



CITY OF STAFFORD

2610 SOUTH MAIN STREET • STAFFORD, TEXAS 77477
(281) 261-3900 • WWW.STAFFORDTX.GOV

AMENDED AGENDA

SPECIAL CALLED CITY COUNCIL MEETING

Monday, August 26, 2024, at 3:00 p.m.

City Hall, Council Chambers

2610 South Main St, Stafford, TX 77477

1. Call to Order.
2. Pledges of Allegiance.
3. Public Comments.
4. (a) Discussion of Resolution approving Health Insurance Providers for the City of Stafford for Fiscal Year 2024-2025.
(b) Public Comments on item (a).
(c) Possible Consideration of appropriate action on item (a).
5. Adjournment.

I CERTIFY THAT THE ABOVE NOTICE OF A SPECIAL CALLED MEETING AND AMENDED AGENDA WAS POSTED ON THE BULLETIN BOARD OF THE STAFFORD CITY HALL ON AUGUST 23, 2024.

Roxanne Benitez, TRMC, CPM, CMCC
City Secretary

This facility is wheelchair accessible and accessible parking spaces are available. Requests for accommodations or interpretive services must be made 48 hours prior to this meeting. Please contact the City Secretary's Office at (281) 261-3900 for further information.

COUNCILMEMBERS
ALICE CHEN
WILLIAM BOSTIC JR.
TIM WOOD

MAYOR
KEN MATHEW

COUNCILMEMBERS
CHRISTOPHER CALDWELL
VIRGINIA ROSAS
YAVIER HERRERA



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HUMAN RESOURCES DEPARTMENT MEMO

TO: MAYOR & CITY COUNCIL
FROM: SHANELL GARCIA, DIRECTOR OF HUMAN RESOURCES
SUBJECT: FY25 INSURANCE BENEFITS
DATE: 8/22/2024

In your packet you will find a narrative summary and exhibits of RFP responses from insurance providers that have been analyzed by Higginbotham, Human Resources and discussed with the Compensation, Benefits & Personnel Committee.

The initial responses from our sealed RFP process were summarized and presented to the Compensation, Benefits & Personnel Policy Committee. Higginbotham received direction to move forward with receiving bids from providers based on a date 15-month contract from providers which was the best business decision for the city. Best and final recommendations are being presented.

Please let me know if you have any questions.

Thank you,

Shanell Garcia

Director of Human Resources
281-261-3929

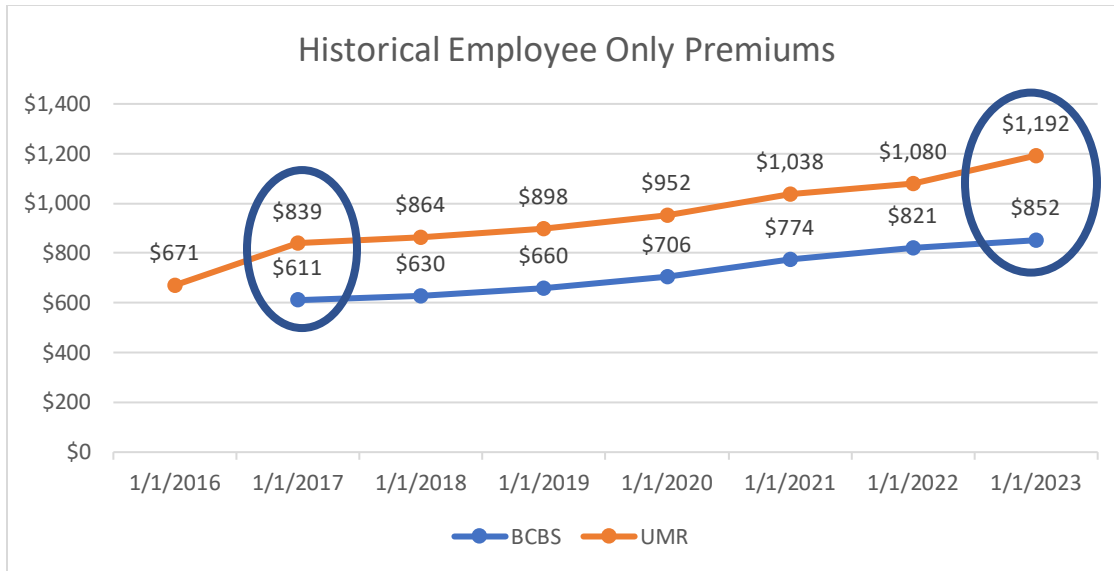


A summary of historical plan performance, current plan performance and results of the 2024 marketing are included in the narrative below.

I. Historical Information

- a. **Carriers:** The City has been with Blue Cross Blue Shield of Texas for 6 years
- b. **Benefits:** The same PPO plan of benefits were in place from 2016 until 2021 when a large increase required the City to make some plan design changes to reduce cost. The 2021 PPO benefits are still in place today. A new high deductible health plan (HSA Plan) was added on 10/1/2022. The minimum deductible for the HSA plan is regulated by the IRS and increases each year. The City contributes \$1,100 for single coverage / \$1,200 for family coverage into the health savings account semi-annually
- c. **Benchmark Data:** The benefits and costs are routinely benchmarked against Milliman data and also peer surveys to make certain the benefits program remains competitive with like Cities.
- d. **Contributions:** Employee contributions for the PPO plan for single coverage remained at \$0 cost since the inception of the benefits program until 2022 when the HSA plan was implemented. Dependent coverage tiers remained the same for 4 years. Employees now pay \$25 per month for single coverage for the PPO plan. Employees could elect to enroll in the HSA plan at no cost for single coverage and lower cost dependent coverage.
- e. **Costs:** The costs illustrated in the graph (employee only) show rates just surpassed rates presented at the renewal of 2017. Historical increase percentages are listed in the table below:

