

**City Council
Staff Agenda Report**

Agenda Item: 8d.

Agenda Subject: Discussion and possible action on selection of employee medical, dental, vision, and life insurance benefits plans.

<p>Meeting Date: November 16, 2023</p>	<p>Financial Considerations: Net change from FY 23/24 Budget Aetna (\$94,012) BCBS (\$24,921) Budgeted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Strategic Vision Pillar:</p> <p><input type="checkbox"/> Financial Stability <input type="checkbox"/> Appearance of City <input checked="" type="checkbox"/> Operations Excellence <input type="checkbox"/> Infrastructure Improvements/Upgrade <input checked="" type="checkbox"/> Building Positive Image <input type="checkbox"/> Economic Development <input type="checkbox"/> Educational Excellence</p>
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Background Information: The city’s insurance broker, HUB International Limited, will be present to go over employee insurance benefits. The city’s plan year is January to December. Multiple companies submitted bids for insurance plans. The city currently has TML Health medical, EMI-Health dental, EyeMed vision, and Renaissance Basic Life/AD&D, STD & LTD.

Each year, the city receives information from TML Health on the percentage of increase to benefits for the next plan year. The city was informed to plan for a 16% increase. However, to be conservative, a 20% increase was included in the FY 2023–2024 City Budget for the 9 months (Jan-Sep). In keeping with the same (5) plan options, TML medical employer costs will increase of 48.2%. The city requested rate quotes from other providers and received responses from BCBS, UHC, Aetna AFA, & Baylor Scott & White (BSW).

- BCBS 9.9% Increase
 - UHC 37.5% Increase
 - Aetna AFA (18.1%) Decrease
 - BSW (3.3%) Decrease
1. Aetna- requires medical questions to be answered by employees for themselves and any covered dependent on the plan. The rates could increase, stay the same or Aetna could decline based upon the information provided. These questionnaires would not be required if we had 25 enrolled, the city has 21 enrollees. Presented preliminary rates are \$45,537 (18.1%) less than current TML and \$167,015 (45%) less than the TML renewal. Once underwriting is complete and if Aetna is the best option, the rates are still subject to change if enrollment changes compared to what was provided on the census by the City. Aetna will issue an admin credit of \$300 per enrollee, estimated to be \$6,300 on the city’s 2nd invoice billing. This one-time credit is not reflected in the comparison rate schedules. Upon renewing with Aetna next year, the city would receive a \$2,000 guaranteed surplus refund.
 2. BCBS- The ACA options from BCBS are \$25,043, 9.9% more than current TML, but \$96,435 less than TML renewal. BCBS is \$70,580 more than Aetna, but BCBS rates are NOT contingent upon medical underwriting. The BCBS rates are subject to change only if enrollment changes compared to what was provided by the City.

If the City elects to have employees complete medical questions and submit that information for underwriting review and the Aetna rates do not change or increase more than BCBS, then Aetna will be the best option. If Aetna increases the rates higher than BCBS, then BCBS is the best option.

Staff suggests for Council to consider moving forward with Option 1 - Aetna and if rates exceed BCBS then the City move to Option 2 with BCBS. BCBS is 25.8% less than the TML Renewal. Current illustrated rates represent an increase of 9.9%. In addition, a removal of premium tax (1.75% for PPO and .75% for HMO) will be credited back to the City at the conclusion of the 2024 Plan Year.

The Single Non-Profit Trust and removal of premium tax is a result of Chapter 222 of the Texas Insurance Code. This provision allows for the removal of tax that is collected by insurance companies through premiums and remitted to the State of Texas. The adoption and subsequent naming of the Plan to City of Dalworthington Gardens, EBT (Employee Benefit Trust) accomplishes this, there is no TRUST account required by BCBS.

The city Dental plan is voluntary and EMI-Health is our current provider. There were 4 bidders, with EMI-Health being the lowest with a 9% rate increase and other bidders showed an increase range of 22% - 24%. Staff's recommendation is to remain with EMI-Health.

The city Vision plan is voluntary and rates will remain the same since EyeMed has renewed the current rates for the next 48 months.

Renaissance is the employer's Basic Life, STD, and LTD plans and is in the 2nd year of a 2-year agreement and the rates remain the same.

Recommended Action/Motion: Motion to select plans for employee medical, dental, vision, and life insurance benefits plans.

Attachments: HUB International Limited Presentation
Aetna Health Questionnaire
Single Non-Profit Trust Agreement and Resolution 2023-17



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

2024 Strategic Planning Discussion

City of DalwORTHINGTON Gardens

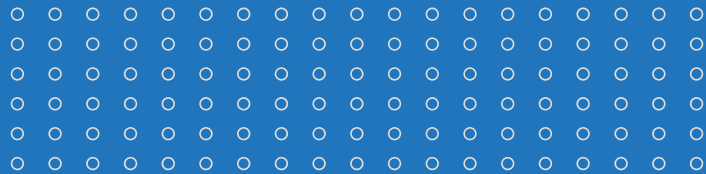


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Agenda

- 1 | Organizational Update & Benefit Program Recap
- 2 | Key Trends & Strategic Benefit Objectives
- 3 | Strategic Plan
- 4 | Next Steps

1



Organizational Update & Benefits Program Recap

Business Goals and
Human Resources' Role



HUB Update



National



530+
locations in
North America



Top 5
Global Broker
based on revenue



2 Million+
clients



95%
client retention



16,000+
employees



Platinum
Status with all
major carriers

Regional



Broker of Record:

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The HUB Texas – Argyle team aims to provide excellent service and support to our clients, specializing in employee benefits while offering access to additional HUB International services and resources as needed.

HUB EB Strategic Approach



Organizational Status



Business Update



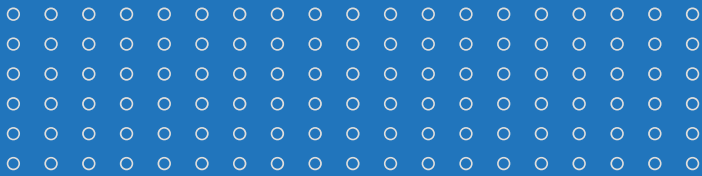
- Organizational update
- Economic environment
- Key challenges
- Top priorities
- Culture update and challenges
- Growth / acquisitions / ownership changes
- Upcoming initiatives

Benefits Update



- Open Enrollment debrief
- Key challenges
- Top priorities
- Upcoming initiatives and timing
- Total Rewards inventory
- Employee feedback on benefits
- Updates on employee engagement and priorities

2



Key Trends & Strategic Benefits Objectives

What are you trying to accomplish?



Delivering a Quality Employee Experience



- The job of Employee-experience Manager ranks fifth in the 2023 list of 25 fastest-growing jobs
- Flexible, personalized benefits need to be a priority in 2023
 - Improve recruitment & retention
 - Employees today demand more
 - Job satisfaction rates are low, and loyalty is falling – especially in manual labor jobs and with large employers
- Successful benefit strategies are shifting focus from cost control to supporting people
- **Use benefits to strengthen organizational purpose, culture and the entire employee experience**

Key Benefits Trends in 2023



Turbocharging Benefits



Despite rising costs, employers will strengthen benefits – *it's far more expensive to find a new employee than to keep one*



Use data, like HUB's Persona Analysis tool, to evaluate your population and drive specific, meaningful strategy



The gap is growing between benefits employees want from their employers and what organizations are trying to focus on to attract and retain talent

- 86% of employers say employees have strong sense of loyalty
- 39% of employees would recommend their employer as a place to work

Medical Costs



Projected to increase 7.4% in 2023
Cost increases mostly driven by price inflation in the healthcare market



Cost pressures are accelerating a shift to self-funded and captive-based health plans

ICHRAS and individual coverage are key following changes to ACA subsidies and the "fixed family glitch"



Cost management strategies continue to evolve:

- Promotion and use of transparency tools
- Virtual care grows, including behavioral health counseling and primary care consults
- Chronic condition and large case management continues to be key

Outpatient Drug Trends



Costs increasing at a rate of up to 10%

Cost drivers in Rx trend:

- Price inflation
- New therapies (especially new diabetes drugs with weight loss side effects)
- Increased utilization in specialty



Specialty drugs may now account for more than 50% of Rx spending

Strategies to actively manage include:

- PBM contract refresh/update
- Plan design improvements
- Get educated on specialty copay assistance funds
- Clinical management programs

Gene therapy treatments, their costs and ways to share associated financial risks will be a new area of focus

Key Benefits Trends in 2023



Communication & Design

-  Improved communications drive well-being and productivity—employers should create a communication action plan
-  Make benefits information easily available through digital resources like a benefits website and/or a benefits-focused mobile app
-  Communicate often, transparently and empathetically

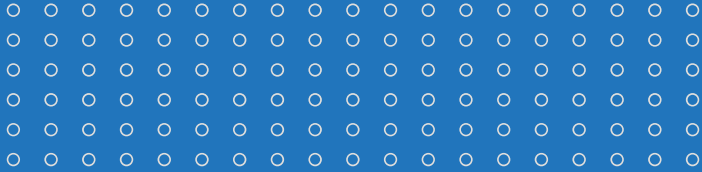
Workplace Flexibility

-  Flexible benefits and workplace policies are key to keeping fully staffed
-  HR and IT must work together to
 - Win talent via streamlined systems and user experiences
 - Improve security
 - Enhance access to data
-  Increased pay transparency and a closing gender gap are guiding compensation trends
-  COVID impacts to the workplace and health plans will linger, and are not easy to measure

Compliance Concerns

-  No Surprises Act and increased transparency reporting take hold
- Be on the lookout for:
 - State regulation of drug pricing
 - EEOC wellness rules
 - Potential for increased enforcement across the board
 - Evolving CAA fiduciary obligations
 - Changing leave requirements by state
-  COVID-related mandates and guidance continue to evolve

3



Strategic Plan

How will we achieve your goals?



Claims



Date	Enrollee Lives	Dependent Lives	Billed			Rx Mail Order	Total Claims & RX	Group Loss Ratio
			Contribution s	Medical Claims	Rx Copay			
08/2021	21	35	\$19,839.44	\$12,064.29	\$2,833.90	\$0.00	\$14,898.19	75.09%
09/2021	21	35	\$19,839.44	\$15,296.44	\$2,239.02	\$29.28	\$17,564.74	88.53%
10/2021	22	34	\$20,409.68	\$26,746.58	\$110.17	\$0.00	\$26,856.75	131.59%
11/2021	20	29	\$18,702.34	\$30,826.02	\$6,756.72	\$0.00	\$37,582.74	200.95%
12/2021	19	27	\$17,020.14	\$9,111.58	\$2,990.17	\$30.42	\$12,132.17	71.28%
01/2022	21	27	\$20,761.58	\$21,618.02	\$446.18	\$0.00	\$22,064.20	106.27%
02/2022	22	30	\$20,886.62	\$12,187.04	\$1,213.49	\$0.00	\$13,400.53	64.16%
03/2022	21	30	\$20,419.70	\$50,601.18	\$3,994.53	\$0.00	\$54,595.71	267.37%
04/2022	21	30	\$20,419.70	\$38,638.30	\$1,617.77	\$23.74	\$40,279.81	197.26%
05/2022	20	27	\$18,487.94	\$102,474.53	\$3,432.67	\$30.42	\$105,937.62	573.01%
06/2022	20	28	\$19,002.04	\$49,476.41	\$9,369.80	\$0.00	\$58,846.21	309.68%
07/2022	19	26	\$17,811.50	\$12,384.87	\$1,338.84	\$44.02	\$13,767.73	77.30%
08/2022	17	25	\$15,970.60	\$20,234.66	\$3,733.22	\$0.00	\$23,967.88	150.08%
09/2022	21	25	\$18,573.54	\$41,631.82	\$1,870.45	\$0.00	\$43,502.27	234.22%
10/2022	21	25	\$18,573.54	\$8,488.67	\$984.64	\$43.63	\$9,516.94	51.24%
11/2022	21	25	\$18,573.54	\$30,810.54	\$797.05	\$0.00	\$31,607.59	170.18%
12/2022	22	25	\$19,147.16	\$18,254.39	\$1,325.24	\$30.07	\$19,609.70	102.42%
01/2023	23	28	\$24,215.12	\$9,555.61	\$1,252.75	\$16.61	\$10,824.97	44.70%
02/2023	23	28	\$24,215.12	\$12,239.10	\$719.82	\$0.00	\$12,958.92	53.52%
03/2023	22	28	\$23,538.24	\$16,439.44	\$2,047.07	\$13.42	\$18,499.93	78.60%
04/2023	23	28	\$24,215.12	\$4,109.64	\$521.18	\$16.61	\$4,647.43	19.19%
05/2023	22	24	\$23,245.40	\$3,132.23	\$1,250.78	\$13.42	\$4,396.43	18.91%
06/2023	21	24	\$22,694.42	\$38,031.32	\$4,062.04	\$0.00	\$42,093.36	185.48%
07/2023	21	24	\$22,694.42	\$4,060.90	\$1,996.32	\$16.61	\$6,073.83	26.76%
Totals	21	27	\$489,256.34	\$588,413.58	\$56,903.82	\$308.25	\$645,625.65	131.96%

