1. 11-10-21 Employee Benefit Trust Agenda (PDF)

   Documents:

   11-10-21 EMPLOYEE BENEFIT TRUST AGENDA.PDF

2. 11-10-21 Employee Benefit Trust Agenda Packet (PDF)

   Documents:

   11-10-21 EMPLOYEE BENEFIT TRUST PACKET.PDF

CITY OF MARSHALL, TEXAS EMPLOYEE BENEFITS TRUST
AGENDA
COUNCIL CHAMBERS, CITY HALL
401 SOUTH ALAMO
WEDNESDAY, NOVEMBER 10, 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 Wednesday, November 10, 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 28, 2021.

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: November 5, 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.

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   Page 2

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   Page 5

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   Page 17

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   Page 18

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ITEM 1

CALL MEETING TO ORDER

ITEM 2

APPROVAL OF MINUTES OF THE EMPLOYEE BENEFITS TRUST MEETING DATED OCTOBER 28, 2021

MINUTES OF THE CITY OF MARSHALL
EMPLOYEE BENEFIT TRUST MEETING
THURSDAY, OCTOBER 28, 2021

Council Chair and Employee Benefit Trustee Amy Ware called the meeting to order.

PRESENT:

COUNCIL CHAIR: Amy Ware, District 4

CITY COUNCILMEMBERS:

Marvin Bonner, District 1	Leo Morris, District 2
Jennifer Truelove, District 3	Vernia Calhoun, District 5
Amanda Abraham, District 6	Micah Fenton, District 7

2. CONSIDER AND TAKE ACTION TO APPROVE THE MINUTES OF THE CITY OF MARSHALL EMPLOYEE BENEFITS TRUST MEETING DATED OCTOBER 22, 2020.

Councilmember Abraham made a motion to approve the minutes of the City of Marshall Employee Benefits Trust Meeting dated October 22, 2020. Councilmember Truelove 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, 2022 – DECEMBER 31, 2022.

Michael Gist, Hall Insurance 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, 2022 – December 31, 2022. Michael Gist stated a 1% increase was negotiated with Blue Cross Blue Shield. The High Deductible Health Plan option will still be available. The Dental premiums were negotiated to a reduction of 2.4%.

Councilmembers 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, 2022 – DECEMBER 31, 2022.

Councilmember Truelove made a motion to revisit this item at the November 10 meeting. Councilmember Abraham 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, 2022 – DECEMBER 31, 2022.

Councilmember Truelove made a motion to revisit this item at the November 10 meeting. Councilmember Calhoun seconded the motion, which passed with a vote of 7:0.

6. ADJOURNMENT

Councilmember Calhoun made a motion to adjourn the Employee Benefit Trust Meeting. Councilmember Fenton 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

November 10, 2021

HALL INSURANCE SERVICES

Current Enrollment Information

Tier	Traditional Plan	H.S.A. Plan	Retirees
Employee Only	194	15	6
Employee Spouse	2	0	0
Employee Child(ren)	16	1	0
Employee Family	3	1	0
Total Enrollment	215	17	1

HALL INSURANCE SERVICES

Individual Policies on The Marketplace with Healthcare.gov

- Policies are designed to offer a tax subsidy to enrollees based on household size and household income
- Any person who is offered affordable coverage from their employer is not entitled to receive a subsidy
- A spouse and children can receive a tax subsidy even if the working spouse is offered affordable coverage

City of Marshall Employees and Tax Subsidy with Healthcare.gov

- Average annual salary with City of Marshall is $43,690
- At this average salary with a family of 4 and a spouse not working the children may qualify for Medicaid
- The next slide are some general tax credits for a family of four with spouse at age 40 and children ages 16 and 13 choosing BCBS of TX Blue Advantage Gold HMO Plan 603 which has a $1,500 individual deductible and $5,000 individual maximum out of pocket

HALL INSURANCE SERVICES

Estimated Tax Credits

BCBS of TX Blue Advantage Gold HMO Plan 603

Annual Household Income	BCBS of TX HMO Premium Estimate	Estimated Tax Credit	Estimated Family Monthly Premium
$55,000	$1,175	$1,075	$100
$60,000	$1,175	$1,028	$147
$65,000	$1,175	$974	$201
$70,000	$1,175	$914	$261
$75,000	$1,175	$848	$327
$80,000	$1,175	$777	$398

