



Public Works Report

1. Orchid Ct storm drain lining scheduled for December 19th
2. Crack seal will started first week in December.
3. Work Done by Public Works Staff
 - a. Compliance with all State/Federal water sampling
4. If necessary, other items that arise before the meeting.

**MINUTES OF THE REGULAR MEETING OF THE CITY OF DALWORTHINGTON GARDENS, TEXAS,
CITY COUNCIL HELD ON OCTOBER 20, 2022 AT 6:00 P.M. IN THE COUNCIL CHAMBERS, 2600
ROOSEVELT DRIVE, DALWORTHINGTON GARDENS, TEXAS.
WORK SESSION**

While the order of some agenda items were changed, the following represents all items discussed and acted upon by the City Council.

1. CALL TO ORDER

Mayor Bianco called the meeting to order at 6:00 p.m. with the following present:

Members Present:

Laura Bianco, Mayor
John King, Alderman, Place 1
Steve Lafferty, Alderman, Place 2
Cathy Stein, Alderman, Place 3
Ed Motley, Mayor Pro Tem; Alderman, Place 4

Members Absent:

Mark McGuire, Alderman, Place 5

Staff Present:

Greg Petty, DPS Director
Kay Day, Finance Director
Sandra Ma, Court Administrator
Gary Parker, Public Works Director
Gary Harsley, Community Development Director

2. WORK SESSION

The following items were discussed.

- a. Received development presentation from Trevor Turnbow Trevor Turnbow for property located at 2500 and 2512 California Lane, Dalworthington Gardens.
- b. Received development presentation from Trevor Turnbow for property located at 2807 Spanish Trail, Dalworthington Gardens.
- c. Work Session on other listed agenda items, if time permits.

No other items were discussed

3. ADJOURN

The meeting was adjourned at 6:55 p.m.

REGULAR SESSION

1. CALL TO ORDER

Mayor Bianco called the meeting to order at 7:01 p.m. with the following present:

Members Present:

Laura Bianco, Mayor
John King, Alderman, Place 1

Steve Lafferty, Alderman, Place 2
Cathy Stein, Alderman, Place 3
Ed Motley, Mayor Pro Tem; Alderman, Place 4

Members Absent:

Mark McGuire, Alderman, Place 5

Staff Present:

Greg Petty, DPS Director
Kay Day, Finance Director
Sandra Ma, Court Administrator
Gary Parker, Public Works Director
Gary Harsley, Community Development Director

2. INVOCATION AND PLEDGES OF ALLEGIANCE

Mayor Bianco gave the invocation.

- a. U.S. Pledge
- b. Texas Pledge - *“Honor the Texas Flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.”*

Pledges were said.

3. PRESENTATION AND PROCLAMATIONS

- a. Tom Grieve Day – October 5, 2022

Mayor Bianco read aloud a proclamation recognizing Tom Grieve Day.

4. ITEMS OF COMMUNITY INTEREST

The following items were presented:

- a. **Trunk or Treat, October 22, 2022**
- b. **Monarch Photography Contest, August 15, 2022 – October 31, 2022**
- b. **Day with the Law, November 5, 2022**
- c. **Pictures with Santa, December 4, 2022**
- d. **Santa Parade, December 23, 2022**

5. CITIZEN COMMENTS

Ned Webster, 3301 Evie Ct.: Spoke against development at 2807 Spanish Trail.

Caleb Oldham, 3304 Evie Ct.: Spoke against development at 2807 Spanish Trail.

Scott McCaskey, 2501 California Ln.: Spoke against development at California and Bowen.

Cindy Fulton, 2916 Texas Dr.: Spoke against development at California and Bowen

Annette Plog, 3302 Evie Ct.: Spoke against development at 2807 Spanish Trail.

6. MAYOR AND COUNCIL COMMENTS

Mayor Bianco Thanked Patti White and Green’s Produce for two very large recent donations that helped our DWG events sparkle and shine. Green’s donated the hay bales that decorated the stage for the band at our September Concert in the Park, and also donated pumpkins for our National Night Out on October 5. I sit in awe when I think about how extraordinarily gifted and dedicated our staff and DPS are. Thank you, Chief Petty, and the entire DPS for all that you do to keep us safe. We enjoyed a fantastic National Night Out celebrating you and our community. What many folks don’t know is the enormous amount of work that goes into organizing such an event. Jennifer Burkhart always goes above and beyond the call of duty, and our National Night Out event is just one more example of her extraordinary organization skills and ability to execute large events. Kudos to everyone involved. Thank you, also, to our Park Board, and specifically Iashia Bergamini for organizing such a wonderful Movie Night in the Park on October 8, 2022.