Medical Renewal and Market Options



**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2024**

Plan Design	CURRENT PLANS										RENEWAL PLANS									
	TML (Base)		TML		TML		TML		TML		TML (Base)		TML		TML		TML			
	Collective III Copay-1k-3k ER	Out of Network	Collective III HMO-\$1500-\$5k	In Network	Collective III HSA 3K	Out of Network	Collective Copay 3K-5K	Out of Network	Collective HSA 4K-6K	Out of Network	Collective III Copay-1k-3k ER	Out of Network	Collective III HMO-\$1500-\$5k	In Network Only	Collective III HSA 3K	Out of Network	Collective Copay 3K-6K	Out of Network	Collective HSA 4K-6K	Out of Network
Deductible	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$1,500
Family	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$2,000	\$3,000
Out of Pocket (OOP)	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$3,000	Unlimited
Family	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$6,000	Unlimited
Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%
Physician Services	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%
Specialist Copay	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$60	50%
Emergency Room Copay	\$500	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500	50%
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%
Preventive Care	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%	No charge	50%
Prescription Drugs	\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	0% After Deuctible		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	after deductible		\$10/\$45/\$90/\$150/\$175	0/\$175	0% After Deuctible		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	after deductible		\$10/\$45/\$90/\$150/\$175
Network	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO
Employee Count	4	0	2	4	3	4	0	2	4	3	4	0	2	4	3	4	0	2	4	3
Employee Only	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0
Employee Spouse	2	1	0	0	2	2	1	0	2	2	2	1	0	0	2	2	1	0	2	2
Employee Child	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0
Employee Family																				
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48
Employee Spouse	\$1,655.36	\$1,423.48	\$1,409.08	\$1,304.20	\$1,153.50	\$2,465.54	\$2,117.72	\$2,096.12	\$1,938.82	\$1,712.76	\$2,465.54	\$2,117.72	\$2,096.12	\$1,938.82	\$1,712.76	\$2,465.54	\$2,117.72	\$2,096.12	\$1,938.82	\$1,712.76
Employee Child	\$1,439.84	\$1,238.78	\$1,226.32	\$1,135.38	\$1,004.72	\$2,142.26	\$1,840.68	\$1,821.98	\$1,685.58	\$1,489.60	\$2,142.26	\$1,840.68	\$1,821.98	\$1,685.58	\$1,489.60	\$2,142.26	\$1,840.68	\$1,821.98	\$1,685.58	\$1,489.60
Employee Family	\$2,389.68	\$2,052.68	\$2,031.76	\$1,879.36	\$1,660.38	\$3,567.02	\$3,061.51	\$3,030.14	\$2,801.56	\$2,473.08	\$3,567.02	\$3,061.51	\$3,030.14	\$2,801.56	\$2,473.08	\$3,567.02	\$3,061.51	\$3,030.14	\$2,801.56	\$2,473.08
Monthly Total	\$6,212.48	\$1,238.78	\$4,864.60	\$2,640.88	\$5,427.76	\$9,213.72	\$1,840.68	\$7,226.90	\$3,891.36	\$8,036.72	\$9,213.72	\$1,840.68	\$7,226.90	\$3,891.36	\$8,036.72	\$9,213.72	\$1,840.68	\$7,226.90	\$3,891.36	\$8,036.72
Annual Total	\$74,549.76	\$14,865.36	\$58,375.20	\$31,690.56	\$65,133.12	\$110,564.64	\$22,088.16	\$86,722.80	\$46,696.32	\$96,440.64	\$110,564.64	\$22,088.16	\$86,722.80	\$46,696.32	\$96,440.64	\$110,564.64	\$22,088.16	\$86,722.80	\$46,696.32	\$96,440.64
City Contribution: 100% Employee Cost & 50% Dependent Cost (Base Plan)																				
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48	\$1,232.30	\$1,060.94	\$1,050.32	\$972.84	\$861.48
Employee Spouse	\$1,244.28	\$1,071.22	\$1,060.48	\$982.21	\$869.74	\$1,848.92	\$1,589.33	\$1,573.22	\$1,455.83	\$1,287.12	\$1,848.92	\$1,589.33	\$1,573.22	\$1,455.83	\$1,287.12	\$1,848.92	\$1,589.33	\$1,573.22	\$1,455.83	\$1,287.12
Employee Child	\$1,136.52	\$978.87	\$969.10	\$897.80	\$795.35	\$1,687.28	\$1,450.81	\$1,436.15	\$1,329.21	\$1,175.54	\$1,687.28	\$1,450.81	\$1,436.15	\$1,329.21	\$1,175.54	\$1,687.28	\$1,450.81	\$1,436.15	\$1,329.21	\$1,175.54
Employee Family	\$1,611.44	\$1,385.82	\$1,371.82	\$1,269.79	\$1,123.18	\$2,399.66	\$2,061.23	\$2,040.23	\$1,887.20	\$1,667.28	\$2,399.66	\$2,061.23	\$2,040.23	\$1,887.20	\$1,667.28	\$2,399.66	\$2,061.23	\$2,040.23	\$1,887.20	\$1,667.28
Monthly City Cost	\$20,981.36					\$31,104.54					\$31,104.54					\$31,104.54				
Annual City Cost	\$251,776.32					\$373,254.48					\$373,254.48					\$373,254.48				
Change in City Cost						\$121,478.16					\$121,478.16					\$121,478.16				
Percent of Change						48.2%					48.2%					48.2%				
Employee Cost Per Month																				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$411.08	\$352.26	\$348.60	\$321.99	\$283.76	\$616.62	\$528.39	\$522.90	\$482.99	\$425.64	\$616.62	\$528.39	\$522.90	\$482.99	\$425.64	\$616.62	\$528.39	\$522.90	\$482.99	\$425.64
Employee Child	\$303.32	\$259.91	\$257.22	\$237.58	\$209.37	\$454.98	\$389.87	\$385.83	\$356.37	\$314.06	\$454.98	\$389.87	\$385.83	\$356.37	\$314.06	\$454.98	\$389.87	\$385.83	\$356.37	\$314.06
Employee Family	\$778.24	\$666.86	\$659.94	\$609.57	\$537.20	\$1,167.36	\$1,000.29	\$989.91	\$914.36	\$805.80	\$1,167.36	\$1,000.29	\$989.91	\$914.36	\$805.80	\$1,167.36	\$1,000.29	\$989.91	\$914.36	\$805.80

**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2024**

	CURRENT PLANS										Aetna AFA										
	TML (Base)		TML		TML		TML		TML		Aetna AFA (Base)		Aetna AFA		Aetna AFA		Aetna AFA		Aetna AFA		
	Collective III Copay-1k-3k ER	Collective III HMO-\$1500-\$5k	Collective III HSA 3K	Collective Copay 3K-5K	Collective HSA 4K-6K						AFA CPOSII 1000 80/50 CY V23	AFA TX AWH Texas Health OAAAS 1000	AFA OAAAS 3000 HSA 100% T CY V23	AFA CPOSII 3000 100/50 CY V23	AFA CPOSII 4500 HSA 100/50 E CY V23						
Plan Design	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*	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network
Deductible																					
Individual	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$2,000	\$1,000	\$3,000	N/A	\$3,000	\$6,000	\$4,500	\$10,000			
Family	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$2,000	\$6,000	\$2,000	\$6,000	N/A	\$6,000	\$18,000	\$9,000	\$30,000			
Out of Pocket (OOP)																					
Individual	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$5,000	\$12,000	\$5,000	\$3,750	N/A	\$6,500	\$16,000	\$7,500	\$20,000			
Family	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$10,000	\$36,000	\$10,000	\$7,500	N/A	\$13,000	\$48,000	\$15,000	\$60,000			
Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	0%	50%	0%	50%			
Physician Services																					
In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$25	50%	\$25	0%	30%	\$35	50%	0%	50%			
Specialist Copay	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$75	50%	\$75	0%	30%	\$75	50%	0%	50%			
Emergency Room	\$500	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$300	50%	\$300 +20% AD	0%	30%	\$300	50%	0%	50%			
Copay	+20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$300	50%	\$300 +20% AD	0%	30%	\$300	50%	0%	50%			
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$75	50%	0%	50%			
Preventive Care	No charge	50%	No charge	30%	No charge	50%	No charge	50%	No charge	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%			
Prescription Drugs	\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	0% After Deuctible		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$75/20% up to \$250		\$10/\$45/\$75/20% up to \$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Network	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO					PPO	EPO	HSA EPO	Copay PPO	HSA PPO							
Employee Count																					
Employee Only	4	0	2	4	3					4	0	2	4	3							
Employee Spouse	0	0	1	0	0					0	0	1	0	0							
Employee Child	2	1	0	0	2					2	1	0	0	2							
Employee Family	0	0	1	0	1					0	0	1	0	1							
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98					\$638.22	\$533.32	\$543.48	\$595.85	\$513.25							
Employee Spouse	\$1,655.36	\$1,423.48	\$1,409.08	\$1,304.20	\$1,153.50					\$1,639.15	\$1,359.36	\$1,386.46	\$1,526.13	\$1,305.82							
Employee Child	\$1,439.84	\$1,238.78	\$1,226.32	\$1,135.38	\$1,004.72					\$1,302.43	\$1,081.47	\$1,102.86	\$1,213.17	\$1,039.20							
Employee Family	\$2,389.68	\$2,052.68	\$2,031.76	\$1,879.36	\$1,660.38					\$2,261.22	\$1,872.73	\$1,910.34	\$2,104.29	\$1,798.39							
Monthly Total	\$6,212.48	\$1,238.78	\$4,864.60	\$2,640.88	\$5,427.76					\$5,157.74	\$1,081.47	\$4,383.76	\$2,383.40	\$5,416.54							
Annual Total	\$74,549.76	\$14,865.36	\$58,375.20	\$31,690.56	\$65,133.12					\$61,892.88	\$12,977.64	\$52,605.12	\$28,600.80	\$64,998.48							
City Contribution: 100% Employee Cost & 50% Dependent Cost (Base Plan)																					
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98					\$638.22	\$533.32	\$543.48	\$595.85	\$513.25							
Employee Spouse	\$1,244.28	\$1,071.22	\$1,060.48	\$982.21	\$869.74					\$1,138.69	\$946.34	\$964.97	\$1,060.99	\$909.54							
Employee Child	\$1,136.52	\$978.87	\$969.10	\$897.80	\$795.35					\$970.33	\$807.40	\$823.17	\$904.51	\$776.23							
Employee Family	\$1,611.44	\$1,385.82	\$1,371.82	\$1,269.79	\$1,123.18					\$1,449.72	\$1,203.03	\$1,226.91	\$1,350.07	\$1,155.82							
Monthly City Cost	\$20,981.36									\$17,186.61											
Annual City Cost	\$251,776.32									\$206,239.32											
Change in City Cost										(\$45,537.00)											
Percent of Change										-18.1%											
Employee Cost Per Month																					
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Employee Spouse	\$411.08	\$352.26	\$348.60	\$321.99	\$283.76					\$500.47	\$413.02	\$421.49	\$465.14	\$396.29							
Employee Child	\$303.32	\$259.91	\$257.22	\$237.58	\$209.37					\$332.11	\$274.08	\$279.69	\$308.66	\$262.98							
Employee Family	\$778.24	\$666.86	\$659.94	\$609.57	\$537.20					\$811.50	\$669.71	\$683.43	\$754.22	\$642.57							

**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2024**

	CURRENT PLANS										BlueCross BlueShield									
	TML (Base)		TML	TML		TML		TML		BCBS (Base)		BCBS		BCBS		BCBS		BCBS		
	Collective III Copay-1k-3k ER		Collective III HMO-\$1500-\$5k	Collective III HSA 3K		Collective Copay 3K-5K		Collective HSA 4K-6K		G9K8CHC	G9E3ADT	G6S1CHC		G9L7CHC		S9L3CHC				
Plan Design	In Network*	Out of Network	In Network Only	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network Only	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network		
Deductible																				
Individual	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$2,000	\$1,500	\$3,200	\$9,600	\$3,000	\$6,000	\$4,000	\$69,000		
Family	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$3,000	\$4,000	\$4,500	\$6,400	\$19,200	\$9,000	\$18,000	\$10,000	\$13,800		
Out of Pocket (OOP)																				
Individual	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$6,250	Unlimited	\$6,000	\$3,200	Unlimited	\$8,000	Unlimited	\$12,000	Unlimited		
Family	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$12,500	Unlimited	\$12,000	\$6,400	Unlimited	\$16,000	Unlimited	\$20,000	Unlimited		
Coinurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	50%	10%	50%	20%	50%		
Physician Services																				
In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$50	50%	\$40	0%	50%	\$30	50%	20%	50%		
Specialist Copay	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$90	50%	\$80	0%	50%	\$50	50%	20%	50%		
Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$600 +20% AD	50%	\$500 +20% AD	0%	50%	\$300 +10% AD	50%	20%	50%		
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$100	50%	\$75	0%	50%	\$75	50%	20%	50%		
Preventive Care	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	50%	No charge	50%	No charge	50%		
Prescription Drugs	\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	0% After Deuctible		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175		\$10/\$50/\$100/\$150		\$10/\$50/\$100/\$150	0% After Deuctible		\$10/\$50/\$100/\$150		90%/80%/70%/60%			
Network	PPO		Copay HMO	HSA PPO		Copay PPO		HSA PPO		Copay Blue Choice		Copay Advanta	HSA Blue Choice		Copay Blue Choice		HSA Blue Choice			
Employee Count																				
Employee Only	4	0	2	4	3	4	0	2	4	3	0	0	1	0	0	0	0	0		
Employee Spouse	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
Employee Child	2	1	0	0	2	0	0	2	0	2	1	0	0	0	0	0	2	0		
Employee Family	0	0	1	0	1	0	0	1	0	0	0	1	0	0	0	0	1	0		
											Rates are subject to change based on final enrollment									
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$887.24	\$576.12	\$864.16	\$871.24	\$753.10										
Employee Spouse	\$1,655.36	\$1,423.48	\$1,409.08	\$1,304.20	\$1,153.50	\$1,774.49	\$1,152.24	\$1,728.31	\$1,742.49	\$1,506.21										
Employee Child	\$1,439.84	\$1,238.78	\$1,226.32	\$1,135.38	\$1,004.72	\$1,774.49	\$1,152.24	\$1,728.31	\$1,742.49	\$1,506.21										
Employee Family	\$2,389.68	\$2,052.68	\$2,031.76	\$1,879.36	\$1,660.38	\$2,661.73	\$1,728.35	\$2,592.47	\$2,613.73	\$2,259.31										
Monthly Total	\$6,212.48	\$1,238.78	\$4,864.60	\$2,640.88	\$5,427.76	\$7,097.94	\$1,152.24	\$6,049.10	\$3,484.96	\$7,531.03										
Annual Total	\$74,549.76	\$14,865.36	\$58,375.20	\$31,690.56	\$65,133.12	\$85,175.28	\$13,826.88	\$72,589.20	\$41,819.52	\$90,372.36										
City Contribution: 100% Employee Cost & 50% Dependent Cost (Base Plan)											Rates to be reduced by 1.75% Once SNPT is Approved									
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$887.24	\$576.12	\$864.16	\$871.24	\$753.10										
Employee Spouse	\$1,244.28	\$1,071.22	\$1,060.48	\$982.21	\$869.74	\$1,330.87	\$864.18	\$1,296.24	\$1,306.87	\$1,129.66										
Employee Child	\$1,136.52	\$978.87	\$969.10	\$897.80	\$795.35	\$1,330.87	\$864.18	\$1,296.24	\$1,306.87	\$1,129.66										
Employee Family	\$1,611.44	\$1,385.82	\$1,371.82	\$1,269.79	\$1,123.18	\$1,774.49	\$1,152.24	\$1,728.32	\$1,742.49	\$1,506.21										
Monthly City Cost	\$20,981.36					\$23,068.28														
Annual City Cost	\$251,776.32					\$276,819.36														
Change in City Cost						\$25,043.04														
Percent of Change						9.9%														
Employee Cost Per Month																				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
Employee Spouse	\$411.08	\$352.26	\$348.60	\$321.99	\$283.76	\$443.63	\$288.06	\$432.08	\$435.63	\$376.56										
Employee Child	\$303.32	\$259.91	\$257.22	\$237.58	\$209.37	\$443.63	\$288.06	\$432.08	\$435.63	\$376.56										
Employee Family	\$778.24	\$666.86	\$659.94	\$609.57	\$537.20	\$887.25	\$576.12	\$864.16	\$871.25	\$753.11										

