1. 10-28-21 Employee Benefit Trust Agenda (PDF)

   Documents:

   10-28-21 EMPLOYEE BENEFIT TRUST AGENDA.PDF

2. 10-28-2021 Employee Benefit Trust Agenda Packet (PDF)

   Documents:

   10-28-2021 EMPLOYEE BENEFIT TRUST MEETING PACKET.PDF

CITY OF MARSHALL, TEXAS EMPLOYEE BENEFITS TRUST
AGENDA
COUNCIL CHAMBERS, CITY HALL
401 SOUTH ALAMO
THURSDAY, OCTOBER 28, 2021, 6:00 P.M.

This meeting will be conducted utilizing a video and audio conferencing tool, as well as, a standard conference call. Instructions and direct links to view the meeting or speak during Citizen Comment can be found at www.marshalltexas.net.

NOTICE is hereby given of a meeting of the City of Marshall Employee Benefits Trust to be held Thursday, October 28, 2021, 6:00 p.m., for the purpose of considering the following agenda items. The City of Marshall 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.

1. Call Meeting to Order.

2. Consider and take action to approve the minutes of the City of Marshall Employee Benefits Trust meeting dated October 22, 2020.

3. Presentation regarding placement of Medical/Rx and Dental Plan coverage for the City of Marshall health, dental and voluntary insurance benefits for January 1, 2022 – December 31, 2022.

4. Consideration of selection and award of the contract for Employee/Retiree Medical and Pharmacy Insurance for the plan year January 1, 2022 – December 31, 2022.

5. Consideration of selection and award of the contract for Employee/Retiree Dental Insurance for the plan year January 1, 2022 – December 31, 2022.

6. Adjournment

Posted: October 25, 2021
5:00 p.m.
N. Smith

This meeting will be conducted in accordance with the Americans with Disabilities Act. The facility is wheelchair accessible and disabled parking is available. Requests for sign interpretive services will be available with at least 72-hour notice prior to the meeting. To make arrangements for these services, please call the City Secretary's Office at 903-935-4446.

CITY OF MARSHALL, TEXAS EMPLOYEE BENEFITS TRUST
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   Page 2

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   Page 5

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   Page 45

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   Page 46

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ITEM 1

CALL MEETING TO ORDER

ITEM 2

APPROVAL OF MINUTES OF THE EMPLOYEE BENEFITS TRUST MEETING DATED OCTOBER 22, 2020

MINUTES OF THE CITY OF MARSHALL
EMPLOYEE BENEFIT TRUST MEETING
THURSDAY, OCTOBER 22, 2020

Commission Chairman and Employee Benefit Trustee Terri Brown called the meeting to order.

PRESENT:

COMMISSION CHAIRMAN: Terri Brown, District 3

CITY COMMISSIONERS:

Marvin Bonner, District 1	Leo Morris, District 2
Amy Ware, District 4	Vernia Calhoun, District 5
Larry Hurta, District 6	Doug Lewis, District 7

2. CONSIDER AND TAKE ACTION TO APPROVE THE MINUTES OF THE CITY OF MARSHALL EMPLOYEE BENEFITS TRUST MEETING DATED DECEMBER 12, 2019.

Commissioner Ware made a motion to approve the minutes of the City of Marshall Employee Benefits Trust Meeting dated December 12, 2019. Mayor Brown seconded the motion, which passed with a vote of 7:0.

3. PRESENTATION REGARDING PLACEMENT OF MEDICAL/RX AND DENTAL PLAN COVERAGE FOR THE CITY OF MARSHALL HEALTH, DENTAL AND VOLUNTARY INSURANCE BENEFITS FOR JANUARY 1, 2021 – DECEMBER 31, 2021.

Burke Sunday and Sara Davis, Gallagher Benefit Services, made a presentation regarding placement of Medical/RX and Dental Plan coverage for the City of Marshall Health, Dental and Voluntary Insurance for January 1, 2021 – December 31, 2021. Sara stated the Medical deductible, out of pocket cost, and benefits will stay the same. The High Deductible Health Plan option will still be available. There will be no change to the Dental premiums and the benefits will stay the same. The voluntary life insurance provider will change from Mutual of Omaha to Metlife and the FSA/HSA/Cobra provider will change to Discovery Benefits.

