

**AGENDA**  
CITY OF DICKINSON  
**EMPLOYEE BENEFITS TRUST**  
**SPECIAL MEETING**

**May 9, 2023**

**NOTICE** is hereby given of a **SPECIAL MEETING** of the City of Dickinson Employee Benefits Trust to be held **Tuesday, May 9, at 6:00 p.m.**, at the City of Dickinson City Hall, 4403 Highway 3, Dickinson, Texas, for the purpose of considering the following agenda items.

The City of Dickinson Employee Benefits Trust reserves the right to retire into Executive Session concerning any of the agenda items whenever it is considered necessary and legally justified pursuant to Texas Government Code, Chapter 551.

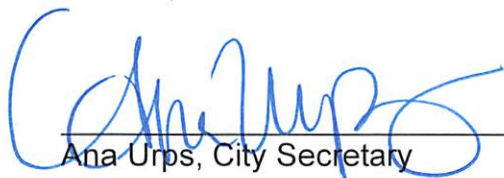
**ITEM 1.) CALL TO ORDER AND CERTIFICATION OF A QUORUM**

**ITEM 2.) CONSIDERATION AND POSSIBLE ACTION REGARDING:** Accepting the offer from Blue Cross Blue Shield for Employee Medical/Pharmacy and Dental Insurances.

**ITEM 3.) ADJOURN**

**CERTIFICATION**

This is to certify that a copy of the Notice of the City of Dickinson Employee Benefits Trust Special Meeting for **Tuesday, May 9, 2023**, was posted on the bulletin board at Dickinson City Hall, 4403 Highway 3, Dickinson, Texas, on this 5<sup>th</sup> day of May 2023, prior to 6:00 p.m.

  
\_\_\_\_\_  
Ana Urps, City Secretary

In compliance with the Americans with Disabilities Act, the City of Dickinson will provide reasonable accommodations for disabled persons attending City of Dickinson Employee Benefits Trust meetings. Requests should be received at least 24 hours prior to the scheduled meeting, by contacting the City Secretary's office at 281-337-6204, or by FAX at 281-337-6190.



