



EMPLOYEE BENEFITS TRUST / SPECIAL CITY COUNCIL MEETING

City Hall Council Chambers, 298 West Washington Street
Tuesday, March 16, 2021 at 5:30 PM

AGENDA

EMPLOYEE BENEFITS TRUST MEETING

1. Call to Order
2. Employee Benefits Package for Plan Year 2021-2022
3. Adjourn

SPECIAL CITY COUNCIL MEETING

4. Call to Order
5. Consider Approval of Employee Benefits for 2021-2022
6. Adjourn

Notice is hereby given that members of the Stephenville City Council may participate in this meeting via teleconference or videoconference as allowed by Governor's Order due to the COVID-19 pandemic. As allowed by this Order, a quorum may not be present in a physical location.

Pursuant to Section 418.108(g) of the Texas Government Code, a Declaration of Local Disaster issued on April 22, 2020, and in the interest of public health, the city has exercised its right to limit ingress and egress in public buildings. As such, the public will be allowed into city facilities to attend the meeting on a limited basis.

Those wishing to address the Stephenville City Council may do so in person. Written correspondence may also be mailed to City Hall or emailed to Staci King, City Secretary, at slking@stephenvilletx.gov. Written correspondence must be received by 3:00 p.m. on March 16, 2021. For alternate arrangements, please contact Staci at least 48 hours prior to the meeting.

The meeting is available for viewing via livestream on the City's Facebook Page (City of Stephenville – City Hall).

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.



STAFF REPORT

SUBJECT: Consider Approval of Employee Benefits for 2021-2022

DEPARTMENT: Finance

STAFF CONTACT: Monica Harris

RECOMMENDATION:

Staff recommends approving the presented Blue Cross Blue Shield policies for employee health, dental, vision, and life insurance. The Blue Cross Blue Shield policy benefits are comparable to the current UHC policy benefits.

BACKGROUND:

Wellspring Insurance Agency, Inc. requested quotes for health, dental, vision, and life insurance for the City of Stephenville Employee Benefits Plan, and presented those quotes to management. If the City will purchase dental, vision, and life plans with Blue Cross Blue Shield, then Blue Cross Blue Shield offers a proposal that mirrors the current plans, but is 19.60% and 21.21% lower than the current plan premiums. Blue Cross Blue Shield also guaranteed that year two premiums would not exceed 9.9% above year one premiums. Blue Cross Blue Shield's dental proposal is slightly less expensive than the current plan. The vision premium proposal, which is voluntary and 100% employee paid, is slightly more expensive. However, the savings in medical far exceed the additional costs including providing a new employer paid basic life/accidental death and dismemberment policy for \$25,000. In addition, the Blue Cross Blue Shield HSA policy includes a preventative drug program, which allows employees to purchase preventative drugs at a reduced or no cost.

Discussion resulted in choosing to continue offering both the EPO and HSA plans for the 2021-2022 plan year, but changing the HSA to the base plan and the EPO to the buy-up plan. All new hires would continue to only be eligible for the HSA plan with the intent to offer only the HSA plan starting in the 2022-2023 plan year.

Employees currently on the EPO plan would be required to pay the difference in the HSA employee only plan premium of \$421.37 and the EPO employee only plan premium of \$457.73, which is \$36.36 per month. Dependent care subsidies have been removed; but employees with dependent care will see a reduction in cost except for in the EPO employee with children category, which increased \$10.09 per month.

New Benefits will replace MDLive. In addition to TeleDoc and Doctors Online, New Benefits offers discounts on prescriptions, medical equipment, hear aids, lab testing, MRI & CT scans, as well as, health advocacy.

WEX (Discovery Benefits) was selected for COBRA, HSA, and FSA administration.

Staff is recommending a \$1,500 employer HSA contribution, payable \$350 initially on the first pay period in May and \$50 semi-monthly for employees enrolled in the HSA plan.

Employees eligible for Medicare can opt to enroll in one of the Blue Cross Blue Shield plans or can decline coverage. Any employee can decline coverage if they provide proof of insurance coverage elsewhere. Employees who decline coverage will be paid 50% of the \$421.37 monthly employee only base plan premium (\$105.34 semi-monthly). Employees eligible for Medicare who decline coverage will be paid \$421.37 per month (\$210.69 semi-monthly).

FISCAL IMPACT SUMMARY:

In prior years, the City set \$1.2 million as the target cap on the City's cost of employee health insurance benefits. The proposed plan will achieve that goal. The calculation of the employer HSA contributions was based on funds remaining after subtracting the total cost of the plan for this year plus an additional 9.9% for the possible premium increase in year two.