Salvation Army Mayoral Red Kettle Challenge: Just a reminder about the upcoming Salvation Army Mayoral Red Kettle Challenge. If you are interested in helping us ring the bell on December 10 at any of our three locations, we would greatly appreciate your participation. Just give me a call and we can get you signed up. Our city consistently is recognized for having the highest per capita donations in the metroplex. As you plan your end of year giving, would you kindly consider supporting this great organization that truly is “doing the most good”?

Concert in the Park: The Uptown Drifters, led by our very own, Dr. Jim Turner, gave a marvelous performance for our Concert in the Park. We would like to give a shout out to Dr. Turner, Pam Miller, who organized this event, and to our dedicated Park Board for all of the hard work they consistently put into organizing events that set us apart from others.

Tom Grieve: Dalworthington Gardens resident and Texas Rangers great Tom Grieve was recognized by the Texas Rangers on September 25, 2022 for his remarkable 55-year career with the franchise. On October 5, 2022, he concluded his career with the Texas Rangers in his final broadcast with the team when they hosted the New York Yankees. In honor of his career, we declared October 5, 2022 as Tom Grieve Day in DWG. Tom, we are so proud of your accomplishments, and as you begin this next chapter of your life, we wish you and your family the best that life has to offer.

“Save” Coupon Books: We’ve received complaints about the “Save” coupon books being thrown in yards in the city. The city is working fast to get an ordinance in place to allow enforcement action. In the meantime, if you would like to opt out and cancel, you can call a company called Valasis at 1-800-437-0479, and choose option 2 to be connected to a representative who can assist you with cancellation.

Upcoming Events and Holidays: Trunk or Treat will take place in Gardens Park on October 22, 2022 at 5:30 p.m. Day with the Law will take place on November 5, 2022 10 a.m.-2 p.m. in Gardens Park. City Hall will be closed on November 11, 2022 in honor of Veterans’ Day.

Cath Stein: None

Steve Lafferty: Thanked Chief for coordinating an appearance with a fire engine from the City of Haslet and Officer Ben Witts from DWG with bringing a Patrol Unit to a public relations event in Roanoke at Meta (Facebook) data center.

John King: Thanked and congratulated Tom Grieve on his retirement.

Ed Motley: Thanked Chief for coordinating the event in Roanoke and congratulated Tom Grieve on his retirement.

7. DEPARTMENTAL REPORTS

Informational reports only; no action to be taken.

- a. DPS Report
- b. Financial Reports
- c. Quarterly Investment Report
- d. Public Works Report

8. CONSENT AGENDA

- a. Approval of Resolution No. 2022-18, to conduct an annual review of the City Investment Policy, in accordance with Chapter 2256 of the Local Government Code, suggesting no changes to the existing policy.
- b. Presentation and acknowledgement of budget adjustments.
- c. Approval of Ordinance No. 2022-26 approving budget amendments for FY 2022-2023.
- d. Approval of July 21, 2022 regular meeting minutes.
- e. Approval of July 27, 2022 special meeting minutes.
- f. Approval of August 10, 2022 special meeting minutes.
- g. Approval of August 18, 2022 regular meeting minutes.
- h. Approval of September 15, 2022 regular meeting minutes.
- i. Ratification of payroll exception for a vacation payout in the amount of \$5,410.49.
- j. Approval of an Employment Agreement with Norma Zenk for certain interim city secretary services.
- k. Ratification of an emergency sewer line repair at the old City Hall Annex from Blaize Plumbing in the amount of \$9,750.
- l. Approval of Resolution No. 2022-19 finding that Oncor Electric Delivery Company LLC's ("Oncor" or "Company") application to change rates within the city should be denied; finding that the city's reasonable rate case expenses shall be reimbursed by the company.
- m. Approval of quote from Red River Recreation in the amount of \$109,476.46 for playground equipment for the Playground Grant awarded by the Texas Department of Parks and Wildlife.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member John King to approve the Consent Agenda except item m, which was pulled off for individual consideration. Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

9. REGULAR AGENDA

- a. **Discussion and possible action regarding the selection, placement, and restoration of a historical home in the City of Dalworthington Gardens.**

Background Information: This is a continuation of discussion from the September 15, 2022 meeting where the Historical Committee suggested consideration of a historical home in DWG. Below are thoughts they provided for discussion.

