STATE OF TEXAS
CITY OF FRIENDSWOOD
COUNTIES OF
GALVESTON/HARRIS
AUGUST 2, 2021

AGENDA

NOTICE IS HEREBY GIVEN OF A FRIENDSWOOD EMPLOYEE BENEFIT TRUST MEETING TO BE HELD AT 5:30 PM ON MONDAY, AUGUST 2, 2021, IN THE COUNCIL CHAMBER, FRIENDSWOOD CITY HALL, 910 S. FRIENDSWOOD DRIVE, FRIENDSWOOD, TEXAS, REGARDING THE ITEMS LISTED BELOW:

1. CALL TO ORDER

2. CONSENT AGENDA

A. Consider accepting the renewal offer from Blue Cross/Blue Shield of Texas for Employee Medical and Pharmacy Insurance.

B. Consider accepting the renewal offer from Guardian for Employee Dental Insurance.

C. Consider accepting the renewal offer from Guardian for Employee Life/AD&D Insurance.

D. Consider accepting the renewal offer from VSP for Employee Vision Insurance.

E. Consider accepting the renewal offer from Lincoln Financial for Employee Long-Term Disability (LTD) Insurance.

F. Consider approving a contract with Guardian for ancillary products.

3. ADJOURNMENT

PUBLIC NOTICE IS GIVEN THAT IN ADDITION TO ANY EXECUTIVE SESSION LISTED ABOVE, THE CITY COUNCIL RESERVES THE RIGHT TO ADJOURN INTO EXECUTIVE SESSION AT ANY TIME AS AUTHORIZED BY THE TEXAS GOVERNMENT CODE SECTIONS 551.071 - 551.090 TO DISCUSS ANY MATTERS LISTED ABOVE.

THE CITY OF FRIENDSWOOD IS COMMITTED TO COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT. THIS FACILITY IS WHEELCHAIR ACCESSIBLE AND ACCESSIBLE PARKING SPACES ARE AVAILABLE. REQUESTS FOR ACCOMMODATIONS OR INTERPRETIVE SERVICE MUST BE MADE TWO (2) BUSINESS DAYS OR MORE PRIOR TO THIS MEETING. PLEASE CONTACT THE CITY SECRETARY'S OFFICE AT (281) 996-3270 FOR FURTHER INFORMATION.

I, LETICIA BRYSCH, CITY SECRETARY OF THE CITY OF FRIENDSWOOD DO HEREBY CERTIFY THAT THE ABOVE NOTICE OF MEETING OF THE FRIENDSWOOD CITY COUNCIL WAS POSTED IN A PLACE CONVENIENT TO THE GENERAL PUBLIC AND IN COMPLIANCE WITH THE TEXAS OPEN MEETINGS ACT, ON THIS 29TH DAYOF JULY, 2021,AT 5:00 P.M.

LETICIA BRYSCH, CITY SECRETARY

FRIENDSWOOD CITY COUNCIL AGENDA ITEM FORM

This form should be completed and forwarded to the City Manager's Office as soon as possible prior to the first date that the item is expected to be placed on the Friendswood City Council agenda.

Date requested for City Council consideration: August 2, 2021

Date submitted: 07/20/2021

Prepared by: Leticia Brysch, City Secretary

Subject: Consider accepting the renewal offer from Blue Cross/Blue Shield of Texas for Employee Medical and Pharmacy Insurance.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

5.4% cost renewal was achieved based on the City's claim experience, collaborative purchasing with other entities, current pandemic, and negotiations by the broker representing the City.

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

Human Resources recommends passage to provide quality healthcare benefit options to the City employees.

