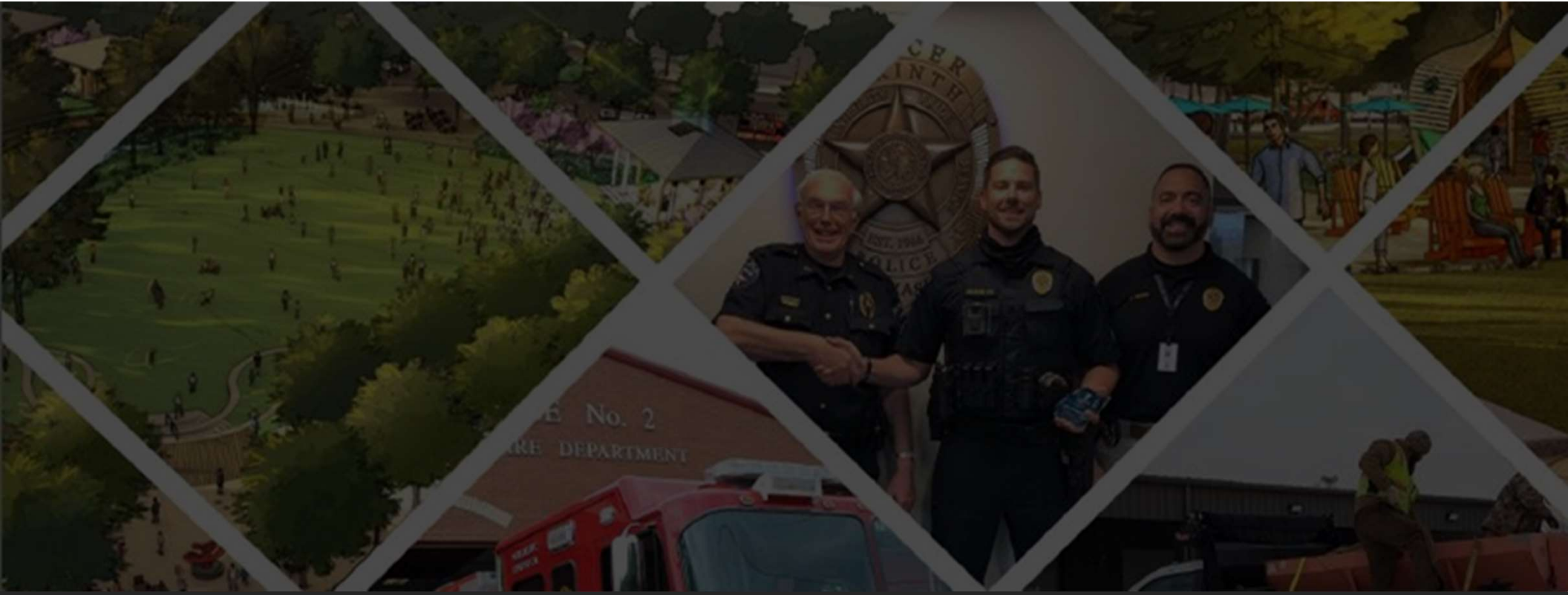
Goals For 2021-2022

- Create and launch podcast to promote city development, programs, and activities.
- Develop updated Communication Strategic Plan.
- Create targeted engagement campaigns to create deeper resident connections.
- Complete installation of fiber from City Hall to Public Works and Fire Station 2.
- Implement device/user security plan, including multifactor authentication, MAC address filtering, separate VPNs based on device type, etc.
- Implement new call center solution.
- Implement cross-site disaster recovery plan between City Hall and Public Safety Complex.
- Create procedures to streamline warrant process into a paperless environment.
- Receive the State Comptroller Transparency Stars Award in all five categories.
- Complete the software launch of City Works.
- Move LCMUA maintenance projects from paper to GIS Apps.

General Fund Financial Forecast

Police staffing projections are pending the completion of the Lake Dallas Police Feasibility study.

GENERAL FUND FINANCIAL FORECAST	2021 Estimate	2022 Proposed	2023 Projected	2024 Projected	2025 Projected	2026 Projected
Estimated Beginning Fund Balance Oct	6,421,874	3,641,766	5,801,042	5,834,812	5,669,024	5,446,271
Resources						
Ad Valorem Taxes	10,842,115	11,151,093	11,539,138	11,940,764	12,356,447	12,786,679
Sales Taxes	1,773,039	1,862,391	1,936,425	2,013,416	2,093,481	2,176,586
Franchise Fees	1,045,216	1,047,770	1,057,060	1,057,468	1,057,880	1,058,296
Traffic Fines	574,535	696,435	716,435	741,435	741,435	741,435
Development Fees & Permits	420,925	500,834	525,837	525,840	525,843	525,846
Police Fees & Permits	553,690	640,185	565,185	565,185	565,185	565,185
Fire Services	2,681,769	3,409,668	3,513,337	3,513,399	3,641,647	3,708,345
Transfers	1,249,329	1,104,119	1,105,157	1,106,226	1,107,327	1,108,461
Gain on Sale of Assets	350,000	2,273,501	-	-	-	-
Other Revenue	555,950	280,779	221,629	221,629	221,629	217,773
Use of Fund Balance	2,780,108	-	-	165,788	222,753	144,285
Total Resources	22,826,676	22,966,775	21,180,203	21,851,150	22,533,627	23,032,891
Expenditures						
Operating Budget	22,826,676	20,333,737	20,799,620	21,427,602	21,845,879	22,292,565
FY22 Program Funding		473,762	276,813	283,548	290,282	289,021
Future Program Funding:						
Commons At Agora		-	70,000	140,000	140,000	140,000
Firefighter (3 FTE)					257,466	266,505
Maint. Worker (1 FTE)						44,800
Total Expenditures	22,826,676	20,807,499	21,146,433	21,851,150	22,533,627	23,032,891
Estimated Ending Fund Balance Sept	3,641,766	5,801,042	5,834,812	5,669,024	5,446,271	5,301,986
% of Total Expenditures	15.95%	27.88%	27.59%	25.94%	24.17%	23.02%
Policy Target	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%