ALTERNATIVES

Choose different plans or plan options.

City of Stephenville
 Medical Insurance Comparison for Health Insurance Plan Year 2021-2022

Current Base Plan - UHC Choice Insurance AN-DQ									
	# Covered	Per Month				Annual Cost	Per Month		
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost
Employee	52	\$ 569.33	\$ -	\$ 569.33	\$ 29,605.16	\$ -	\$ -	\$ -	
Employee + Spouse	2	569.33	112.83	682.16	1,364.32	\$ 832.04	\$ (112.83)	\$ 719.21	
Employee + Children	8	569.33	58.93	628.26	5,026.08	\$ 434.68	\$ (58.93)	\$ 375.75	
Employee + Family	3	569.33	171.71	741.04	2,223.12	\$ 1,266.38	\$ (171.71)	\$ 1,094.67	
Total	65				\$ 38,218.68			\$ 458,624.16	

Proposed Buy Up Plan - BCBS 3.25% Disc w/Dental/Life/Vision										
	# Covered	Per Month				Annual Cost	Per Month			
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost	Increase
Employee	52	\$ 421.37	\$ -	\$ 421.37	\$ 21,911.24	\$ 36.36	\$ -	\$ 36.36	\$ 36.36	
Employee + Spouse	2	421.37	-	421.37	842.74	\$ 705.31	\$ -	\$ 705.31	\$ (13.90)	
Employee + Children	8	421.37	-	421.37	3,370.96	\$ 385.84	\$ -	\$ 385.84	\$ 10.09	
Employee + Family	3	421.37	-	421.37	1,264.11	\$ 1,054.52	\$ -	\$ 1,054.52	\$ (40.15)	
Total	65				\$ 27,389.05			\$ 328,668.60		
Increase in cost to City						\$ -	\$ -		\$ (129,955.56)	

Current Buy Down Plan - UHC AG-YB										
	# Covered	Per Month				Annual Cost	Per Month			
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost	
Employee	58	\$ 534.80		\$ 534.80	\$ 31,018.40	\$ -	\$ -	\$ -		
Employee + Spouse	1	534.80	96.88	631.68	631.68	\$ 414.36	\$ (96.88)	\$ 684.69		
Employee + Children	4	534.80	50.60	585.40	2,341.60	\$ 1,657.44	\$ (50.60)	\$ 357.72		
Employee + Family	2	534.80	147.44	682.24	1,364.48	\$ 828.72	\$ (147.44)	\$ 1,042.13		
Total	65				\$ 35,356.16	\$ 26,933.40	\$ 451,207.32			

Proposed HSA Base Plan - BCBS 3.25% Disc w/Dental/Life/Vision										
	# Covered	Per Month				Annual Cost	Per Month			
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost	
Employee	58	\$ 421.37	\$ -	\$ 421.37	\$ 24,439.46	\$ -	\$ -	\$ -		
Employee + Spouse	1	421.37	-	421.37	421.37	\$ -	\$ -	\$ 615.80	\$ (68.89)	
Employee + Children	4	421.37	-	421.37	1,685.48	\$ -	\$ -	\$ 321.73	\$ (35.99)	
Employee + Family	2	421.37	-	421.37	842.74	\$ -	\$ -	\$ 937.26	\$ (104.87)	
Total	65				\$ 27,389.05	\$ -	\$ 328,668.60			
Increase in cost to City						\$ -	\$ -		\$ (122,538.72)	

**City of Stephenville
Medical Insurance Comparison for Health Insurance Plan Year 2021-2022**

Employees Opting Out - Current										
	# Covered	Per Month				Annual Cost	Per Month			
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost	
Employee - on Medicare plan	2	\$ 569.33		\$ 569.33	\$ 1,138.66		\$ -	\$ -		
Employee - on Medicare plan	3	\$ 534.80		\$ 534.80	\$ 1,604.40					
Employee- on non-Medicare plan	1	\$ 284.68		\$ 284.68	\$ 284.68					
Employee- on non-Medicare plan	19	\$ 267.40		\$ 267.40	\$ 5,080.60		\$ -	\$ -		
Total	25			\$ 8,108.34		\$ 97,300.08				