ATTACHMENTS

1. BCBS Renewal

Proposals

Medical - BCBS

Carrier				BCBS TX	BCBS TX	BCBS TX BE	BCBS TX	BCBS TX	BCBS TX BE
Plan Name				1500 Plan	2500 Plan	2500 Plan	1500 Plan	2500 Plan	2500 Plan
Individual Annual Deductible				$1,500	$2,500	$2,500	$1,500	$2,500	$2,500
Family Annual Deductible				$4,500	$7,500	$7,500	$4,500	$7,500	$7,500
Co-insurance				80%	80%	80%	80%	80%	80%
Individual Out of Pocket Maximum				$4,500	$5,500	$5,500	$4,500	$5,500	$5,500
Family Out of Pocket Maximum				$10,200	$10,200	$10,200	$10,200	$10,200	$10,200
PCP Visit Copay				$30	$25	$25	$30	$25	$25
Specialist Visit Copay				$30	$25	$25	$30	$25	$25
TeleHealth Copay				$30	$25	$25	$30	$25	$25
Routine Lab/Imaging									
• Billed by Physician				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Free Standing				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Out Patient Hospital Facility				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room									
• Facility				$100 + 20%	$100 + 20%	$100 + 20%	$100 + 20%	$100 + 20%	$100 + 20%
• Physician				Included	Included	Included	Included	Included	Included
• Urgent Care				$55	$50	$50	$55	$50	$50
RX Card Co-Pays									
Rx Out of Pocket Max				$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000
• Copays				$20/$35/$50	$10/$40/$60	$10/$40/$60	$20/$35/$50	$10/$40/$60	$10/$40/$60
• Mail Order				3X	3X	3X	3X	3X	3X
Generic Push/Step Therapy/Prior Auth				Yes	Yes	Yes	Yes	Yes	Yes
Rates	**1500**	**2500**	**BE**	**Current**	**Current**	**Current**	**Renewal**	**Renewal**	**Renewal**
Employee	96	5	0	**$642.91**	**$607.33**	**$553.29**	**$677.63**	**$640.13**	**$583.19**
Employee + Spouse	18	1	0	**$1,422.63**	**$1,343.88**	**$1,224.31**	**$1,499.45**	**$1,416.45**	**$1,290.42**
Employee + Child(ren)	33	0	1	**$1,184.56**	**$1,119.02**	**$1,019.45**	**$1,248.53**	**$1,179.45**	**$1,074.50**
Employee + Family	43	5	0	**$2,058.26**	**$1,944.33**	**$1,771.33**	**$2,169.41**	**$2,049.32**	**$1,866.98**
Monthly Cost				**$214,922.36**	**$14,102.18**	**$1,019.45**	**$226,528.70**	**$14,863.70**	**$1,074.50**
Annual Cost				**$2,579,068.32**	**$169,226.16**	**$12,233.40**	**$2,718,344.40**	**$178,364.40**	**$12,894.00**
Combined Annual Cost					**$2,760,527.88**			**$2,909,602.80**	
Change from Current					**N/A**			**5.4%**	

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Date requested for City Council consideration: August 2, 2021

Date submitted: 07/20/2021

Prepared by: Leticia Brysch, City Secretary

Subject: Consider accepting the renewal offer from Guardian for Employee Dental Insurance.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

No rate changes for 2021-2022

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

ATTACHMENTS

1. Guardian Dental Renewal

Ancillary Lines of Coverage

Dental - Interlocal

Carrier				Guardian		Guardian		Guardian	
Plan Name				NAP PX		PPO VZ		DHMO	
Calendar Year Max				$1,500		$1,500		$5 Copay per Visit	
CY Deductible				$50 Ind/$150 Fam		$50 Ind/$150 Fam		None	
Ortho Life Max				$1,500		N/A		Fee Schedule	
Preventive Services				100% Ded Waived		100% Ded Waived		Fee Schedule	
Basic Services				80% After Ded		80% After Ded		Fee Schedule	
Major Services				50% After Ded		50% After Ded		Fee Schedule	
Orthodontia				50% Ded Waived		N/A		Fee Schedule	
				Out of Network		Out of Network		Out of Network	
R & C				90th Percentile		MAC		N/A	
Rates	**NAP PX**	**PPO VZ**	**DHMO**	**Current**	**Renewal**	**Current**	**Renewal**	**Current**	**Renewal**
Employee	107	66	0	**$36.65**	**$36.65**	**$25.97**	**$25.97**	**$12.05**	**$12.05**
Employee + Spouse	52	23	0	**$65.50**	**$65.50**	**$47.53**	**$47.53**	**$20.28**	**$20.28**
Employee + Child(ren)	39	11	0	**$81.78**	**$81.78**	**$50.14**	**$50.14**	**$26.95**	**$26.95**
Employee + Family	113	40	0	**$111.54**	**$111.54**	**$72.46**	**$72.46**	**$32.88**	**$32.88**
Monthly Cost				**$23,120.99**	**$23,120.99**	**$6,257.15**	**$6,257.15**	**$2,873.39**	**$2,873.39**
Annual Cost				**$277,451.88**	**$277,451.88**	**$75,085.80**	**$75,085.80**	**$34,480.68**	**$34,480.68**
Change from Current				**0.00%**		**0.00%**		**0.00%**	

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Subject: Consider accepting the renewal offer from Guardian for Employee Life/AD&D Insurance.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