Plan Year	% Increase
2017 – Changed to BCBS	(37%) under renewal
2018	+3%
2019	+4%
2020	+6%
2021	+9% with plan design changes
2022	+4%
2023	+4%



II. **Benefits Benchmarking**

- a. The City of McAllen invited 78 Cities to participate in their benefits survey in May 2024
- b. Responses were received from 54 Cities across the state
- c. Summary comparisons of the City of Stafford benefits as compared to the Cities of Bellaire and Sugar Land are shown below. The HR team has the complete survey if additional review is desired
- d. Survey data shows the City’s benefits are very competitive in the benchmark study

	City of Stafford	City of Bellaire	City of Sugar Land*
Number of Plans Offered	2	3	2
Employee Cost – Monthly	\$25 – PPO \$0 - HDHP	\$72 – EPO \$10 – HDHP \$0 – Kelsey HMO	\$36 – Kelsey HMO \$172 - HDHP
Deductible	\$1,000 PPO \$3,100 HDHP	\$2,000 EPO \$3,200 HDHP \$3,000 Kelsey HMO	\$0 Kelsey HMO \$3,000 HDHP
Out of Pocket Maximum	\$4,000 PPO \$3,100 HDHP	\$4,000 EPO \$3,500 HDHP \$6,000 Kelsey HMO	\$3,000 Kelsey HMO \$5,000 HDHP

**Responses from City of Sugar Land were marked as PRIOR RESPONSE in the survey data and may not be current*

Below is a summary of the marketing and renewal actions for the upcoming 2024 plan year.

III. **2024 Marketing**

- a. The City of Stafford’s medical, dental and COBRA contracts with Blue Cross Blue Shield will **expire on September 30, 2024.**
- b. A market search was conducted for fully insured medical, COBRA and dental coverages.
- c. Proposal requests were sent to **27 carriers.**
- d. Proposals were received and reviewed with the Benefits Committee. Upon discussion, it was the desire of the committee to re-think the benefits offering.
- e. Changing the effective date of the benefits program from an October 1st effective date to a January 1st effective date would allow any plan changes, elective or directed by the IRS, to coincide with a calendar year and provides an easier administration of the benefits by the members of the City
- f. As guided by the City’s counsel, this would require all bids to be rejected and a 15 month contract requested.
- g. Letters were sent to all 27 carriers along with the request for a 15 month contract.
- h. Proposals have been received from 5 carriers.
- i. Carriers who declined did so because their rates were not competitive with the current rates or could not offer a 15 month rate guarantee

IV. **Fully Insured – Medical Results – Current Carrier – Blue Cross Blue Shield Texas**

j. Current Plan Performance October 2023 – July 2024

- i. **Paid Premium** – \$2,4498,477
- ii. **Paid Claims** - \$2,363,276
- iii. **Loss Ratio** - 94% + **Administrative costs 15%** = 109%
- iv. **Large Claimants over \$25K = \$1.29M; 5 members with claims over \$95K** (7 this same time last year)

- k. **Medical coverage proposals** were received from Blue Cross Blue Shield, Cigna and United Healthcare. Annual (12 month) costs are listed below for comparison purposes. NOTE: The IRS has increased the minimum deductible for high deductible health plans for 2025 so a mandatory plan change will be required.

Option	Annual Premium*	Increase over Current	% Increase over Current
BCBS Current	\$2,918,192		
BCBS Renewal	\$2,904,619	(\$13,573)	-.5%
Cigna	\$3,471,188	\$552,996	+18.9%
United Healthcare Option 1	\$3,046,626	\$128,434	+4.4%
United Healthcare Option 2	\$2,839,787	(\$78,405)	-2.7%

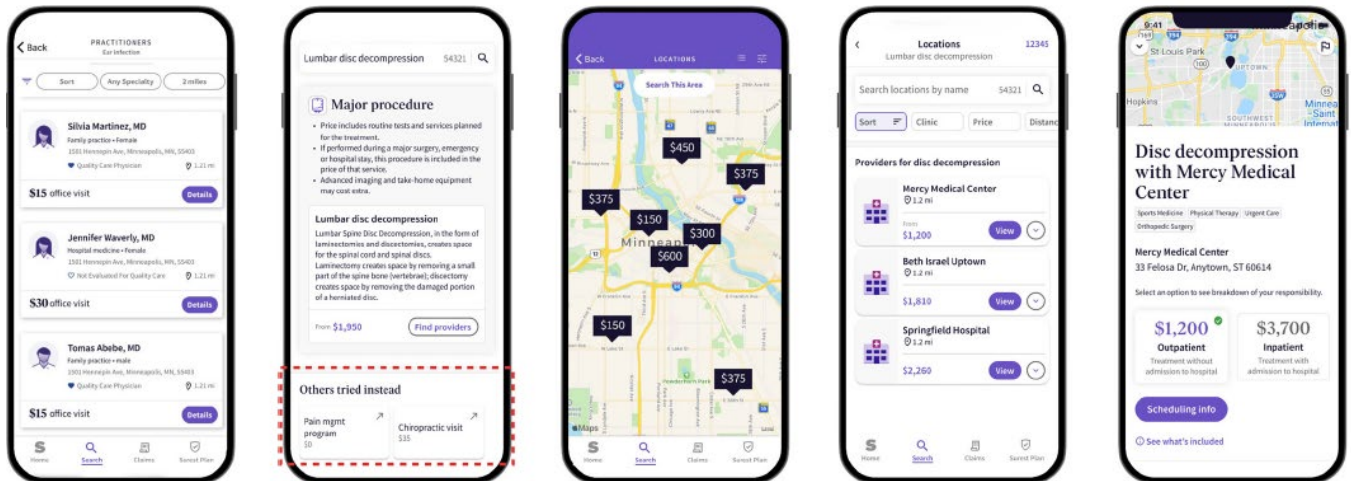
**12 month premium comparison; all rates guarantee for 15 months*

- l. **Cigna and United Healthcare both** have a robust network of providers
- m. **Both carriers** provided quotes for the current plan of benefits as closely as possible.