**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2024**

	CURRENT PLANS										Baylor Scott & White									
	TML		TML		TML		TML		TML		BSW		BSW		BSW		BSW		BSW	
	Collective III Copay-1k-3k ER	Collective III HMO-\$1500-\$5k	Collective III HSA 3K	Collective Copay 3K-5K	Collective HSA 4K-6K	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	Gold PPO 80 1000	Gold HMO 80 1500 Premier	Gold PPO HSA 3200	Gold PPO 100 3000	Silver PPO HSA 5100	In Network*	Out of Network	In Network*	Out of Network
Plan Design	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	In Network*	Out of Network	In Network*	Out of Network
Deductible																				
Individual	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$2,000	\$1,500	\$3,200	\$6,400	\$3,000	\$6,000	\$5,100	\$10,200	\$10,200	\$20,400
Family	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$2,000	\$4,000	\$3,000	\$6,400	\$12,800	\$6,000	\$12,000	\$10,200	\$20,400	\$20,400	\$40,800
Out of Pocket (OOP)																				
Individual	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$8,200	\$24,600	\$7,000	\$3,200	\$9,600	\$4,000	\$12,000	\$5,100	\$20,400	\$20,400	\$40,800
Family	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$16,400	\$49,200	\$14,000	\$6,400	\$19,200	\$8,000	\$24,000	\$10,200	\$20,400	\$20,400	\$40,800
Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	50%	0%	50%	0%	50%	0%	50%
Physician Services																				
In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$25	50%	\$25	0%	50%	\$25	50%	0%	50%	0%	50%
Specialist Copay	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$60	50%	\$60	0%	50%	\$60	50%	0%	50%	0%	50%
Emergency Room Copay	\$500	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$750	50%	\$750 +20% AD	0%	50%	\$750 +0% AD	50%	0%	50%	0%	50%
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$60	50%	\$60	0%	50%	\$60	50%	0%	50%	0%	50%
Preventive Care	No charge	50%	No charge	30%	No charge	50%	No charge	50%	No charge	No charge	50%	No charge	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Prescription Drugs	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	0% After Deuctible	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	\$10/\$45/\$90/\$150/\$175	\$15/\$55/\$150/\$500	\$15/\$55/\$150/\$500	0% After Deuctible	\$15/\$55/\$150/\$500	\$15/\$55/\$150/\$500	0% After Deuctible	\$15/\$55/\$150/\$500	0% After Deuctible	\$15/\$55/\$150/\$500	0% After Deuctible	0% After Deuctible
Network	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO	PPO	Copay HMO	HSA PPO	Copay PPO	HSA PPO
Employee Count																				
Employee Only	4	0	2	4	3	4	0	2	4	3	4	0	2	4	3	4	0	2	4	3
Employee Spouse	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0
Employee Child	2	1	0	0	2	0	1	0	2	2	1	0	0	0	2	0	1	0	0	2
Employee Family	0	0	1	0	1	0	1	0	1	0	0	1	0	0	0	1	0	0	0	1
	Rates are subject to change based on final enrollment																			
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66
Employee Spouse	\$1,655.36	\$1,423.48	\$1,409.08	\$1,304.20	\$1,153.50	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32
Employee Child	\$1,439.84	\$1,238.78	\$1,226.32	\$1,135.38	\$1,004.72	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,556.82	\$1,619.60	\$1,333.32
Employee Family	\$2,389.68	\$2,052.68	\$2,031.76	\$1,879.36	\$1,660.38	\$2,342.13	\$1,875.27	\$2,363.73	\$2,429.40	\$1,999.98	\$2,342.13	\$1,875.27	\$2,363.73	\$2,429.40	\$1,999.98	\$2,342.13	\$1,875.27	\$2,363.73	\$2,429.40	\$1,999.98
Monthly Total	\$6,212.48	\$1,238.78	\$4,864.60	\$2,640.88	\$5,427.76	\$6,245.68	\$1,250.18	\$5,477.37	\$3,239.20	\$6,666.60	\$6,245.68	\$1,250.18	\$5,477.37	\$3,239.20	\$6,666.60	\$6,245.68	\$1,250.18	\$5,477.37	\$3,239.20	\$6,666.60
Annual Total	\$74,549.76	\$14,865.36	\$58,375.20	\$31,690.56	\$65,133.12	\$74,948.16	\$15,002.16	\$65,728.44	\$38,870.40	\$79,999.20	\$74,948.16	\$15,002.16	\$65,728.44	\$38,870.40	\$79,999.20	\$74,948.16	\$15,002.16	\$65,728.44	\$38,870.40	\$79,999.20
	City Contribution: 100% Employee Cost & 50% Dependent Cost (Base Plan)										Rates to be reduced by 1.75% Once SNPT is Approved									
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66	\$780.71	\$625.09	\$778.41	\$809.80	\$666.66
Employee Spouse	\$1,244.28	\$1,071.22	\$1,060.48	\$982.21	\$869.74	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99
Employee Child	\$1,136.52	\$978.87	\$969.10	\$897.80	\$795.35	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99	\$1,171.07	\$937.64	\$1,167.62	\$1,214.70	\$999.99
Employee Family	\$1,611.44	\$1,385.82	\$1,371.82	\$1,269.79	\$1,123.18	\$1,561.42	\$1,250.18	\$1,571.07	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,571.07	\$1,619.60	\$1,333.32	\$1,561.42	\$1,250.18	\$1,571.07	\$1,619.60	\$1,333.32
Monthly City Cost	\$20,981.36					\$20,298.46					\$20,298.46					\$20,298.46				
Annual City Cost	\$251,776.32					\$243,581.52					\$243,581.52					\$243,581.52				
Change in City Cost						(\$8,194.80)					(\$8,194.80)					(\$8,194.80)				
Percent of Change						-3.3%					-3.3%					-3.3%				
Employee Cost Per Month																				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$411.08	\$352.26	\$348.60	\$321.99	\$283.76	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33
Employee Child	\$303.32	\$259.91	\$257.22	\$237.58	\$209.37	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33	\$390.36	\$312.55	\$389.21	\$404.90	\$333.33
Employee Family	\$778.24	\$666.86	\$659.94	\$609.57	\$537.20	\$780.71	\$625.09	\$792.66	\$809.80	\$666.66	\$780.71	\$625.09	\$792.66	\$809.80	\$666.66	\$780.71	\$625.09	\$792.66	\$809.80	\$666.66

**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2024**

Plan Design	CURRENT PLANS										United Healthcare									
	TML (Base)		TML	TML		TML		TML		UHC		UHC		UHC		UHC		UHC		
	Collective III Copay-1k-3k ER	Out of Network	Collective III HMO-\$1500-\$5k	Collective III HSA 3K	Collective Copay 3K-5K	Collective HSA 4K-6K	Out of Network	Out of Network	Out of Network	DHMF	DHNC	DHLN	DHMT	DHLQ	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network	
In Network*	Out of Network	In Network Only	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network Only	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	In Network*	Out of Network	
Deductible																				
Individual	\$1,000	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$1,000	\$3,000	\$1,500	\$3,500	\$7,000	\$3,000	\$6,000	\$4,000	\$8,000	\$8,000	
Family	\$2,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000	\$12,000	\$8,000	\$16,000	\$3,000	\$9,000	\$4,500	\$7,000	\$14,000	\$9,000	\$18,000	\$8,000	\$16,000	\$16,000	
Out of Pocket (OOP)																				
Individual	\$3,000	Unlimited	\$5,000	\$3,000	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited	\$2,500	Unlimited	\$6,200	\$3,500	Unlimited	\$6,000	Unlimited	\$7,000	Unlimited	Unlimited	
Family	\$6,000	Unlimited	\$10,000	\$6,000	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited	\$7,500	Unlimited	\$12,400	\$7,000	Unlimited	\$12,000	Unlimited	\$14,000	Unlimited	Unlimited	
Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	50%	
Physician Services																				
In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$10	50%	\$15	0%	30%	\$15	50%	20%	50%	50%	
Specialist Copay	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%	\$80	50%	\$100	0%	30%	\$100	50%	20%	50%	50%	
Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$300 +20% AD	50%	\$300 +20% AD	0%	30%	\$300 +20% AD	50%	20%	50%	50%	
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$25	50%	\$25	0%	30%	\$25	50%	20%	50%	50%	
Preventive Care	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	30%	No charge	50%	No charge	50%	50%	
Prescription Drugs	\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175	0% After Deuctible		\$10/\$45/\$90/\$150/\$175		\$10/\$45/\$90/\$150/\$175		\$10/\$40/\$125/\$300		\$10/\$40/\$125/\$300	0% After Deuctible		\$10/\$40/\$125/\$300		\$10/\$40/\$125/\$300		\$10/\$40/\$125/\$300	
Network	PPO		Copay HMO	HSA PPO	Copay PPO	HSA PPO				Copay Choice	opay Navigat	HSA Choice	Copay Choice	HSA Choice Plus						
Employee Count																				
Employee Only	4	0	2	4	3					4	0	2	4	3						
Employee Spouse	0	0	1	0	0					0	0	1	0	0						
Employee Child	2	1	0	0	2					2	1	0	0	2						
Employee Family	0	0	1	0	1					0	0	1	0	1						
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98					\$1,109.42	\$932.81	\$1,065.66	\$957.54	\$945.54						
Employee Spouse	\$1,655.36	\$1,423.48	\$1,409.08	\$1,304.20	\$1,153.50					\$2,218.84	\$1,865.62	\$2,131.32	\$1,915.08	\$1,891.08						
Employee Child	\$1,439.84	\$1,238.78	\$1,226.32	\$1,135.38	\$1,004.72					\$2,218.84	\$1,865.62	\$2,131.32	\$1,915.08	\$1,891.08						
Employee Family	\$2,389.68	\$2,052.68	\$2,031.76	\$1,879.36	\$1,660.38					\$3,328.26	\$2,798.43	\$3,196.98	\$2,872.62	\$2,836.62						
Monthly Total	\$6,212.48	\$1,238.78	\$4,864.60	\$2,640.88	\$5,427.76					\$8,875.36	\$1,865.62	\$7,459.62	\$3,830.16	\$9,455.40						
Annual Total	\$74,549.76	\$14,865.36	\$58,375.20	\$31,690.56	\$65,133.12					\$106,504.32	\$22,387.44	\$89,515.44	\$45,961.92	\$113,464.80						
City Contribution: 100% Employee Cost & 50% Dependent Cost (Base Plan)																				
Employee Only	\$833.20	\$718.96	\$711.88	\$660.22	\$585.98					\$1,109.42	\$932.81	\$1,065.66	\$957.54	\$945.54						
Employee Spouse	\$1,244.28	\$1,071.22	\$1,060.48	\$982.21	\$869.74					\$1,664.13	\$1,399.22	\$1,598.49	\$1,436.31	\$1,418.31						
Employee Child	\$1,136.52	\$978.87	\$969.10	\$897.80	\$795.35					\$1,664.13	\$1,399.22	\$1,598.49	\$1,436.31	\$1,418.31						
Employee Family	\$1,611.44	\$1,385.82	\$1,371.82	\$1,269.79	\$1,123.18					\$2,218.84	\$1,865.62	\$2,131.32	\$1,915.08	\$1,891.08						
Monthly City Cost	\$20,981.36									\$28,844.92										
Annual City Cost	\$251,776.32									\$346,139.04										
Change in City Cost										\$94,362.72										
Percent of Change										37.5%										
Employee Cost Per Month																				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
Employee Spouse	\$411.08	\$352.26	\$348.60	\$321.99	\$283.76					\$554.71	\$466.41	\$532.83	\$478.77	\$472.77						
Employee Child	\$303.32	\$259.91	\$257.22	\$237.58	\$209.37					\$554.71	\$466.41	\$532.83	\$478.77	\$472.77						
Employee Family	\$778.24	\$666.86	\$659.94	\$609.57	\$537.20					\$1,109.42	\$932.81	\$1,065.66	\$957.54	\$945.54						

Ancillary Renewal and Market Options



CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2024



Benefits	Current		RENEWAL		Market 1	
	EMI Health: HIGH	EMI Health: LOW	EMI Health: HIGH	EMI Health: LOW	SunLife: HIGH	SunLife: LOW
Annual Deductible (single/family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Care	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%
Annual Max Per Member	\$2,000	\$1,500	\$2,000	\$1,500	\$2,000	\$1,500
Endodontics/Periodontics	80%	50%	80%	50%	80%	50%
Orthodontics Lifetime Max	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0
Out of Network Benefits	90th %	90th %	90th %	90th %	90th %	90th %
Rate Guarantee	12 Months		12 Months		12 Months	
EMPLOYEE COUNTS:						
Employee Only	3	5	3	5	3	5
Employee & Spouse	0	1	0	1	0	1
Employee & Child(ren)	1	6	1	6	1	6
Employee & Family	1	7	1	7	1	7
TOTAL EMPLOYEE COUNT	5	19	5	19	5	19
BILLED PREMIUM:						
Employee Only	\$35.10	\$27.30	\$38.30	\$29.80	\$37.61	\$29.80
Employee & Spouse	\$73.20	\$56.90	\$79.80	\$62.00	\$75.10	\$59.50
Employee & Child(ren)	\$79.00	\$58.20	\$86.10	\$63.40	\$111.84	\$77.61
Employee & Family	\$118.60	\$85.80	\$129.30	\$93.50	\$149.33	\$107.31
Total Monthly Premium	\$302.90	\$1,143.20	\$330.30	\$1,245.90	\$374.00	\$1,425.33
Total Annual Premium	\$3,634.80	\$13,718.40	\$3,963.60	\$14,950.80	\$4,488.00	\$17,103.96
Combined Annual Cost	\$17,353.20		\$18,914.40		\$21,591.96	
TOTAL % Change in Premium			9%		24%	
Employer Monthly Cost Per Employee based upon current contribution *						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month						
Employee Only	\$35.10	\$27.30	\$38.30	\$29.80	\$37.61	\$29.80
Employee Spouse	\$73.20	\$56.90	\$79.80	\$62.00	\$75.10	\$59.50
Employee Child(ren)	\$79.00	\$58.20	\$86.10	\$63.40	\$111.84	\$77.61
Employee Family	\$118.60	\$85.80	\$129.30	\$93.50	\$149.33	\$107.31
Employee Cost Per Pay Period (26 pay periods)						
Employee Only	\$16.20	\$12.60	\$17.68	\$13.75	\$17.36	\$13.75
Employee Spouse	\$33.78	\$26.26	\$36.83	\$28.62	\$34.66	\$27.46
Employee Child(ren)	\$36.46	\$26.86	\$39.74	\$29.26	\$51.62	\$35.82
Employee Family	\$54.74	\$39.60	\$59.68	\$43.15	\$68.92	\$49.53

*Carriers that Declined to Quote (Uncompetitive): MOO, Equitable, Renaissance, Ameritas, Standard, Dental Select, Principal, Lincoln, Unum