Commissioners asked questions and discussed.

4. CONSIDERATION OF SELECTION AND AWARD OF THE CONTRACT FOR EMPLOYEE/RETIREE MEDICAL AND PHARMACY INSURANCE FOR THE PLAN YEAR JANUARY 1, 2021 – DECEMBER 31, 2021.

Commissioner Ware made a motion to award Blue Cross Blue Shield the contract for Employee/Retiree Medical and Pharmacy Insurance for the plan year January 1, 2021 – December 31, 2021 and to offer both of the plans presented to employees. Commissioner Hurta seconded the motion, which passed with a vote of 7:0.

5. CONSIDERATION OF SELECTION AND AWARD OF THE CONTRACT FOR EMPLOYEE/RETIREE DENTAL INSURANCE FOR THE PLAN YEAR JANUARY 1, 2021 – DECEMBER 31, 2021.

Mayor Brown made a motion to award Blue Cross Blue Shield the contract for Employee/Retiree Dental Insurance for the plan year January 1, 2021 – December 31, 2021. Commissioner Calhoun seconded the motion, which passed with a vote of 7:0.

6. ADJOURNMENT

Commissioner Lewis made a motion to adjourn the Employee Benefit Trust Meeting. Mayor Brown seconded the motion, which passed with a vote of 7:0.

APPROVED:

_____
Chairman of the City Commission of the City of Marshall, Texas

ATTEST:

_____
City Secretary

ITEM 3

PRESENTATION REGARDING PLACEMENT OF MEDICAL/RX AND DENTAL PLAN COVERAGE FOR HEALTH, DENTAL AND VOLUNTARY INSURANCE FOR JANUARY 1, 2022-DECEMBER 31, 2022

City of Marshall
2022 Insurance Renewal

Presented by Hall Insurance Services

October 28, 2021

HALL INSURANCE SERVICES

Agenda

- Objectives
- Medical Renewal
- Dental Renewal
- Additional Lines of Coverage
- Compensation

HALL INSURANCE SERVICES

Objectives

- **Deliver Acceptable Benefit Options for the following coverages:**
  - Medical / Rx
  - Dental
  - Voluntary Vision
  - Basic Life / Accidental Death & Dismemberment
  - Voluntary Life / AD&D
  - Voluntary Accident
  - Voluntary Cancer
  - Voluntary Critical Illness
  - Voluntary Hospital Indemnity
  - Voluntary Short Term Disability

HALL INSURANCE SERVICES

Objectives

- **Develop and Deliver at No Additional Cost:**
  - Online Enrollment Solution
  - Online Employee and Employer Benefit Communication
  - In person meetings for Open Enrollment

HALL INSURANCE SERVICES

Historical Data
Medical/Rx Plan

Plan Year	Loss Ratio	Initial Renewal	Negotiated Renewal
2018	116.70%	11.69%	4.90%
2019	161.60%	15.00%	9.00%
2020	122.10%	28.10%	14.40%
2021	93.80%	14.40%	7.00%
2022	66.20% (to date)	3.1%	1.00%

HALL INSURANCE SERVICES

Medical/Rx Insurance High Claims

- High Claims Breakdown
  - $15,000 - $20,000 – 6 Claims
  - $20,000 - $30,000 – 7 Claims
  - $30,000 - $40,000 – 2 Claims
  - $40,000 - $50,000 – 3 Claims
  - $50,000 - $100,000 – 4 Claims

HALL INSURANCE SERVICES

Medical/Rx Recommendation

- Accept the negotiated renewal from Blue Cross Blue Shield of Texas. Continue to offer two Health Insurance Plans for the employees to select from.