Restricted Funds Overview

Sales Tax Funds | Special Revenue Funds | Impact/Escrow Funds

Economic Development Sales Tax Overview

Division	FTE	2021-2022
Economic Development	1	\$885,388



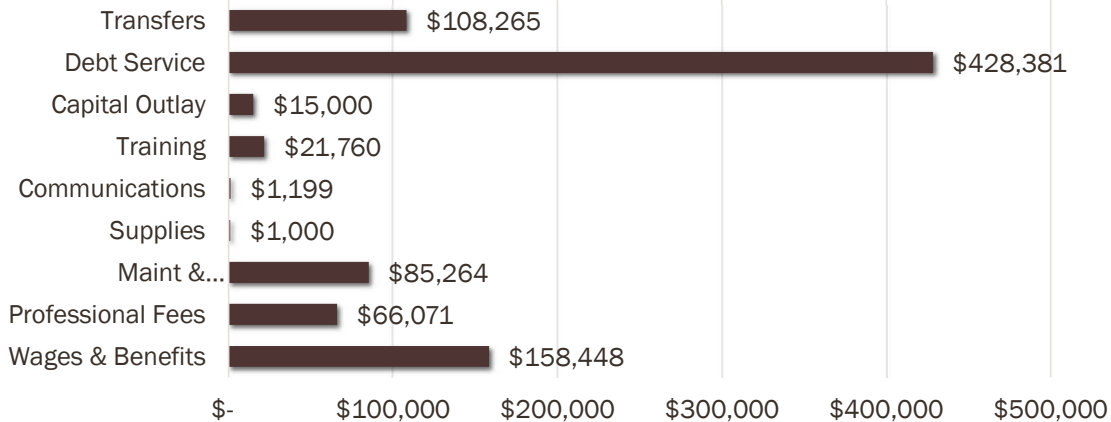
1

Employees

✓ \$23k

New Program Funding

Department Budget



Goals For 2021-2022

- Market Corinth’s competitive advantages for development/redevelopment opportunities
- Build upon the marketing efforts of the Agora via social media/new website
- Strengthen relationships and strategic partnerships with brokers, developers, site selectors, in order to attract and retain unique restaurant and retail concepts to Corinth
- Support new and existing business growth by increasing awareness of Corinth’s benefits as a place to live, work and do business
- Activate the CEDF to assist with land acquisition and development opportunities with a focus on promoting the TOD

New Program Funding:

- EDC Platform \$15,000
- TIRZ Final Projection Report \$8,000

Sales Tax Funds Budget Overview

Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Funding
Economic Development	1	\$885,388	\$2,356,921	Salesforce EDC Platform \$15,000; TIRZ Projection Report \$8,000.
Street Maintenance	-	\$559,682	\$685,532	Concrete Cart \$7,800.
Crime Control & Prevention	2	\$480,872	\$648,136	Drone \$13,000; Taser Replacement \$9,700; Accident Reconstruction \$7,500; Body Camera Replacement \$6,500.
Fire Control, Prevention & EMS District	-	\$442,176	\$159,477	No New Program Funding.

Special Revenue Budget Overview

Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Budgeted Expenditures
Hotel Occupancy Tax	0.5	\$215,070	\$129,664	Community Park Improvements \$104,000; Chamber Bike Rally Grant \$5,000; Transfer of \$34,476 for Multimedia Specialist.
Keep Corinth Beautiful	-	\$9,000	\$29,140	No new program funding.
Park Development	-	\$189,000	\$209,172	Dog Park \$59,000; Playground upgrades \$130,000.
Community park Improvement	-	\$19,510	\$6,702	ADA compliant bleachers \$9,510; Field Naming Improvements \$10,000.
Tree Mitigation Fund	-	\$50,000	\$252,014	Neighborhood park trees \$50,000.
Community Event Fund	-	\$162,350	\$36,728	No new program funding.
Municipal Court Security	-	\$12,000	\$111,283	No new program funding.
Municipal Court Technology	-	\$27,000	\$28,041	Ticket Writer Printer \$7,000; Laserfiche License Additions \$10,000; Laserfiche Scanning \$10,000.

Special Revenue Budget Overview

Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Funding
Child Safety Program	.75	\$29,500	\$38,445	Crossing Guard (.25 FTE) - \$7,022.
Police Confiscation- State	-	\$27,053	\$4,002	Various law enforcement programs.
Police Confiscation- Federal	-	\$10,821	\$0	Various law enforcement programs.
Street Rehabilitation Fund	-	\$100,000	\$209,554	Sidewalk Program \$100,000.
Reinvestment Zone #2	-	\$0	\$54,930	No new program funding.
Reinvestment Zone #3	-	\$0	\$0	No new program funding.
Economic Development Foundation	-	\$0	\$551,474	No new program funding.
Short Term Vehicle Rental Tax	-	\$0	\$75,000	No new program funding.
Broadband	-	\$27,780	\$82,904	No new program funding.

Grant Fund Overview

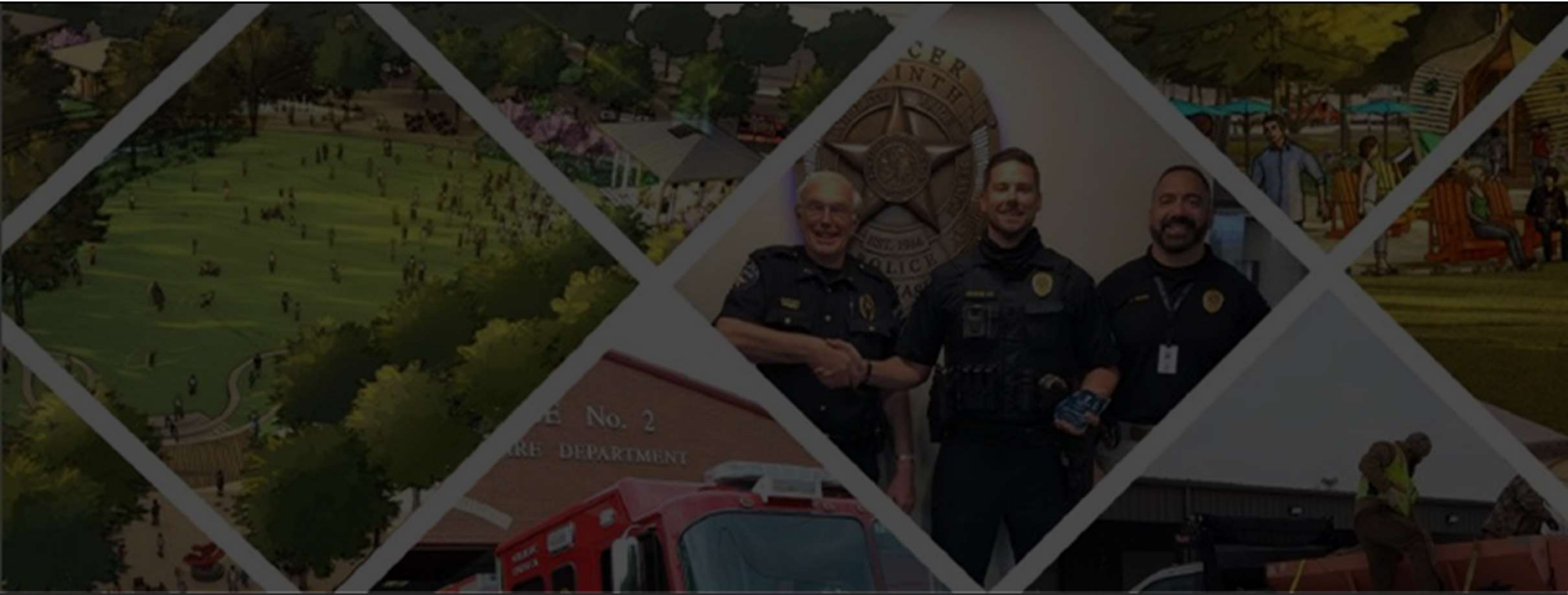
Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Funding
American Rescue (COVID19) Fund	-	\$4,818,442	\$0	Funding will support critical water, wastewater and broadband infrastructure.
FEMA Drainage Grant Fund	-	\$2,907,633	\$0	Lynchburg Creek Drainage.