CITY OF DALWORTHINGTON GARDENS



Dental Plan Analysis - January 1, 2023

Benefits	Current		Market 2		Market 3	
	EMI Health: HIGH	EMI Health: LOW	Guardian: HIGH	Guardian: LOW	MetLife: HIGH	MetLife: LOW
Annual Deductible (single/family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Care	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%
Annual Max Per Member	\$2,000	\$1,500	\$2,000	\$1,500	\$2,000	\$1,500
Endodontics/Periodontics	80%	50%	80%	50%	80%	50%
Orthodontics Lifetime Max	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0
Out of Network Benefits	90th %	90th %	90th %	90th %	90th %	90th %
Rate Guarantee	12 Months		12 Months		12 Months	
EMPLOYEE COUNTS:						
Employee Only	3	5	3	5	3	5
Employee & Spouse	0	1	0	1	0	1
Employee & Child(ren)	1	6	1	6	1	6
Employee & Family	1	7	1	7	1	7
TOTAL EMPLOYEE COUNT	5	19	5	19	5	19
BILLED PREMIUM:						
Employee Only	\$35.10	\$27.30	\$40.08	\$32.76	\$42.23	\$36.15
Employee & Spouse	\$73.20	\$56.90	\$85.26	\$68.28	\$85.34	\$73.23
Employee & Child(ren)	\$79.00	\$58.20	\$121.56	\$69.84	\$98.15	\$76.97
Employee & Family	\$118.60	\$85.80	\$149.67	\$102.96	\$151.62	\$121.63
Total Monthly Premium	\$302.90	\$1,143.20	\$391.47	\$1,371.84	\$376.46	\$1,567.21
Total Annual Premium	\$3,634.80	\$13,718.40	\$4,697.64	\$16,462.08	\$4,517.52	\$18,806.52
Combined Annual Cost	\$17,353.20		\$21,159.72		\$23,324.04	
TOTAL % Change in Premium			22%		34%	
Employer Monthly Cost Per Employee based upon current contribution *						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month						
Employee Only	\$35.10	\$27.30	\$40.08	\$32.76	\$42.23	\$36.15
Employee Spouse	\$73.20	\$56.90	\$85.26	\$68.28	\$85.34	\$73.23
Employee Child(ren)	\$79.00	\$58.20	\$121.56	\$69.84	\$98.15	\$76.97
Employee Family	\$118.60	\$85.80	\$149.67	\$102.96	\$151.62	\$121.63
Employee Cost Per Pay Period (26 pay periods)						
Employee Only	\$16.20	\$12.60	\$18.50	\$15.12	\$19.49	\$16.68
Employee Spouse	\$33.78	\$26.26	\$39.35	\$31.51	\$39.39	\$33.80
Employee Child(ren)	\$36.46	\$26.86	\$56.10	\$32.23	\$45.30	\$35.52
Employee Family	\$54.74	\$39.60	\$69.08	\$47.52	\$69.98	\$56.14

*Carriers that Declined to Quote (Uncompetitive): MOO, Equitable, Renaissance, Ameritas, Standard, Dental Select, Principal, Lincoln, Unum

CITY OF DALWORTHINGTON GARDENS

Vision Plan Analysis - January 1, 2024



	CURRENT/RENEWAL	Market 1	Market 2	Market 3	Market 4	Market 5
Benefits	EyeMed	EMI	MetLife	Guardian	Avesis	SunLife
Network	EyeMed	VSP	VSP	VSP	Avesis	VSP
Benefit Frequency	12 / 12 / 24	12 / 12 / 12	12 / 12 / 12	12 / 12 / 24	12 / 12 / 12	12 / 12 / 12
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$15	\$10	\$15	\$15	\$15	\$15
Frame Allowance	\$150	\$160	\$150	\$150	\$150	\$150
Contacts Allowance	\$150	\$160	\$150	\$150	\$150	\$150
Rate Guarantee	12 Months	12 Months	24 Months	24 Months	36 Months	24 Months
EMPLOYEE COUNTS:						
Employee Only	4	4	4	4	4	4
Employee & Spouse	3	3	3	3	3	3
Employee & Child(ren)	4	4	4	4	4	4
Employee & Family	6	6	6	6	6	6
TOTAL EMPLOYEE COUNT	17	17	17	17	17	17
BILLED PREMIUM:						
Employee Only	\$6.52	\$8.00	\$8.35	\$6.52	\$6.87	\$7.99
Employee & Spouse	\$12.39	\$17.10	\$16.73	\$12.39	\$12.15	\$16.40
Employee & Child(ren)	\$13.04	\$18.20	\$14.17	\$13.04	\$12.74	\$17.91
Employee & Family	\$19.17	\$26.20	\$23.36	\$19.17	\$18.26	\$28.29
Total Monthly Premium	\$230.43	\$313.30	\$280.43	\$230.43	\$224.45	\$322.54
Total Annual Premium	\$2,765.16	\$3,759.60	\$3,365.16	\$2,765.16	\$2,693.40	\$3,870.48
TOTAL \$ Change in Premium		\$994.44	\$600.00	\$0.00	-\$71.76	\$1,105.32
TOTAL % Change in Premium		36.0%	21.7%	0.0%	-2.6%	40.0%
Employer Monthly Cost Per Employee based upon current contribution *						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month						
Employee Only	\$6.52	\$8.00	\$8.35	\$6.52	\$6.87	\$7.99
Employee Spouse	\$12.39	\$17.10	\$16.73	\$12.39	\$12.15	\$16.40
Employee Child(ren)	\$13.04	\$18.20	\$14.17	\$13.04	\$12.74	\$17.91
Employee Family	\$19.17	\$26.20	\$23.36	\$19.17	\$18.26	\$28.29
Employee Cost Per Pay Period (26 pay periods)						
Employee Only	\$3.01	\$3.69	\$3.85	\$3.01	\$3.17	\$3.69
Employee Spouse	\$5.72	\$7.89	\$7.72	\$5.72	\$5.61	\$7.57
Employee Child(ren)	\$6.02	\$8.40	\$6.54	\$6.02	\$5.88	\$8.27
Employee Family	\$8.85	\$12.09	\$10.78	\$8.85	\$8.43	\$13.06

*Carriers that Declined to Quote (Uncompetitive): MOO, Equitable, Renaissance, Ameritas, Standard, Dental Select, Principal, Lincoln, Unum

CITY OF DALWORTHINGTON GARDENS



Basic Life, STD, and LTD Plan Analysis - January 1, 2024

	Current/Renewal	Market 1	Market 2	Market 3	Market 4
Rates	Renaissance	SunLife	Hartford	UHC	MetLife
Basic Life	24 Month RG	24 Month RG	24 Month RG	24 Month RG	24 Month RG
Employee Maximum Amount	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Employee Life - Monthly Premium Per \$1,000	\$0.219	\$0.206	\$0.164	\$0.300	\$0.206
Employee AD&D - Monthly Premium Per \$1,000	\$0.030	\$0.037	\$0.032	\$0.020	\$0.028
Total Volume:	\$354,750.00	\$354,750.00	\$354,750.00	\$354,750.00	\$354,750.00
Total Volume:	\$354,750.000	\$354,750.000	\$354,750.000	\$354,750.000	\$354,750.000
Monthly Cost	\$88.33	\$86.20	\$69.53	\$113.52	\$83.01
Annual Cost	\$1,059,993	\$1,034,451	\$834,372	\$1,362,240	\$996,138
TOTAL \$ Change in Premium	\$0.000	(\$25,542)	(\$225,621)	\$302,247	(\$63,855)
TOTAL % Change in Premium	\$0.000	-2%	-21%	29%	-6%
Voluntary Short Term Disability					
60% up to \$750/wk - 14/14/11					
STD - Monthly Rate per \$10	\$0.171	\$0.226	\$0.155	\$0.140	\$0.158
Total Volume:	\$16,914.00	\$16,914.00	\$16,914.00	\$16,914.00	\$16,914.00
Monthly Cost	\$289.23	\$382.26	\$262.17	\$236.80	\$267.24
Annual Cost	\$3,470,753	\$4,587,077	\$3,146,004	\$2,841,552	\$3,206,894
TOTAL \$ Change in Premium	\$0.000	\$1,116,324	(\$324,749)	(\$629,201)	(\$263,858)
TOTAL % Change in Premium	\$0.000	32%	-9%	-18%	-8%
Long Term Disability					
60% up to \$6,000/mo - 90 Day EP - SSNRA					
LTD - Monthly Rate per \$100 MCP	\$0.200	\$0.496	\$0.340	\$0.300	\$0.210
Total Volume:	\$143,861.00	\$143,861.00	\$143,861.00	\$143,861.00	\$143,861.00
Monthly Cost	\$287.72	\$713.55	\$489.13	\$431.58	\$302.11
Annual Cost	\$3,452,664	\$8,562,607	\$5,869,529	\$5,178,996	\$3,625,297
TOTAL \$ Change in Premium		\$5,109,943	\$2,416,865	\$1,726,332	\$172,633
TOTAL % Change in Premium		148%	70%	50%	5%

*Carriers that Declined to Quote (Uncompetitive): MOO, Equitable, Renaissance, Ameritas, Standard, Dental Select, Principal, Lincoln, Unum, Guardian

CITY OF DALWORTHINGTON GARDENS

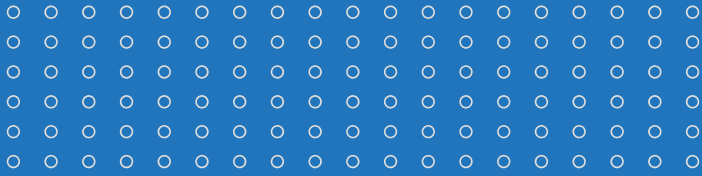


Voluntary Life / AD&D Plan Analysis

Rates	Current/Renewal	Market 1	Market 2	Market 3
	Renaissance	SunLife	Hartford	MetLife
Employee:	\$10,000 Increments	\$10,000 Increments	\$10,000 Increments	\$10,000 Increments
Maximum Amount	5X Salary or 300,000, whichever the lesser	5X Salary or 300,000, whichever the lesser	5X Salary or 300,000, whichever the lesser	5X Salary or 500,000, whichever the lesser
Guaranteed Issue (GI)	\$80,000 Employee Life	\$50,000 Employee Life	\$100,000 Employee Life	\$100,000 Employee Life
Age Brackets	Rate per \$1,000	Rate per \$1,000	Rate per \$1,000	Rate per \$1,000
< 25	\$0.069	\$0.069	\$0.089	\$0.103
25 - 29	\$0.069	\$0.069	\$0.068	\$0.103
30 - 34	\$0.074	\$0.074	\$0.080	\$0.115
35 - 39	\$0.088	\$0.088	\$0.117	\$0.154
40 - 44	\$0.129	\$0.129	\$0.175	\$0.224
45 - 49	\$0.203	\$0.203	\$0.286	\$0.308
50 - 54	\$0.328	\$0.328	\$0.439	\$0.497
55 - 59	\$0.498	\$0.498	\$0.620	\$0.761
60 - 64	\$0.766	\$0.766	\$0.758	\$1.071
65 - 69	\$1.362	\$1.362	\$1.089	\$1.796
70 - 74	\$2.423	\$2.423	\$1.902	\$2.714
75 +	\$3.983	\$3.983	\$5.250	\$2.714
AD&D Benefit Amount	Same as Life Amount	Same as Life Amount	Same as Life Amount	Same as Life Amount
AD&D Rate	0.04	0.031	0.033	0.029

*Carriers that Declined to Quote (Uncompetitive): MOO, Equitable, Renaissance, Ameritas, Standard, Dental Select, Principal, Lincoln, Unum

4



Next Steps

Where do we go from here?



Next Steps

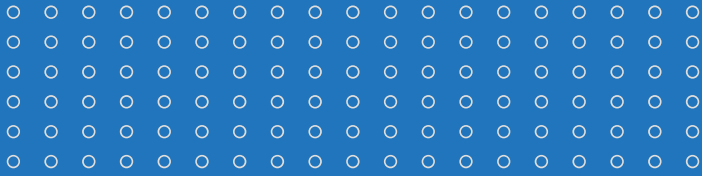


- Finalize objectives and plan decisions
- Develop opportunities to achieve and prioritize objectives
- Develop action plan for Open Enrollment
- Develop communication strategy

Thank you.

Sources:

- *HUB, 2023 Outlook. Employee Benefits & Retirement, December 2022.*
- *Segal, 2023 Segal Health Plan Cost Trend Survey, September 2022.*
- *Employee Benefits News, 22 HR and benefit lessons we learned in 2022, December 2022.*
- *MetLife, MetLife's 20th Annual U.S. Employee Benefit Trends Study, 2022.*
- *Milliman, 2022 Milliman Medical Index, May 2022.*
- *The Wall Street Journal, One of the Hottest New Jobs Aims to Tackle Employee Burnout, January 18, 2023.*



Appendix



HUB Resources and Consulting Options



WORKFORCE TECHNOLOGY SOLUTIONS

- Human Capital Management System Consulting, Payroll, Benefits Administration
- Vast Network of Vendor Partners
- HUB-Specific Pricing
- Client-Specific Needs Analysis
- Vendor Selection Consulting & Contract Negotiation



COMMUNICATIONS



PEOPLE & TECHNOLOGY

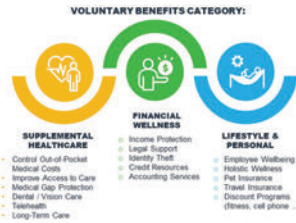


HEALTH + PERFORMANCE



VOLUNTARY BENEFITS

HUB creates a voluntary benefits program tailored for your organization that features a well-planned rollout, personalized communications and managed enrollment. We build smarter benefits plans that are crucial for recruitment and retention.



PHARMACY

4 PILLARS OF A SUCCESSFUL PHARMACY STRATEGY



HUB Resources and Consulting Options



P&C / COMMERCIAL LINES

Essential coverage for every business

- Commercial property
- General liability
- Workers' compensation
- Cyber
- Professional liability
- Business owners
- Business interruption
- Employment practices liability (EPL)



RISK SERVICES

Identify, quantify and reduce risk



- Crisis management
- Property risk management
- Workplace safety
- Fleet risk
- Risk management information system (RMIS)
- Claims management
- Cyber

PERSONAL INSURANCE

Protect what matters most — your family your home and your personal assets. We offer objective counsel to help you make informed decisions in the following coverages:

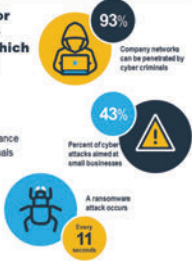
- Homeowners — primary, secondary, and tenant-occupied
- Condominium, cooperatives, and renters
- Rental and vacation homes
- Farm and ranch
- International property
- Flood, wind and earthquake
- Automobile, collector cars, and recreational vehicles
- Valuable antiques
- Fine art and unique collections
- Watercraft
- Aviation
- Equine
- Personal Excess Liability (up to \$100 million)
- Group personal excess liability
- Workers' compensation and employment practices liability for household staff
- Fraud and identity theft
- Personal directors and officers (D&O) coverage for non-profit boards
- Kidnap and ransom
- Travel
- Life, disability and critical illness



CYBER LIABILITY

Strategic planning for prevention and post-incident recovery, which first-party and post-breach expenses

- Privacy attorney
- IT forensic investigations
- State law notification compliance
- Credit monitoring for individuals
- PR crisis management
- Regulatory fines
- Class action lawsuits



Legislative / Compliance Considerations



- Federal Transparency Rules

- Cost disclosure requirements for hospitals for basic items and services went into effect January 1, 2021.
- Cost transparency requirements for health plans and insurers are being implemented.
 - Health plans and insurers must provide cost transparency tools and information regarding the actual costs of items and services.
 - Initial disclosures were required in 2022, with additional requirements coming online in future years.