HALL INSURANCE SERVICES

2022 Health Insurance Rates
Active Employees

PPO Rates for Active Employees

- Single- $722.18
- Single + Spouse - $1,609.07
- Single + Child(ren) - $1,308.70
- Family - $2,195.70

H.S.A. Rates for Active Employees

- Single– $643.45
- Single + Spouse - $1,433.68
- Single + Child(ren) - $1,166.25
- Family - $1,956.35

HALL INSURANCE SERVICES

2022 Health Insurance Rates Retirees

- Single - $830.48
- Single + Spouse - $1,850.43
- Single + Child(ren) - $1,504.97
- Family - $2,524.96

HALL INSURANCE SERVICES

Health Insurance Information
Blue Cross Blue Shield of TX

Plan Identification	PPO Active & Retirees Plan	PPO H.S.A Plan
Deductible	$1,500 / $1,500 Individual $4,500 / $4,500 Family	$3,000/$3,000 Individual $6,000/$6,000 Family
Coinsurance	80% / 20% In Network 60% /40% Out of Network	100%/0% In Network 60%/40% Out of Network
Maximum Out of Pocket	$4,500 / $7,000 Individual $13,500 / $21,000 Family	$3,000/$3,000 Individual $6,000/$12,000 Family
Pharmacy Max OOP	$1,500 – Family	Not Applicable
Physician Copay	$30 PCP / $50 SPC	No Copay
Prescription Copay	$10 / $35 / $50	No Copay
Wellness	Included	Included

HALL INSURANCE SERVICES

Dental Insurance

- Blue Cross Blue Shield of TX initially presented a rate pass
- There has been no rate or benefit changes in several years
- Further Discussions with BCBS of TX regarding the rates led them to reduce premiums by 2.4%

HALL INSURANCE SERVICES

Dental Recommendation

- Accept the revised renewal offer from Blue Cross Blue Shield of Texas

HALL INSURANCE SERVICES

Dental Insurance 2022 Rates

Active Employees Rates

- Single - $21.87
- Single + Spouse - $47.15
- Single + Child(ren) - $56.18
- Family - $81.29

Retiree Rates

- Single - $30.30
- Single + Spouse - $64.78
- Single + Child(ren) - $77.20
- Family - $111.69

HALL INSURANCE SERVICES

BlueCross BlueShield of Texas

DENTAL BENEFIT HIGHLIGHTS *Prepared for* City of Marshall Employee Benefits Trust – Active Plan Effective 01/01/2020

Type of Service	Benefit**
General Provisions	
Calendar Year Deductible	*$50 Individual / $150 Family*
Three-month Deductible carryover applies	*Yes*
Deductible credit from prior carrier	*No*
Calendar Year Maximum per Participant	*$1,000*
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Dental X-rays (Subject to booklet provision)	*100%*
Miscellaneous Services	
Sealants Space Maintainers Labs and Tests Palliative Care	*80%*
Restorative Services	
Amalgams and Composites Simple Extractions Pin Retention	*80%*
General Services	
Anesthesia Stainless Steel Crowns	*80%*
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	*80%*
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure Osseous surgery and grafts Soft tissue grafts	*80%*
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty Vestibuloplasty	80%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores Recementation of crowns, inlays/onlays Crown repair	*50%*
Prosthodontic Services	
Reline/Rebase Bridges and dentures Recementation and repair of bridges	*50%*
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment (available to Adults and Children)	*50%*
Lifetime Maximum per Participant	*$1,000*

BlueCare® Freedom Dental

BlueCross BlueShield of Texas

****Each time you need dental care, you can choose to:**

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist	**DentaBlue Dentist**	
• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses • You are not required to file claim forms • You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	• Your out-of-pocket cost may be greater because DentaBlue Dentists have contracted to accept a higher Allowable Amount as payment in full for Eligible Dental Expenses • You are not required to file claim forms • You are not balance billed for costs exceeding the BCBSTX Allowable Amount for DentaBlue Dentists	• Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses • You are required to file claim forms • You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
  - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
  - Retirees are not eligible for coverage.
  - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
  - Open enrollment – employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.
- An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:
  - Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
  - Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
  - A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.
- When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSTX in advance of treatment.