Employees Opting Out - Proposed										
	# Covered	Per Month				Annual Cost	Per Month			
		City	Subsidy	Total	Cost		Employee	Less Subsidy	Employee Cost	
Employee - on Medicare plan	5	\$ 421.37		\$ 421.37	\$ 2,106.85		\$ -	\$ -		
Employee- on non-Medicare plan	20	\$ 210.69		\$ 210.69	\$ 4,213.70		\$ -	\$ -		
Total	25			\$ 6,320.55		\$ 75,846.60				
Increase in cost to City				\$ (1,787.79)		\$ (21,453.48)				

				Current	Proposed	Savings
Total City Cost for all plans	155		\$	1,007,131.56	\$ 733,183.80	\$ 273,947.76
Positions vacant	13		\$	88,815.48	\$ 65,733.72	\$ 23,081.76
Dental	168	\$ 25.30	\$ 24.04	\$ 51,004.80	\$ 48,464.64	\$ 2,540.16
MDLive switch to New Benefits	168	\$ 5.50	\$ 7.50	\$ 11,088.00	\$ 15,120.00	\$ (4,032.00)
HSA Contributions including vacant positions*	78	\$ 600.00	\$ 1,500.00	\$ 46,800.00	\$ 117,000.00	\$ (70,200.00)
New Basic Life/AD&D Employer Paid	168		\$	-	\$ 6,604.00	\$ (6,604.00)
COBRA Administration	168	pppm	\$ 0.70	\$ -	\$ 1,411.20	\$ (1,411.20)
HSA Administration	78	pppm	\$ 2.25	\$ -	\$ 2,106.00	\$ (2,106.00)
FSA Administration	65	pppm	\$ 4.15	\$ -	\$ 1,273.00	\$ (1,273.00)
Wellsprings Insurance Benefits Consultant				\$ -	\$ 30,000.00	\$ (30,000.00)
Total City Cost for insurance				1,204,839.84	\$ 1,020,896.36	\$ 183,943.48
Baseline Insurance			\$	1,200,000.00	\$ 1,200,000.00	
Variance from Baseline			\$	(4,839.84)	\$ 179,103.64	
Reduce by 9.9% maximum health insurance increase for year 2					\$ 79,092.83	
Amount Available for additional HSA Contributions					\$ 100,010.81	
Possible HSA additional enrollment	65		1,500.00		\$ 97,500.00	
					\$ 2,510.81	

*Will be paid Quarterly in Advance



Pay \$300 HSA advance & \$50 per pay period 2 x a month



CITY OF STEPHENVILLE - MAY 1, 2021 EFFECTIVE DATE

MEDICAL PLAN ANALYSIS - BLUE CROSS BLUE SHIELD

	CURRENT/RENEWAL PLANS		CURRENT PLANS REVISED FINAL		CURRENT PLANS W/ PERF. FUNDING		BCBS OPTION 1 - Premium Tax Removed		3.25% DISC W/ DENTAL/LIFE/VISION	
	UHC ANDQ EPO	AGYB HSA EPO	UHC ANDQ EPO	AGYB HSA EPO	UHC ANDQ EPO	AGYB HSA EPO	BCBS	BCBS	BCBS	BCBS
Coinsurance	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Deductible Ind/Fam	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
Office Copay	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD
RX Copay	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD
RX Deductible	\$250	\$3000/\$6000								
Urgent Care/ER	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD
Coinsurance/ OOP Max	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700
Total Employee Count:	130		130		130		130		130	
Employee Only	52	58	52	58	52	58	52	58	52	58
Employee Spouse	2	1	2	1	2	1	2	1	2	1
Employee Child(ren)	8	4	8	4	8	4	8	4	8	4
Employee Family	3	2	3	2	3	2	3	2	3	2
	65	65	65	65	65	65	65	65	65	65
Billed Rates:										
Employee Only	\$569.33	\$534.80	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$457.73	\$421.37
Employee Spouse	\$1,401.37	\$1,316.37	\$1,193.99	\$1,099.12	\$1,231.79	\$1,133.92	\$1,164.53	\$1,072.01	\$1,126.68	\$1,037.17
Employee Child(ren)	\$1,004.01	\$943.12	\$855.44	\$787.48	\$882.52	\$812.42	\$834.33	\$768.06	\$807.21	\$743.10
Employee Family	\$1,835.71	\$1,724.37	\$1,564.06	\$1,439.79	\$1,613.57	\$1,485.38	\$1,525.47	\$1,404.27	\$1,475.89	\$1,358.63
Total Percent Change										
Total Monthly Premium	\$45,947.11	\$39,555.99	\$39,147.84	\$33,027.94	\$40,387.33	\$34,073.80	\$38,181.83	\$32,212.95	\$36,940.67	\$31,166.29
Total Annual Premium	\$551,365.32	\$474,671.88	\$469,774.08	\$396,335.28	\$484,647.96	\$408,885.60	\$458,181.96	\$386,555.40	\$443,288.04	\$373,995.48
Combined Annual Premium	\$1,026,037.20		\$866,109.36		\$893,533.56		\$844,737.36		\$817,283.52	
City Annual Premium	\$882,898.08		\$726,663.60		\$749,673.60		\$708,731.40		\$657,337.20	
City HSA Cont. \$600	\$46,800.00		\$117,000.00		\$117,000.00		\$117,000.00		\$117,000.00	
Total Cost to City	\$929,698.08		\$843,663.60		\$866,673.60		\$825,731.40		\$774,337.20	
Change in City Cost			-14.80%	-16.50%	-12.10%	-13.86%	-16.90%	-18.56%	-19.60%	-21.21%
Employer Monthly Cost by Coverage Tier										
Employee Only	\$569.33	\$534.80	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Spouse	\$682.16	\$631.68	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Child(ren)	\$628.26	\$585.40	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Family	\$741.04	\$682.24	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Cost Per Month										
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.36	\$0.00
Employee Spouse	\$719.21	\$684.69	\$708.91	\$652.58	\$731.35	\$673.24	\$691.42	\$636.49	\$705.31	\$615.80
Employee Child(ren)	\$375.75	\$357.72	\$370.36	\$340.94	\$382.08	\$351.74	\$361.22	\$332.54	\$385.84	\$321.73
Employee Family	\$1,094.67	\$1,042.13	\$1,078.98	\$993.25	\$1,113.13	\$1,024.70	\$1,052.36	\$968.75	\$1,054.52	\$937.26