- State Regulation of Drug Pricing

- Several states have passed various regulations impacting drug pricing during the past four years; this trend is expected to continue.
- Regulations address price transparency, PBM regulation, drug importation and value-based contract arrangements.
- Significant legislative action at the federal level has been proposed, but has not passed.



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

Workforce Technology Solutions



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Workforce Technology in 2023 & Beyond



Workforce Trends for 2023

The role of Workforce Technology will continue to be a critical component in delivering a quality employee experience. With employee turnover rates soaring nearly 20% from pre-pandemic annual averages and employers needing to meet the demands and changing expectations of employees, it's essential that employers have the right tools to facilitate all aspects of the employee life cycle.

Key Considerations

New Behaviors – Shaped by social media and the web

Technologies – Shift to the cloud – collaborative technologies – big data

Millennial Workforce – New attitudes, expectations and ways of working

Mobility – Work anytime, anywhere and on any device

Globalization – No boundaries

Strategic Considerations for Workforce Technology



Organizational Objectives

- Optimize current platforms or replace
- Incorporate digital delivery into your business
- Enhance employee experience
- All-in-one resource for enrollment and its management
- HRIS and HCM platform

Change Behaviors and Perceptions

- Shift from Human Capital Management to Human **Experience** Management
- “Self-service” model vs. hand-holding

Compliance

- ACA tracking and reporting
- Annual notice communication and tracking
- **Employee Convenience and Engagement**
 - Integrated and enhanced employee experience
 - Engagement as a key to business success



Thank you.

We appreciate your business and look forward to continuing our long-standing relationship with REBCON.

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TRUST AGREEMENT

THIS TRUST AGREEMENT (the "Agreement") is made and entered into as of City of Dalworthington Gardens by and between the City of Dalworthington Gardens, Texas (the "City") and Trustees Name and/or Title (the "Trustee").

PREMISES

WHEREAS, the City has heretofore adopted one or more insured employee welfare benefit plans which are set forth in Exhibit A attached hereto (the "Plan") the sole purpose of which is to provide health, medical and /or life benefits solely for the employees of the City and their eligible dependents covered by the Plan;

WHEREAS, the City is the Plan Administrator appointed to administer the Plan and the claims thereunder;

WHEREAS, the insurance policy or policies described on Exhibit A attached hereto and made a part hereof for all purposes (individually and collectively, the "Policy"), as and when issued in the name of the Trustee, will continue a trust fund (the "Trust Fund") to be held for the benefit of the employees and their eligible dependents under and in accordance with the Plan;

WHEREAS, the City desires the Trustee to hold and administer the Trust Fund under the trust created by this Agreement (the "Trust"), and the Trustee is willing to hold and administer such Trust Fund, pursuant to the terms of this Agreement; and

NOW THEREFORE, in consideration of the premises and of the mutual covenants contained herein, the City and the Trustee agree as follows:

ARTICLE I -- CONTRIBUTIONS

1.1 Receipt of Contributions. The Trustee shall receive any contributions paid to it in cash or in the form of such property as it may from time to time deem acceptable and which shall have been delivered to it. All contributions so received, together with the income therefrom and any other increment thereon shall be held, invested, reinvested and administered by the Trustee pursuant to the terms of this Agreement without distinction between principal and income. The Trustee shall not be responsible for the calculation or collection of any contribution under the Plan, but shall be responsible only for property received by it pursuant to this Agreement.

1.2 Premiums. Premiums to keep the Policy in force shall be paid by the City or by its employees or by a combination thereof.

ARTICLE II -- PAYMENTS FROM TRUST FUND

2.1 Payments Directed by Plan Administrator. The Trustee shall from time to time at the Plan Administrator's direction make payments out of the Trust Fund to the persons or entities to whom such monies are to be paid in such amounts and for such purposes as may be specified in the Plan Administrator's directions. To the extent permitted by law, the Trustee shall be under no liability for any payment made pursuant to the direction of the Plan Administrator. Any direction of the Plan Administrator shall constitute a certification that the distribution or payment so directed is one which the Plan Administrator is authorized to direct.

2.2 Payment of Funds. Payments from the trust will be limited to those which pay the group accident, health and life premiums of employees or dependents of the City who are insured under the insurance policies held by the trust or the City and those expenses reasonable and necessary for a trustee to conduct the business of the trust as limited by the nature of the trust described by section 222.02 of the Texas Insurance Code.

2.3 Impossibility of Diversion. It shall be impossible at any time for any part of the Trust Fund to be used for, or diverted to, purposes other than to provide the benefits contemplated under the Plan for the exclusive benefit of covered employees and their dependents, except that any taxes and administration expenses for which the Trust is liable may be made from the Trust Fund as provided for herein.

ARTICLE III -- INVESTMENTS

3.1 Powers. The Trustee is a nondiscretionary Trustee who does not have discretion or authority with respect to the investment or administration of the Trust Fund. The Trustee will act solely as a directed trustee of the Policy and any other funds contributed to the Trust Fund; provided, however, that the contributions of any other such funds shall be consistent with the purpose of the Trust as described above in the PREMISES section of the Agreement. The Plan Administrator shall have the sole authority to direct the Trustee with respect to the exercise of its powers under this Agreement. Subject to the foregoing provisions of this section, the Trustee, in addition to all powers and authorities under common law, statutory authority, and other provisions of this Agreement, shall have the following powers and authorities:

(a) To Purchase, or subscribe for, any securities or other property and to retain the same trust; provided however, that the Trustee is prohibited from selling or purchasing stock options;

(b) To sell, exchange, convey, transfer, grant options to purchase, or otherwise dispose of any securities or other property held by the Trustee, by private contract or at public auction, and any sale may be made for cash or upon credit, or partly for cash and partly for credit. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity, expediency or propriety of any such sale or other disposition;

- (c) To vote upon any stocks, bonds, or other securities; to give general or special proxies or powers of attorney with or without power of substitution; to exercise any conversion privileges, subscription rights, or other similar rights, and to make any payments incidental thereto; to oppose, or consent to, or otherwise participate in, corporate reorganizations or other changes affecting corporate securities, and to delegate discretionary powers, and to pay assessments or charges in connection therewith; and generally to exercise any powers of an owner with respect to stock, bonds, securities or other property held as part of the Trust Fund;
- (d) To cause any securities or other property held as part of the Trust Fund to be registered in the Trustee's own name or in the name of one or more of the Trustee's nominees, and to hold any investments in bearer form, but the books and records of the Trustee shall at all times show that all such investments are part of the Trust Fund;
- (e) To borrow or raise money for the purpose of the Trust in such amount, and upon such terms and conditions, as the Trustee shall deem advisable; and for any sum so borrowed, to issue a promissory note as Trustee, and to secure the repayment thereof by pledging all, or any part, of the Trust Fund; and no person lending money to the Trustee shall be bound to see the application of the money lent or inquire into the validity, expediency, or propriety of any borrowing;
- (f) To keep such portion of the Trust Fund in cash or balances as may be in the best interests of the trust created hereby, without liability for interest thereon;
- (g) To accept and retain for such time as it may deem advisable any securities or other property received or acquired by it as Trustee hereunder, whether or not such securities or other property would normally be purchased as investments hereunder;
- (h) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- (i) To settle, compromise, or submit to arbitration any claims, debt, or damages to or owing to or from the Trust Fund, to commence or defend suits or legal or administrative proceedings, and to represent the Trust Fund in all suits and legal administrative proceedings;
- (j) To employ suitable agents and counsel and to pay their expenses and compensation, such agents or counsel may or may not be agents or counsel for the City;
- (k) To acquire real estate by purchase, exchange, or as a result of any foreclosure, liquidation, or other salvage as the result of any foreclosure, liquidation, or other salvage of any investment previously made hereunder; to hold such real estate in such manner and upon such terms as the Trustee may deem advisable; and to manage, operate, repair, develop, improve, partition, mortgage, or lease for any term or terms of years any such real estate or any other real estate constituting a part of the Trust Funds, upon such terms and conditions as the Trustee deems proper, using other trust assets for any of such purposes if deemed advisable;

(l) To invest funds or the Trust Fund in night deposits or savings accounts bearing a reasonable rate of interest in a Trustee's bank;

(m) To invest in Treasury Bills and other forms of United States government obligations;

(n) To deposit monies in federally insured savings accounts or certificates of deposit in banks or savings and loan associations; and;

(o) To do all such acts, take all such proceedings, and exercise all such rights and privileges, although not specifically mentioned herein, as the Trustee may deem necessary to administer the Trust Fund, and to carry out the purpose of this Trust.

3.2 More Than One Trustee. If there shall be more than one trustee under this Agreement, they shall act by a majority of their number, but may authorize any one or more of them to sign papers and instruments on their behalf.

3.3 Fees and Expenses. The Trustee may be paid such reasonable compensation as shall from time to time be agreed upon in writing by the City and the Trustee. An individual serving as Trustee who already receives compensation as an employee from the City shall not receive compensation from the Trust except for reimbursement of expenses, including reasonable counsel and accounting fees, incurred by the Trustee in the administration of the Trust Fund. Such compensation and expenses shall be paid from the Trust Fund.

ARTICLE IV -- TRUSTEE'S DUTIES

4.1 General. The Trustee shall discharge its duties under this Agreement solely in the interest of the employees covered under the Plan and their dependents and for the exclusive purpose of providing benefits to such persons and defraying reasonable expenses of administering the Trust, with the care, skill, prudence and diligence under prevailing circumstances that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims, and by diversifying the investments of the Trust so as to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so, all in accordance with the provisions of this Agreement insofar as they are consistent with the provisions of applicable law, as this Agreement and such law may be from time to time amended; but the duties and obligations of the Trustee as such shall be limited to those expressly imposed upon it by this Agreement notwithstanding any reference herein to the Plan, or the provisions thereof, it being hereby expressly agreed that the Trustee is not a party to the Plan.

4.2 Indemnification. The City agrees, to the extent permitted by law, to indemnify and hold the Trustee harmless from and against any liability that the Trustee may incur in the administration of the Trust Funds, unless arising from the Trustee's own willful breach of the provisions of this Agreement. The Trustee shall not be required to give any bond or any other security for the faithful performance of its duties under this Agreement, except such as may be required by a law which prohibits the waiver thereof.

4.3 Accounts and Records. The Trustee shall keep accurate and detailed accounts of all investments, receipts, disbursements, and other transactions hereunder, and all such accounts and other records relating thereto shall be open to inspection and audit at all reasonable times by any person designated by the Plan Administrator.

4.4 Limitation on Trustee's Liability. The Plan Administrator shall administer the Plan as provided therein, and the Trustee shall not be responsible in any aspect for administering the Plan nor shall the Trustee be responsible for the adequacy of contributions to the Trust Fund to meet or discharge any payments or liabilities under the Plan. The trustee shall be entitled conclusively to rely upon notice, instruction, direction or other communication of the Plan Administrator.

ARTICLE V -- RESIGNATION, REMOVAL AND SUCCESSION OF TRUSTEE

5.1 Resignation. The Trustee may resign at any time by giving 30 days' notice in writing to the City.

5.2 Removal. The City may remove the Trustee at any time upon 30 days' notice in writing to the Trustee.

5.3 Successor Trustee. Upon resignation or removal of the Trustee, the City shall appoint a successor trustee who shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon acceptance of such appointment by the successor trustee, the Trustee assign, transfer, and pay over to such successor trustee the funds and properties then constituting the Trust Fund. The Trustee is authorized, however, to reserve such reasonable sum or money, as it may deem advisable for payment of its fees and expenses in connection with the settlement of its account or otherwise, and any balance of such reserve remaining after the payment of such fees and expenses shall be paid over to the successor trustee.

5.4 Waiver of Notice. In the event of any resignation or removal of the Trustee, the Trustee and the City may in writing waive any notice of resignation or removal as may otherwise be provided hereunder.

ARTICLE VI -- AMENDMENT AND TERMINATION OF AGREEMENT

6.1 Amendment. Any or all of the provisions of this Agreement may be amended at any time and from time to time, in whole or in part, by an instrument in writing. No such amendment shall authorize or permit any part of the Trust Fund (other than such part as is required to pay taxes and administrative expenses) to be used for or diverted to purposes other than for the exclusive benefit of the employees and their dependents; no such amendment shall cause or permit any portion of the Trust Fund to revert to or become the property of the City; and no such amendment which affects the rights or duties of the Trustee may be made without the Trustee's written consent.

6.2 Termination. This Agreement may be terminated at any time by the City, and upon such termination, the Trust Fund shall be paid out and/or transferred by the Trustee as and when directed by the Plan Administrator or the City, in accordance with the provisions of Article II hereof and the terms of the Plan.

ARTICLE VII -- GENERAL

7.1 Limited Effect of Plan and Trust. Neither the establishment of the Plan nor the Trust nor any modification thereof, nor creation of any fund or account, nor the payment of any welfare benefits, shall be construed as giving to any person covered under the Plan or other person any legal or equitable right against the Trustee, the City, or any officer or employee thereof, except as may otherwise be provided in the Plan or in the Trust. Under no circumstances shall the term of employment of any employee be modified or in any way affected by the Plan or this Trust.

7.2 Protective Clause. Neither the City nor the Trustee shall be responsible for the validity of any contract of insurance issued in connection with the Plan or Trust or for the failure on the part of the insurer to make payments provided by such contract, or for the action of any person which may delay payment or render a contract null and void or unenforceable in whole or in part.

7.3 Construction of Trust. This Trust shall be construed and enforced according to the laws of the State of Texas. If any provision of this Trust shall be held illegal or invalid for any reason, such determination shall not affect the remaining provisions of the Trust.

7.4 Gender and Number. Wherever any words are used herein in the masculine, feminine or neuter, they shall be construed as though they were also used in another gender in all cases where they would so apply, and wherever any words are used herein in the singular or plural form, they shall be construed as though they were also used in the other form in all cases where they would so apply.

7.5 Headings. The headings and sub-headings of this Trust have been inserted for convenience of reference and are to be ignored in any construction of the provisions hereof.

IN WITNESS WHEREOF, this Agreement has been executed the day and year first above written.