_____	_____	_____
Group Executive Name and Title (Please type or print)	Signature	Date
_____	_____	_____
Agent of Record Name (Please print or type)	Signature	Date
_____	_____	_____
BCBSTX Representative Name (Please print or type)	Signature	Date

Ancillary Insurance Products

- MetLife is the current carrier for most other insurance products offered
- Current Rates are guaranteed through December 31, 2022 and 2023
- Products Include
  - Vision (Rate Guarantee through 2022)
  - Group Life / AD&D (Rate Guarantee through 2022)
  - Voluntary Life / AD&D (Rate Guarantee through 2022)
  - Accident (Rate Guarantee through 2023)
  - Cancer (Rate Guarantee through 2023)
  - Critical Illness(Rate Guarantee through 2023)
  - Hospital Indemnity (Rate Guarantee through 2023)
- Identity Theft (Aura) and Pet Insurance (Pet Assure) are also offered

HALL INSURANCE SERVICES

Voluntary Vision Insurance

Tier	Principal	MetLife
Employee Only	$6.32	$6.70
Employee Spouse	$12.68	$13.44
Employee Child(ren)	$10.73	$11.37
Employee Family	$17.70	$18.76

HALL INSURANCE SERVICES

Vison Recommendation

- Accept the offer from Principal. It includes a 2-year rate guarantee

HALL INSURANCE SERVICES

Vision

City of Marshall

Effective date: January 1, 2022

Principal®

VSP Vision care for life

Voluntary vision for active members, retired members		
VSP choice network		
Covered charges	**Benefit**	**Frequency**
Exams	$10 copay	1 per 12 months
Prescription glasses	$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	1 pair per 12 months
Frames*	$150 allowance for a wide selection of frames; 20% off amount over allowance[1]	1 set per 24 months
Elective contacts	Up to $60 copay for standard and premium elective contact lens exams (fitting and evaluation) $150 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary contacts[2]	$25 copay Covered in full for members who have specific conditions.	1 per 12 months Instead of lens and frames benefit
Lens enhancements[1]	$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 20-25%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
Additional savings[1]	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

Vision

City of Marshall

Effective date: January 1, 2022

Principal®

VSP Vision care for life

...continued		
Non-network providers		
Covered charges	**Benefit[3]**	**Frequency**
Vision exams	Up to $45	1 per 12 months
Single vision lenses	Up to $30	1 pair per 12 months
Lined bifocal lenses	Up to $50	1 pair per 12 months
Lined trifocal lenses	Up to $65	1 pair per 12 months
Lenticular lenses	Up to $100	1 pair per 12 months
Frames	Up to $70	1 set per 24 months
Elective contacts	Up to $105	1 per 12 months Instead of lens and frame benefits
Necessary contacts[2]	Up to $210	1 per 12 months Instead of lens and frame benefits

[1] Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.
[2] Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.
[3] The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.
*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a $80 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Highlights	
Participation	20% or 5 lives, whichever is greater
Eligibility	**Employee:** Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents. **Dependent:** Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.

Colonial Life Products

- Accident – On / Off Job – Includes Option for Gunshot Wound Benefit
- Cancer
- Critical Illness
- Hospital Confinement
- Group Term Life / AD&D
- Voluntary Life / AD& D
- Short Term Disability

Group Term Life/AD&D

- The City pays for $10,000 of coverage per employee
- Currently with MetLife
- Colonial Life has proposed slightly lower rates
- Current Rate with MetLife is $1.86 per month
- Proposed Rate with Colonial Life is $1.75 per month

HALL INSURANCE SERVICES

Group Life/AD&D Recommendation

- Accept the offer from Colonial Life. It includes a 2-year rate guarantee

HALL INSURANCE SERVICES

Colonial Life

Plan Effective Date: ***11/1/2021***

Proposal Prepared for: City of Marshall
Number of employees: 227
City, State: Marshall, TX

Prepared by: Amie Halbert

Date Prepared: ***10/19/2021***
Plan Selected: Group Term Life, AD&D
Quote Expires: ***1/17/2022***

Rate Information

Basic Coverage	Lives	Monthly Rate	Volume (000s)	Monthly Premium
Life	227	0.145 per $1,000 of coverage	2,265	$328.43
AD&D	227	0.030 per $1,000 of coverage	2,265	$67.95
			Total Monthly Premium:	$396.38
			Total Annual Premium:	$4,756.50

The rates above are for the plan(s) described in this proposal, subject to the conditions specified.
Rates are based on information entered on the quote input screen and final rates may differ if the information changes.