HALL INSURANCE SERVICES

Examples of Enrollees with Healthcare.gov – BCBS of TX Plans

- **Family of 4 – Household Income $77,000**
  - Monthly Premium - $1,290.01
  - Monthly Subsidy - $1,257.00
  - Premium minus Subsidy - $33.01
- **Family of 6 – Household Income $46,206**
  - Monthly Premium - $545.92
  - Monthly Subsidy - $507.00
  - Premium minus Subsidy - $38.92
  - Children are on Medicaid

HALL INSURANCE SERVICES

Medical Renewal Rates and Contributions – Traditional PPO Plan

Tier	Monthly Premium	Employer Contribution	Employee Contribution	BI-Weekly Deduction
Employee Only	$722.18	$722.18	$0	$0
Employee Spouse	$1,609.07	$722.18	$887.52	$443.76
Employee Child(ren)	$1,308.70	$722.18	$586.52	$293.26
Employee Family	$2,195.70	$722.18	$1,473.52	$736.76

HALL INSURANCE SERVICES

Medical Renewal Rates and Contributions – H.S.A. HDHP Plan

Tier	Monthly Premium	Employer Contribution	Employee Contribution	BI-Weekly Deduction
Employee Only	$643.45	$643.45	$0	$0
Employee Spouse	$1,433.68	$643.45	$790.23	$395.12
Employee Child(ren)	$1,166.25	$643.45	$522.80	$261.40
Employee Family	$1,956.35	$643.45	$1,312.90	$656.45

HALL INSURANCE SERVICES

Medical Plans Design Changes

- Blue Cross Blue Shield of TX has submitted additional options with plan design changes
- Deductibles, Maximum Out of Pockets, Office Visit and Specialist Copays, Urgent Care Copay, and Pharmacy Copays were adjusted which resulted in some reduction in rates