Internal Service Fund Budget Overview

Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Funding
General Capital Replacement	-	\$0	\$392,362	No new program funding.
Fire Capital Replacement	-	\$401,216	\$445,652	No new program funding.
Technology Replacement	-	\$127,000	\$363,681	City Hall Audio Visual \$10,000; Laserfiche License \$9,000; Server Redundancy Professional Services \$8,000.
Utility Capital Replacement	-	\$440,000	\$396,858	Valve Trailer \$70,000; Sewer Vacuum Cleaning Truck \$370,000.
Utility Meter Replacement	-	\$86,350	\$210,636	Transponder Replacement - \$36,750.

Impact/Escrow Funds Budget Overview

Funds	FTE	Proposed Budget	Est. 9/30/22 Fund Balance	New Program Funding
Water Impact Fee	-	\$203,500	\$443,606	Trim Impeller \$103,500; Impact Fee Update \$100,000.
Wastewater Impact Fee	-	\$100,000	\$261,572	Impact Fee Update \$100,000.
Stormwater Impact Fee	-	\$0	\$94,762	No new program funding.
Roadway Impact Fee	-	\$100,000	\$650,283	Impact Fee Update \$100,000.
Street Escrow Fund	-	\$158,860	\$0	Garrison to Cliff Oaks Sidewalks \$158,860.



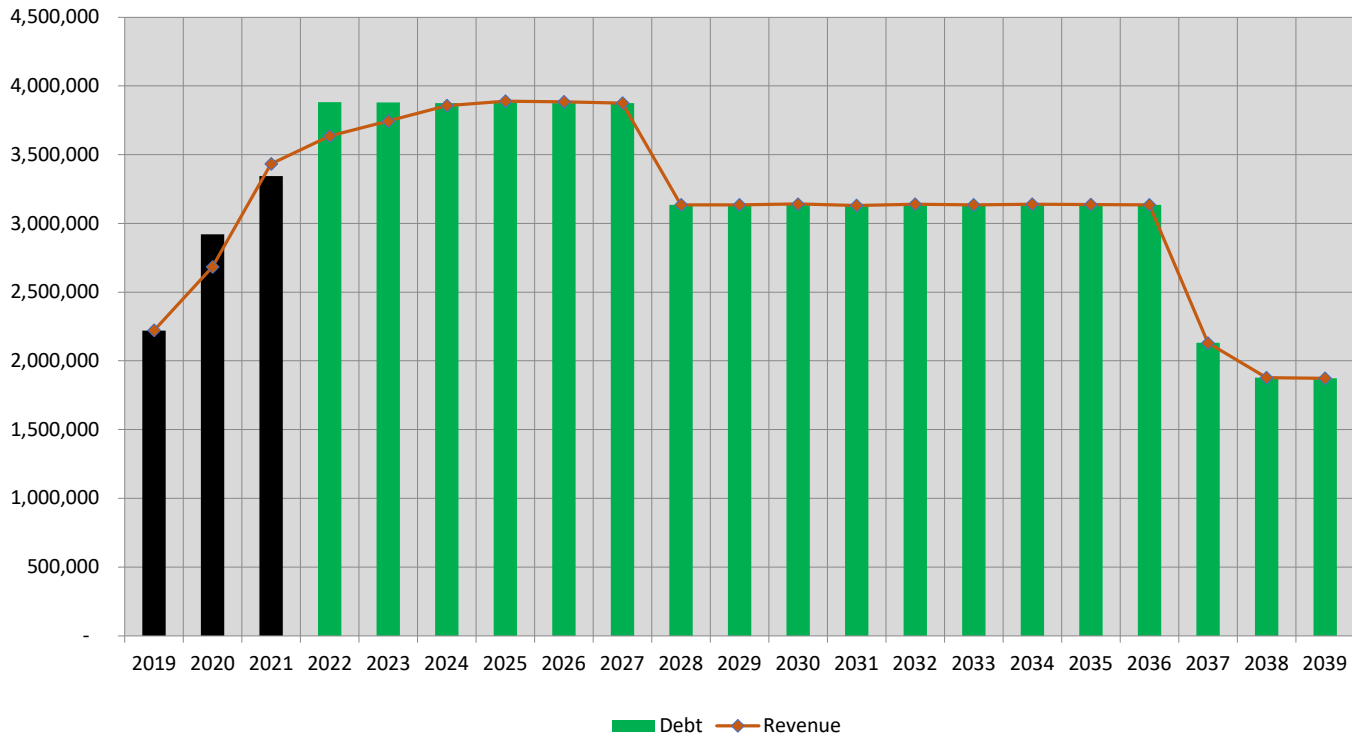
Debt & Capital Improvement Program

Project Name	Project Total Costs	Existing Proceeds	FY22 Budget Allocation	Unfunded Project Amount
Meadowview Park Upgrade	\$130,000	\$-	\$130,000	\$-
Lynchburg Creek Watershed	5,380,707	2,473,074	(Grant) 2,907,633	-
Street Light Purchase (TANKO)	400,000	400,000	-	-
Garrison to Cliff Oak Sidewalk	158,860	-	158,860	-
Commons at Agora	7,000,000	2,500,000	-	4,500,000
N. Corinth Street	7,639,683	7,639,683	-	-
Main Street	2,212,000	2,212,000	-	-
Agora Way Street	750,000	750,000	-	-
I35/Lake Sharon Offsite storage	1,818,992	1,818,992	-	-
Woods Ground Storage	1,500,000	1,500,000	-	-
LCMUA Interconnect	300,000	300,000	-	-
Trim Impellers	103,500	-	103,500	-
CIPP WW Main (Golf Course)	364,000	364,000	-	-
Barrel Strap Lift Station Upgrade	100,000	100,000	-	-
TOTAL CIP	\$27,857,742	\$20,057,749	\$3,299,993	\$4,500,000

A bond Issuance would be needed in August 2021 to support the proposed Capital Improvement Program.

5 YEAR CAPITAL IMPROVEMENT PROGRAM

Debt Service Impact



Year	Debt Issuance	Projected Tax Rate
FY2022	\$4.5M	.14000
FY2023	-	.14000
FY2024	\$2.5M	.14745
FY2025	\$5.1M	.15993
FY2026	\$2.8M	.15801

TRUTH IN TAXATION

NOTICE OF PUBLIC HEARING ON TAX INCREASE

The Truth-in-Taxation publication notices must be calculated based on the highest possible rate the City Council may consider. The rate the City Council finally adopts *can be lower* than the proposed and published rate, but *it cannot exceed* it without undergoing the required posting requirements and timeframes.