  CITY OF STEPHENVILLE - MAY 1, 2021 EFFECTIVE DATE							
DENTAL PLAN ANALYSIS							
	CURRENT/RENEWAL - UHC		MARKET 1	MARKET 2	MARKET 3	MARKET 4	MARKET 5
Benefits	UHC	UHC	BCBS	Unum	Dental Select	Cigna	Principal
Annual Deductible (single/family)	\$50/\$150	\$50/150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Preventive Care	100%	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%	50%
Endodontics / Periodontics	80%	80%	80%	80%	80%	80%	80%
Orthodontics	50%	50%	50%	50%	50%	50%	50%
Annual Max Per Member	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Child Orthodontics	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19
Orthodontics Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Out of Network Benefits	90th %	90th %	90th %	90th %	90th %	90th %	90th %
Waiting Period	None	None	None	None	None	None	None
CarryOver Benefits	N/A	N/A	N/A	CARRYOVER	MaxRewards	N/A	N/A
Rate Guarantee				2 year	2 year		1 year
EMPLOYEE COUNTS:							
Employee Only	105	105	105	105	105	105	105
Employee & Spouse	11	11	11	11	11	11	11
Employee & Child(ren)	14	14	14	14	14	14	14
Employee & Family	23	23	23	23	23	23	23
TOTAL EMPLOYEE COUNT	153	153	153	153	153	153	153
BILLED PREMIUM:							
Employee Only	\$25.30	\$25.30	\$24.04	\$18.98	\$21.25	\$22.78	\$19.70
Employee & Spouse	\$55.90	\$55.90	\$53.11	\$41.94	\$46.96	\$55.34	\$43.53
Employee & Child(ren)	\$64.82	\$64.82	\$61.58	\$48.62	\$54.45	\$58.37	\$50.47
Employee & Family	\$98.22	\$98.22	\$93.31	\$73.68	\$82.51	\$88.45	\$76.48
Total Monthly Premium	\$6,437.94	\$6,437.94	\$6,116.66	\$4,829.56	\$5,407.84	\$5,852.17	\$5,012.95
Total Annual Premium	\$77,255.28	\$77,255.28	\$73,399.92	\$57,954.72	\$64,894.08	\$70,226.04	\$60,155.40
City Cost	\$46,450.80	\$46,450.80	\$44,137.44	\$34,847.28	\$39,015.00	\$41,824.08	\$36,169.20
TOTAL \$ Change in Premium		\$0.00	-\$3,855.36	-\$19,300.56	-\$12,361.20	-\$7,029.24	-\$17,099.88
TOTAL % Change in Premium		0.0%	-5.0%	-25.0%	-16.0%	-9.1%	-22.1%
Employee Cost Per Pay Period (24pp)							
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$15.30	\$15.30	\$14.54	\$11.48	\$12.86	\$16.28	\$11.92
Employee Child(ren)	\$19.76	\$19.76	\$18.77	\$14.82	\$16.60	\$17.80	\$15.39
Employee Family	\$36.46	\$36.46	\$34.64	\$27.35	\$30.63	\$32.84	\$28.39