1. DWG Historical committee to identify historical homes available for donation or purchase and coordinate moving and remodeling.
2. Historical Committee to investigate the best location for a historical home such as near the historical plaza or on the north side of city hall.
3. Historical committee to seek Contractor donations for services to move home, install foundation, plumbing, electricity and water.
4. Is the City willing to consider funding a portion of relocation and restoration?
5. Historical committee will do fundraisers for needed monies such as raffles, and merchandise.
6. Type of uses for the historical home: Museum, Women's Tea's and meetings.

Council Member Cathy Stein to get with Historical Committee to come back to council with a more defined plan/vision.

No action was taken.

b. Discussion and possible action to direct staff on changes to the ordinances regulating grass height and general landscaping regulations.

Background Information: This item was requested by Mayor Bianco. The following are regulations requiring grass height not to exceed twelve inches. Staff interprets this to apply to every property, but not all greenery is thought to be addressed in this language. The Mayor received some complaints about condition of properties, and staff is looking for direction on whether to change ordinance language and if so, how to change it.

Staff received direction on current procedures.

No action taken.

c. Discussion and possible action regarding foot bridge replacement on Roosevelt Drive.

Background Information: Staff previously presented to council the need to replace foot bridges on Roosevelt Drive. In turn, council directed staff to have the city engineer provide cost estimates for both a concrete sidewalk solution and a solution to replace with the same likeness of wood. The city engineer has provided costs for the concrete solution and is having difficult receiving quotes for wooden options. Staff wanted to go ahead and provide said quotes for concrete sidewalks for council's consideration. The city engineer suggests a priority order of Castelon Court, Harder Lane, and lastly California Lane. These bridges have not been included in any future infrastructure plans.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Steve Lafferty to direct staff to evaluate the substructure of the bridges for possible rehabilitation instead of replacement. Council will also do their own research.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

d. Discussion and possible action to direct staff on mowing of right-of-ways on Bowen Road.

Background Information: Staff is currently contracting this to a third party in the amount of \$13,000.00 annually. Staff is asking council to uphold Prohibited conditions: Sec. 6.04.001 of the City Ordinance. We would still have the contractor mow the bridge areas on Bowen.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Cathy Stein for staff to continue to hire contractor to mow Bowen Road.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

e. Discussion and possible action to direct staff on crack sealing and fog sealing city streets.

Background Information: Council has asked staff to look into crack sealing. Staff suggests to have at least the following streets on a list for the sealing company to work their way through. Council Member Stein suggested the following streets be included: Roosevelt from California to Arkansas, California, and Clover.

Staff did reach out to get a professional opinion and quote to Fog Seal and Crack Seal the following streets;

Recommended Fog Seal Only

California Ln from (Park Dr to Bowen Rd) 62,260 sf

Sunset Ln from (Sieber Dr to Roosevelt Dr) 67,750 sf

Roosevelt Dr from (California to W. Arkansas) 66,500 sf

Total square feet (sf): 555,140

Cost: \$0.25 sf this price is good for a minimum of 100,000 sf

Total: \$138,785.00

Recommended Crack Seal & Fog Seal

Park Dr from (Sunset Ln to Elkins Dr) 54,750 sf

Clover Ln - 46,500 sf

Winterset Tr - 14,560 sf

Rainer Dr - 27,495 sf

Gardenia – 46,255 sf

Dustin Tr from (Rainer Dr to Orchid Ln) 19,430 sf

Orchid Ln – 50,890 sf

Flower Garden Dr – 36,035 sf

Carnation Dr – 30,115 sf

Rosebud Ct – 17,230 sf

Rosebud Dr – 15,370 sf

Total square feet: 358,630

Cost: \$0.10 sf this price is good for a minimum of 100,000 sf

Total: \$35,863.00

Mobilization: \$1500

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member John King to contract for a budget up to \$40,000.00 to follow the list under Recommended Crack Seal and Fog Seal, but use Crack Seal only. At the bottom of street list to add California Lane (Park Dr to Bowen Rd), Sunset Ln (Sieber Dr to Roosevelt Dr), Roosevelt Dr (California to W. Arkansas) if they get that far. Also try and get a proposal from the company we previously used before.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

f. Discussion and possible action to approve a Capital Improvement Plan and direct staff to move forward with any bidding or project planning of projects in the Plan.