Tax Rate Publication Options

- ❖ No New Revenue Rate - \$.54826
- ❖ **Proposed Tax Rate - \$.56700**
- ❖ De Minimis Tax Rate - \$.57772
- ❖ Voter-Approval Tax Rate - \$.58503

Key Dates

- ❖ August 19 - Vote to place tax rate on agenda and set public hearing date
- ❖ September 16 - Public Hearing on Budget
- ❖ September 16 - Public Hearing on Tax Rate
- ❖ September 16 - Adopt Budget & Tax Rate

NOTICE OF PUBLIC HEARING ON TAX INCREASE

A tax rate of \$ _____ per \$100 valuation has been proposed by the governing body of _____.

PROPOSED TAX RATE	\$ _____	per \$100
NO-NEW-REVENUE TAX RATE	\$ _____	per \$100
VOTER-APPROVAL TAX RATE	\$ _____	per \$100

The no-new-revenue tax rate is the tax rate for the _____ tax year that will raise the same amount of property tax revenue for _____ from the same properties in both the _____ tax year and the _____ tax year.

The voter-approval rate is the highest tax rate that _____ may adopt without holding an election to seek voter approval of the rate.

The proposed tax rate is greater than the no-new-revenue tax rate. This means that _____ is proposing to increase property taxes for the _____ tax year.

A PUBLIC HEARING ON THE PROPOSED TAX RATE WILL BE HELD ON _____ at _____.

The proposed tax rate is not greater than the voter-approval tax rate. As a result, _____ is not required to hold an election at which voters may accept or reject the proposed tax rate. However, you may express your support for or opposition to the proposed tax rate by contacting the members of the _____ of _____ at their offices or by attending the public hearing mentioned above.

YOUR TAXES OWED UNDER ANY OF THE TAX RATES MENTIONED ABOVE CAN BE CALCULATED AS FOLLOWS:

$$\text{Property tax amount} = (\text{tax rate}) \times (\text{taxable value of your property}) / 100$$

(List names of all members of the governing body below, showing how each voted on the proposal to consider the tax increase or, if one or more were absent, indicating absences.)

FOR the proposal: _____

AGAINST the proposal: _____

PRESENT and not voting: _____

ABSENT: _____

Questions?



Full Time Employees Funding - The City will continue to fund 100% of the employee-only coverage premium cost. The City contribution for the dependent cost will continue at 69%. The aforementioned City contributions are based on the “Base” plan regardless of the plan option the employee chooses. The current benchmarks for the City’s total dependent subsidy is currently 63. The HSA contribution from the City will remain at \$1,000 per employee per year.

Part Time (0.5 FTE) Employees Funding - City funding for the employee only coverage will continue to be 50% of the Base plan premium. The City funding for the dependent cost will continue to be 0% of the Base plan premiums. The HSA contribution from the City will remain at \$500 per employee per year.

Financial Impact

When considering the expected census (in addition to the proposed new rates), the outcome is a total increase of \$144,915 for the 2021-2022 fiscal year over the 2020-2021 fiscal year budgeted rates.

Applicable Owner/Stakeholder Policy

N/A

Staff Recommendation/Motion

Consider and act on the acceptance of BlueCross BlueShield of Texas' proposal for City’s employee medical insurance benefits for FY 2021-2022, and authorization for the City Manager to execute any necessary documents.

BENEFIT HIGHLIGHTS *Prepared for City of Corinth EBT*

Effective Date: 10/01/2021

BA# 0001-HSA

Prepared by: Tyler Hodshire Ext.

2174772170

BlueChoice Network

****This is a general summary of your benefits.** Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the policy or plan document for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

Overall Payment Provisions **In-Network Benefits** **Out-of-Network Benefits**

Deductible

Calendar Year Deductible
 Applies to all Eligible Expenses (unless otherwise indicated)
 Applies to Out-of-Pocket Maximum
 Family coverage: When one family member meets the individual Deductible, benefits become available under the plan for that individual.
 NOTE: The individual Deductible amount must be equal to or greater than the minimum family Deductible amount. This qualification is established by the U. S. Treasury for a plan to be considered a qualified HSA plan.
 Deductible credit from prior carrier (applied on initial group enrollment only)

\$2,800 Individual /
\$5,400 Family

\$5,400 Individual /
\$10,800 Family

Yes

Yes

Out-of-Pocket Maximum

Standard (2014 forward)

\$2,800 Individual /
\$5,400 Family

\$5,400 Individual /
\$10,800 Family

Deductible applies to Out-of-Pocket

Yes – no option

Yes

Network Deductible & Out-of-Pocket **will only** apply toward Network Deductible & Out-of-Pocket Maximum

Out-of-Network Deductible & Out-of-Network Out-of-Pocket **will only** apply toward Out-of-Network Deductible & Out-of-Network Out-of-Pocket Maximum

Credit for Out-of-Pocket Maximum from prior carrier (applied on initial group enrollment only)

Yes

Yes

Maximum Lifetime Benefits

Per Participant

Unlimited

BlueEdge CDHP Health Savings Account

CDHP Prefix / EIC code: _____

Order of Payment (CDHP Stacking)

Stack #1: HSA

Inpatient Hospital Expenses

Inpatient Hospital Expenses

All services must be preauthorized

Inpatient Hospital Expenses

Each admission must be preauthorized

All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units

Penalty for failure to preauthorize services

For Inpatient Facility Services, Blue Cross Blue Shield of TX or the Host Blue's Participating Provider is required to obtain preauthorization. If preauthorization

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

None

\$250

BENEFIT HIGHLIGHTS *Prepared for City of Corinth EBT*

Effective Date: 10/01/2021

BA# 0001-HSA

Prepared by: Tyler Hodshire Ext.

2174772170

BlueChoice Network

is not obtained, the Participating Provider will be sanctioned based on Blue Cross Blue Shield of TX or the Host Blue's contractual agreement with the Provider, therefore the member will be held harmless for the Provider sanction.

Medical/Surgical Expenses

Medical / Surgical Expenses

-Services performed during the Physician's office, including lab & x-ray

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-Lab & x-ray in other outpatient facilities

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-Physician surgical services performed in any setting

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-Physician inpatient hospital visits

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan.

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-Home Infusion Therapy (*Services must be preauthorized*)

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

-All other outpatient services and supplies

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

Telemedicine

Covered (Standard)
 Other, explain:

Virtual Visit MDLIVE (standard offering)

Note: Must mirror PCP office visit benefit Medical & Behavioral Health

Medical

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

Note: Behavioral Health benefit must mirror benefit under Mental Health and Substance Use Disorder

Behavioral Health

100% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

Note: Behavioral Health Virtual Visit applies to MHP

In Vitro Fertilization Services

Decline

BlueEdge HSA Insured – Embedded with Network Deductible



BlueCross of Texas

Section G, Item 1.