By:

Finance Director, Trustee

Mayor, Trustee

ATTEST:

City Secretary

RESOLUTION NO. 2023-17

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF DALWORTHINGTON GARDENS, TEXAS ESTABLISHING THE CITY OF DALWORTHINGTON GARDENS, TEXAS INSURANCE TRUST FUND, AUTHORIZING THE TRUST AGREEMENT AND APPOINTING TRUSTEES FOR THE CITY OF DALWORTHINGTON GARDENS, TEXAS

WHEREAS, the goal of the City of Dalworthington Gardens, Texas is to provide policies and benefits that are competitive; and

WHEREAS, the City of Dalworthington Gardens, Texas realizes the importance of containing costs where possible; and

WHEREAS, the City of Dalworthington Gardens, Texas desires exempt status from imbedded insurance premium taxes on applicable group insurance plans; and

WHEREAS, the Texas Insurance Code § 222.002 allows cities to pay insurance premiums through a single non-profit trust to achieve exemption from embedded insurance premium taxes.

NOW THEREFORE BE IT RESOLVED, by the City Council of the City of Dalworthington Gardens, Texas

SECTION 1: The City of Dalworthington Gardens, Texas City Council does hereby approve the establishment of the City of Dalworthington Gardens, Texas Insurance Trust Fund.

SECTION 2: The City of Dalworthington Gardens, Texas City Council does hereby authorize the Trust Agreement, as attached hereto as Exhibit “A”, and appoints the City Mayor and City Finance Director as Trustee(s) for the City of Dalworthington Gardens, Texas Insurance Trust Fund.

SECTION 3: This Resolution shall become effective upon the date of its passage.

PASSED AND APPROVED on this 16th day of November, 2023.

Finance Director, Trustee

Mayor, Trustee

ATTEST:

City Secretary



Aetna AFA Medical and Stop Loss Employee Enrollment/Change Form

Instructions: You must complete this enrollment form in full. If you do not, we will return it to you, and that can delay its processing. You alone are responsible for its accuracy and completeness. If waiving coverage, please complete sections A and B.

Employer name CITY OF DALWORTHINGTON GARDENS		Effective date 01/01/2024	Date of hire	Member ID number (if available)
<input type="checkbox"/> New hire <input type="checkbox"/> Rehire / reinstatement <input checked="" type="checkbox"/> New group enrollment <input type="checkbox"/> Late enrollment <input type="checkbox"/> Waiver <input type="checkbox"/> Open enrollment <input type="checkbox"/> Other _____	<input type="checkbox"/> Change of coverage <input type="checkbox"/> Add spouse / civil union / domestic partner <input type="checkbox"/> Add dependent child <input type="checkbox"/> Name change <input type="checkbox"/> Other _____	<input type="checkbox"/> Employee termination <input type="checkbox"/> Remove spouse / civil union / domestic partner <input type="checkbox"/> Remove dependent child <input type="checkbox"/> Cancel coverage	<input type="checkbox"/> COBRA for: Length of continuation: <input type="checkbox"/> 18 <input type="checkbox"/> 36 <input type="checkbox"/> Other _____ Original qualifying event date _____ Qualifying event _____ Reason _____	

A. Employee information

Social Security number	Last name, first name, middle initial	Contact telephone (if we may contact you by telephone) () -	Work ZIP code	Work email address (if we may correspond with you via email)
Home address	Apt. Number	City, state	Home ZIP code	
Mailing address (if different from home address)	Apt. Number	City, state	Mailing ZIP code	
Number of hours worked a week _____		Check one: <input type="checkbox"/> Full time <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal <input type="checkbox"/> COBRA <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Temporary <input type="checkbox"/> Union		

Employee acknowledgement: I understand that it is fraud to file an application for coverage, an enrollment form or claim that contains materially false information knowingly and with intent to defraud. It is illegal to conceal, for the purpose of misleading, information concerning any material fact. A person who commits fraud or intentionally misrepresents material facts is subject to civil penalties and may be charged with a crime. If you commit fraud or intentionally misrepresent material facts, your coverage can be cancelled or your rates can be increased back to your effective date.

I certify that all information and statements on this enrollment form are true and complete to the best of my knowledge. I have authority to make statements on behalf of any dependents listed on this form. If I become aware of any new information after I have completed this enrollment form but before the effective date that would change any answer on this form or make me report something not reported on this form, I agree to provide that information to Aetna as soon as possible.

Conditions of enrollment: I understand and agree that my employer's application will determine coverage and that there is no coverage unless and until Aetna approves both this enrollment form and the employer application. I agree that my employer or its agent may send this enrollment form to Aetna. I authorize all my doctors, pharmacies, hospitals and other health care providers ("providers") to give Aetna any and all personal health information about me and others listed on this form. This authorization covers all health matters including those involving mental health, substance abuse and HIV / AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.

Please sign here ONLY if you are enrolling in coverage for yourself and / or dependents.

X Employee signature _____ Date (Month/Day/Year) _____

B. Decline / waive – To be completed if medical coverage is declined or refused by an eligible employee and / or their eligible family members.

I acknowledge I have been given the right to apply for this coverage; however, I am electing not to enroll. By declining this group coverage I acknowledge that I and / or my dependents may have to wait until the plan's next anniversary date to be enrolled for group coverage. I and / or my dependents have made this decision of my / their own accord with no pressure from my employer, my employer's agent or the insurance carrier.

Medical coverage declined for: Myself Spouse / civil union / domestic partner Children Please sign here ONLY if you are declining coverage for yourself and / or dependents.
 Employee signature _____ Date (Month/Day/Year) _____

C. Medical coverage selection

Plan Option _____

D. Other medical coverage – List any individuals who will have other health insurance at the same time as this coverage.

Name of individual	Carrier Name	Name of individual	Carrier Name

E. Medicare coverage – List individuals covered by Medicare.

Name of individual	Medicare Part A	Medicare Part B	Medicare Part D	Over Age 65	Disability	End-Stage Renal Disease Effective Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Individuals enrolling – List individuals enrolling or adding, changing or removing coverage. If more space is needed check here and use a separate sheet of paper.

(A)dd (C)hange (R)emove	Last name, first name, middle initial	Sex (M/F)	Social Security number	Birthdate (MM/DD/YYYY)	Height	Weight	Tobacco or nicotine use (including E-cigarette devices)	Dependent information (List city, state and ZIP code for any dependent living at another address)
<input type="checkbox"/> Employee	1. _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
<input type="checkbox"/> Spouse <input type="checkbox"/> Civil union <input type="checkbox"/> Domestic partner	2. _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	3. _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	4. _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	5. _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

G. Health Questionnaire – Complete for all individuals enrolling for coverage.

Have you or anyone applying for coverage consulted with or been examined, diagnosed, or treated by any health care professionals during the last five (5) years for any illness, injury or health condition in any of the categories listed below? If "yes," please check the box that most appropriately describes the condition(s) and explain fully below (page 4).

1. Cancer / tumor / cyst Yes No

Brain Breast Esophagus Stomach Colon Leukemia Lymphoma Multiple myeloma Kidney Liver Lung Melanoma Pancreas Prostate Testicular Cervical Ovarian Uterine Throat Thyroid Other cancer (type / location _____) Non-malignant tumor (type / location _____)

Diagnosis date _____ Cancer stage (0-4) _____ (if known) Cancer category (In situ, localized, regional, distant) _____ (if known)

Treatment: Surgery date _____ Chemo timeframe _____ Radiation timeframe _____

Remission Yes No If yes, provide date of remission _____

Continued on next page
SG AFA IMQ Long

G. Health Questionnaire (continued)

2. Heart / vascular <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aneurysm (location _____) <input type="checkbox"/> Blocked arteries (e.g., carotid, heart, abdomen, legs) <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart valve disorder <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Irregular or abnormal heart rhythm <input type="checkbox"/> Stroke <input type="checkbox"/> Vasculitis (type _____) <input type="checkbox"/> Bypass / angioplasty / stent (location _____) <input type="checkbox"/> Pacemaker or cardiac defibrillator <input type="checkbox"/> Other (specify details below)
3. Blood / clotting disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hemophilia (specify type below) <input type="checkbox"/> Anemia (specify type below; e.g., sickle cell, hemolytic, aplastic) <input type="checkbox"/> Blood clots <input type="checkbox"/> Other (specify details below)
4. Reproductive / Gynecological <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current pregnancy: specify if it's a spouse, dependent child or other expectant parent even if not listed on the application (due date _____, if multiples # ____, any complications _____) <input type="checkbox"/> Intending to adopt <input type="checkbox"/> Infertility <input type="checkbox"/> Other Gynecological conditions (specify details below)
5. Gastrointestinal / endocrine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes <input type="checkbox"/> Crohn's / ulcerative colitis <input type="checkbox"/> Autoimmune hepatitis <input type="checkbox"/> Hepatitis B (specify below if acute or chronic) <input type="checkbox"/> Hepatitis C (if cured, when did treatment end? _____) <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Growth disorder <input type="checkbox"/> Adrenal, pituitary, thyroid gland disorder (specify type below) <input type="checkbox"/> Other disorders of the gallbladder, stomach, pancreas, liver, colon (specify type below)
6. Brain / neurological <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Amyotrophic lateral sclerosis <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Neuropathy / polyneuropathy <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Myasthenia gravis <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Brain and / or spinal cord disorder or injury <input type="checkbox"/> Paralysis, quadriplegia, paraplegia <input type="checkbox"/> Other (specify details below)
7. Immune / dermatology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HIV or AIDS <input type="checkbox"/> Immunodeficiency disorder <input type="checkbox"/> Connective tissue disorder (specify type below; e.g., lupus, scleroderma) <input type="checkbox"/> Hereditary angioedema <input type="checkbox"/> Skin disorder (specify type below; e.g., psoriasis, eczema, ulcers, infections) <input type="checkbox"/> Other (specify details below)
8. Lung / respiratory <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> COPD, chronic bronchitis, emphysema <input type="checkbox"/> Pulmonary hypertension <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Other (specify type below; e.g., asthma, sarcoidosis, etc.)
9. Urinary / kidney <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Kidney disease / disorder (specify type below) <input type="checkbox"/> Kidney failure <input type="checkbox"/> Dialysis: date started _____ <input type="checkbox"/> Dialysis possible within the next 18 months <input type="checkbox"/> Bladder disorder <input type="checkbox"/> Prostate disorder <input type="checkbox"/> Other (specify details below)
10. Musculoskeletal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rheumatoid or psoriatic arthritis (specify type below) <input type="checkbox"/> Disorder of the back / neck / spine <input type="checkbox"/> Disorder of the joints (specify location; e.g., hips, knees, shoulders) <input type="checkbox"/> Chronic pain disorder <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Amputation <input type="checkbox"/> Other (specify details below)
11. Mental health / substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alcohol and / or drug abuse (specify type below) <input type="checkbox"/> Eating disorder <input type="checkbox"/> Anxiety / depression <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Oppositional defiant / conduct disorder <input type="checkbox"/> Autism <input type="checkbox"/> ABA therapy <input type="checkbox"/> Other (specify details below)
12. Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Organ or bone marrow / stem cell transplant already performed (date _____) <input type="checkbox"/> Future transplant planned / scheduled (date _____) <input type="checkbox"/> Transplant discussed / recommended / possible within the next 18 months <input type="checkbox"/> Transplant complications <input type="checkbox"/> Other (specify details below)

Continued on next page

G. Health Questionnaire (continued)

13. Birth / inherited conditions Yes No
 Premature birth (gestational age: ___ # weeks) Congenital birth defect Genetic / metabolic disorder Any syndrome (specify details below) Other (specify details below)

14. Eyes / ears / nose / throat Yes No
 Acoustic neuroma Cataracts Cleft lip / palate Deviated septum Glaucoma Retinopathy Chronic ear infections Chronic sinusitis Other (specify details below)

15. Medications Yes No
Current medications:
 Person _____ # of meds ____ Person _____ # of meds ____ (list medication name(s) and diagnosis below)
Medications taken within the past 12 months:
 Person _____ # of meds ____ Person _____ # of meds ____ (list medication name(s) and diagnosis below)

16. Incapacitated Yes No
 Reason: Disabled Handicapped Congenital disorder Other (specify details below)

17. Other Yes No (specify details below)
 Hospitalizations in the past 5 years Future surgeries or hospitalizations discussed / planned / recommended / scheduled or possible within the next 18 months
 Other conditions not addressed elsewhere in the application

Provide details below for all "yes" answers indicated above. If additional space is needed, attach a separate sheet. All attachments must be signed and dated by the applicant.

Ques. No.	Enrollee name	Conditions / diagnosis	Date diagnosed	Treatment (include surgery, hospitalized, durable medical equipment / supplies, etc.)	Medication names (include those taken orally, injected, infused, topically, nasally, inhaled, etc.)	Dates treated	Is treatment ongoing? If yes, provide details of any current OR future treatment.

**City Council
Staff Agenda Report**

Agenda Item: 8e

Agenda Subject: Discussion and possible action regarding a Zone Change Application requesting a rezone from single-family “SF” residential to garden homes “GH” base zoning with a mixed-use “MU” overlay for properties located at 2500 California Lane and 2512 California Lane, Dalworthington Gardens.

<p>Meeting Date: November 16,2023</p>	<p>Financial Considerations: Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Strategic Vision Pillar:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial Stability <input type="checkbox"/> Appearance of City <input type="checkbox"/> Operations Excellence <input checked="" type="checkbox"/> Infrastructure Improvements/Upgrade <input checked="" type="checkbox"/> Building Positive Image <input checked="" type="checkbox"/> Economic Development <input type="checkbox"/> Educational Excellence
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Background Information: The Planning and Zoning Commission took no action and continued this item to their October 23 meeting. Thus, the City Council cannot take action on this item. It will come back to council at the November 19, 2023 meeting. **Council’s action should be to “continue the item to the November 16, 2023 Council Meeting at 7pm.”**

A Zone Change Application was received for properties located at 2500 California Lane and 2512 California Lane for a change from single family “SF” residential to garden home “GH” base zoning with a mixed-use “MU” overlay. Per Local Government Code, Chapter 211, zone changes must comply with the City’s Comprehensive Plan as follows:

- Sec. 211.004. COMPLIANCE WITH COMPREHENSIVE PLAN. (a) Zoning regulations must be adopted in accordance with a comprehensive plan and must be designed to:
- (1) lessen congestion in the streets;
 - (2) secure safety from fire, panic, and other dangers;
 - (3) promote health and the general welfare;
 - (4) provide adequate light and air;
 - (5) prevent the overcrowding of land;
 - (6) avoid undue concentration of population; or
 - (7) facilitate the adequate provision of transportation, water, sewers, schools, parks, and other public requirements.

The Future Land Use Map from the current 2005 adopted Plan shows these properties to remain as single family residential. However, in the latest Plan draft amendment from June 2023 includes changes to proposed Bowen Road future land uses as described below. The full description can be found in your packet.