- n. **United Healthcare** has provided a **\$100,000 implementation allowance** with the following caveats as quoted from the proposal received:

“Premium rates assume the following allowances to be used by the client for costs incurred by them for expenses associated with the noted programs. These funds must be used by 9/30/2025, and any unused funds are not refundable. Appropriate documentation (e.g. detailed invoice, email or letter from the client, or detailed request in the Request for Proposal) that identifies the services performed, and/or items purchased must be provided to UHC by the client in order for any payments out of or draw-down in the fund to be processed. Budgets included: Implementation \$100,000”

- o. **Alternate plan options** are available from Blue Cross and United Healthcare if plan changes are desired. As an example, an HMO plan could be added under each carrier which would then provide three different options from which employees may choose – PPO, HDHP and HMO.
- p. **The Blue Cross HMO Plan and the UHC HMO plan will require** members to designate a Primary Care Physician and receive referrals to see a specialist
- q. **United Healthcare** offered an alternate PPO plan that has no deductibles. All services are paid through copayments based upon the provider utilized. Members access the mobile app when they need care to determine the applicable copayment that would be required at the time of service based upon the provider selected. Implementing this program would be a significant change from the current PPO plan.



V. Employee Contributions

m. Current contributions are detailed below and have been in place for two years.

PPO Plan	2023 Total Rate	2023 City Contribution	2023 Employee Contribution
Employee Only	\$852.29	\$827.29	\$25.00
Employee + Spouse	\$1,960.29	\$1,757.64	\$202.65
Employee + Child(ren)	\$1,534.14	\$1,358.79	\$175.35
Employee + Family	\$2,642.11	\$2,395.36	\$246.75
HDHP Plan	2023 Total Rate	2023 City Contribution	2023 Employee Contribution
Employee Only	\$753.27	\$753.27	\$0.00
Employee + Spouse	\$1,732.54	\$1,539.54	\$193.00
Employee + Child(ren)	\$1,355.89	\$1,188.89	\$167.00
Employee + Family	\$2,335.16	\$2,100.16	\$235.00

VI. **COBRA Results – Current Carrier – Packaged with Blue Cross Blue Shield**

- n. The City currently outsources COBRA administration duties to Blue Cross Blue Shield. Blue Cross sends out qualifying event notifications to members who encounter a qualifying event during the year in which coverage would be lost. Members return their election form to Blue Cross in addition to their premium payments.
- o. **Pricing Terms** – Bidders have provided different methods in which to pay for COBRA services. The City currently pays a low monthly fee for the service. Packaging the COBRA service with the medical insurance carrier is common and streamlines the administrative process.
- p. **Proposals were received** from Cigna and United Healthcare for 15 months
- q. This is a City expense and does not impact employees

Carrier	Fees	Projected Annual Cost
Blue Cross Blue Shield – Current and Renewal	\$10 Per Qualifying Event Notice \$10 Per Participant Per Month \$75 Monthly Minimum	\$900
Cigna	\$15 Per Qualifying Event Notice \$13 Per Participant Per Month \$10 Per Takeover Participant \$2.50 Per New Hire Notice	\$1,000
United Healthcare	\$.55 Per Employee Per Month	\$1,010

VII. **Fully Insured Dental – Current Carrier – Blue Cross Blue Shield**

- r. The City currently provides all full time employees the opportunity to enroll in one of the two dental plans and pay premiums on a pre-tax basis. The City pays all the premiums for the Base plan and employees may Buy-up to a higher level of coverage.
- s. **Experience** – The current rolling 12-month loss ratio is 90% through July claims
- t. **Proposals were received from 4 carriers**
- u. **Benefits** quoted were a close duplication of the current benefit program
- v. **Delta Dental** provided a \$3000 transition credit to offset expenses to change carriers

Carrier	Annual Premium*	Increase over Current	% Increase	Rate Guarantee
Blue Cross Blue Shield – Current	\$94,675			
Blue Cross Blue Shield – Renewal	\$94,675	\$0	0%	15 Months
Cigna – Packaged with Medical	\$93,597	(\$1,078)	-1%	24 Months
Delta Dental	\$92,909	(\$1,766)	-2%	27 Months
United Healthcare – Packaged with Medical	\$103,952	\$9,277	+10%	15 Months

**12 month premium comparison; rate guarantees range from 15 months – 27 months*

VIII. **Ancillary Coverage**

- w. All other lines of coverage – Basic Life/AD&D, Voluntary Life/AD&D, Long Term Disability, Vision and Flex Administration are all in the middle of a rate guarantee and coverage was not marketed
- x. The IRS has increased the Flexible Spending Account Maximum from \$3,050 to \$3,200 and increased the rollover maximum from \$610 to \$640 for 2024
 - i. A short plan year will be required from October – December in which the 2024 calendar year maximum will be pro-rated; The maximum for the short plan year will be \$799.99 for the FSA plan and \$1,250 for the Dependent Care FSA
 - ii. The IRS has not announced the FSA maximum for 2025

