



SPECIAL CITY COUNCIL MEETING

City Hall Council Chambers, 298 West Washington Street
Tuesday, March 19, 2024 at 5:30 PM

AGENDA

CALL TO ORDER

RECESS TO EMPLOYEE BENEFITS TRUST MEETING

EMPLOYEE BENEFITS TRUST MEETING

1. CALL TO ORDER
2. Employee Benefits for Plan Year 2024-2025
3. ADJOURN

RECONVENE SPECIAL CITY COUNCIL MEETING

4. Consider Approval of Employee Benefits for Benefit Year 2024-2025

EXECUTIVE SESSION

In compliance with the provisions of the Texas Open Meetings Law, Subchapter D, Government Code, Vernon's Texas Codes, Annotated, in accordance with

5. **Section 551.071 Consultation with Attorney** - to Consult Over a Pending or Contemplated Litigation

ACTION TAKEN ON ITEMS DISCUSSED IN EXECUTIVE SESSION, IF NECESSARY

ADJOURN

Note: The Stephenville City Council may convene into Executive Session on any matter related to any of the above agenda items for a purpose, such closed session allowed under Chapter 551, Texas Government Code.

In accordance with the Americans with Disabilities Act, persons who need accommodation to attend or participate in this meeting should contact City Hall at 254-918-1287 within 48 hours prior to the meeting to request such assistance.

City of Stephenville
 Medical Insurance Comparison for Health Insurance Plan Year 2024-2025

Current Base Plan - UHC HSA-AGYB Single Option - Choice EPO							
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$1,300	Employee Cost
		City		Total			
Employee	119	\$ 415.87		\$ 49,488.53	\$ 593,862.36	\$ 154,700.00	\$ -
Employee + Spouse	5	415.87		2,079.35	24,952.20	6,500.00	607.77
Employee + Children	14	415.87		5,822.18	69,866.16	18,200.00	317.53
Employee + Family	4	415.87		1,663.48	19,961.76	5,200.00	925.04
Total	142			\$ 59,053.54	\$ 708,642.48	\$ 184,600.00	

Proposed Plan 1 - BCBS HSA-MTBCP014H - Blue Choice PPO										
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$1,500	Per Month			
		City	Dep Subsidy	Cost			Employee Cost	City Subsidy	Net Employee Cost	Increase
Employee	119	\$ 424.37	\$ -	\$ 50,500.03	\$ 606,000.36	178,500.00	\$ -	\$ -	\$ -	\$ -
Employee + Spouse	5	424.37	-	2,121.85	25,462.20	7,500.00	551.16	-	551.16	(56.61)
Employee + Children	14	424.37	183.29	5,941.18	71,294.16	21,000.00	500.82	(183.29)	317.53	-
Employee + Family	4	424.37	126.94	1,697.48	20,369.76	6,000.00	1,051.98	(126.94)	925.04	-
Total	142			\$ 60,260.54	\$ 723,126.48	\$ 213,000.00				

Proposed Plan 2 - BCBS COPAY- MTBCP031 - Blue Choice PPO										
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$0	Per Month			
		City	Dep Subsidy	Cost			Employee Cost	City Subsidy	Net Employee Cost	Increase
Employee	119	\$ 487.66	\$ -	\$ 58,031.54	\$ 696,378.48		\$ -	\$ -	\$ -	\$ -
Employee + Spouse	5	549.37	-	2,746.85	32,962.20		571.64	-	571.64	(36.13)
Employee + Children	14	549.37	183.29	7,691.18	92,294.16		513.79	(183.29)	330.50	12.97
Employee + Family	4	549.37	126.94	2,197.48	26,369.76		1,147.15	(126.94)	1,020.21	95.17
Total	142			\$ 70,667.05	\$ 848,004.60	\$ -				

City of Stephenville
 Medical Insurance Comparison for Health Insurance Plan Year 2024-2025

Employees Opting Out - Current					
	# Covered	Per Month			Annual
		City		Cost	Cost
Employee - on Medicare plan	3	\$ 415.87		\$ 1,247.61	\$ 14,971.32
Employee- on non-Medicare plan	30	\$ 207.94		\$ 6,238.05	\$ 74,856.60
Total	33			\$ 7,485.66	\$ 89,827.92

Employees Opting Out - Proposed					
	# Covered	Per Month			Annual
		City		Cost	Cost
Employee - on Medicare plan	3	\$ 424.37		\$ 1,273.11	\$ 15,277.32
Employee- on non-Medicare plan	30	\$ 212.19		\$ 6,365.55	\$ 76,386.60
Total	33			\$ 7,638.66	\$ 91,663.92