HALL INSURANCE SERVICES

City of Marshall
2022 Health Benefit / Cost Analysis

		BCBX of TX PPO	BCBS of TX PPO	BCBX of TX PPO	BCBS of TX PPO	BCBS of TX PPO	BCBS of TX PPO	BCBS of TX PPO	BCBS of TX PPO
Description of Coverage		**BA0003 PPO**	**BA0007 PPO H.S.A. HDHP**	**BA0003 PPO**	**BA0007 PPO H.S.A. HDHP**	**BA0003 PPO**	**BA0003 PPO**	**BA0003 PPO**	**BA0007 PPO H.S.A. HDHP**
Benefit Highlights		In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network	In-Network / Out-Network
Policy or Calendar Year Deductible		Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar
Deductible		$1,500 / $4,500	$3,000 / $6,000	$1,500 / $4,500	$3,000 / $6,000	$2,000 / $6,000	$3,000 / $9,000	$6,000 / $12,000	$4,000 / $8,000
Individual / Family		$1,500 / $4,500	$3,000 / $6,000	$1,500 / $4,500	$3,000 / $6,000	$2,000 / $6,000	$3,000 / $9,000	$10,000 / $20,000	$8,000 / $16,000
Coinsurance		80% / 40%	100% / 40%	80% / 40%	100% / 40%	80%/40%	80%/40%	80%/40%	100% / 40%
Maximum Out-of-Pocket (Includes Deductible) Individual / Family		$4,500 / $13,500 $7,500 / $21,000	$3,000 / $6,000 $6,000 / $12,000	$4,500 / $13,500 $7,500 / $21,000	$3,000 / $6,000 $6,000 / $12,000	$6,000 / $14,000 $12,500 / 25,000	$8,700 / $17,400 $15,000 / $30,000	$8,700 / $17,400 $20,000 / $40,000	$4,000 / $8,000 $8,000 / $16,000
Office Visits		$30 PCP / $50 SPC	Subject to Ded/Coins	$30 PCP / $50 SPC	Subject to Ded/Coins	$40 PCP / $60 SPC	$50 PCP / $70 SPC	$50 PCP / $70 SPC	Subject to Ded/Coins
Lab/X-Ray		Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins
Wellness		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Urgent Care		$50 Copay	Subject to Ded/Coins	$50 Copay	Subject to Ded/Coins	$75 Copay	$75 Copay	$75 Copay	Subject to Ded/Coins
Emergency Room Facility/Other covered Services		$250 Copay / Ded/Coins	Subject to Ded/Coins	$250 Copay / Ded/Coins	Subject to Ded/Coins	$400 Copay / Ded/Coins	$400 Copay / Ded/Coins	$400 Copay / Ded/Coins	Subject to Ded/Coins
Prescription Drugs		$10 / $35 / $50	Subject to Ded/Coins	$10 / $35 / $50	Subject to Ded/Coins	$10 / $50 / $75	$10 / $50 / $75	$10 / $50 / $75	Subject to Ded/Coins
Maternity		$30 Copay Office Visits Subject to Ded/Coins	Subject to Ded/Coins	$30 Copay Office Visits Subject to Ded/Coins	Subject to Ded/Coins	$40 Copay Office Visits Subject to Ded/Coins	$40 Copay Office Visits Subject to Ded/Coins	$40 Copay Office Visits Subject to Ded/Coins	Subject to Ded/Coins
In-Patient CP		Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins
Out-Patient CP		Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins	Subject to Ded/Coins
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Tier	**Lives**	**CURRENT**	**CURRENT**	**RENEWAL**	**RENEWAL**	**OPTION 1**	**OPTION 2**	**OPTION 3**	**H.S.A. OPTION 1**
Employee Only	209	$715.03	$637.08	$722.18	$643.45	$670.31	$632.92	$590.26	$603.96
Employee Spouse	2	$1,593.14	$1,419.49	$1,609.07	$1,433.68	$1,493.50	$1,410.21	$1,315.15	$1,345.70
Employee Child(ren)	17	$1,295.74	$1,154.70	$1,308.70	$1,166.25	$1,214.70	$1,146.95	$1,069.64	$1,094.68
Employee Family	4	$2,173.94	$1,936.98	$2,195.70	$1,956.35	$2,037.98	$1,924.32	$1,794.61	$1,836.29
Actives Monthly Premium		**$ 169,155.76**	**$ 12,647.88**	**$ 170,847.36**	**$ 12,774.35**	**$ 158,576.28**	**$ 149,731.06**	**$ 139,638.81**	**$ 11,990.37**
Actives Annual Premium		**$ 2,029,869.12**	**$ 151,774.56**	**$ 2,050,168.32**	**$ 153,292.20**	**$ 1,902,915.36**	**$ 1,796,772.72**	**$ 1,675,665.72**	**$ 143,884.44**
% of Change Off Current				**1.00%**	**1.00%**	**-6.25%**	**-11.48%**	**-17.45%**	**-5.20%**

Retirees Tier	**Lives**	**CURRENT**		**RENEWAL**		**OPTION 1**	**OPTION 2**	**OPTION 3**	
Employee Only	6	$822.26		$830.48		$770.84	$727.85	$678.78	
Employee Spouse	0	$1,832.11		$1,850.43		$1,717.52	$1,621.73	$1,512.42	
Employee Child(ren)	0	$1,490.07		$1,504.97		$1,396.88	$1,318.97	$1,230.07	
Employee Family	1	$2,499.96		$2,524.96		$2,343.60	$2,212.90	$2,063.74	
Retirees Monthly Premium		**$ 7,433.52**		**$ 7,507.84**		**$ 6,968.64**	**$ 6,580.00**	**$ 6,136.42**	
Retirees Annual Premium		**$ 89,202.24**		**$ 90,094.08**		**$ 83,623.68**	**$ 78,960.00**	**$ 73,637.04**	
% of Change Off Current				**1.00%**		**-6.25%**	**-11.48%**	**-17.45%**	

Tier	**Enrollment - Active Employees**	
	Traditional Plan	**H.S.A. Plan**
Employee Only	194	15
Employee Spouse	2	0
Employee Child(ren)	16	1
Employee Family	3	1

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