Proposed Plan - Basic

Employee Coverage - The benefit is a guaranteed issue amount of $10,000.

Accidental Death and Dismemberment (AD&D) - Available at the same face amount of Life coverage. Must have Life coverage to receive AD&D coverage.

Built-in Benefits

Two Year Rate Guarantee

Employee Assistance Program

- Provides professional counseling and referral services to help employees with personal and family issues and work/life balance to all employees with GTL coverage. Also includes Life Planning Financial and Legal Services to a terminally ill employee or spouse or designated beneficiaries of an employee or spouse.

Portability

- Employees may continue coverage when the employee leaves his job, reduces hours below the minimum required or retires.
- All ported insurance will move to special ported rate tables.
- Evidence of insurability is required at time of port.

Conversion

Other Voluntary Benefits Recommendation

- **Accept the current offer from Colonial Life for:**
  - Voluntary Life / AD&D – (increase guaranteed issue amount to $125K)
  - Accident (Now includes On and Off the Job Accident)
  - Cancer
  - Critical Illness
  - Hospital Confinement
  - Short Term Disability
- **Terminate coverage with Identity Guard, Pet Assure, and Emergency Me due to very minimal participation**

HALL INSURANCE SERVICES

Colonial Life

Plan Effective Date: ***11/1/2021***

Proposal Prepared for: City of Marshall
Number of employees: 227
City, State: Marshall, TX

Prepared by: Amie Halbert

Date Prepared: ***10/19/2021***
Quote Expires: ***1/17/2022***

Plan Selected: Group Term Life, Spouse Coverage, Dependent Children Coverage, AD&D, Waiver of Premium

Rate Information

Voluntary Coverage

All Rates listed are Monthly per $1,000 of coverage

Age-band	Employee		Spouse	Dependent Children
	Uni-tobacco		Uni-tobacco	Unit
0-24	0.067		0.065	0.300
25-29	0.072		0.074	0.300*
30-34	0.095		0.101	*Dependent children coverage is available up to age 26.*
35-39	0.140		0.148	
40-44	0.214		0.224	
45-49	0.334		0.347	
50-54	0.493		0.515	
55-59	0.709		0.756	
60-64	0.916		1.040	
65-69	1.301		1.488	
70-74	2.461		2.814	
75+	7.607		8.699	
AD&D	0.030		0.030	0.030

The rates above are for the plan(s) described in this proposal, subject to the conditions specified.
Rates are based on information entered on the quote input screen and final rates may differ if the information changes.

Proposed Plan - Voluntary

Employee Coverage - Benefits available in $1,000 increments from a minimum of $10,000 to a maximum of $500,000, subject to an individual's maximum of 5.0x salary.

Spouse Coverage - Benefits available in $1,000 increments from a minimum of $5,000 to a maximum of 100% of the employee amount.

Dependent Children Coverage - Benefits available in $1,000 increments to a maximum of $10,000. The maximum benefit payable to children less than 6 months of age is $1,000 regardless of the benefit amount purchased. One rate covers all children in the same family.

Colonial Life & Accident Insurance Company, 1200 Colonial Life Boulevard, Columbia, SC 29210

Deductions per year: 12

These rates were prepared on 10/22/2021 and are valid for 90 days.

Individual Accident (IAC4000) for TX

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Gunshot Wound $5,000

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	0-80	$15.40	$22.37	$26.84	$33.49
Preferred	0-80	$19.95	$28.95	$35.20	$43.75

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Individual Accident (IAC4000) for TX

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	0-80	$14.40	$21.37	$25.84	$32.49
Preferred	0-80	$18.95	$27.95	$34.20	$42.75

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"Colonial Life," and the Colonial Life logo, separately and in combination, are service marks of Colonial Life & Accident Insurance Company. All rights reserved.

Deductions per year: 12

These rates were prepared on 10/22/2021 and are valid for 90 days.