Extended Care Expenses	In-Network Benefits	Out-of-Network Benefits
<p>Extended Care Expenses <i>Certain Services will require Preauthorization</i></p> <p>Skilled Nursing Facility Home Health Care Hospice Care</p>	<p>100% of Allowable Amount after Deductible Limited to 25 day maximum each Year* Limited to 60 visit Maximum each Year*</p>	<p>60% of Allowable Amount after Deductible Unlimited</p>
Special Provisions Expenses		
<p>Mental Health (Serious Mental Illness (SMI) included) and Chemical Dependency (Substance Use Disorder)</p>		
<p>Inpatient Services <i>Inpatient Chemical Dependency treatment must be provided in a Chemical Dependency/Residential Treatment Center (RTC)</i></p> <p>-Hospital services (facility)</p> <p>-Physician services</p> <p>Penalty for failure to preauthorize services <i>Preauthorization required for inpatient, residential treatment centers (RTC), partial hospital program admissions, and certain outpatient professional services</i></p>	<p>100% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount after Deductible</p> <p>None</p>	<p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p> <p>\$250</p>
<p>Outpatient</p> <p>-Services performed during Physician office visit/consultation (does not include psychological testing)</p> <p>-All outpatient services and psychological testing</p>	<p>100% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p>
<p>Emergency Room/Treatment Room</p>		
<p>Accidental Injury & Emergency Care (Including Accidental Injury & Emergency and Non Emergency Care for Behavioral Health Services)</p> <p>-Facility charges -Physician charges</p>	<p>100% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount after Deductible</p>	
<p>Non-Emergency Care</p> <p>-Facility charges -Physician charges</p>	<p>100% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p>
<p>Urgent Care Services</p>		
<p>Urgent Care center visit, including lab & x-ray services</p> <p>Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan, surgical procedures and all other services and supplies</p>	<p>100% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p>
<p>Ground and Air Ambulance Services</p>		
	100% of Allowable Amount after Deductible	
<p>Preventive Care</p>		
<p>Routine annual physical examinations, well-baby care exams, immunizations, and any other preventive health services as determined by USPSTF</p> <p>Immunizations for dependent children through the date of the child's 6th birthday</p>	<p>100% of Allowable Amount</p> <p>100% of Allowable Amount</p>	<p>60% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount</p>

* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated.



Special Provisions Expenses, cont. **In-Network Benefits** **Out-of-Network Benefits**

Speech and Hearing Services Services to restore loss of or correct an impaired speech or hearing function Hearing Aids Hearing Aid Maximum	Covered same as any other sickness 100% of Allowable Amount after Deductible Hearing aids are subject to 1 per ear per 36 month period	Covered same as any other sickness 60% of Allowable Amount after Deductible
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Organ and Tissue Transplant Services All services must be preauthorized	Covered same as any other sickness Refer to benefit booklet for details	Covered same as any other sickness Refer to benefit booklet for details
---	--	--

Physical Medicine Services Physical Medicine Services (includes, but is not limited to physical, occupational, and manipulative therapy) Maximum	100% of Allowable Amount after Deductible Limited to 35 visit maximum each Year*	60% of Allowable Amount after Deductible
--	---	--

* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated.

Pharmacy Benefits **Participating Pharmacy*** **Non-Participating Pharmacy (member files claim)**

Prime Therapeutics Drug List**	Enhanced	
Compound Drugs	Not Covered (2015 Standard)	
Non-sedating antihistamine (NSA) drugs and combination medications containing a non-sedating antihistamine and decongestant	Exclude prescription strength NSA's (2015 standard)	
Proton Pump Inhibitors NOTE: For the Performance drug list, coverage will be based on the drug formulary. Customization is not allowed.	Generics coverage only (2016 Standard)	
Prescription medications even if they have over-the-counter (OTC) equivalents	Not covered Exclude prescription orders for which there is an OTC product available with the same active ingredient(s) in the same strength (standard exclusion). Cover Omeprazole 20 mg Yes	

Deductible and Out of Pocket Accums-Integrated is the Standard option for HSA.

Integrated RX Accum
The drug deductible and Out-of-Pocket is the same as the medical Deductible and /Out-of-Pocket. All benefits, including prescription drug benefits (retail and mail order) must apply to the plan's overall Deductible and Out-of-Pocket Maximum.

Vaccinations obtained through Pharmacies***	ACA vaccines, including flu covered at pharmacies participating in Prime's Vaccination Network only: Zero Copayment Deductible does not apply (No OON Benefits)
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Specialty Drugs†	Available at ANY retail pharmacy. NOTE: For the Performance drug list, coverage will be based on the drug formulary. Customization is not allowed.
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Retail Pharmacy (Benefit payments are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available.) Note: Three-month Deductible carryover does not apply to prescription drug deductible.	100% of Allowable Amount after the Deductible
--	---

Preferred Pharmacy Retail Network Differential NOTE: Choose a differential only if Preferred Pharmacy Retail Network was selected above.	<input checked="" type="checkbox"/> N/A (Select if not using the Preferred Pharmacy Retail Network) <input type="checkbox"/> Flat <input type="checkbox"/> Additional \$5 generic/\$10 preferred and non-preferred brand member cost share
---	--

BlueEdge HSA Insured – Embedded with Network Deductible



	<input type="checkbox"/> Additional \$10 generic/\$20 preferred and non-preferred brand member cost share <input type="checkbox"/> Percent <input type="checkbox"/> Additional 5% generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Additional 10% generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Mixed <input type="checkbox"/> Additional \$5 generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Additional \$10 generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Other (explain)
<p>Mail Order Program (Benefit payments are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available.)</p> <p>Note: Three-month Deductible carryover does not apply to prescription drug deductible.</p>	<p>100% of Allowable Amount after the Deductible</p>

MAC 3 - Generic Incentive- Members electing to purchase brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and brand name drug, plus the applicable copay.

* To locate a preferred/ participating pharmacy in your area, go to myprime.com or contact customer service at the phone number on the back of your identification card.

**The standard and generics plus drug lists are available at: bcbstx.com/member/rx_drugs.html

***Select Participating Pharmacies have been contracted to provide vaccination services. Each pharmacy may have age, scheduling, or other requirements that will apply. **Benefit does not include childhood immunizations, subject to state regulations.**

†For more information on the specialty drug program, call (877)627-6337.

Diabetes Supplies are available under the Prescription Drug benefits of your plan. Diabetic Supplies include insulin and insulin analog preparations, insulin syringes necessary for self-administration, prescriptive and non-prescriptive oral agents, all required test strips and tablets which test for glucose, ketones, and protein, lancets and lancet devices, biohazard disposable containers, glucagon emergency kits, and other injection aids. All provisions of this portion of the plan will apply including Copayment Amounts and any pricing differences that may apply to the items dispensed.