Background Information: The city engineering has updated the Capital Improvement Plan (CIP). Staff would like direction on moving forward planning and any bidding process to include Broadacres and the Ambassador Row Community Development Block Grant (CDBG) project.

For the CDBG project, staff would like for council to officially approve the desired scope of work in anticipation of receiving the application later this year. Staff will be looking at including additional street lighting as it appears to be an allowed inclusion. This stems from neighborhood citizen complaints.

Lastly, the erosion in the California ditch appears to be slightly greater than last presented. Staff will keep an eye on this and elevate the project if need be.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member John King to adopt the CIP as submitted by the City Engineer as Capital Improvement Needs. Begin implementing with the Broadacres Street project to include drainage, spot pavement repairs, and valve installation/replacement as needed.

CDBG application shall include the remaining portion of Ambassador Row with concrete paving, sidewalk, and lighting.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

g. Discussion and possible action to approve Ordinance No. 2022-22 making changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 4, Business Regulations, to create an article defining and governing the standards and requirements for short-term rentals; and Chapter 14, Zoning, to identify short-term rentals as a permitted use in residential districts, subject to certain conditions.

Background Information: Council requested an ordinance be drafted for short-term rentals which staff presented at the September 15, 2022 Council Meeting.

The following changes are proposed for this ordinance and included are council's suggested changes:

The addition of Article 4.09, Short-Term Rental, in Chapter 4, Business Regulations

Section 4.09.004(b): Changed occupancy limitations (9.15.22 change)

Section 4.09.004(c): Prohibited on-street parking (9.15.22 change)

Section 4.09.004(p)(1): Changed density limitation (9.15.22 change)

Section 4.09.006(b): Changed violation number and frequency (9.15.22 change)

Replaced references of "landscaped area" to "unimproved surface" (9.15.22 change)

Changed special exceptions to be heard by city council (9.15.22 change)

Section 14.02.092, Definitions: Adding a definition for short-term rental

Section 14.02.171, General Provisions: Adding short-term rentals as a permitted use in residential districts

Section 14.02.321, Special Exceptions: Adding a special exception for short-term rentals that exceed density limitations

Council Member Cathy Stein requested that Council recess for consultation with the city attorney. It was decided to add this item to the executive session.

After consultation with the city attorney and reconvening into regular session, a motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Cathy Stein to approve Ordinance No. 2022-22 making changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 4, Business Regulations, to create an article defining and governing the standards and requirements for short-term rentals; and Chapter 14 Zoning, to identify short-term rentals as permitted use in residential districts, subject to certain conditions. Occupancy of each bedroom is limited to 2 people.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

h. Discussion and possible action to approve a contract amendment to the Professional Services Agreement with Safebuilt for building permit review and inspection services.

Background Information: The City Fee Schedule mirrors contract fees provided by Safebuilt for building permit review and inspections. The reason is if Safebuilt were used for these services, the City would need to recover enough costs to cover what is charged by Safebuilt. After the last audit, it was determined a few of the fees were confusing to staff and incorrectly charged. Thus, staff worked with Safebuilt to modify their schedule so that we could modify our own schedule. In addition to correcting certain fees, staff also worked to add fees in the event a third party inspector is needed when the city inspector is out. Although this scenario is rare, there was no fee added for this service so it has been added. This agenda item approves the contract amendment with Safebuilt. The next agenda item shows how the City Fee Schedule is suggested to be amended.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Cathy Stein to approve a contract amendment to the Professional Services Agreement with Safebuilt for building permit review and inspection services.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

i. Discussion and possible action to approve Resolution No. 2022-20 approving changes to the City Fee Schedule as it relates to third party inspection and review fees administered by Safebuilt.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Steve Lafferty to approve changes to Resolution No. 2022-20 approving changes to the City Fee Schedule as it relates to third party inspection and review fees administered by Safebuilt.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

j. Discussion and possible action to approve contract addendum with AME Engineering Inc. for as-built design plans and building/M.E.P. (mechanical, engineering, plumbing) remodel design plans for the DPS Complex in the amount of \$4,550.00.