Advocacy. Tailored Insurance Solutions. Peace of Mind

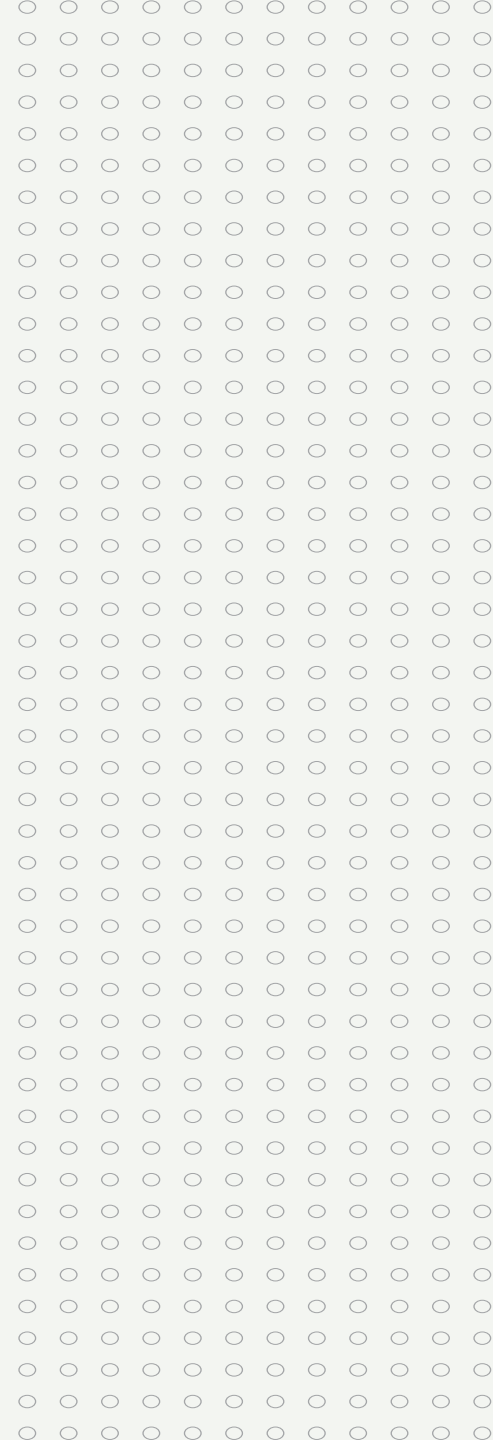


# City of Dickinson 2023 Renewal

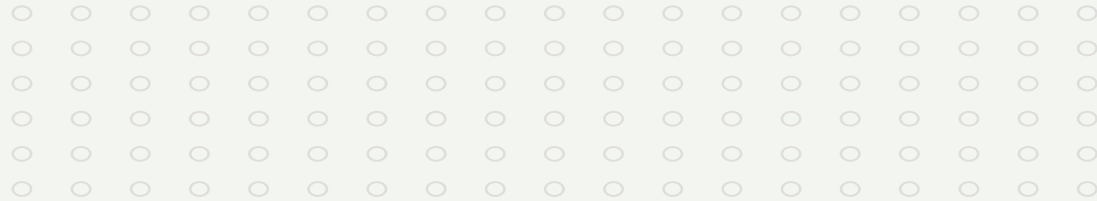
Senior Account Executive – Brett Bowers, MBA

Account Manager – Angela Vacula

Marketing Assistant – Gladys Gautier



# 1



**2022-2023**

**Renewal Recap**

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# Inforce Vendors – Recap



COVERAGE	CARRIER	2021 RFP OUTCOME	2022 RENEWAL OUTCOME	2023 RENEWAL
Medical / Rx	BCBS of Texas	<p>BCBS's offer was a <b>-24% decrease</b> for improved benefits.</p> <ul style="list-style-type: none"> <li>❑ PPO - deductible decreased to \$1,500 from \$3,000</li> <li>❑ HDHP - deductible decreased to \$2,900 from \$4,000</li> <li>❑ Implemented 100% EE + 35% Dep. Subsidy</li> </ul>	<p>Original Renewal was +15.8% but adjusted to a <b>+5%</b> Increase</p> <ul style="list-style-type: none"> <li>❑ Implemented 96% EE + 55% Dep. Subsidy</li> </ul>	<p>Original Renewal was +14.6% but adjusted to a <b>+5%</b> Increase</p>
Dental	BCBS	<p>MetLife's offer was a <b>-13% decrease</b> for enhanced benefits.</p> <ul style="list-style-type: none"> <li>❑ Annual Maximum increased to \$1,750 from \$1,500</li> </ul>	<p>MetLife: 0% Increase</p> <p>BCBS Proposal: <b>+5.2%</b> Increase <i>Annual Maximum decreased to \$1,500</i></p>	<p>BCBS Renewal is <b>+5.0%</b> Increase</p>
Vision	BCBS of Texas	<p>BCBS's offer was comparable for improved benefits.</p> <ul style="list-style-type: none"> <li>❑ The Material Copay was reduced to \$10 from \$15</li> </ul>	<p><b>0%</b> increase <i>Year 2 of a 4 yr. guarantee</i></p>	<p><b>July 2025</b></p>

# Inforce Vendors – Recap



COVERAGE	CARRIER	2021 RFP OUTCOME	2022 RENEWAL OUTCOME	2023 RENEWAL
Basic Life and Voluntary Life	BCBS of Texas	BCBS's offer was a <b>-5% decrease</b> for improved benefits. <input type="checkbox"/> The Basic Life age reduction schedule was eliminated	0% increase Year 2 of a 3 yr. guarantee	July 2024
Long -Term Disability	BCBS of Texas	BCBS's offer was a <b>-20% decrease</b> for improved benefits. <input type="checkbox"/> Monthly maximum was increased to \$7,500 from \$5,000	0% increase Year 2 of a 3 yr. guarantee	Moved % from 60% to 66.67% with no change in rates July 2024
Short -Term Disability	BCBS of Texas	*New coverage was implemented for Short-Term Disability	0% increase Year 2 of a 3 yr. guarantee	July 2024
Health Savings Account	Flores	*New pretax account was implemented: <input type="checkbox"/> H.S.A. - \$139.87 monthly deposit	<input type="checkbox"/> H.S.A. - \$96.18 <u>monthly</u> deposit	<input type="checkbox"/> H.S.A. - \$117.86 <u>monthly</u> deposit
Flexible Spending Account	Flores	*New pretax account was implemented: <input type="checkbox"/> Medical Spending and Dependent Care	<input type="checkbox"/> \$2,750 / \$550 Rollover	<i>New IRS limits</i> <input type="checkbox"/> \$3,050 / \$610 Rollover

# Inforce Vendors – Recap



COVERAGE	CARRIER	2021 RFP OUTCOME	2022 RENEWAL OUTCOME	2022 RENEWAL
<b>Employee Assistance Program</b>	UTEAP	Provided at no additional cost: <input type="checkbox"/> 3 face-to-face sessions	Implemented UTEAP	No Change
<b>Voluntary Worksite Coverages</b>	American Fidelity	AFLAC <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Hospital Indemnity Plan	Moved Coverage to American Fidelity <input type="checkbox"/> 1-1 enrollment support	No Change
<b>Benefit Connector</b>	Triune	*New Online Enrollment & Eligibility Management System	No Change	No Change

In 2021, after the RFP the City had a \$50,000 surplus which they put in a reserve fund.