No rate changes for 2021-2022

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

ATTACHMENTS

1. Guardian Life Renewal

Ancillary Lines of Coverage

Basic Life, Voluntary Life

Carrier	Guardian Basic Life	
Definition of Employee	Full-time Active Employees working 30 hours a week	
Definition of Earning	Exclude Bonus & Commissions	
Employee Benefit	1X Salary	
Maximum Benefit	$250,000	
Guarantee Issue Limit	Full Benefit	
	Age Reductions	
Age 65	35%	
Age 70	50%	
Rates	**Current**	**Renewal**
Life Rate Per $1000	**$0.220**	**$0.220**
AD&D Rate Per $1000	**$0.020**	**$0.020**
Total Rate Per $1000	**$0.240**	**$0.240**
Est. Monthly Volume	**$20,400,950**	**$20,400,950**
Est. Monthly Cost	**$4,896.23**	**$4,896.23**
Est. Annual Cost	**$58,754.74**	**$58,754.74**
Change from Current	**0.00%**	
Rate Guarantee Until	**10/1/2022**	

Carrier / Benefits	Lincoln Voluntary Life	
Definition of Employee	Full-time Employees working 30 hours a week	
Employee Benefit	5X Earning; Max $500,000	
Spouse Benefit	50% EE; Max $250,000	
Child Benefit -Limiting Age	25	
Birth - 6 Mos	$250	
6 Mos - Limiting Age	$10,000	
Employee Guarantee Issue		
Under age 60	$150,000	
Age 60-69	$10,000	
Spouse Guarantee Issue		
Under age 60	$30,000	
Age 60-69	None	
Child Guarantee Issue	$10,000	
Employee AD&D Benefit	Equal to life	
Spouse AD&D Benefit	Equal to Employee	
Portability	Included	
	Age Reductions	
Age 65	35%	
Age 70	55%/ Terminate	
Age 75	Terminate	
Rates per $1000	**Employee**	**Spouse**
Under 30	**$0.080**	**$0.080**
30-34	**$0.090**	**$0.090**
35-39	**$0.110**	**$0.110**
40-44	**$0.170**	**$0.170**
45-49	**$0.280**	**$0.280**
50-54	**$0.550**	**$0.550**
55-59	**$0.890**	**$0.890**
60-64	**$1.080**	**$1.080**
65-69	**$1.860**	**$1.860**
70-74	**$4.410**	**$4.410**
75+	**$16.850**	**$16.850**
AD&D Rate	**$0.045**	
Child Rate	**$2.000**	

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Prepared by: Leticia Brysch, City Secretary

Subject: Consider accepting the renewal offer from VSP for Employee Vision Insurance.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

No rate changes for 2021-2022

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

ATTACHMENTS

1. Vision Renewal

Ancillary Lines of Coverage

Vision

Plan Name	VSP Vision
Exam/ Materials	$10/$25
Frames Allowance	$130 + 20%
Single Lenses	Included
Bi Focal Lenses	Included
Tri Focal Lenses	Included
Progressive Lenses	$55-$175
Elective Contacts Allowance	$130
Fitting Exam	$60
Necessary Contacts	100% covered
Frequency	12/12/12
	Out of Network
Exam Allowance	$45
Frames Allowance	$70
Single Lenses Allowance	$30
Bi Focal Lenses Allowance	$50
Tri Focal Lenses Allowance	$65
Progressive Lenses Allowance	$50
Elective Contacts Allowance	$105
Necessary Contacts Allowance	$210

Rates	Current	Renewal
Employee	**$9.63**	**$9.63**
Employee + Spouse	**$15.40**	**$15.40**
Employee + Child(ren)	**$15.72**	**$15.72**
Employee + Family	**$25.35**	**$25.35**
Change from Current	**0.00%**	
Rate Guarantee Until	**10/1/2022**	

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Prepared by: Leticia Brysch, City Secretary

Subject: Consider accepting the renewal offer from Lincoln Financial for Employee Long-Term Disability (LTD) Insurance.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