Declined to Quote:

Standard, Delta Dental, UCCI Dental (uncompetitive)



CITY OF STEPHENVILLE - MAY 1, 2021

VISION PLAN ANALYSIS

	Current/Renewal	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5	Plan Option 6
	UHC	BCBS	Aetna	Cigna	Mutual of Omaha	Principal	Unum
Network						VSP Choice	Unum VisionCare
Benefit Frequency	12 / 12 /24	12 / 12 /24	12 / 12 /24	12 / 12 /24	12 / 12 /24	12/12/24	12 / 12 /12
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Frame Allowance	\$150 Allowance, 20% off balance	\$130 Allowance, 20% off balance	\$120 Allowance, 20% off balance	\$150 Allowance, 20% off balance	\$150 Allowance, 20% off balance	\$130 Allowance, 20% off balance	\$150 Allowance, 20% off balance
Contacts Allowance	6 Boxes/150 Benefit Allowance	6 Boxes/150 Benefit Allowance	\$150 Allowance, 15% off balance	6 Boxes/150 Benefit Allowance	6 Boxes/150 Benefit Allowance	\$130 Allowance, 15% off balance	6 Boxes/150 Benefit Allowance
Medical necessary Contacts	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Contact Fitting Fee Allowance	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40
Single vision	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Bifocal	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Trifocal	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Lenticular	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Standard Progressive	\$25 Copay	\$25 Copay	\$90 Copay	\$25 Copay	\$65 Copay	\$25 Copay	\$70 Allowance
Rate Guarantee	2 Years Remaining	4 Years	4 Years	2 Years	2 Years	2 years	4 years
EMPLOYEE COUNTS:							
Employee Only	48	48	48	48	48	48	48
Employee + 1	23	23	23	23	23	23	23
Employee & Family	32	32	32	32	32	32	32
BILLED PREMIUM:							
Employee Only	\$7.26	\$7.60	\$6.52	\$6.23	\$7.26	\$5.69	\$5.82
Employee & Spouse	\$12.36	\$14.44	\$12.39	\$12.46	\$12.36	\$12.19	\$9.90
Employee & Child(ren)		\$15.20		\$12.59		\$9.04	
Employee & Family	\$18.18	\$22.35	\$18.08	\$20.09	\$18.18	\$16.23	\$14.54
Total Monthly Premium	\$1,214.52	\$1,412.12	\$1,176.49	\$1,228.50	\$1,214.52	\$1,072.85	\$972.34
Total Annual Premium	\$14,574.24	\$16,945.44	\$14,117.88	\$14,742.00	\$14,574.24	\$12,874.20	\$11,668.08
TOTAL \$ Change in Premium		\$197.60	-\$38.03	\$13.98	\$0.00	-\$141.67	-\$242.18
TOTAL % Change in Premium		16.3%	-3.1%	1.2%	0.0%	-11.7%	-19.9%
Employee Cost Per Pay Period (24pp)							
Employee Only	\$3.63	\$3.80	\$3.26	\$3.12	\$3.63	\$2.85	\$2.91
Employee + 1	\$6.18	\$7.22	\$6.20	\$6.23	\$6.18	\$6.10	\$4.95
Employee Family	\$9.09	\$11.18	\$9.04	\$10.05	\$9.09	\$8.12	\$7.27