Standard UM Programs (prior authorization and step therapy) and exclusions apply, including auto updates and FastPath.

Note: To confirm standard benefits, refer to the Pharmacy page on Product Central on FYIBlue.

± Please be reminded that Health Savings Accounts (HSA's) have tax and legal ramifications. Blue Cross and Blue Shield of Texas does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

**BlueEdge HSA Insured – Embedded with
Network Deductible**



Section G, Item 1.

**EMPLOYER INFORMATION
RATES**

Plan I – Four Rate Structure

Employee Only	\$669.09
Employee + Child(ren)	\$1,209.26
Employee + Spouse	\$1,454.86
Employee + Family	\$2,136.89

The above proposed rates are projected to be effective for the 12-month period beginning on the effective date of group coverage. Changes in enrollment and contribution will be addressed as stated in the Benefit Program Application (BPA).

Bob Hart, City Manager

Group Executive Name and Title
(Please type or print)

Signature

Date

Brent Weegar, Sr. VP, HUB

Agent of Record Name
(Please print or type)

Signature

7/27/2021
Date

BCBSTX Representative Name
(Please print or type)

Signature

Date

PPO Insured/Cost Standard with Network Deductible and Split Copay



BENEFIT HIGHLIGHTS *Prepared for*
 City of Corinth EBT
 Funding: Fully Insured
 Effective Date: 10/01/2021
 BA# 0003 – PPO Buy-Up
 Prepared by: Tyler Hodshire Ext.
 2174772170

BlueChoice Network

This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the policy or plan document for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
Deductibles		
Per-admission Deductible	None	None
Calendar Year Deductible	\$1,000 Individual / \$2,000 Family	\$3,000 Individual / \$6,000 Family
<i>Applies to all Eligible Expenses, unless otherwise indicated, except Inpatient Hospital Expenses</i>		
Three-month Deductible carryover applies***	Yes	Yes
Deductible credit from prior carrier (applied on initial group enrollment only)	Yes	Yes
Out-of-Pocket Maximum		
<i>Standard (2014 forward)</i>	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Deductible applies to Out-of-Pocket	Yes – no option	Yes**
Copayment applies to Out-of-Pocket	Yes – no option	Yes**
** Copayment amounts and per admission deductibles are applied but will continue to be required after the benefit percentage increases to 100%. Credit for Out-of-Pocket Maximum from prior carrier (applied on initial group enrollment only)	Network Deductible & Out-of-Pocket will only apply toward Network Deductible & Out-of-Pocket Maximum Yes	Out-of-Network Deductible & Out-of-Network Out-of-Pocket will only apply toward Out-of-Network Deductible & Out-of-Network Out-of-Pocket Maximum Yes
Copayment Amounts Required		
Physician office visit/consultation:		
Primary Care Copayment Amount for office visit/consultation when services rendered by a Family Practitioner, OB/GYN, Pediatrician, Behavioral Health Practitioner, or Internist and Physician Assistant or Advanced Practice Nurse who works under the supervision of one of these listed physicians	\$25 Primary Care Copayment	
Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider <i>Refer to Medical/Surgical Expenses section for more information</i>	\$50 Specialty Care Copayment	
Urgent Care center visit <i>Refer to Urgent Care section for more information</i>	\$50 Copayment Amount	
Outpatient Hospital Emergency Room/Treatment Room visit <i>Refer to Emergency Room/Treatment Room section for more information</i>	\$200 Copayment Amount	\$200 Copayment Amount
Maximum Lifetime Benefits		
Per Participant		Unlimited
Inpatient Hospital Expenses		
Inpatient Hospital Expenses		
<i>All services must be preauthorized</i>		
<i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i>	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible
Penalty for failure to preauthorize services	None	\$250
For Inpatient Facility Services, Blue Cross Blue Shield of TX or the Host Blue's Participating Provider is required to obtain preauthorization. If preauthorization is not obtained, the Participating Provider will be sanctioned based on Blue Cross Blue Shield of TX or the Host Blue's contractual agreement with the		

PPO Insured/Cost Standard with Network Deductible and Split Copay



BENEFIT HIGHLIGHTS *Prepared for*
 City of Corinth EBT
 Funding: Fully Insured
 Effective Date: 10/01/2021
 BA# 0003 – PPO Buy-Up
 Prepared by: Tyler Hodshire Ext.
 2174772170

BlueChoice Network

Provider, therefore the member will be held harmless for the Provider sanction

Medical/Surgical Expenses

Medical / Surgical Expenses

Services performed during the office visit/consultation when rendered by a Primary Care Provider, including lab and x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$25 Primary Care Copayment**	60% of Allowable Amount after Deductible
Services performed during the office visit/consultation when services rendered by a Specialty Care Provider, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$50 Specialty Care Copayment	60% of Allowable Amount after Deductible
-Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	60% of Allowable Amount after Deductible
-Physician surgical services performed in any setting	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible

** Primary Care/Specialty Care copayments are defined in the Overall Payment Provisions section in this document.

Medical / Surgical Expenses, cont.

	In-Network Benefits	Out-of-Network Benefits
-Physician inpatient hospital visits	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible
-Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible
-Home Infusion Therapy (<i>Services must be preauthorized</i>)	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible
-All other outpatient services and supplies	80% of Allowable Amount after Deductible	60% of Allowable Amount after Deductible
Telemedicine	<input checked="" type="checkbox"/> Covered (Standard) <input type="checkbox"/> Other, explain:	
Virtual Visit MDLIVE (standard offering) Note: Must mirror PCP office visit benefit Medical & Behavioral Health Medical Note: Behavioral Health benefit must mirror benefit under Mental Health and Substance Use Disorder Behavioral Health Note: Behavioral Health Virtual Visit applies to MHP	100% of Allowable Amount after \$25 Copayment Amount 100% of Allowable Amount after \$25 Copayment Amount	60% of Allowable Amount after Deductible 60% of Allowable Amount after Deductible
In Vitro Fertilization Services	Decline	

Extended Care Expenses

Extended Care Expenses

Certain Services will require Preauthorization

Skilled Nursing Facility Home Health Care Hospice Care	100% of Allowable Amount	60% of Allowable Amount after Deductible Limited to 25 day maximum each Year* Limited to 60 visit maximum each Year* Unlimited
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Special Provisions Expenses

Mental Health (Serious Mental Illness (SMI) included) and Chemical Dependency (Substance Use Disorder)

Inpatient Services

Inpatient Chemical Dependency treatment must be provided in a Chemical Dependency/Residential Treatment Center (RTC)

-Hospital services (facility)	80% of Allowable Amount after	60% of Allowable Amount after
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PPO Insured/Cost Standard with Network Deductible and Split Copay