IX. **Renewal Considerations:**

y. Benefits Program

- i. Change the anniversary date from October 1st to January 1st

z. Medical Insurance

- i. Accept the .5% decrease from Blue Cross Blue Shield for 15 Months
- ii. Implement the mandatory IRS deductible change for the HSA plan
 - i. **Option** to include HMO plan as a third plan offering

aa. Dental Insurance

- i. Accept the 0% increase from Blue Cross Blue Shield for 15 months with no plan design changes

bb. COBRA Administration

- i. Accept the 0% increase from Blue Cross Blue Shield for 15 months

cc. Flexible Spending Account Maximum

- i. Implement the new maximum and rollover for 2025 once announced by the IRS

dd. Employee Contributions

- i. Maintain current employee contributions for medical and dental insurance for 15 months
- ii. If HMO is offered, match current HDHP contributions
- iii. **Option** – Add the HMO at current HDHP contributions and increase all employee contribution tier levels for the PPO and the HDHP plan by \$25 per month brings an estimated savings to the City of \$46,000

ee. Health Savings Account Contributions

- i. Maintain current City contributions of \$1,100 Individual / \$1,200 Family to be contributed in January 2025 and July 2025

**City of Stafford
Renewal Effective 10/1/24**

Carrier Name	Blue Cross Blue Shield				Blue Cross Blue Shield				Cigna				United Healthcare				
	Current	Current		Renewal		Renewal		Open Access Plus Network		Open Access Plus Network		Choice Plus Network		Choice Plus Network			
		Dual Option		Dual Option		Dual Option		Dual Option		Dual Option		Dual Option		Dual Option			
Plan Type	PPO Plan - MTBCB250		High Deductible Health Plan		PPO Plan - MTBCB250		High Deductible Health Plan		PPO Plan		High Deductible Health Plan		PPO Plan		High Deductible Health Plan		
Annual Deductible		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual		\$1,000	\$2,000	\$3,100	\$6,000	\$1,000	\$2,000	\$3,100	\$6,000	\$1,000	\$2,000	\$3,200	\$6,200	\$1,000	\$2,000	\$3,300	\$6,000
Family		\$3,000	\$6,000	\$6,200	\$12,000	\$3,000	\$6,000	\$6,200	\$12,000	\$3,000	\$6,000	\$6,200	\$12,400	\$3,000	\$6,000	\$6,600	\$12,000
Out of Pocket Maximum (Includes deductible and copays)																	
Individual		\$4,000	Unlimited	\$3,100	Unlimited	\$4,000	Unlimited	\$3,100	Unlimited	\$4,000	\$90,000	\$3,200	\$90,000	\$4,000	\$10,000	\$3,300	\$12,000
Family		\$12,000	Unlimited	\$6,200	Unlimited	\$12,000	Unlimited	\$6,200	Unlimited	\$12,000	\$90,000	\$6,200	\$90,000	\$12,000	\$30,000	\$6,600	\$24,000
Co-insurance		20%	40%	0%	30%	20%	40%	0%	30%	20%	40%	0%	30%	20%	40%	0%	30%
Professional Services																	
Physician Office Visit		\$30	Ded + 40%	Ded	Ded + 30%	\$30	Ded + 40%	Ded	Ded + 30%	\$30	Ded + 40%	Ded	Ded + 30%	\$0 Child \$30 Adult	Ded + 40%	Ded	Ded + 30%
Specialist Office Visit		\$60	Ded + 40%	Ded	Ded + 30%	\$60	Ded + 40%	Ded	Ded + 30%	\$60	Ded + 40%	Ded	Ded + 30%	\$30 / \$60	Ded + 40%	Ded	Ded + 30%
Preventive Care		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%
Urgent Care		\$75	Ded + 40%	Ded	Ded + 30%	\$75	Ded + 40%	Ded	Ded + 30%	\$75	Ded + 40%	Ded	Ded + 30%	\$75	Ded + 40%	Ded	Ded + 30%
Diagnostic Procedures																	
Outpatient Lab		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%
Outpatient X-ray		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%
Complex Imaging (CT, PET, MRI, etc)		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%
Hospital Care																	
In Patient		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%
Outpatient		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%
Emergency Room		\$500 + 20%		Ded		\$500 + 20%		Ded		\$500 + 20%		Ded		\$500 + 20%		Ded	
Pharmacy																	
Tier I or Preferred Generic/Generic		\$0 / \$10	\$10 + 50%	Ded	Ded + 50%	\$0 / \$10	\$10 + 50%	Ded	Ded + 50%	\$10	\$10	Ded	Ded + 30%	\$15	\$15	Ded	Ded + 30%