# 2



**2023-2024**

**Medical & Pharmacy Renewal**

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# PROPOSED RENEWAL WITH ADDITION OF HMO PLAN

MEDICAL BENEFITS	PPO	H.S.A.	BCBS		BCBS		
			PPO	H.S.A.	PPO	H.S.A.	HMO
FINANCIALS	EE's		2022-23	2022-23	2023-24	2023-24	PROPOSED
Employee Only	69	17	\$673.39	\$550.27	\$711.36	\$565.05	\$598.84
Employee & Spouse	6	4	\$1,847.65	\$1,509.83	\$1,951.82	\$1,550.41	\$1,643.10
Employee & Child(ren)	15	6	\$1,261.13	\$1,030.55	\$1,332.23	\$1,058.24	\$1,121.51
Employee & Family	4	1	\$2,435.46	\$1,990.16	\$2,572.76	\$2,043.64	\$2,165.83
	<b>94</b>	<b>28</b>					
Monthly Premium	122		\$86,208.60	\$23,567.37	\$91,069.25	\$24,200.57	-
Annual Months			\$1,034,503.20	\$282,808.44	\$1,092,831.00	\$290,406.84	-
Combined Monthly			\$109,776		\$115,270		
Combined Annual			\$1,317,311.64		\$1,383,237.84		
\$ Change from Current					\$65,926		
% Change from Current					5.0%		

Bundling Discount- Dental

\$13,173.12

**\$13,304.85**



# BCBS Medical Plans



- ❑ Recommendation is to add an HMO medical plan.
- ❑ Same benefits as PPO
- ❑ 97% match on network providers

CARRIER NAME	BCBS	BCBS	BCBS
	2023-24	PROPOSED	2023-24
<b>NETWORK</b>	BlueChoice	BlueChoice	BlueChoice
<b>Plan Type</b>	MTBCP014 <b>PPO</b>	MTBEE014 <b>HMO</b>	MTBCP019H <b>H.S.A- PPO</b>
<b>Deductible (Indiv / Family)</b>			
In-Network	\$1,500 Ind. / \$3,000 Fam.	\$1,500 Ind. / \$3,000 Fam.	\$2,900 Ind. / \$5,800 Fam.
<b>Out Of Pocket Max</b>			
In-Network	\$4,500 Ind. / \$13,500 Fam.	\$4,500 Ind. / \$13,500 Fam.	\$5,800 Ind. / \$11,600 Fam.
<b>Coinsurance</b>			
In-Network	20%	20%	20%
<b>Telemedicine</b>			
	\$0	\$0	\$44
<b>Physician Office Visit</b>			
In-Network	\$35	\$35	Ded + 20%
<b>Specialist Office Visit</b>			
In-Network	\$70	\$70	Ded + 20%
<b>Preventive Care</b>			
In-Network	0%	0%	0%
<b>Urgent Care</b>			
In-Network	\$75	\$75	Ded + 20%
<b>Emergency Room</b>			
In-Network	\$500 + 20%	\$500 + 20%	Ded + 20%
Non-Network	\$500 + 20%	\$500 + 20%	-
<b>Diagnostic Lab &amp; X-Ray</b>			
In-Network	0% in office setting; Deductible + Coinsurance for outpatient or independent lab	0% in office setting; Deductible + Coinsurance for outpatient or independent lab	Ded + 20%
<b>Rehab Therapy- PT/OT/ST</b>			
In-Network	\$70	\$70	Ded + 20%
<b>In-Patient Hospital</b>			
In-Network	Ded + 20%	Ded + 20%	Ded + 20%
<b>Out-Patient</b>			
In-Network	Ded + 20%	Ded + 20%	Ded + 20%
<b>Prescriptions</b>			
	No Separate Deductible	No Separate Deductible	No Separate Deductible <b>Preventive Drug List</b>
Preferred Generic	Tier 1: PF \$0, NPF \$10	Tier 1: PF \$0, NPF \$10	Deductible
Preferred Brand	Tier 2: PF \$10, NPF \$20	Tier 2: PF \$10, NPF \$20	Deductible
Non-Preferred Brand	Tier 3: PF \$50, NPF \$70	Tier 3: PF \$50, NPF \$70	Deductible
Preferred Specialty Drugs	Tier 4: PF \$100, NPF \$120	Tier 4: PF \$100, NPF \$120	Deductible
	Tier 5: \$150	Tier 5: \$150	Deductible
	Tier 6: \$250	Tier 6: \$250	Deductible
<b>Mail Order</b>	3x	3x	