Background Information: Council previously approved a contract with AME Engineering for As-Built Building Design Plans & Building/M.E.P. Remodel Design Plans for the DPS renovations. The original contact was based on square footage provided by RJ Construction. After the engineering firm measured the DPS complex it was determined the square footage was larger than what they quoted. This has resulted in a \$4,550.00 increase in the original contract price.

A motion was made by Council Member Cathy Stein and seconded Mayor Pro Tem Ed Motley to approve contract addendum with AME Engineering Inc for as-built design and building/M.E.P. (mechanical, engineering, plumbing) remodel design plans for the DPS Complex in the amount of \$4,550.00..

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

k. Discussion and possible action regarding changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 14, regarding mobile food units and mobile food establishments.

Background Information: The following information was presented to the Planning and Zoning Commission on October 13, 2022. Staff did not yet have ordinance updates by the night of the October 20, 2022 Council Meeting.

Staff brought this ordinance to council to propose changes. The reason being is two different types of food trucks are defined in the ordinance, are treated completely different, and staff didn't understand the reasoning behind it. The following represent thoughts from council on desired changes.

- Combine definition so there is only one definition for "food truck" but make sure it still excludes human pushed or pulled cart.
- Allow both mobile food establishments and mobile food units outright in current zoning districts, but do not allow to stay overnight. Overnight stay would require a special exception approval.
- Current allowed hours of operation are 7am-9pm.

Mayor Bianco opened the public hearing at 8:51 p.m.

Alice Lafferty spoke regarding clarification on when a special exemption permit would need to be pulled.

With no one else desiring to speak, Mayor Bianco closed the public hearing at 8:52 p.m.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member John King to direct staff to implement changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 14, regarding mobile food units and mobile food establishments.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

l. Discussion and possible action regarding changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 14, regarding garden home regulations.

Mayor Bianco opened the public hearing at 9:00 p.m.

With no one desiring to speak, Mayor Bianco closed the public hearing at 9:00 p.m.

Topic will be postponed to the January 19, 2023 meeting when P & Z can get back to council with information.

m. Discussion and possible action regarding changes to the City of Dalworthington Gardens Code of Ordinances, Chapter 14, regarding agrihood regulations.

Mayor Bianco opened the public hearing at 9:00 p.m.

With no one desiring to speak, Mayor Bianco closed the public hearing at 9:00 p.m.

Topic will be postponed to the January 19, 2023 meeting when P & Z can get back to council with information.

n. Discussion and possible action to approve a contract with Riddle & Goodnight Inc. for architectural design and project specifications for the DPS Complex.

Background Information: DPS is requesting to sign a contract with Riddle & Goodnight Inc. for MEP and Architectural designs for the DPS Renovations. This proposal will include all the spec books and paperwork required for the bidding process.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member John King to approve the contract with Riddle & Goodnight Inc. for MEP and Architectural designs for \$13,340.00 pending city attorneys' approval.

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

o. Discussion and possible action to approve an ordinance making changes to the City Code of Ordinances, regulating the distribution of handbill material in the City of Dalworthington Gardens, and further, making updates to the City's ordinance for soliciting and door-to-door selling.

Background Information: The presented ordinance makes changes to outdated references in the current solicitation ordinance and also allows DPS to take action against complaints about the SAVE newspapers being distributed across the city.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Cathy Stein to adopt the definition of handbill and handbill distribution definition under Ordinance Chapter 4 and incorporate 4.03.004 (f) and (g) as 4.03.009 (a) and (b).

Motion carried by the following vote:

Ayes: Members King, Lafferty, Stein, and Motley

Nays: None

p. Discussion and possible action regarding amendments to the FY 2022-2023 budget in amounts not to exceed \$10,000.00.

Item not needed.

q. Approval of quote from Red River Recreation in the amount of \$109,476.46 for playground equipment for the Playground Grant awarded by the Texas Department of Parks and Wildlife.

This was item m on the Consent Agenda which was pulled off for individual discussion.

Background Information: Now that the Texas Department of Parks and Wildlife grant agreement is in place, the updated quote for the playground equipment is being presented for council's approval. The original quotes, from over a year ago when the city applied for the grant, were right at \$100,000. Red River Recreation worked with vendors to keep prices down as much as possible which yielded a lesser increase than what would have been expected if they hadn't done that.

A motion was made by Mayor Pro Tem Ed Motley and seconded by Council Member Cathy Stein to approve the quote from Red River Recreation in the amount of \$109,476.46 for playground equipment for the Playground Grant awarded by the Texas Department of Parks and Wildlife.