Tier I or Non-Preferred Generic		\$10 / \$20	\$20 + 50%	Ded	Ded + 50%	\$10 / \$20	\$20 + 50%	Ded	Ded + 50%	\$10	\$10	Ded	Ded + 30%	\$15	\$15	Ded	Ded + 30%
Tier II or Preferred Brand		\$50 / \$70	\$70 + 50%	Ded	Ded + 50%	\$50 / \$70	\$70 + 50%	Ded	Ded + 50%	\$50	\$50	Ded	Ded + 30%	\$40	\$40	Ded	Ded + 30%
Tier III or Non-Preferred Brand		\$100 / \$120	\$120 + 50%	Ded	Ded + 50%	\$100 / \$120	\$120 + 50%	Ded	Ded + 50%	\$100	\$100	Ded	Ded + 30%	\$75	\$75	Ded	Ded + 30%
Tier IV or Preferred Specialty Drugs		\$150	\$150 + 50%	Ded	Ded + 50%	\$150	\$150 + 50%	Ded	Ded + 50%	\$150	\$150	Ded	Ded + 30%	\$200	\$200	Ded	Ded + 30%
Tier IV or Non-Preferred Specialty Drugs		\$250	\$250 + 50%	Ded	Ded + 50%	\$250	\$250 + 50%	Ded	Ded + 50%	\$150	\$150	Ded	Ded + 30%	\$200	\$200	Ded	Ded + 30%
Mail Order - 90 day supply		3 Copays	NA	Ded	NA	3 Copays	NA	Ded	NA	3 Copays	NA	Ded	NA	2.5 Copays	NA	Ded	NA
Carrier Name	Blue Cross Blue Shield				Blue Cross Blue Shield				Cigna				United Healthcare				
Total Premium	PPO	HDHP															
Employee	55	14	\$852.29	\$753.27	\$852.29	\$723.89	\$1,018.76	\$860.05	\$892.00	\$772.07							
Employee + Spouse	16	1	\$1,960.29	\$1,732.54	\$1,960.29	\$1,664.97	\$2,343.16	\$1,989.72	\$2,051.62	\$1,775.78							
Employee + Child(ren)	18	2	\$1,534.14	\$1,355.89	\$1,534.14	\$1,303.02	\$1,833.78	\$1,555.23	\$1,605.62	\$1,389.74							
Family	41	6	\$2,642.11	\$2,335.16	\$2,642.11	\$2,244.08	\$3,158.17	\$2,684.90	\$2,765.21	\$2,393.43							
	130	23		\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution		\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution		\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution		\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution							
Monthly Premium			\$214,182	\$29,001	\$214,182	\$27,870	\$256,015	\$33,250	\$224,161	\$29,725							
Annual Premium			\$2,570,179	\$348,013	\$2,570,179	\$334,439	\$3,072,184	\$399,003	\$2,689,928	\$356,698							
Combined Annual Total			\$2,918,192		\$2,904,619		\$3,471,188		\$3,046,626								
Annual Change (\$)																	
Annual Change (%)																	
Employee Contributions	PPO	HDHP	Blue Cross Blue Shield		Blue Cross Blue Shield		Cigna		United Healthcare								
Employee	55	14	\$25.00	\$0.00	\$25.00	\$0.00	\$25.00	\$0.00	\$25.00	\$0.00							
Employee + Spouse	16	1	\$202.65	\$193.00	\$202.65	\$193.00	\$202.65	\$193.00	\$202.65	\$193.00							
Employee + Child(ren)	18	2	\$175.35	\$167.00	\$175.35	\$167.00	\$175.35	\$167.00	\$175.35	\$167.00							
Family	41	6	\$246.75	\$235.00	\$246.75	\$235.00	\$246.75	\$235.00	\$246.75	\$235.00							
	130	23															
Monthly Premium			\$17,890	\$1,937	\$17,890	\$1,937	\$17,890	\$1,937	\$17,890	\$1,937							
Annual Premium			\$214,685	\$23,244	\$214,685	\$23,244	\$214,685	\$23,244	\$214,685	\$23,244							
Combined Annual Total			\$237,929		\$237,929		\$237,929		\$237,929								
Annual Change (\$)																	
Annual Change (%)																	
City of Stafford Contributions	PPO	HDHP	Blue Cross Blue Shield		Blue Cross Blue Shield		Cigna		United Healthcare								
Employee	55	14	\$827.29	\$753.27	\$827.29	\$723.89	\$993.76	\$860.05	\$867.00	\$772.07							
Employee + Spouse	16	1	\$1,757.64	\$1,539.54	\$1,757.64	\$1,471.97	\$2,140.51	\$1,796.72	\$1,848.97	\$1,582.78							
Employee + Child(ren)	18	2	\$1,358.79	\$1,188.89	\$1,358.79	\$1,136.02	\$1,658.43	\$1,388.23	\$1,430.27	\$1,222.74							
Family	41	6	\$2,395.36	\$2,100.16	\$2,395.36	\$2,009.08	\$2,911.42	\$2,449.90	\$2,518.46	\$2,158.43							
	130	23															
Monthly Premium			\$196,291	\$27,064	\$196,291	\$25,933	\$238,125	\$31,313	\$206,270	\$27,788							
Annual Premium			\$2,355,494	\$324,769	\$2,355,494	\$311,195	\$2,857,499	\$375,759	\$2,475,243	\$333,454							
City HSA Contribution				\$26,600		\$26,600		\$26,600		\$26,600							
Combined Annual Total			\$2,706,863		\$2,693,289		\$3,259,858		\$2,835,297								
Annual Change (\$)																	
Annual Change (%)																	