# Medical Plans



Depending on an employee’s financial situation and healthcare needs, they will enroll in the plan that best meets their needs with consideration to **the monthly premiums, the plan's provider network and expected out-of-pocket costs.** These will all factor into determining which plan will best fit an individual’s needs and budget.

**CITY OF DICKINSON**  
**2023-24 MEDICAL RATES 94.4% Employee + 55% Dependent - \$1,755.72 EE H.S.A. SUBSIDY**

Total Medical Rate	PPO Plan	Full Time Employees
\$711.36	Employee	122
\$1,951.82	+ Spouse	10
\$1,332.23	+ Children	21
\$2,572.76	+ Family	5
	Premium Contributions	122

Medical Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$711.36	\$671.36	94.4%	\$40.00
\$1,240.46	\$682.25	55.0%	\$558.21
\$620.87	\$341.48	55.0%	\$279.39
\$1,861.40	\$1,023.77	55.0%	\$837.63
\$1,458,429.48	\$1,212,219.47	83.1%	\$246,209.30

	Total Employee Contribution (\$)
Employee	\$40.00
Employee + Spouse	\$598.21
Employee + Children	\$319.39
Employee + Family	\$877.63

Payroll Employee Contribution (\$)
\$20.00
\$299.10
\$159.70
\$438.82

Total Medical Rate	HMO Plan	Full Time Employees
\$598.84	Employee	122
\$1,643.10	+ Spouse	10
\$1,121.51	+ Children	21
\$2,165.83	+ Family	5
	Premium Contributions	122

Medical Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$598.84	\$598.84	100.0%	\$0.00
\$1,044.26	\$682.25	65.3%	\$362.01
\$522.67	\$341.48	65.3%	\$181.19
\$1,566.99	\$1,023.77	65.3%	\$543.22
\$1,227,745.20	\$1,106,050.90	90.1%	\$121,694.30

	Total Employee Contribution (\$)
Employee	\$0.00
Employee + Spouse	\$362.01
Employee + Children	\$181.19
Employee + Family	\$543.22

Payroll Employee Contribution (\$)
\$0.00
\$181.00
\$90.60
\$271.61

Total Medical Rate	HDHP PLAN w/ H.S.A.	Full Time Employees
\$565.05	Employee	122
\$1,550.41	+ Spouse	10
\$1,058.24	+ Children	21
\$2,043.64	+ Family	5
	Premium Contributions	122

Medical Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$565.05	\$565.05	100.0%	\$0.00
\$985.36	\$682.25	69.2%	\$303.11
\$493.19	\$341.48	69.2%	\$151.71
\$1,478.59	\$1,023.77	69.2%	\$454.82
\$1,158,475.68	\$1,056,582.34	91.2%	\$101,893.34

	Total Employee Contribution (\$)
Employee	\$0.00
Employee + Spouse	\$303.11
Employee + Children	\$151.71
Employee + Family	\$454.82

Payroll Employee Contribution (\$)
\$0.00
\$151.55
\$75.86
\$227.41

	H.S.A	H.R.A
Max Annual Funding	\$214,197.84	\$164,729.28
Max City Contribution	\$1,056,582.34	\$1,106,050.90
Total Max	<b>\$1,270,780.18</b>	<b>\$1,270,780.18</b>

Per Capita PPO	
Total	\$11,954.34
Employer	\$9,936.23
Employee	\$2,018.11

PPO Rate - HMO Rate	City H.R.A. Funding
\$711.36 - \$598.84	\$112.52
	<b>\$1,350.24</b>

Monthly  
Annual

PPO Rate - HDHP Rate	City H.S.A. Funding
\$711.36 - \$565.05	\$146.31
	<b>\$1,755.72</b>