The Bowen Road Planned Development Overlay may include Large Lot Residential uses but may also include a mixture of Medium Density Single Family Garden Homes, and Commercial Uses with a preference toward agricultural related businesses (vegetable and meat markets, farm and ranch supply, etc.) and restaurants. Garden Home developments shall include 10 percent open space for parks and community gardens. The Planned Development shall provide an orderly transition from commercial uses to the large lot Residential uses and incorporate suitable separation barriers with a preference to vegetated barriers in lieu of hardened barriers such as fences. Uses other than large lot residential uses shall be planned development. The applicant has communicated to the City he desires to build garden homes with a few small foot print restaurants on the south end of the development.

Recommended Action/Motion: Required action is shown at the top of the staff report.

Attachments: **Zone Change Application, 2005 Current Future Land Use Map, Bowen Road Corridor PD Overlay Verbiage from Comp Plan, 2023 Draft Future Land Use Map** 11.16.2023 Council Packet Pg.184 of 260



Zone Change Application

General Information	
<ul style="list-style-type: none"> • Prior to the submittal of an application, the applicant is encouraged to schedule a pre-application conference with City Staff. • This application will not be scheduled for hearing until reviewed by the Director of Community Development or designee. • Incomplete applications will not be reviewed. • The application fee is \$1,500.00 plus \$50.00/acre if not SF zoned. 	
Applicant Information	
<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Representative <i>(Notarized affidavit required including signature of legal owner(s))</i>	
Name: TREVOR TURNBOW	Phone Number: 682-266-8929
Mailing Address: 4726 LENNON AVE. ARLINGTON, TX 76016	Email Address: TREVOR.TURNBOW@ICLOUD.COM
Subject Property Address and/or Location <i>(Use attachment, if necessary):</i> <p style="text-align: right;">2500 & 2512 CALIFORNIA LN DALWORTHINGTON, TX 76015</p>	
Legal Description <i>(Use attachment, if necessary):</i> DALWORTHINGTON GARDENS ADDN BLOCK 4 LOT 4A DALWORTHINGTON GARDENS ADDN BLOCK 4 LOT 4	
Existing Use of Property: RAW LAND	
Proposed Use of Property: Garden Homes as outlined in DWG City Ordinance	
Current Zoning: SFR	Comprehensive Plan Designation: Garden Homes
Proposed Zoning: Garden Homes "GH" As Base Zoning with Mixed Use Overlay	
Important Information Regarding Zone Change Requests	
1. An application for a zone change on a property may only be made by the owner of that property and/or an authorized representative of the property owner. An authorized representative shall present a notarized affidavit from the property owner. If the subject property is owned by the City of Dalworthington Gardens, the City Administrator or designee may apply for the zone change on behalf of the City.	
2. No application will be processed if a zoning violation exists on the property, unless such processing is authorized by City Council. Use of the subject property for any new activity not allowed by present zoning cannot occur before City Council's final approval of the requested zone change. Any such unauthorized use of the subject property is subject to prosecution in Municipal Court. (continued)	

Zone Change Application (cont.)

3. If approved, a zone change is applied to the property, not the property owner.
4. The Planning & Zoning Commission makes recommendations to City Council. If the Planning & Zoning Commission recommends approval of a zone change request, the case must still go before City Council for final action.
5. Certain minimum building setbacks from some or all property lines must be maintained, and room for a minimum number of parking spaces must be reserved on a subject property, based on that property's zoning classification and the nature of its proposed use. A privacy fence may also be required between residential and non-residential zoning districts. These requirements are outlined in the City of Dalworthington Garden's Ordinances. It is the applicant's benefit to ensure that any proposed development will fit onto the subject property, in compliance with these and other applicable requirements of the City's Code of Ordinances.
6. The City is required to mail letters to owners of property within 200 feet of the subject property of the zone change request.
7. The applicant or an authorized representative should attend public hearings pertaining to the request and be prepared to present the case and answer any relevant questions from the Planning & Zoning Commission and City Council members.

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Signature: 

Date: 07/17/23

OFFICE USE ONLY

Case Number:

Date of Application:

Date Paid:

Affidavit attached?: Yes No

P&Z Meeting
Date:

CITY OF DALWORTHINGTON GARDENS

Tarrant County, Texas

FUTURE LAND USE PLAN MAP

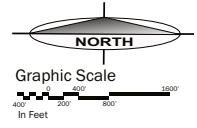
March 17, 2005

- LAND USE LEGEND**
- Low Density Residential
 - Medium Density Residential
 - Public / Semi-Public
 - Parks / Open Space
 - Commercial / Retail & Office
 - Planned Development Area- Garden Homes*
 - Planned Development Area- Commercial*
 - Required Buffer Area
 - Pedestrian Pathway

*NOTE:
Uses other than Low Density Residential in the Planned Development Areas (as Garden homes in the Planned Development Area- Garden Homes or as office or retail uses in the Planned Development Area- Commercial) require plan approval.

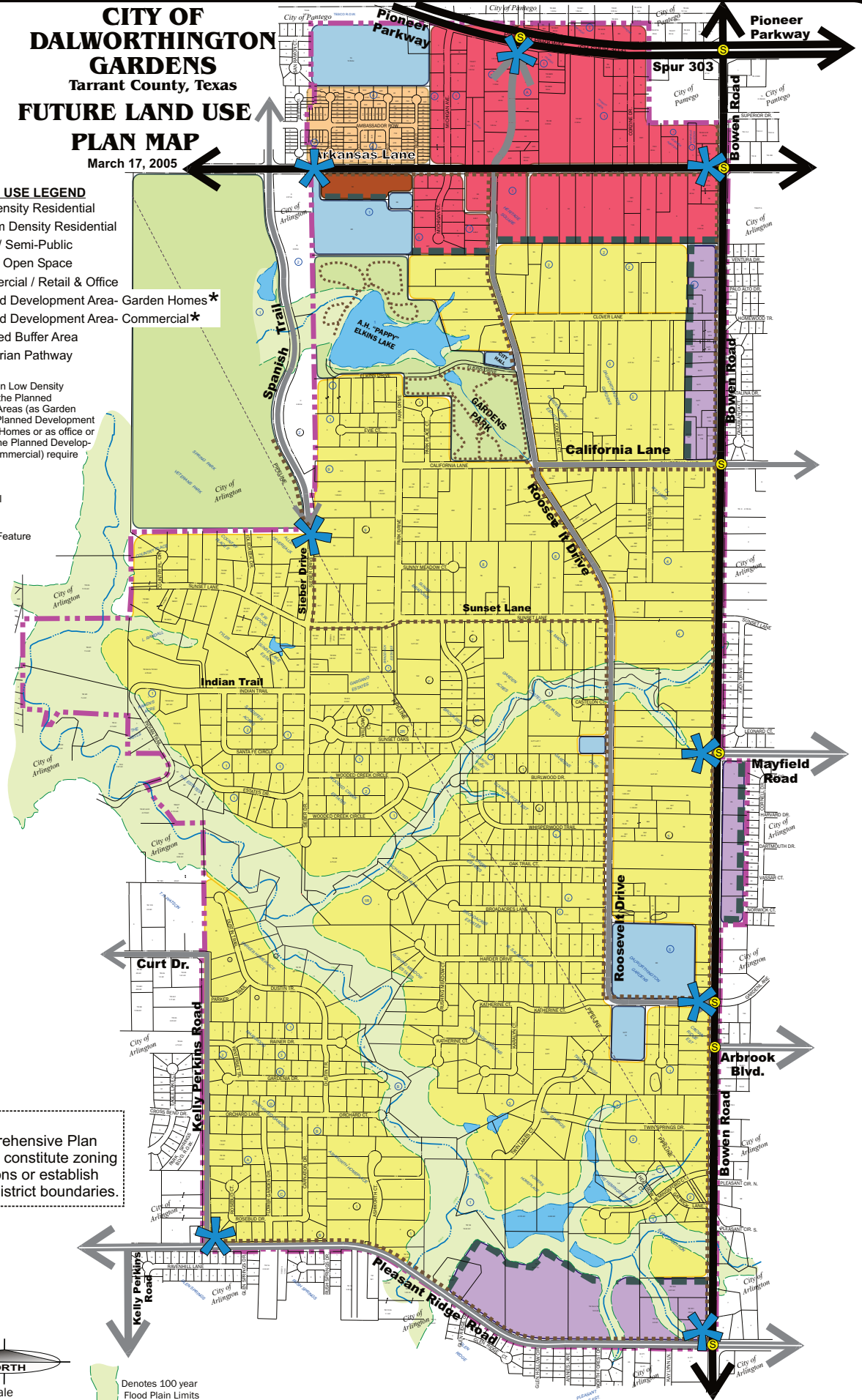
- S Traffic Signal
- X Entry Feature

Note:
A Comprehensive Plan shall not constitute zoning regulations or establish zoning district boundaries.



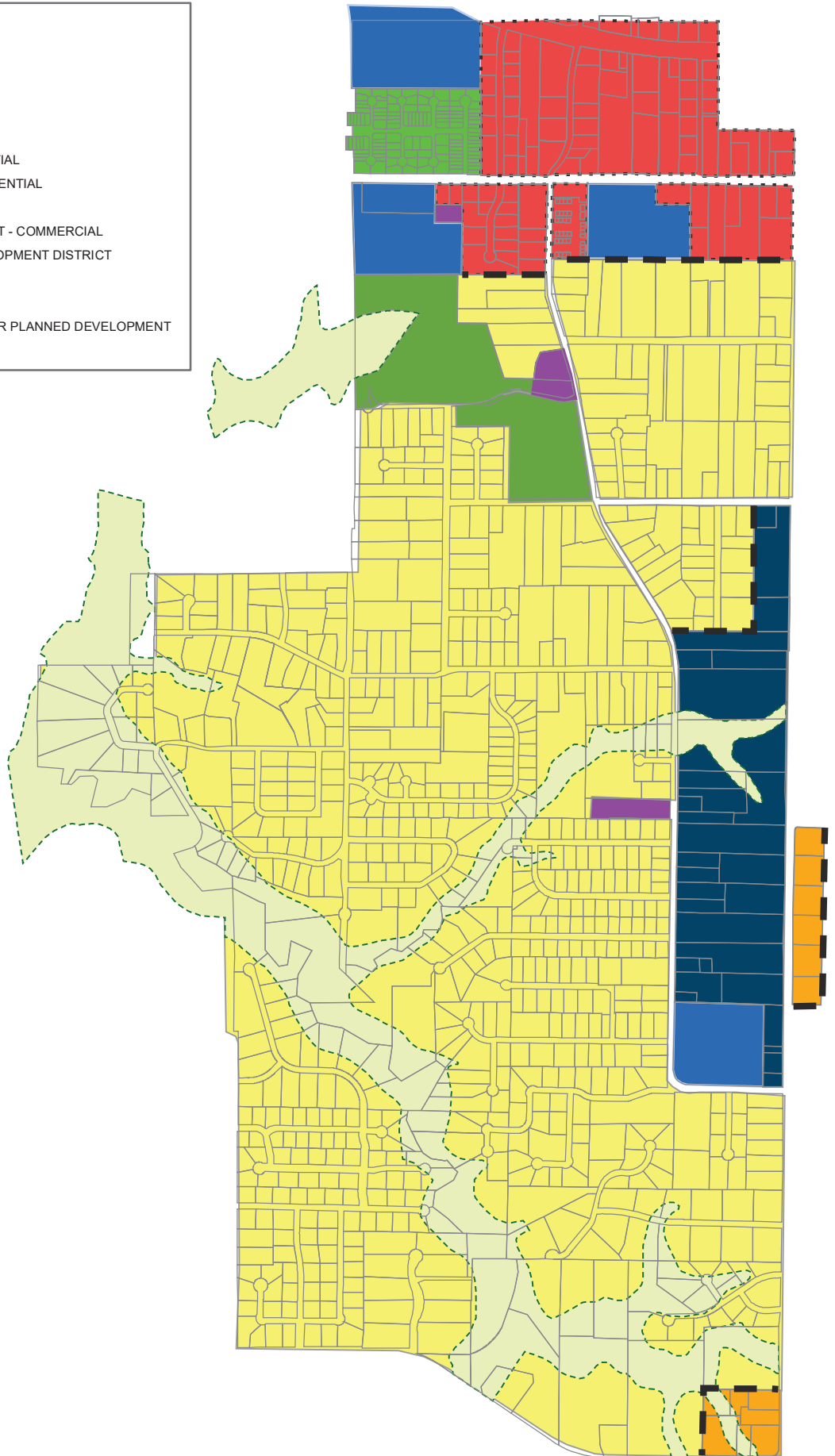
Denotes 100 year Flood Plain Limits per FEMA maps

City Limit Line



Land Use Legend

- LOW DENSITY RESIDENTIAL
- MEDIUM DENSITY RESIDENTIAL
- PARKS/OPEN SPACE
- PLANNED DEVELOPMENT - COMMERCIAL
- COMMERCIAL/REDEVELOPMENT DISTRICT
- EDUCATION
- PUBLIC/SEMI-PUBLIC
- BOWEN ROAD CORRIDOR PLANNED DEVELOPMENT



Bowen Road Corridor Area (Planned Development Overlay)

The Bowen Road corridor will have a multi-use purpose. Its future development will focus on commercial as well as residential development. Existing large residential lots that have both Bowen and Roosevelt access may be subdivided to allow commercial development on the Bowen Corridor only. These said lots shall remain residential on the Roosevelt side with no vehicular traffic connection between them.

One Planned Development Area of higher intensity use is designated along Bowen Road. The area on the east side of Bowen Road, south of Mayfield, would be an ideal location for an office or retail development.

The west side of the Bowen Road corridor between Roosevelt Drive and Bowen Road from the Roosevelt Drive intersection to the California Lane intersection shall be designated as a Planned Development Overlay Area.

Such a community shall be defined as an organized mixed-use community that integrates agricultural and food service commercial businesses, with residential uses, and open spaces that might be used as parks or community gardens.

Most of the west side of the Bowen Road corridor between Roosevelt Drive and Bowen Road from the Roosevelt Drive intersection to the California Lane intersection shall be designated as a Planned Development. The exception to including all of the land between Roosevelt Drive and Bowen Road begins at the California Lane intersection. Here the Planned Development shall only extend approximately 290 feet to the west from the Bowen Road right-of-way line for a distance of approximately 1,042 feet south along Bowen Road. (See the Future Land Use Map.)

The Bowen Road Planned Development Overlay may include Large Lot Residential uses but may also include a mixture of Medium Density Single Family Garden Homes, and Commercial Uses with a preference toward agricultural related businesses (vegetable and meat markets, farm and ranch supply, etc.) and restaurants. Garden Home developments shall include 10 percent open space for parks and community gardens. The Planned Development shall provide an orderly transition from commercial uses to the large lot Residential uses and incorporate suitable separation barriers with a preference to vegetated barriers in lieu of hardened barriers such as fences. Uses other than large lot residential uses shall be planned development.