Guaranteed 15 Months

Guaranteed 15 Months
Does not include HSA Administration fee of \$4.65 Per Employee

Guaranteed 15 Months

**City of Stafford
Renewal Effective 10/1/24**

Carrier Name	Blue Cross Blue Shield						Blue Cross Blue Shield				United Healthcare - Option 1					United Healthcare - Option 2				
	Current		Current				Renewal				HMO - MTBEE011	Choice Plus Network			Charter HMO	Choice Plus Network			Charter HMO	
			Dual Option		Dual Option		Dual Option		Dual Option		Blue Essentials	Dual Option			Kelsey Option	Dual Option			Kelsey Option	
Plan Type		PPO Plan - MTBCB250		High Deductible Health Plan		PPO Plan - MTBCB250		High Deductible Health Plan		HMO	PPO Plan		High Deductible Health Plan		HMO Plan	Surest Copay Plan		High Deductible Health Plan		HMO Plan
Annual Deductible		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network
Individual		\$1,000	\$2,000	\$3,100	\$6,000	\$1,000	\$2,000	\$3,500	\$6,000	\$1,000	\$1,000	\$2,000	\$3,300	\$6,000	\$1,000	\$0	\$0	\$3,300	\$6,000	\$1,000
Family		\$3,000	\$6,000	\$6,200	\$12,000	\$3,000	\$6,000	\$7,000	\$12,000	\$3,000	\$3,000	\$6,000	\$6,600	\$12,000	\$2,000	\$0	\$0	\$6,600	\$12,000	\$2,000
Out of Pocket Maximum (Includes deductible and copays)																				
Individual		\$4,000	Unlimited	\$3,100	Unlimited	\$4,000	Unlimited	\$3,500	Unlimited	\$4,000	\$4,000	\$10,000	\$3,300	\$12,000	\$4,000	\$5,000	\$10,000	\$3,300	\$12,000	\$4,000
Family		\$12,000	Unlimited	\$6,200	Unlimited	\$12,000	Unlimited	\$7,000	Unlimited	\$12,000	\$12,000	\$30,000	\$6,600	\$24,000	\$8,000	\$10,000	\$20,000	\$6,600	\$24,000	\$8,000
Co-insurance		20%	40%	0%	30%	20%	40%	0%	30%	20%	20%	40%	0%	30%	20%	0%	0%	0%	30%	20%
Professional Services																				
Physician Office Visit		\$30	Ded + 40%	Ded	Ded + 30%	\$30	Ded + 40%	Ded	Ded + 30%	\$30	\$30	Ded + 40%	Ded	Ded + 30%	\$10	\$15 - \$100	\$300	Ded	Ded + 30%	\$10
Specialist Office Visit		\$60	Ded + 40%	Ded	Ded + 30%	\$60	Ded + 40%	Ded	Ded + 30%	\$60	\$30 / \$60	Ded + 40%	Ded	Ded + 30%	\$60	\$15 - \$100	\$300	Ded	Ded + 30%	\$60
Preventive Care		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	\$0	Ded + 40%	Ded	Ded + 30%	\$0	\$0	\$150	Ded	Ded + 30%	\$0
Urgent Care		\$75	Ded + 40%	Ded	Ded + 30%	\$75	Ded + 40%	Ded	Ded + 30%	\$75	\$75	Ded + 40%	Ded	Ded + 30%	\$25	\$50	\$150	Ded	Ded + 30%	\$25
Diagnostic Procedures																				
Outpatient Lab		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	\$0	Ded + 40%	Ded	Ded + 30%	\$40	\$0	\$0	Ded	Ded + 30%	\$40
Outpatient X-ray		\$0	Ded + 40%	Ded	Ded + 30%	\$0	Ded + 40%	Ded	Ded + 30%	\$0	\$0	Ded + 40%	Ded	Ded + 30%	\$40	\$0	\$0	Ded	Ded + 30%	\$40
Complex Imaging (CT, PET, MRI, etc)		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	\$500	\$100 - \$700	up to \$2,100	Ded	Ded + 30%	\$500
Hospital Care																				
In Patient		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	\$2,000	\$6,000	Ded	Ded + 30%	Ded + 20%
Outpatient		Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	Ded + 20%	Ded + 40%	Ded	Ded + 30%	Ded + 20%	\$200 - \$3000	up to \$9000	Ded	Ded + 30%	Ded + 20%
Emergency Room		\$500 + 20%		Ded		\$500 + 20%		Ded		\$500	\$500 + 20%		Ded	Ded + 30%	\$500 + Ded + 20%	\$500	Ded	Ded + 30%	\$500 + Ded + 20%	
Pharmacy																				
Tier I or Preferred Generic/Generic		\$0 / \$10	\$10 + 50%	Ded	Ded + 50%	\$0 / \$10	\$10 + 50%	Ded	Ded + 50%	\$0	\$15	\$15	Ded	Ded + 30%	\$15	\$10	\$10	Ded	Ded + 30%	\$15
Tier I or Non-Preferred Generic		\$10 / \$20	\$20 + 50%	Ded	Ded + 50%	\$10 / \$20	\$20 + 50%	Ded	Ded + 50%	\$10	\$15	\$15	Ded	Ded + 30%	\$15	\$10	\$10	Ded	Ded + 30%	\$15
Tier II or Preferred Brand		\$50 / \$70	\$70 + 50%	Ded	Ded + 50%	\$50 / \$70	\$70 + 50%	Ded	Ded + 50%	\$50	\$40	\$40	Ded	Ded + 30%	\$40	\$60	\$60	Ded	Ded + 30%	\$40
Tier III or Non-Preferred Brand		\$100 / \$120	\$120 + 50%	Ded	Ded + 50%	\$100 / \$120	\$120 + 50%	Ded	Ded + 50%	\$100	\$75	\$75	Ded	Ded + 30%	\$75	\$90	\$90	Ded	Ded + 30%	\$75