Current Dental - Guardian						
	# Covered	Per Month			Annual	Employee Cost
		City		Cost	Cost	
Employee	116	\$ 19.15		\$ 2,221.40	\$ 26,656.80	\$ -
Employee + Spouse	11	\$ 19.15		\$ 210.65	\$ 2,527.80	\$ 9.87
Employee + Children	10	\$ 19.15		\$ 191.50	\$ 2,298.00	\$ 17.80
Employee + Family	26	\$ 19.15		\$ 497.90	\$ 5,974.80	\$ 30.40
Total	163			\$ 3,121.45	\$ 37,457.40	

Proposed Dental - BCBS - DTNHR33							
	# Covered	Per Month			Annual	Employee Cost	Increase
		City		Cost	Cost		
Employee	116	\$ 22.07		\$ 2,560.12	\$ 30,721.44	\$ -	\$ -
Employee + Spouse	11	\$ 22.07		\$ 242.77	\$ 2,913.24	\$ 22.06	\$ 12.19
Employee + Children	10	\$ 22.07		\$ 220.70	\$ 2,648.40	\$ 39.76	\$ 21.96
Employee + Family	26	\$ 22.07		\$ 573.82	\$ 6,885.84	\$ 70.74	\$ 40.34
Total	163			\$ 3,597.41	\$ 43,168.92		

City of Stephenville
 Medical Insurance Comparison for Health Insurance Plan Year 2024-2025

Current Vision - Mutual of Omaha (EyeMed Insight)

	# Covered	Per Month		Annual Cost		Employee Cost
		City	Cost			
Employee	81	\$ -	\$ -	\$ -		\$ 5.70
Employee + Spouse	8	\$ -	\$ -	\$ -		\$ 10.83
Employee + Children	7	\$ -	\$ -	\$ -		\$ 11.40
Employee + Family	19	\$ -	\$ -	\$ -		\$ 16.76
Total	115		<u>\$ -</u>	<u>\$ -</u>		

Proposed Vision - BCBS (EyeMed)

	# Covered	Per Month		Annual Cost		Employee Cost	Increase
		City	Cost				
Employee	81	\$ -	\$ -	\$ -		\$ 7.60	\$ 1.90
Employee + Spouse	8	\$ -	\$ -	\$ -		\$ 14.44	\$ 3.61
Employee + Children	7	\$ -	\$ -	\$ -		\$ 15.20	\$ 3.80
Employee + Family	19	\$ -	\$ -	\$ -		\$ 22.35	\$ 5.59
Total	115		<u>\$ -</u>	<u>\$ -</u>			

City of Stephenville Medical Insurance Comparison for Health Insurance Plan Year 2024-2025

	Current	Proposed
Per Employee Per Month Benefit		
Health Insurance HSA	\$ 415.87	\$ 424.37
HSA Contribution	108.33	125.00
Dental	19.15	22.07
Vision	-	-
First Stop Health-VPC, VUC, VMH	14.00	14.00
Basic Life/AD&D	2.95	2.95
COBRA Administration	0.70	0.70
HSA Administration	-	-
Budgeted in Salaries in each department	\$ 561.00	\$ 589.09
Careflight Air Evacuation	1.25	1.25
Air Med Air Evacuation	5.00	5.00
Budgeted Full-time Positions	191	191
Wellsprings Insurance Benefits Consultant/month	13.09	13.09
Budgeted in Contractual in HR	19.34	19.34
Total Per Employee Per Month	\$ 580.34	\$ 608.43
Total Budgeted Full-time positions	191	191
Monthly Total Before Adjustments	\$ 110,844.94	\$ 116,210.13
Annual Total Before Adjustments	\$ 1,330,139.28	\$ 1,394,521.56
Less HSA for employees opting out	(42,900.00)	(49,500.00)
Less 1/2 insurance premium for voluntary opt outs	(74,856.60)	(76,386.60)
Dependent Care Subsidy - Children	30,792.72	30,792.72
Dependent Care Subsidy - Family	6,093.12	6,093.12
Total Annual Cost	\$ 1,212,382.68	\$ 1,305,520.80
Total Annual Increase		\$ 93,138.12
One-time BCBS credit		\$ (25,000.00)
Annual Increase for 1st year		\$ 68,138.12