Monthly  
Annual

**PROPOSED RENEWAL**

**CITY OF DICKINSON**  
**2022-23 MEDICAL RATES 96% Employee + 55% Dependent - \$1,154 EE H.S.A. SUBSIDY**

Total Medical Rate	PPO Plan	Full Time Employees
\$673.39	Employee	111
\$1,847.65	+ Spouse	7
\$1,261.13	+ Children	21
\$2,435.46	+ Family	6
	Premium Contributions	111

Medical Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$673.39	\$646.45	96.0%	\$26.94
\$1,174.26	\$645.84	55.0%	\$528.42
\$587.74	\$323.26	55.0%	\$264.48
\$1,762.07	\$969.14	55.0%	\$792.93
\$1,270,572.84	\$1,066,566.81	83.9%	\$204,006.03

	Total Employee Contribution (\$)	Payroll Employee Contribution (\$)
Employee	\$26.94	\$13.47
Employee + Spouse	\$555.35	\$277.68
Employee + Children	\$291.42	\$145.71
Employee + Family	\$819.87	\$409.93

Total Medical Rate	HDHP PLAN w/ H.S.A.	Full Time Employees
\$550.27	Employee	111
\$1,509.83	+ Spouse	7
\$1,030.55	+ Children	21
\$1,990.16	+ Family	6
	Premium Contributions	111

Medical Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$550.27	\$550.27	100.0%	\$0.00
\$959.56	\$645.84	67.3%	\$313.72
\$480.28	\$323.26	67.3%	\$157.02
\$1,439.89	\$969.14	67.3%	\$470.75
\$1,038,265.32	\$938,449.19	90.4%	\$99,816.13

	Total Employee Contribution (\$)	Payroll Employee Contribution (\$)
Employee	\$0.00	\$0.00
Employee + Spouse	\$313.72	\$156.86
Employee + Children	\$157.02	\$78.51
Employee + Family	\$470.75	\$235.38

Assumes <25% increase in Dependent Enrollment

Max Annual H.S.A. Funding	\$	128,117.62
Max City HDHP Contribution		\$938,449.19
Total Max for HDHP	\$	<b>1,066,566.81</b>

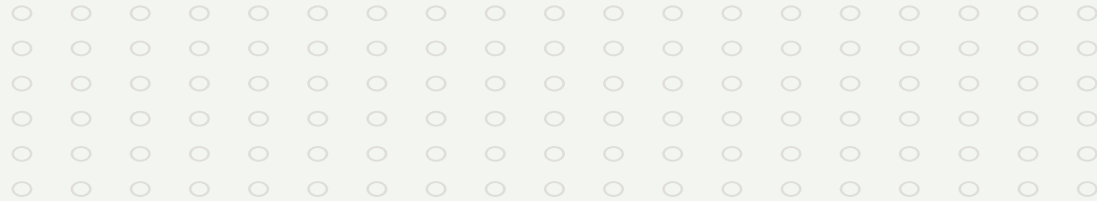
EPO Rate - HDHP Rate	City H.S.A. Funding
646.65 - 550.27	\$96.18
	<b>\$1,154.21</b>

Monthly  
Annual

Per Capita PPO	
Total	\$11,446.60
Employer	\$9,608.71
Employee	\$1,837.89

**LAST PLAN YEAR**

# 3



**2023-24**

**Dental Renewal**

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# BCBS Dental Renewal



DENTAL BENEFITS			BCBS	
			Low Plan	High Plan
			DTNHM39 Passive PPO	DTNLR33 Passive PPO
<u>Type I – Preventive Services</u>			<b>2023-24</b>	<b>2023-24</b>
Employee Only	40	26	\$22.95	\$30.96
Employee & Spouse	8	11	\$45.92	\$61.94
Employee & Child(ren)	8	12	\$55.93	\$79.16
Employee & Family	7	12	\$86.12	\$120.70
Monthly Premium			\$2,335.64	\$3,884.62
Annual Premium			\$28,027.68	\$46,615.44
\$ Change from Current			<b>\$1,333.20</b>	<b>\$2,218.92</b>
\$ Change from Current- Combined			<b>\$3,552.12</b>	
% Change from Current			<b>5.0%</b>	

**CITY OF DICKINSON  
2023-24 DENTAL RATES 100% Employee + 0% Dependent**

Total Dental Rate
\$22.95
\$45.92
\$55.93
\$86.12

BCBS Low Plan (NO ORTHO)	Full Time Employees
Employee	124
+ Spouse	19
+ Children	20
+ Family	19
Premium Contributions	124