Tier IV or Preferred Specialty Drugs		\$150	\$150 + 50%	Ded	Ded + 50%	\$150	\$150 + 50%	Ded	Ded + 50%	\$150	\$200	\$200	Ded	Ded + 30%	\$200	\$10 - \$150	\$10 - \$150	Ded	Ded + 30%	\$200
Tier IV or Non-Preferred Specialty Drugs		\$250	\$250 + 50%	Ded	Ded + 50%	\$250	\$250 + 50%	Ded	Ded + 50%	\$250	\$200	\$200	Ded	Ded + 30%	\$200	\$300	\$300	Ded	Ded + 30%	\$200
Mail Order - 90 day supply		3 Copays	NA	Ded	NA	3 Copays	NA	Ded	NA	2.5 Copays	2.5 Copays	NA	Ded	NA	2.5 Copays	2.5 Copays	NA	Ded	NA	2.5 Copays
Carrier Name	Blue Cross Blue Shield						Blue Cross Blue Shield				United Healthcare					United Healthcare				
Total Premium	PPO	HDHP																		
Employee	55	14	\$852.29		\$753.27		\$852.29		\$723.89		\$679.96			\$892.00		\$772.07			\$703.21	
Employee + Spouse	16	1	\$1,960.29		\$1,732.54		\$1,960.29		\$1,664.97		\$1,563.91			\$2,051.62		\$1,775.78			\$1,617.40	
Employee + Child(ren)	18	2	\$1,534.14		\$1,355.89		\$1,534.14		\$1,303.02		\$1,223.94			\$1,605.62		\$1,389.74			\$1,265.79	
Family	41	6	\$2,642.11		\$2,335.16		\$2,642.11		\$2,244.08		\$2,107.88			\$2,765.21		\$2,393.43			\$2,179.96	
	130	23			\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution				\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution					\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution				\$1,100 Single HSA Contribution \$1,200 Family HSA Contribution		
Monthly Premium			\$214,182		\$29,001		\$214,182		\$27,870		\$224,161			\$29,725		\$206,924			\$29,725	
Annual Premium			\$2,570,179		\$348,013		\$2,570,179		\$334,439		\$2,689,928			\$356,698		\$2,483,090			\$356,698	
Combined Annual Total			\$2,918,192				\$2,904,619				\$3,046,626					\$2,839,787				
Annual Change (\$)							-\$13,573									-\$78,405				
Annual Change (%)							-0.5%									-2.7%				
Employee Contributions	PPO	HDHP	Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		United Healthcare			United Healthcare		United Healthcare			United Healthcare	
Employee	55	14	\$25.00		\$0.00		\$25.00		\$0.00		\$0.00			\$25.00		\$0.00			\$0.00	
Employee + Spouse	16	1	\$202.65		\$193.00		\$202.65		\$193.00		\$193.00			\$202.65		\$193.00			\$193.00	
Employee + Child(ren)	18	2	\$175.35		\$167.00		\$175.35		\$167.00		\$167.00			\$175.35		\$167.00			\$167.00	
Family	41	6	\$246.75		\$235.00		\$246.75		\$235.00		\$235.00			\$246.75		\$235.00			\$235.00	
	130	23																		
Monthly Premium			\$17,890		\$1,937		\$17,890		\$1,937		\$17,890			\$1,937		\$17,890			\$1,937	
Annual Premium			\$214,685		\$23,244		\$214,685		\$23,244		\$214,685			\$23,244		\$214,685			\$23,244	
Combined Annual Total			\$237,929				\$237,929				\$237,929					\$237,929				
Annual Change (\$)							\$0									\$0				
Annual Change (%)							0.0%									0.0%				
City of Stafford Contributions	PPO	HDHP	Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		United Healthcare			United Healthcare		United Healthcare			United Healthcare	
Employee	55	14	\$827.29		\$753.27		\$827.29		\$723.89		\$679.96			\$867.00		\$772.07			\$703.21	
Employee + Spouse	16	1	\$1,757.64		\$1,539.54		\$1,757.64		\$1,471.97		\$1,370.91			\$1,848.97		\$1,582.78			\$1,424.40	
Employee + Child(ren)	18	2	\$1,358.79		\$1,188.89		\$1,358.79		\$1,136.02		\$1,056.94			\$1,430.27		\$1,222.74			\$1,098.79	
Family	41	6	\$2,395.36		\$2,100.16		\$2,395.36		\$2,009.08		\$1,872.88			\$2,518.46		\$2,158.43			\$1,944.96	
	130	23																		
Monthly Premium			\$196,291		\$27,064		\$196,291		\$25,933		\$206,270			\$27,788		\$189,034			\$27,788	
Annual Premium			\$2,355,494		\$324,769		\$2,355,494		\$311,195		\$2,475,243			\$333,454		\$2,268,404			\$333,454	
City HSA Contribution					\$26,600				\$26,600					\$26,600					\$26,600	
Combined Annual Total			\$2,706,863				\$2,693,289				\$2,835,297					\$2,628,458				
Annual Change (\$)							-\$13,573									-\$78,405				
Annual Change (%)							-0.5%									-2.9%				