	<i>Deductible</i>	<i>Deductible</i>
<p>-Physician services</p> <p>Penalty for failure to preauthorize services <i>Preauthorization required for inpatient, residential treatment centers (RTC), partial hospital program admissions, and certain outpatient professional services</i></p> <p>Outpatient Services -Services performed during office visit/consultation when rendered by a Primary Care Provider (does not include psychological testing)</p> <p>-All outpatient services and psychological testing</p>	<p>80% of Allowable Amount after Deductible</p> <p>None</p> <p>100% of Allowable Amount after \$25 Primary Care Copayment Amount</p> <p>80% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after Deductible</p> <p>\$250</p> <p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p>
Emergency Room/Treatment Room		
<p>Accidental Injury & Emergency Care (Including Accidental Injury & Emergency and Non Emergency Care for Behavioral Health Services) -Facility charges</p> <p>-Physician charges</p> <p>Non-Emergency Care -Facility charges</p> <p>-Physician charges</p>	<p>80% of Allowable Amount after \$200 Copayment Amount <i>(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</i></p> <p>80% of Allowable Amount after Deductible</p> <p>80% of Allowable Amount after \$200 Copayment Amount <i>(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</i></p> <p>80% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after \$200 Copayment Amount & Deductible <i>(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</i></p> <p>60% of Allowable Amount after Deductible</p>
Urgent Care Services		
<p>Urgent Care center visit, including lab & x-ray services <i>(does not include Certain Diagnostic Procedures and surgical services)</i></p> <p>Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan, surgical procedures and all other services and supplies</p>	<p>100% of Allowable Amount after \$50 Copayment Amount</p> <p>80% of Allowable Amount after Deductible</p>	<p>60% of Allowable Amount after Deductible</p> <p>60% of Allowable Amount after Deductible</p>

* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated

	<i>In-Network Benefits</i>	<i>Out-of-Network Benefits</i>
Special Provisions Expenses, cont.		
Ground and Air Ambulance Services		
	80% of Allowable Amount after Deductible	
Preventive Care		
<p>Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, and any other preventive health services as determined by USPSTF</p> <p>Immunizations for Dependent children through the date of the child's 6th birthday</p>	<p>100% of Allowable Amount</p> <p>100% of Allowable Amount</p>	<p>60% of Allowable Amount after Deductible</p> <p>100% of Allowable Amount</p>
Speech and Hearing Services		
<p>Services to restore loss of or correct an impaired speech or hearing function</p> <p>Hearing Aids</p> <p>Hearing Aid Maximum</p>	<p>Covered same as any other sickness</p> <p>80% of Allowable Amount after Deductible</p> <p>Hearing aids are subject to 1 per ear per 36 month period</p>	<p>Covered same as any other sickness</p> <p>60% of Allowable Amount after Deductible</p>
Organ and Tissue Transplant Services		

PPO Insured/Cost Standard with Network Deductible and Split Copay



Section G, Item 1.

Covered same as any other sickness
Refer to benefit booklet for details

Covered same as any other sickness
Refer to benefit booklet for details

Physical Medicine Services

Physical Medicine Services (includes, but is not limited to physical, occupational, and manipulative therapy)

80% of Allowable Amount after Deductible

60% of Allowable Amount after Deductible

Maximum

Limited to 35 visits each Year*

* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated

Pharmacy Benefits	Participating Pharmacy*	Non-Participating Pharmacy (member files claim)
Drug List**	Enhanced	
Compound Drugs	Not Covered	
Non-sedating antihistamine (NSA) drugs and combination medications containing a non-sedating antihistamine and decongestant	Exclude Prescription Strength NSA's	
Proton Pump Inhibitors NOTE: For the Performance drug list, coverage will be based on the drug list. Customization is not allowed.	Generics coverage only	
Prescribed over-the-counter (OTC) medications	Not covered Exclude prescription orders for which there is an OTC product available with the same active ingredient(s) in the same strength (standard exclusion). Cover Omeprazole 20 mg Yes	
Prescription Drug Deductible***	None	
Prescription Drug Out-of-Pocket Maximum	All benefits, including prescription drug benefits (retail and mail service) apply to the Out-of-Pocket Maximum shown on page 1.	
Vaccinations obtained through Pharmacies****	ACA vaccines, including flu covered at pharmacies participating in Prime's Vaccination Network only: Zero Copayment Deductible does not apply (No OON Benefits)	
Retail Pharmacy (Copayment amounts are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available. Copayment amounts apply to Out-of-Pocket Maximum.)		
4 Tier Optimal		
Generic Drug	\$10 Copayment Amount	60% of Allowable Amount minus Copayment Amount
Preferred Brand Name Drug	\$35 Copayment Amount	60% of Allowable Amount minus Copayment Amount
Non-Preferred Brand Name	\$70 Copayment Amount	60% of Allowable Amount minus Copayment Amount
Non-Preferred Specialty Drug	\$150 Copayment Amount	60% of Allowable Amount minus Copayment Amount
<i>Specialty Drugs are not covered unless obtained through the specialty pharmacy network.</i>		
Specialty Drugs†	Mandatory Specialty applies (standard): Only available at in-network benefit level through specialty pharmacy network provider. All other pharmacies will be payable at the non-participating pharmacy benefit level.	
Preferred Pharmacy Retail Network Differential	<input checked="" type="checkbox"/> N/A (Select if not using the Preferred Pharmacy Retail Network) <input type="checkbox"/> Flat <input type="checkbox"/> Add'l \$5 generic/\$10 preferred and non-preferred brand member cost share <input type="checkbox"/> Add'l \$10 generic/\$20 preferred and non-preferred brand member cost share <input type="checkbox"/> Percent	
<i>NOTE: Choose a differential only if Preferred Pharmacy Retail Network was selected above.</i>		

PPO Insured/Cost Standard with Network Deductible and Split Copay



	<input type="checkbox"/> Add'l 5% generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Add'l 10% generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Mixed <input type="checkbox"/> Add'l \$5 generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Add'l \$10 generic/10% preferred and non-preferred brand member cost share <input type="checkbox"/> Other (explain)
Mail Order Program (Copayment amounts are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available. Copayment amounts apply to Out-of-Pocket Maximum.)	Yes
3 Tier Generic Drug Preferred Brand Name Drug Non-Preferred Brand Name Drug	\$30 Copayment Amount \$105 Copayment Amount \$210 Copayment Amount
<p>MAC 3 - Generic Incentive (Standard)- Members electing to purchase brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and brand name drug, plus the applicable copay.</p> <p>* To locate a preferred/participating pharmacy in your area, go to myprime.com or contact customer service at the phone number on the back of your identification card.</p> <p>**The drug lists are available at: bcbstx.com/member/rx_drugs.html</p> <p>*** Three-month Deductible carryover does not apply to prescription drug deductible.</p> <p>****Select Participating Pharmacies have been contracted to provide vaccination services. Each pharmacy may have age, scheduling, or other requirements that will apply. Benefit does not include childhood immunizations, subject to state regulations.</p> <p>†For more information on the specialty drug program, call (877)627-6337.</p> <p>Diabetes Supplies are available under the Prescription Drug benefits of your plan. Diabetic Supplies include insulin and insulin analog preparations, insulin syringes necessary for self-administration, prescriptive and non-prescriptive oral agents, all required test strips and tablets which test for glucose, ketones, and protein, lancets and lancet devices, biohazard disposable containers, glucagon emergency kits, and other injection aids. All provisions of this portion of the plan will apply including Copayment Amounts and any pricing differences that may apply to the items dispensed.</p> <p>Standard UM Programs (prior authorization and step therapy) and exclusions apply, including auto updates and FastPath.</p> <p>Note: To confirm standard benefits, refer to the Pharmacy page on Product Central on FYIBLue.</p>	