Cancer Assist for TX

Applicable to policy form CanAssist

- with $100 Health Screening Benefit

$4,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	$27.65	$43.85	$28.35	$44.55

$6,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	$30.65	$48.85	$31.55	$49.75

$10,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	$36.65	$58.85	$37.95	$60.15

Important Notice

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Deductions per year: 12

These rates were prepared on 10/22/2021 and are valid for 90 days.

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	17-24	$3.35	$5.10	$3.35	$5.10
	25-29	$3.70	$5.70	$3.70	$5.70
	30-34	$4.10	$6.35	$4.10	$6.35
	35-39	$5.30	$8.15	$5.30	$8.15
	40-44	$6.10	$9.35	$6.10	$9.35
	45-49	$7.60	$11.65	$7.60	$11.65
	50-54	$9.40	$14.45	$9.40	$14.45
	55-59	$11.35	$17.40	$11.35	$17.40
	60-64	$13.80	$21.20	$13.80	$21.20
	65-70	$16.50	$25.35	$16.50	$25.35
$10,000	17-24	$4.55	$6.90	$4.55	$6.90
	25-29	$5.25	$8.10	$5.25	$8.10
	30-34	$6.05	$9.40	$6.05	$9.40
	35-39	$8.45	$13.00	$8.45	$13.00
	40-44	$10.05	$15.40	$10.05	$15.40
	45-49	$13.05	$20.00	$13.05	$20.00
	50-54	$16.65	$25.60	$16.65	$25.60
	55-59	$20.55	$31.50	$20.55	$31.50
	60-64	$25.45	$39.10	$25.45	$39.10
	65-70	$30.85	$47.40	$30.85	$47.40
$20,000	17-24	$6.95	$10.50	$6.95	$10.50
	25-29	$8.35	$12.90	$8.35	$12.90
	30-34	$9.95	$15.50	$9.95	$15.50
	35-39	$14.75	$22.70	$14.75	$22.70
	40-44	$17.95	$27.50	$17.95	$27.50
	45-49	$23.95	$36.70	$23.95	$36.70
	50-54	$31.15	$47.90	$31.15	$47.90
	55-59	$38.95	$59.70	$38.95	$59.70
	60-64	$48.75	$74.90	$48.75	$74.90
	65-70	$59.55	$91.50	$59.55	$91.50
$30,000	17-24	$9.35	$14.10	$9.35	$14.10
	25-29	$11.45	$17.70	$11.45	$17.70
	30-34	$13.85	$21.60	$13.85	$21.60
	35-39	$21.05	$32.40	$21.05	$32.40
	40-44	$25.85	$39.60	$25.85	$39.60
	45-49	$34.85	$53.40	$34.85	$53.40
	50-54	$45.65	$70.20	$45.65	$70.20
	55-59	$57.35	$87.90	$57.35	$87.90
	60-64	$72.05	$110.70	$72.05	$110.70
	65-70	$88.25	$135.60	$88.25	$135.60

(Continued...)

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$40,000	17-24	$11.75	$17.70	$11.75	$17.70
	25-29	$14.55	$22.50	$14.55	$22.50
	30-34	$17.75	$27.70	$17.75	$27.70
	35-39	$27.35	$42.10	$27.35	$42.10
	40-44	$33.75	$51.70	$33.75	$51.70
	45-49	$45.75	$70.10	$45.75	$70.10
	50-54	$60.15	$92.50	$60.15	$92.50
	55-59	$75.75	$116.10	$75.75	$116.10
	60-64	$95.35	$146.50	$95.35	$146.50
	65-70	$116.95	$179.70	$116.95	$179.70