Guaranteed 15 Months

Guaranteed 15 Months

Guaranteed 15 Months

**City of Stafford
Dental Renewal Effective 10/1/2024**

Carrier Name	Blue Cross Blue Shield				Cigna		Delta Dental		United Healthcare			
	Current		Renewal		Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan		
	Low Plan	High Plan	Low Plan	High Plan								
Annual Deductible												
Individual	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50		
Family	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150		
Maximums												
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500		
Lifetime Orthodontia Maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500		
Preventive Care												
Oral Exams, Cleanings, X-rays, Sealants, Fluoride	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Deductible Waived	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Basic Care												
Fillings	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%		
Sealants & Space Maintainers	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%		
Major Care												
Crowns, Dentures, Bridges	50%	60%	50%	60%	50%	60%	50%	60%	50%	60%		
Oral Surgery, Endodontics, Periodontics	50%	100%	50%	100%	50%	100%	50%	100%	50%	100%		
Implants	Not Covered	Covered	Not Covered	Covered	Not Covered	Not Covered	Not Covered	Covered	Not Covered	Covered		
Orthodontia Care												
Coverage Percent	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		
Members Covered	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Children Only	Children Only	Adult & Child	Adult & Child	Adult & Child	Adult & Child		
Out of Network Coverage	MAC	MAC	MAC	MAC	MAC	MAC	MAC	MAC	MAC	MAC		
Annual Maximum Rollover Benefit												
Benefit Threshold	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Rollover Maximum	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Bonus Rollover	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Premium	Enrolled	Enrolled										
Employee	29	\$19.79	35	\$28.37	\$19.79	\$28.37	\$19.57	\$28.05	\$19.42	\$27.84	\$21.73	\$31.15
Employee + Spouse	6	\$39.60	14	\$56.75	\$39.60	\$56.75	\$39.15	\$56.10	\$38.86	\$55.69	\$43.48	\$62.31
Employee + Child(ren)	10	\$51.60	2	\$72.00	\$51.60	\$72.00	\$51.01	\$71.18	\$50.64	\$70.66	\$56.66	\$79.06
Employee + Family	17	\$78.36	30	\$109.95	\$78.36	\$109.95	\$77.47	\$108.69	\$76.90	\$107.90	\$86.04	\$120.72
	62		81									
Monthly Premium		\$2,660		\$5,230	\$2,660	\$5,230	\$2,630	\$5,170	\$2,610	\$5,132	\$2,920	\$5,742
Annual Premium		\$31,916		\$62,759	\$31,916	\$62,759	\$31,554	\$62,043	\$31,320	\$61,589	\$35,044	\$68,908
Combined Annual Total		\$94,675		\$94,675		\$93,597		\$92,909		\$103,952		
Annual Change (\$)					\$0		-\$1,078		-\$1,766		\$9,277	
Annual Change (%)					0%		-1%		-2%		10%	
Employee Contributions	Enrolled	Enrolled										
Employee	29	\$0.00	35	\$9.54	\$0.00	\$9.54	\$0.00	\$8.48	\$0.00	\$8.42	\$0.00	\$9.42
Employee + Spouse	6	\$0.00	14	\$22.68	\$0.00	\$22.68	\$0.00	\$16.95	\$0.00	\$16.83	\$0.00	\$18.83
Employee + Child(ren)	10	\$0.00	2	\$19.06	\$0.00	\$19.06	\$0.00	\$20.17	\$0.00	\$20.02	\$0.00	\$22.40
Family	17	\$0.00	30	\$35.10	\$0.00	\$35.10	\$0.00	\$31.22	\$0.00	\$31.00	\$0.00	\$34.68
	62		81									
Monthly Premium		\$0		\$1,743	\$0	\$1,743	\$0	\$1,511	\$0	\$1,500	\$0	\$1,679
Annual Premium		\$0		\$20,910	\$0	\$20,910	\$0	\$18,132	\$0	\$18,004	\$0	\$20,142
Combined Annual Total		\$20,910		\$20,910		\$18,132		\$18,004		\$20,142		
Annual Change (\$)					\$0		-\$2,778		-\$2,906		-\$768	
Annual Change (%)					0%		-13%		-14%		-4%	
City of Stafford Contributions	Enrolled	Enrolled										
Employee	29	\$19.79	35	\$18.83	\$19.79	\$18.83	\$19.57	\$19.57	\$19.42	\$19.42	\$21.73	\$21.73
Employee + Spouse	6	\$39.60	14	\$34.07	\$39.60	\$34.07	\$39.15	\$39.15	\$38.86	\$38.86	\$43.48	\$43.48
Employee + Child(ren)	10	\$51.60	2	\$52.94	\$51.60	\$52.94	\$51.01	\$51.01	\$50.64	\$50.64	\$56.66	\$56.66
Family	17	\$78.36	30	\$74.85	\$78.36	\$74.85	\$77.47	\$77.47	\$76.90	\$76.90	\$86.04	\$86.04
	62		81									
Monthly Premium		\$2,660		\$3,487	\$2,660	\$3,487	\$2,630	\$3,659	\$2,610	\$3,632	\$2,920	\$4,064
Annual Premium		\$31,916		\$41,849	\$31,916	\$41,849	\$31,554	\$43,910	\$31,320	\$43,584	\$35,044	\$48,765
Combined Annual Total		\$73,764		\$73,764		\$75,464		\$74,905		\$83,809		
Annual Change (\$)					\$0		\$1,700		\$1,140		\$10,045	
Annual Change (%)					0%		2%		2%		14%	

Rate Guarantee: 1 Year, 24 Months - Packaged with Medical, 27 Months (Includes \$3000 onboarding credit), 2 Years - Packaged with Medical

City of Stafford
COBRA Renewal Effective 10/1/2024

		Blue Cross Blue Shield	Cigna	United Healthcare
		Current		
Benefit	Enrolled			
Setup Fee		Waived	NA	Waived
Annual Fee		Waived	\$100	NA
Per Qualifying Event		\$10	\$15	NA
Per Participant Per Month		\$10	NA	Included
Per Employee Per Month Fee	153	NA	\$13	\$0.55
Takeover Fee		NA	\$10	Included
New Hire Notice		Included	\$2.50 per Notice	Included
Open Enrollment Service			\$5.00 per Packet + Postage	\$100 Minimum \$8 Per Packet + Postage
Monthly Minimum		\$75	\$75	NA
Monthly Premium		\$75	\$75	\$84
Annual Premium		\$900	\$1,000	\$1,010
Annual Change (\$)			\$100	\$110
Annual Change (%)			11%	12%

Rate Guarantee

36 Months

15 Months

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF STAFFORD, TEXAS, SELECTING HEALTH INSURANCE PROVIDERS FOR THE CITY OF STAFFORD FOR FISCAL YEAR 2024-2025.

* * * * *

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF STAFFORD, TEXAS:

Section 1. The City Council hereby approves the health insurance providers listed and attached hereto as Exhibit "A" and incorporated herein for all purposes as though set forth in its entirety in this resolution.

PASSED, APPROVED, AND RESOLVED this 26th day of August, 2024.

Ken Mathew
Mayor

ATTEST:

Roxanne Benitez
City Secretary

EXHIBIT A