No rate changes for 2021-2022

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

ATTACHMENTS

1. Lincoln LTD & STD

Ancillary Lines of Coverage

LTD & Vol STD

Plan Name	Lincoln
Benefits	**LTD**
Eligibility	Full-time Employyes working at least 30 hours per week
Definition of Earnings	Excludeds Bonuses and Commissions
Employee Benefit	60% of Monthly Earnings
Maximum Monthly Benefit	$6,000
Elimination Period Accident	90 Days
Elimination Period Sickness	90 Days
Benefit Duration	to age 65/SSNRA
Pre-Existing Limitation	3/12
Own Occupation	24 Months
Zero Day Residual	
Rates	**Current** / **Renewal**
Rate Per $100	**$0.422** / **$0.422**
Est. Monthly Volume	**$1,108,840.00** / **$1,108,840.00**
Est. Monthly Cost	**$4,679.30** / **$4,679.30**
Est. Annual Cost	**$56,151.66** / **$56,151.66**
Change from Current	**0.00%**
Rate Guarantee Until	**10/1/2022**

Plan Name	Lincoln
Benefits	**Vol STD**
Employee Benefit	60%
Maximum Weekly Benefit	$1,000
Earnings Definition	Weekly Earnings, including Commissions, excluding Overtime and Bonuses
Elimination Period Accident	7 Days
Elimination Period Sickness	7 Days
Benefit Duration	13 Weeks
Pre-Ex	12/12
Maternity	Subject to Pre-Ex
Sick Day Integration	Included
Zero Day Residual	Included
	Current / **Renewal**
Rate Per $10	**$0.613** / **$0.613**
Est. Monthly Volume	**$10,021.00** / **$10,021.00**
Est. Monthly Cost	**$61.43** / **$61.43**
Est. Annual Cost	**$737.14** / **$737.14**
Change from Current	**0.00%**
Rate Guarantee Until	**10/1/2022**

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Prepared by: Leticia Brysch, City Secretary

Subject: Consider approving a contract with Guardian for ancillary products.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

No rate changes for 2021-2022

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

RECOMMENDATIONS

ATTACHMENTS

1. Guardian Ancillary

Ancillary Lines of Coverage

Worksite Coverages

Carrier Name	Guardian
Benefits	**v Accident Plan**
Disability Benefit	Off the Job Coverage
AD&D Benefit	Employee: $25,000 Spouse: $12,500 Child (up to age 26): $5,000
Emergency Treatment	$175
Follow-up Treatment	$50 up to 6 treatments
Physical Therapy	$25/ up to 10 days
Appliance	$125
Fracture	Schedule up to $5,500
Dislocations	Schedule up to $4,400
Initial Hospitalization	$1,000
Daily Hospital	$225
Daily Hospital Limit	365 days
Portability	Included until age 70
Miscellaneous	Wellness Benefit of $50 per year
Rates	**Current**
Employee	**$12.43**
Spouse	**$21.04**
Child	**$21.65**
Family	**$30.26**
Participation requirements	**5 employees**
Rate Guarantee Until	**10/1/2022**

Carrier Name	Guardian	
Benefits	**v Critical Illness**	
Offering	Employee: $10,000 or $20,000 Spouse: $10,000 or $20,000 Child: 50% of employee	
Guarantee Issue	Employee: $20,000 Spouse: $10,000 Child: 25% of Employee	
Ages	Child up to age 26	
Pre-Ex Limitation	Waived	
Health Screening Benefit	$50	
Initial Illness Diagnosis	Cancer: up to 100% Vascular: up to 100% Other Conditions: up to 100%	
Recurrence Diagnosis	Cancer: up to 50% Vascular: up to 50% Other Conditions: up to 50%	
Benefit Reduction	50% at age 70	
Miscellaneous	Must have more than 3 months between benefits and recurrence for related Critical Illness	
Rates per $1000	**$10,000**	**$20,000**
Under 30	**$7.92**	**$14.22**
30-39	**$9.36**	**$17.06**
40-49	**$15.09**	**$28.39**
50-59	**$26.65**	**$51.25**
60-69	**$44.94**	**$87.54**
70+	**$80.41**	**$158.01**
Child	**$0.00**	
Participation requirements	**5 employees**	
Rate Guarantee Until	**10/1/2022**	

Carrier Name	Guardian
Benefits	**v Hospital Indemnity**
Guarantee Issue	Yes
Pre-Ex Limitation	Waived
Pregnancy Pre-Ex Covered	Yes
Mental & Nervous	No
Drug & Alcohol	No
Initial Hospitalization	$1,000
Initial Hospital Limit	365 Days
Daily Hospital	$200
Daily Hospital Limit	30
Portability	Included
Waiver of premium	Included
Miscellaneous	
Rates per employee age	**Current**
Employee	**$22.49**
Employee+ Spouse	**$46.94**
Employee + Children	**$36.64**
Employee + Family	**$61.09**
Participation requirements	**5 employees**
Rate Guarantee Until	**10/1/2022**