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	17-24	$3.85	$5.90	$3.85	$5.90
	25-29	$4.50	$6.90	$4.50	$6.90
	30-34	$5.35	$8.25	$5.35	$8.25
	35-39	$7.00	$10.75	$7.00	$10.75
	40-44	$8.75	$13.45	$8.75	$13.45
	45-49	$10.95	$16.80	$10.95	$16.80
	50-54	$13.50	$20.70	$13.50	$20.70
	55-59	$16.85	$25.90	$16.85	$25.90
	60-64	$20.05	$30.80	$20.05	$30.80
	65-70	$24.30	$37.35	$24.30	$37.35
$10,000	17-24	$5.55	$8.50	$5.55	$8.50
	25-29	$6.85	$10.50	$6.85	$10.50
	30-34	$8.55	$13.20	$8.55	$13.20
	35-39	$11.85	$18.20	$11.85	$18.20
	40-44	$15.35	$23.60	$15.35	$23.60
	45-49	$19.75	$30.30	$19.75	$30.30
	50-54	$24.85	$38.10	$24.85	$38.10
	55-59	$31.55	$48.50	$31.55	$48.50
	60-64	$37.95	$58.30	$37.95	$58.30
	65-70	$46.45	$71.40	$46.45	$71.40

(Continued...)

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$20,000	17-24	$8.95	$13.70	$8.95	$13.70
	25-29	$11.55	$17.70	$11.55	$17.70
	30-34	$14.95	$23.10	$14.95	$23.10
	35-39	$21.55	$33.10	$21.55	$33.10
	40-44	$28.55	$43.90	$28.55	$43.90
	45-49	$37.35	$57.30	$37.35	$57.30
	50-54	$47.55	$72.90	$47.55	$72.90
	55-59	$60.95	$93.70	$60.95	$93.70
	60-64	$73.75	$113.30	$73.75	$113.30
	65-70	$90.75	$139.50	$90.75	$139.50
$30,000	17-24	$12.35	$18.90	$12.35	$18.90
	25-29	$16.25	$24.90	$16.25	$24.90
	30-34	$21.35	$33.00	$21.35	$33.00
	35-39	$31.25	$48.00	$31.25	$48.00
	40-44	$41.75	$64.20	$41.75	$64.20
	45-49	$54.95	$84.30	$54.95	$84.30
	50-54	$70.25	$107.70	$70.25	$107.70
	55-59	$90.35	$138.90	$90.35	$138.90
	60-64	$109.55	$168.30	$109.55	$168.30
	65-70	$135.05	$207.60	$135.05	$207.60
$40,000	17-24	$15.75	$24.10	$15.75	$24.10
	25-29	$20.95	$32.10	$20.95	$32.10
	30-34	$27.75	$42.90	$27.75	$42.90
	35-39	$40.95	$62.90	$40.95	$62.90
	40-44	$54.95	$84.50	$54.95	$84.50
	45-49	$72.55	$111.30	$72.55	$111.30
	50-54	$92.95	$142.50	$92.95	$142.50
	55-59	$119.75	$184.10	$119.75	$184.10
	60-64	$145.35	$223.30	$145.35	$223.30
	65-70	$179.35	$275.70	$179.35	$275.70

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Amie Halbert | amie.halbert@coloniallifesales.com | (903) 638-0521

Deductions per year: 12

These rates were prepared on 10/19/2021 and are valid for 90 days.

Individual Medical Bridge for TX

Applicable to policy form Individual Medical Bridge

- $1000 Hospital Confinement Benefit, $50 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	$15.20	$28.40	$19.70	$32.90
50-59	$20.30	$38.05	$24.80	$42.55
60-64	$26.70	$50.20	$31.20	$54.70
65-75	$34.60	$65.20	$39.10	$69.70

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Deductions per year: 12

These rates were prepared on 10/19/2021 and are valid for 90 days.

Individual Medical Bridge for TX

Applicable to policy form Individual Medical Bridge

- $500 Hospital Confinement Benefit, $50 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	$9.50	$17.55	$12.00	$20.05
50-59	$12.45	$23.15	$14.95	$25.65
60-64	$15.90	$29.70	$18.40	$32.20
65-75	$20.20	$37.85	$22.70	$40.35

Important Notice

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Deductions per year: 12

These rates were prepared on 10/19/2021 and are valid for 90 days.