Dental Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$22.95	\$22.95	100.0%	\$0.00
\$22.97	\$0.00	0.0%	\$22.97
\$32.98	\$0.00	0.0%	\$32.98
\$63.17	\$0.00	0.0%	\$63.17
\$61,704.72	\$34,149.60	55.3%	\$27,555.12

	Total Employee Contribution (\$)
Employee	\$0.00
Employee + Spouse	\$22.97
Employee + Children	\$32.98
Employee + Family	\$63.17

Payroll Employee Contribution (\$)
\$0.00
\$11.49
\$16.49
\$31.59

Total Dental Rate
\$30.96
\$61.94
\$79.16
\$120.70

BCBS High Plan (ORTHO)	Full Time Employees
Employee	124
+ Spouse	19
+ Children	20
+ Family	19
Premium Contributions	124

Dental Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$30.96	\$22.95	74.1%	\$8.01
\$30.98	\$0.00	0.0%	\$30.98
\$48.20	\$0.00	0.0%	\$48.20
\$89.74	\$0.00	0.0%	\$89.74
\$85,160.64	\$34,149.60	40.1%	\$51,011.04

	Total Employee Contribution (\$)
Employee	\$8.01
Employee + Spouse	\$38.99
Employee + Children	\$56.21
Employee + Family	\$97.75

Payroll Employee Contribution (\$)
\$4.01
\$19.50
\$28.11
\$48.88

**2022-23 DENTAL RATES 100% Employee + 0% Dependent**

Total Dental Rate
\$21.86
\$43.73
\$53.27
\$82.02

BCBS Low Plan (NO ORTHO)	Full Time Employees
Employee	114
+ Spouse	17
+ Children	13
+ Family	18
Premium Contributions	114

Dental Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$21.86	\$21.86	100.0%	\$0.00
\$21.87	\$0.00	0.0%	\$21.87
\$31.41	\$0.00	0.0%	\$31.41
\$60.16	\$0.00	0.0%	\$60.16
\$52,260.48	\$29,904.48	57.2%	\$22,356.00

	Total Employee Contribution (\$)
Employee	\$0.00
Employee + Spouse	\$21.87
Employee + Children	\$31.41
Employee + Family	\$60.16

Payroll Employee Contribution (\$)
\$0.00
\$10.94
\$15.71
\$30.08

Total Dental Rate
\$29.49
\$58.99
\$75.39
\$114.95

BCBS High Plan (ORTHO)	Full Time Employees
Employee	114
+ Spouse	17
+ Children	13
+ Family	18
Premium Contributions	114

Dental Rate per Unit	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
\$29.49	\$21.86	74.1%	\$7.63
\$29.50	\$0.00	0.0%	\$29.50
\$45.90	\$0.00	0.0%	\$45.90
\$85.46	\$0.00	0.0%	\$85.46
\$71,980.08	\$29,904.48	41.5%	\$42,075.60

	Total Employee Contribution (\$)
Employee	\$7.63
Employee + Spouse	\$37.13
Employee + Children	\$53.53
Employee + Family	\$93.09

Payroll Employee Contribution (\$)
\$3.82
\$18.57
\$26.77
\$46.55

## MEDICAL - EMPLOYEE COSTS

### PPO PLAN

Payroll Employee Contribution Per Paycheck (\$)	
Employee	\$20.00
Employee & Spouse	\$299.10
Employee & Child(ren)	\$159.70
Employee & Family	\$438.82

OPTIONAL FLEX SPENDING OFFERED
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### HMO PLAN

Payroll Employee Contribution Per Paycheck (\$)	
Employee	\$0.00
Employee & Spouse	\$181.00
Employee & Child(ren)	\$90.60
Employee & Family	\$271.61

HRA BENEFIT	
\$112.52	Monthly
\$1,350.24	Annually

### HDHP PLAN W/ HSA

Payroll Employee Contribution Per Paycheck (\$)	
Employee	\$0.00
Employee & Spouse	\$151.55
Employee & Child(ren)	\$75.86
Employee & Family	\$227.41

HSA BENEFIT	
\$146.31	Monthly
\$1,755.72	Annually

## DENTAL - EMPLOYEE COSTS

### HIGH PLAN (ORTHO)

Payroll Employee Contribution Per Paycheck (\$)	
Employee	\$4.01
Employee & Spouse	\$19.50
Employee & Child(ren)	\$28.11
Employee & Family	\$48.88

### LOW PLAN (NO ORTHO)

Payroll Employee Contribution Per Paycheck (\$)	
Employee	\$0.00
Employee & Spouse	\$11.49
Employee & Child(ren)	\$16.49
Employee & Family	\$31.59