CITY OF STEPHENVILLE - MAY 1, 2021

BASIC LIFE / AD&D - EMPLOYER PAID

	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5
Rates	BCBS	BCBS	Cigna	Hartford	Hartford
Life Rate per \$1,000	\$0.116	\$0.111	\$0.160	\$0.155	\$0.155
AD&D Rate per \$1,000	\$0.031	\$0.031	\$0.030	\$0.030	\$0.030
Combined Life/AD&D Rate per \$1,000	\$0.147	\$0.142	\$0.190	\$0.185	\$0.185
Total Monthly Volume	\$3,743,750	\$7,487,500	\$3,743,750	\$3,743,750	\$7,487,500
Total Monthly Premium	\$550.33	\$1,063.23	\$711.31	\$692.59	\$1,385.19
Total Annual Premium	\$6,603.98	\$12,758.70	\$8,535.75	\$8,311.13	\$16,622.25
Benefits					
Class 1 Description:	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees
Life Amount	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
AD&D Amount	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
Maximum Benefit	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
Age Reduction Schedule					
First Reduction	35% at age 65	35% at age 65	35% at age 65	35% at age 65	35% at age 65
Second Reduction	50% at age 70	50% at age 70	50% at age 70	50% at age 70	50% at age 70
Conversion / Portability	Included	Included	Included	Included	Included
Waiver of Premium	Included	Included	Included	Included	Included
Elimination Period	9 months	9 months	9 months	9 months	9 months
Maximum Age Duration	To Age 65	To Age 65	To Age 65	To Age 65	To Age 65
Accelerated Benefit	50% of Benefit	50% of Benefit	50% of Benefit	50% of Benefit	50% of Benefit
Maximum Benefit	\$12,500	\$25,000	\$12,500	\$12,500	\$25,000
Enhanced Product Services					
Travel Assistance Services	Included	Included	Included	Included	Included
Employee Assistance Program	Enhanced (5 Face to Face)	Enhanced (5 Face to Face)	Included	Included	Included
Beneficiary Resources Services	Included	Included	Included	Included	Included
Temporary Layoff / Leave					
Rate Guarantee	2 yr Rate Guarantee 2 yr Rate Guarantee				



CITY OF STEPHENVILLE - 2021-2022 PLAN YEAR

Third Party Administrators

	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
ADMINISTRATIVE SERVICES	TASC	WEX (Discovery Benefits)	InfiniSource	Alt Bentley Yates
COBRA ADMINISTRATION				
Initial Notification	X	X	X	X
Qualifying Event Notification	X	X	X	X
Premium Collection	X	X	X	X
Reports - Status Changes, Remittance	X	X	X	X
Member Portal - Online Elections	X	X	X	X
		Discovery Marketplace		
Administrative Fees - PPPM	\$1,000	\$0.700	\$0.650	\$0.650
Minimum Monthly Fee	\$50	\$85	\$50	\$35
Initial Setup Fee	\$50 (Annual Renewal Fee)	N/A	Waived	\$100 (MultiPlan Discount)
COBRA Open Enrollment Packets	\$30/packet		\$12/packet	\$15/packet
Number of Eligible Employees	153	153	153	153
Number of Covered Employees	131	131	131	131
Estimated Annual Fees	\$1,572.00	\$1,100.40	\$1,021.80	\$1,121.80
		<i>4 year rate guarantee</i>		<i>3 year rate guarantee</i>
HSA ADMINISTRATION			Not Quoted	
Administrative Fees - PPPM	\$3	\$2.25		\$4.25
Minimum Monthly Fee	\$75	\$25		\$65
Initial Setup Fee	\$100 Annual Membership Fee	\$100 (Annual Renewal Fee)		\$100 (Annual Renewal Fee)
Section 125 Plan Documents	Included	Included		\$250 (Multi-Plan Discount)
Limited Purpose FSA for dental/vision	Included			
Dependent Care Account	Optional*			
	\$25,000 Identity Theft included			
Eligible Employees	153	153		153
Number of HSA Participants	52	52		52
Estimated Annual Fees	\$1,972.00	\$1,350.00		\$880.00
FSA ADMINISTRATION			Not Quoted	
Administrative Fees - PPPM	\$4.25	\$4.15		\$4.25
Minimum Monthly Fee	\$75	\$50		\$65
Initial Setup Fee	\$100 Annual Membership Fee	\$100 (Annual Renewal Fee)		\$100 (Annual Renewal Fee)
Section 125 Plan Documents	Included	Included		\$250 (Multi-Plan Discount)
Limited Purpose FSA for dental/vision	Included	Available		
Dependent Care Account	Optional*	Available		
	\$25,000 Identity Theft included			
Eligible Employees	153	153		153
Number of HSA Participants	23	23		52
Estimated Annual Fees	\$1,273.00	\$1,145.40		\$880.00
PREMIUM ONLY PLAN (POP)	Free with HSA or FSA Admin	Free with FSA Administration		
Initial Setup Fee	\$500	\$450	\$450	\$350 (Wellspring Discount)
Annual Renewal Fee	\$50	\$450	\$450	\$250

*Unlimited accounts available:
 Tuition Reimbursement, Student
 Loan Reimbursement, Parking,
 Wellness Rewards