Disability 1000 for TX *A Risk Class*

Applicable to policy form DIS1000

- On/Off-Job Accident and Sickness with Health Screening Rider

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$500*	$700*	$1,000*
14 days Accident / 14 days Sickness	17-49	$15.25	$20.65	$28.75
	50-69	$18.00	$24.50	$34.25

**monthly benefit amount*

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$500*	$700*	$1,000*
14 days Accident / 14 days Sickness	17-49	$19.50	$26.60	$37.25
	50-69	$25.25	$34.65	$48.75

**monthly benefit amount*

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$500*	$700*	$1,000*
14 days Accident / 14 days Sickness	17-49	$25.25	$34.65	$48.75
	50-69	$31.50	$43.40	$61.25

**monthly benefit amount*

24 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$500*	$700*	$1,000*
14 days Accident / 14 days Sickness	17-49	$34.00	$46.90	$66.25
	50-69	$45.75	$63.35	$89.75

**monthly benefit amount*

Important Notice

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Enrollment System

- Currently using Common Census for Enrollment System
- Data Feeds are established with the following carriers
  - BCBS of TX
  - MetLife
  - Discovery Benefits (WEX)
    - H.S.A. Employee Contributions
    - COBRA Administration
- There are costs associated with the data feed with BCBS of TX These costs are being absorbed by Common Census through credits from MetLife

HALL INSURANCE SERVICES

Enrollment System Recommendation

- Migrate to Hall Insurance Services Enrollment System
- System is managed by Hall Insurance Services
- City of Marshall will have access to system
- There is no cost to the City of Marshall for set up nor continual management by Hall Insurance Services

HALL INSURANCE SERVICES

GASB Reporting

- City of Marshall is required to provide GASB reporting as a result of offering Retiree Benefits
- GASB 75 Biennial Valuation Services (once every two years)
- GASB 75 Roll Forward Valuation Services (in between Biennial Years)
- Proposal Included from Milliman to perform these services
- Price for GASB 75 Biennial Valuation Services for Year Ending 2021 - $8,000
- Price for GASB 75 Roll Forward Valuation Services for Year ending 2022 - $3,500
- Contract for these services will be between City of Marshall and Milliman. Hall Insurance Services will help facilitate communication

HALL INSURANCE SERVICES

Compensation

Carrier	Status	Commission / Supplemental
BCBS of TX - Health	Current / Renewal	Net / $7.50 to $15 PEPY
BCBS of TX – Dental	Current / Renewal	Net / Net
	Vision	
MetLife	Current	10% / 0% - 2.75%
Principal	Renewal	10% / Net
	H.S.A./ COBRA Admin	
Discovery Benefits	Current / Renewal	Net / Net
	Life / AD&D (Group and Voluntary)	
MetLife	Current	15% / 0% to 2.75%
Colonial Life	Renewal	15% /
	All Other Lines	
MetLife	Current	20% / Net
Colonial Life	Renewal	6%-15% / 1.00% - 2.50%
Milliman – GASB Reports	Renewal	Net / Net

HALL INSURANCE SERVICES

Disclosures

- Intent of this analysis is to provide the City of Marshall with general information related to your current employee benefits. It does not fully address all of your specific issues. It should not be construed as our providing any legal advice. Questions regarding specific issues should be address by your general counsel or attorney who specializes in this practice area.
- This analysis is intended to merely highlight or summarize certain aspects of the City of Marshall benefit program(s). It is not a summary plan description (SPD) or an official plan document. The rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. All Policy Documents for your reference are available upon request.
- Hall Insurance Services from time to time enters into arrangements with certain carrier markets which will pay additional compensation based on the total volume of premium or insurance coverages written through our agency. It is not certain at this time what these may be.

HALL INSURANCE SERVICES

ITEM 4

CONSIDERATION OF SELECTION AND AWARD OF THE CONTRACT FOR EMPLOYEE/RETIREE MEDICAL AND PHARMACY INSURANCE FOR THE PLAN YEAR JANUARY 1, 2022 – DECEMBER 31, 2022

ITEM 5

CONSIDERATION OF SELECTION AND AWARD OF THE CONTRACT FOR EMPLOYEE/RETIREE DENTAL INSURANCE FOR THE PLAN YEAR JANUARY 1, 2022 – DECEMBER 31, 2022

ITEM 6

ADJOURNMENT