**PPO Insured/Cost Standard with
Network Deductible and Split Copay**



EMPLOYER INFORMATION

RATES

Plan I – Four Rate Structure

Employee Only	\$745.21
Employee + Child(ren)	\$1,346.84
Employee + Spouse	\$1,620.40
Employee + Family	\$2,380.03

The above proposed rates are projected to be effective for the 12-month period beginning on the effective date of group coverage. Changes in enrollment and contribution will be addressed as stated in the Benefit Program Application (BPA).

Bob Hart, City Manager

Group Executive Name and Title
(Please type or print)

Signature

Date

Brent Weegar, Sr. VP, HUB

Agent of Record Name
(Please print or type)

Brent Weegar

Signature

7/27/2021

Date

BCBSTX Representative Name
(Please print or type)

Signature

Date

CITY OF CORINTH
Staff Report



Meeting Date:	8/12/2021	Title:	Employee Dental Coverage
Strategic Goals:	<input type="checkbox"/> Citizen Engagement <input type="checkbox"/> Proactive Government <input checked="" type="checkbox"/> Organizational Development		
Governance Focus:	<i>Sub-Ends:</i>		
	<input type="checkbox"/> Growing Community <input type="checkbox"/> Conveniently located <input checked="" type="checkbox"/> Delivers Outstanding Service <input type="checkbox"/> High-Quality Retail <input type="checkbox"/> High-Quality Restaurants <input type="checkbox"/> High-Quality Entertainment		
	<i>Focus:</i> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Stakeholder		
	<i>Decision:</i> <input type="checkbox"/> Governance Policy <input checked="" type="checkbox"/> Ministerial Function		
Owner Support:	<input type="checkbox"/> Planning & Zoning Commission <input type="checkbox"/> Economic Development Corporation <input type="checkbox"/> Parks & Recreation Board <input type="checkbox"/> TIRZ Board #2 <input type="checkbox"/> Finance Audit Committee <input type="checkbox"/> TIRZ Board #3 <input type="checkbox"/> Keep Corinth Beautiful <input type="checkbox"/> Ethics Commission		
	<u>N/A</u>		

Item/Caption

Consider and act on the acceptance of Metlife’s proposal for City’s employee dental insurance benefits for FY 2021-2022, and authorization for the City Manager to execute any necessary documents.

Item Summary/Background/Prior Action

The City of Corinth solicited proposals for the City’s employee dental insurance benefits for the 2021-2022 fiscal year. Eight qualified proposals for dental insurance benefits were received during the Request for Proposals (RFP) process which closed on June 1, 2021.

After review and evaluation of specific benefits and proposed costs, our benefits consultant (HUB | IPS Advisors, LLP) initiated negotiations. The renewal rate for the City's dental insurance program (currently with Cigna) was quoted at 22% increase from the current rates. After negotiations, Cigna’s proposal represented a 12% increase. The proposal from MetLife was the most advantageous option for dental insurance coverage. The proposal represents an increase of 1.25% in average over the current rates (2020-2021 fiscal year).

EMPLOYEE BENEFIT

Full Time Employees Funding -The City will continue to fund 100% of the employee-only coverage premium cost. The City contribution for the dependent cost will change from 70% to 69% to be consistent with the City’s medical dependent contribution.

Part Time (0.5 FTE) Employees Funding -The City will continue to fund 50% of the employee-only coverage premium, and 0% for the dependent cost.

Financial Impact

The City will The rates are guaranteed for two (2) years (until September 30, 2023). The proposed rates and expected census will represent an estimated total increase of \$3,828 for the 2021-2022 fiscal year over the 2020-2021 fiscal year budgeted rates.

Applicable Owner/Stakeholder Policy

N/A

Staff Recommendation/Motion

Staff recommends acceptance of MetLife’s proposal for City’s employee dental insurance benefits for FY 2021-2022, and authorization for the City Manager to execute any necessary documents.



City Of Corinth

Employer Sponsored Dental

Proposal produced on July 21, 2021
This quote is valid for 90 days from date of proposal



City Of Corinth Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Dental Option 2 <small>6210962</small>				
Employer Sponsored Dental <i>(per Employee Per Month)</i>	152			\$119,367
▪ Employee Only	61		\$32.02	
▪ Employee + Spouse	19		\$64.37	
▪ Employee + Child(ren)	27		\$67.71	
▪ Employee + Family	45		\$109.84	
Rates are guaranteed from October 1, 2021 - September 30, 2023				



Summary of Benefits Dental Insurance - Dental Option 2

Employer Sponsored Dental		
Class Description	All Active Full Time Employees (20 Hours)	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to:	B & C	B & C
<ul style="list-style-type: none"> ▪ Individual ▪ Family 	\$50 \$150 Aggregate	\$50 \$150 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
<small>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</small>		

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
<ul style="list-style-type: none"> ▪ Employee Only ▪ Employee + Spouse ▪ Employee + Child(ren) ▪ Employee + Family ▪ Total 	\$32.02 \$64.37 \$67.71 \$109.84	61 19 27 45 152	\$9,947	\$119,367
Rates are guaranteed from October 1, 2021 - September 30, 2023 (24 months)				



Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Lower Cost (Flex))

Class Description: All Active Full Time Employees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in 3 years for a child under age 14
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 19
▪ Full Mouth X-Rays	▪ Once in 36 months
▪ Bitewing X-Rays	▪ For a child under 14: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Emergency Palliative Treatment	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 60 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 60 month period
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Labs & Other Tests	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ General Anesthesia	
▪ Resin Composite Fillings(includes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 1 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Repairs	▪ 1 in 12 months



▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 60 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 5 calendar years
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 60 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Services	
▪ Harmful Habit Appliances	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions
All Active Full Time Employees
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child. ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control



such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.

- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.



Highlights
Broker Commissions included in the rate: None
Expected Participation: 90% and at least 10 covered lives.
Employee Contributions: 1%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is TEXAS
Only those residing in the United States are eligible for benefits
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Child Only. Children are covered to age 19.
This quote assumes the plan is not a Section 125 plan.
An Open Enrollment period occurring annually is included.



Underwriting Assumptions

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9111

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, and Metropolitan General Insurance Company (collectively herein called “MetLife”), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee.

MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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