The decisions made now by the City as to the type of uses permitted along Bowen Road as it passes the core of the City are surely critical to the future of Dalworthington Gardens. Although it may be possible to attract some limited retail uses to this corridor, it is believed that such development would likely not be of a character clearly compatible with the residential development along Roosevelt Drive and would almost certainly tend toward the sort of intermittent strip development seen along Pioneer Parkway. The most promising area is at the intersection of Mayfield/Bowen between the Rush Creek tributaries. The light there affords good traffic flow in all directions. It is also highly probable that indecisiveness in the land use designation for Bowen Road will inhibit the build-out of the area between Bowen and Roosevelt south of California Lane as large lot residential developments. Dalworthington Gardens is a very small city surrounded by a very large one. Build-out of the area within Bowen Road, Roosevelt Drive, and California Lane as large lot residential properties is highly desirable in order to maintain a critical mass of large lot residential properties and identity of DWG as having such attractive land use. This is the surest path to maintaining the property values of the residential property in the City.

**City Council
Staff Agenda Report**

Agenda Item: 8f

<p>Agenda Subject: Consideration of an ordinance amending the City of Dalworthington Gardens Code of Ordinances, Chapter 14, Zoning, amending Section 14.02.224, B-3 Business District, to delete references to motor vehicle sales; and amending Section 14.02.225, LI Light Industrial District, to add regulations for motor vehicle sales.</p>		
<p>Meeting Date: November 16, 2023</p>	<p>Financial Considerations: Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p>Strategic Vision Pillar:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial Stability <input checked="" type="checkbox"/> Appearance of City <input checked="" type="checkbox"/> Operations Excellence <input type="checkbox"/> Infrastructure Improvements/Upgrade <input checked="" type="checkbox"/> Building Positive Image <input type="checkbox"/> Economic Development <input type="checkbox"/> Educational Excellence

Background Information: Staff’s interpretation of the city zoning ordinance is that motor vehicle sales are not allowed outside of a special exception. However, for clarity’s sake, staff is requesting to move one line of the ordinance from B-3 commercial to LI light industrial which will further narrow any allowance for such use.

Currently, B-3 commercial explicitly says no vehicle sales are permitted in (2)(A)(iii). However, it also has a listed use for an indoor vehicle showroom. The indoor showroom portion needs to be moved from B-3 commercial to LI matching the existing special exception, which only allows motor vehicle sales in LI by special exception.

B-3 (2)(A)(iii):

(2) Auto-related uses:

(A) Auto repair and service, under the following conditions:

- (i) Areas used for the repair of vehicles shall not occupy a required yard.
- (ii) No salvage, dismantling or wrecking on premises.
- (iii) No vehicle sales permitted.

B-3(15):

(15) Motor vehicle sales - indoor: Showroom wholly within a building; no vehicle display visible from outside the building; detailing for sale but no mechanical work allowed; no outside storage.

Existing special exception allowing motor vehicle sales on in light industrial “LI”.

	Special Exception	District Requiring City Council Approval
(14)	Motor vehicle sales.	LI

Planning and Zoning Commission recommended to allow in zones B-3 and LI, and to require a special exception for any indoor vehicle sales showroom.

Recommended Action/Motion: Motion to approve an ordinance amending the City of Dalworthington Gardens Code of Ordinances, Chapter 14, Zoning, amending Section 14.02.224, B-3 Business District, to delete references to motor vehicle sales; and amending Section 14.02.225, LI Light Industrial District, to add regulations for motor vehicle sales.

or

Motion to deny an ordinance amending the City of Dalworthington Gardens Code of Ordinances, Chapter 14, Zoning, amending Section 14.02.224, B-3 Business District, to delete references to motor vehicle sales; and amending Section 14.02.225, LI Light Industrial District, to add regulations for motor vehicle sales.

Attachments:

§ 14.02.224 **“B-3” business district.**

(a) Permitted uses. A building or premises in this district shall be used only for the following purposes:

- (1) Any use permitted in the “B-2” district.
- (2) Auto-related uses:
 - (A) Auto repair and service, under the following conditions:
 - (i) Areas used for the repair of vehicles shall not occupy a required yard.
 - (ii) No salvage, dismantling or wrecking on premises.
 - (iii) No vehicle sales permitted.
 - (B) Sale of automotive accessories.
- (3) Food service:
 - (A) Bakery or confectionery, wholesale.
 - (B) Restaurant or cafe, with drive-in or pickup service.
- (4) Antique shop or secondhand goods store.

- (5) Cold storage plant (locker rental).
 - (6) Cleaning, pressing and dyeing, under the following conditions:
 - (A) No direct exterior exhaust from cleaning plant.
 - (B) Dust must be controlled by either bag or filter and separator or precipitator so as to eliminate the exhausting of dust, odor, fumes or noise outside the plant.
 - (7) Wholesale offices.
 - (8) Philanthropic institutions.
 - (9) Custom cabinet making, upholstery and woodworking shops of craftsmen.
 - (10) Plumbing, electrical, air conditioning sales and/or service shop.
 - (11) Building material or lumber sales.
 - (12) Business park: office, retail and warehouse, not to exceed 10,000 square feet per building; not less than 25% of building area to be used for office or retail. Type I fire resistant construction required.
 - (13) Schools, clubs or centers for gymnastics, exercise, or physical fitness.
 - (14) Pet hotel: Kennels for dogs, cats and other common household pets, providing temporary overnight housing. Facilities must be soundproof, air-conditioned, with no outdoor housing of animals. Fenced and screened outdoor area allowed for daytime exercise of animals while in the control of human attendants. Must be under direct supervision of licensed veterinarian.
 - (15) ~~Motor vehicle sales – indoor: Showroom wholly within a building; no vehicle display visible from outside the building; detailing for sale but no mechanical work allowed; no outside storage.~~
 - (16) Sale of alcoholic beverages for off-premises consumption (package sales).
 - (17) Smoking establishments in accordance with the standards as provided in subsection (b)(7) below.
 - (18) Brewpub, but only pursuant to a special exception as provided in division 8 of this article.
 - (19) Winery, but only pursuant to a special exception as provided in division 8 of this article.
 - (20) Customarily incidental uses.
- (b) Restrictions on use. The uses in this district described in subsection (a) above shall be permitted, however, only upon the following conditions:

- (1) There shall be no outside storage of merchandise, except as provided in subsection **(b)(6)** of this section.
- (2) In connection with any permitted use conducted within an enclosed building, there shall be allowed as an accessory use the display of merchandise out-of-doors, subject to the following limitations:
 - (A) All sales of such merchandise shall be consummated indoors, and no cash register or package wrapping counter shall be located out-of-doors.
 - (B) The merchandise displayed out-of-doors shall not be readily identifiable by type or product name from adjacent public streets by reason of package labels, sales tags, markers, or otherwise. Only new merchandise may be displayed.
 - (C) Merchandise displayed out-of-doors must be within the required building setback lines of the property and shall be placed on impervious surfaces only.
 - (D) Outdoor area devoted to display shall not exceed in area one-half the floor area of the permitted use conducted in an enclosed building on the same property.
 - (E) Merchandise shall not be displayed at a height of more than ten (10) feet within ten (10) feet of the building and not more than six (6) feet in height elsewhere.
 - (F) For the purpose of this section, the location of merchandise outdoors and not taken indoors when the business is not open shall be deemed to be the storage and not the display of merchandise.
- (3) The impervious surface percentage in this district shall not exceed 80%.
- (4) Drive-up windows shall be permitted when there is not less than 60 feet of driveway vehicle waiting capacity per window, exclusive of other parking and access requirements for the property.
- (5) Any use shall comply with the applicable special conditions of table 14.02.221.
- (6) Notwithstanding the provisions of subsection **(b)(1)** of this section, outside display and storage of merchandise shall be permitted when it is of a kind or character that is commonly stored or displayed outside of an enclosed building, such as a nursery, garden store or business otherwise offering for sale at retail merchandise that is not readily or customarily kept indoors. Any such display and storage shall be allowed, subject to the following limitations:
 - (A) Open storage in any portion of the premises not open to public or customer access shall be screened from public streets, adjacent property and other portions of the premises.
 - (B) Stored merchandise shall be that merchandise for which the point of sale at retail is on the same premises.

- (C) The display or storage shall comply with the provisions of subsections **(2)(A)** through **(C)** and with the parking provisions of this article.
- (D) There shall be no storage of merchandise under this subsection **(6)** in any vehicle, trailer, portable building or portable container.
- (7) Smoking establishments: Subject to the following restrictions and regulations:
 - (A) Any smoking establishment seeking a certificate of occupancy after October 1, 2012 must be located at least 1,000 feet from any other smoking establishment.
 - (B) The distance of 1,000 feet shall be measured in a direct line as the crow flies from property line to property line of the smoking establishments without regard to streets, walkways, walls or any other obstruction.
- (c) *Planned development regulations.* When land within this district is made part of a planned development, yards abutting adjacent non-PD property shall be not less than 25 feet.

(Ordinance 2018-17 adopted 9/20/18; Ordinance 2019-05, sec. 3, adopted 7/18/19)

§ 14.02.225 **“LI” light industrial district.**

A building or premises in this district shall be used only for the following purposes:

- (1) Any use permitted in the “B-3” district.
- (2) Public or private utility shop and storage.
- (3) Contractor’s plant, shop and storage.
- (4) Heavy machinery sales and storage.
- (5) Machine shop.
- (6) Salvage or reclamation of products (inside).
- (7) Building materials and lumber storage.
- (8) Kennel (outside runs permitted).
- (9) Storage warehouse or distribution center.
- (10) Other light industrial and manufacturing activities, provided that the same shall be conducted inside buildings, except for storage uses, which may be located in screened areas outside a required yard.
- (11) Brewpub, but only pursuant to a special exception as provided in division 8 of this article.
- (12) Winery, but only pursuant to a special exception as provided in division 8 of this article.

(13) Customarily incidental uses.

(14) Motor Vehicle Sales – indoor: Showroom wholly within a building; no vehicle display visible from outside the building; detailing for sale but no mechanical work allowed; no outside storage. Motor Vehicle Sales as provided here are only permitted pursuant to a special exception as provided in division 8 of this article.

(2005 Code, sec. 17.6.05; Ordinance 2019-05, sec. 4, adopted 7/18/19)

ORDINANCE NO. _____

AN ORDINANCE AMENDING CHAPTER 14, “ZONING,” OF THE CODE OF ORDINANCES, CITY OF DALWORTHINGTON GARDENS, TEXAS, BY AMENDING SECTION 14.02.224, “‘B-3’ BUSINESS DISTRICT,” OF DIVISION 6, “COMMERCIAL AND INDUSTRIAL DISTRICT REGULATIONS,” TO DELETE REFERENCES TO MOTOR VEHICLE SALES; AMENDING SECTION 14.02.225, “‘LI’ LIGHT INDUSTRIAL DISTRICT,” OF DIVISION 6, “COMMERCIAL AND INDUSTRIAL DISTRICT REGULATIONS,” TO ADD REGULATIONS FOR MOTOR VEHICLE SALES; PROVIDING A CUMULATIVE CLAUSE; PROVIDING A SEVERABILITY CLAUSE; PROVIDING A PENALTY CLAUSE; PROVIDING A SAVINGS CLAUSE; PROVIDING A PUBLICATION CLAUSE; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Dalworthington Gardens is a Type-A general law municipality located in Tarrant County, created in accordance with the provisions of Chapter 6 of the Texas Local Government Code and operating pursuant to the enabling legislation of the State of Texas; and

WHEREAS, the City Council previously established zoning regulations governing motor vehicle sales; and

WHEREAS, the City Council desires to clarify regulations for motor vehicle sales; and

WHEREAS, the City Council of the City does hereby deem it advisable and in the public interest to amend Chapter 14 of the City Code, as amended, as described herein.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DALWORTHINGTON GARDENS, TEXAS, THAT:

SECTION 1.

Subsection (a) of Section 14.02.224, “‘B-3’ Business District,” of Division 6, “Commercial and Industrial District Regulations,” of Chapter 14, “Zoning,” of the Code of Ordinances, City of Dalworthington Gardens, Texas is hereby amended by deleting subsection (a)(15) in its entirety.

SECTION 2.

Section 14.02.225, “‘LI’ Light Industrial District,” of Division 6, “Commercial and Industrial District Regulations,” of Chapter 14, “Zoning,” of the Code of Ordinances, City of Dalworthington Gardens, Texas is hereby amended to read as follows:

“...
“

(14) Motor Vehicle Sales – indoor: Showroom wholly within a building; no vehicle display visible from outside the building; detailing for sale but no mechanical work allowed; no outside storage. Motor Vehicle Sales as provided here are only permitted pursuant to a special exception as provided in division 8 of this article.”

SECTION 3.

This ordinance shall be cumulative of all provisions and ordinances of the Code of Ordinances, City of Dalworthington Gardens, Texas, as amended, except where the provisions of this ordinance are in direct conflict

with the provisions of such ordinances and such Code, in which event the conflicting provisions of such ordinances and such Code are hereby repealed.

SECTION 4.

It is hereby declared to be the intention of the City Council that the phrases, clauses, sentences, paragraphs, and sections of this ordinance are severable, and if any phrase, clause sentence, paragraph or section of this ordinance shall be declared unconstitutional by the valid judgment or decree of any court of competent jurisdiction, such unconstitutionality shall not affect any of the remaining phrases, clauses, sentences, paragraphs and sections of this ordinance, since the same would have been enacted by the City Council without the incorporation in this ordinance of any such unconstitutional phrase, clause, sentence, paragraph or section.

SECTION 5.

Any person, firm, or corporation who violates, disobeys, omits, neglects, or refuses to comply with or who resists the enforcement of any of the provisions of this ordinance shall be guilty of a misdemeanor and, upon conviction, shall be fined an amount not to exceed \$2,000.00. Each day that a violation continues shall be deemed a separate offense.

SECTION 6.

All rights and remedies of the City of Dalworthington Gardens, Texas are expressly saved as to any and all violations of the City’s Zoning Ordinance, as amended, which have accrued at the time of the effective date of this ordinance; and, as to such accrued violations and all pending litigation, both civil and criminal, whether pending in court or not, under such ordinances same shall not be affected by this ordinance but may be prosecuted until final disposition by the courts.

SECTION 7.

The City Secretary of the City of Dalworthington Gardens is hereby directed to publish at least twice in the official newspaper of the City of Dalworthington Gardens, the caption and the penalty clause of this ordinance in accordance with Section 52.011 of the Local Government Code.

SECTION 8.

This ordinance shall be in full force and effect from and after its passage and publication as required by law.

AND IT IS SO ORDAINED.

PASSED AND APPROVED on this ____ day of _____, 2023.

CITY OF DALWORTHINGTON GARDENS

By: _____
Laura Bianco, Mayor

ATTEST:

Sandra Ma, Interim City Secretary