



Agenda Briefing

Date of Meeting: 07/02/2019

Submitting Department: Human Resources

Date Submitted: 06/20/2019

Prepared By: Yesenia Garza

Presenter: Yesenia Garza

Will there be a guest/visitor presenter who is not an employee? Yes No

Guest/Visitor Presenter's first and last name:

Subject:

Renewal of Medical Insurance Plan with Blue Cross Blue Shield of Texas

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Type of Item:

Ordinance

Public Hearing

Resolution

Discussion & Direction

× **Contract/Agreement**

Other :

Executive Summary:

Consider and take all appropriate action for approval of the renewal for the Medical Plan with Blue Cross Blue Shield of Texas for the plan year beginning August 1, 2019.

All requests must be submitted to the City Secretary's Office no later than 12:00 p.m. on the Monday, one week prior to the regular Tuesday Council Meeting. All required attachments are to be submitted with the request. Incomplete items cannot be placed on the agenda.

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Background/Issue (What prompted this need?):

Medical Plan:

Blue Cross Blue Shield of Texas offered a renewal rate for August 1, 2019 effective date that was competitive after negotiations at a total medical cost with a -3.5% decrease.

Current City Funding Structure:

- Employee: Seabrook funds - 100%
- Dependent: Seabrook funds - 60%

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Budget Analysis/Funding Comments:

As a review of the City's experience:

- FY 14-15 11.91% increase (Total Medical Cost)
- FY 15-16 -11.39% decrease (Total Medical Cost)
- FY 16-17 14.00% increase (Total Medical Cost)
- FY 17-18 6.20% increase (Total Medical Cost)
- FY 18-19 -2.00% decrease (Total Medical Cost)

- FY 19-20 -3.50% decrease (Total Medical Cost)

Expenditure Required: \$ 144,493 for FY 18-19 Budget and \$722,465 for FY 19-20 Budget

Budgeted? Yes No

If yes, Budgeted Amount: \$ \$167,650

Source of Funds/Funding Account: ***-3120

If not budgeted and approved, the following will be included in the next Budget Amendment:

Addition to Revenue Account: \$

Addition to Expenditure Account: \$

1295 Form Required? Yes No

Name of Applicant (if applicable):

Legal Description/Location (if applicable):

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Supporting Materials Attached:

- | | | |
|---|----|----|
| 1. Agenda Briefing | 4. | 7. |
| 2. BCBS Contribution Sheet for Plan Year 19-20 | 5. | 8. |
| 3. | 6. | 9. |

Recommended Placement on Agenda:

Recommended Action:

**REVIEWED AND APPROVED BY:
(as appropriate)**

DocuSigned by:
Yesenia Garza
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6/20/2019

Department Director

Date

Finance Director

Date

City Attorney

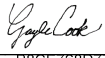
Date

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Deputy City Manager

Date

DocuSigned by:


City Manager

6/27/2019

Date

Please add any other documents for your item here, instead of placing them in the AGENDAS folder in the P drive. Just click on the paperclip icon to the right and upload any documents you have for your item.



For example: Ordinance, Ordinance Attachment, Monthly Report, Spreadsheet, etc.)

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