10. TABLED ITEMS

- a. Discussion and possible action regarding consideration of bond requirements for oil and gas drilling.

11. FUTURE AGENDA ITEMS

- Holiday Pay Calculation regarding overtime.
- 2 Trees on Orchid in the right of way causing issues.

12. EXECUTIVE SESSION

- a. Recess into Executive Session pursuant to Government Code, Section 551.071, consultation with city attorney, regarding the following:
 - i. Pursuant to Government Code, Section 551.071, consultation with attorney; and Section 551.074, to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee; or to hear a complaint or charge against an officer or employee; to wit: membership of a zoning board of adjustment member
 - ii. Pursuant to Government Code, Section 551.074 Personnel Matters: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer or employee, to wit, Director of Public Safety
 - iii. Pursuant to Government Code, Section 551.071, consultation with attorney, regarding City of Dallas, et. al.
 - v. Disney DTC, LLC, et. al.
 - iv. Pursuant to Government Code, Section 551.071, consultation with city attorney, regarding the City Boundary.
 - v. Pursuant to Government Code, Section 551.071, consultation with city attorney, regarding regular agenda item (g), short-term rentals.

City Council recessed into Executive Session at 9:21 p.m.

- b. Reconvene into Regular Session for discussion and possible action on the following:
 - i. Membership of a zoning board of adjustment member
 - ii. The appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer or employee, to wit, Director of Public Safety
 - iii. City of Dallas, et. al. v. Disney DTC, LLC, et. al. (TAB A)
 - iv. The City Boundary
 - v. Regular agenda item (g) short-term rentals.

City Council reconvened meeting back into regular session at 10:16 p.m. Action on Short Term Rentals (g)

13. ADJOURN

The meeting was adjourned at 10:18 p.m.

ORDINANCE NO. 2022-22

AN ORDINANCE OF THE CITY OF DALWORTHINGTON GARDENS, TEXAS, AMENDING CHAPTER 4, "BUSINESS REGULATIONS," OF THE CODE OF ORDINANCES, CITY OF DALWORTHINGTON GARDENS, TEXAS, TO CREATE AN ARTICLE DEFINING AND GOVERNING THE STANDARDS AND REQUIREMENTS FOR SHORT-TERM RENTALS; AMENDING CHAPTER 14, "ZONING," TO IDENTIFY SHORT-TERM RENTALS AS A PERMITTED USE IN RESIDENTIAL DISTRICTS, SUBJECT TO CERTAIN CONDITIONS; PROVIDING THIS ORDINANCE SHALL BE CUMULATIVE; PROVIDING A SEVERABILITY CLAUSE; PROVIDING A PENALTY FOR VIOLATION; PROVIDING A SAVINGS CLAUSE; PROVIDING FOR PUBLICATION IN THE OFFICIAL NEWSPAPER; AND PROVIDING AN EFFECTIVE DATE.

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

WHEREAS, the City has the authority to adopt an ordinance necessary for the government, interest, welfare, or good order of the municipality in accordance with Section 51.012 of the Local Government Code; and

WHEREAS, the City Council of the City of Dalworthington Gardens, Texas ("City Council") recognizes the City's proximity to tourist destinations in the Dallas-Fort Worth Metroplex; and

WHEREAS, in the City and elsewhere, the increase in the number of persons or entities desiring to rent their residential properties has led to the proliferation of transient and vacation rental uses within neighborhoods previously planned, approved and constructed for solely residential use; and

WHEREAS, the use of residential properties by individuals for short periods of time may negatively impact the original residential character of neighborhoods that was an inducement for owners to buy their homes in such neighborhood due, in part, to substituting permanent residents with transient visitors and thereby reducing or eliminating common goals, cohesiveness, communication and accountability between permanent residents; and

WHEREAS, the regulation of the use and operation of such "short-term rental" property is intended to prevent the further erosion of pre-existing and stable neighborhoods, and further advance the City Council's commitment to preserving the residential character of its neighborhoods; and

WHEREAS, the rise of substitute land uses for residential property contributes to the shortage of affordable housing for both homeowners and long-term renters; and

WHEREAS, the proliferation of unregulated short-term rentals presents fire and structural safety concerns that are not applicable to structures used for permanent occupancy but are deemed necessary to accommodate guests who, as visitors to the City of Dalworthington Gardens, will rely on City emergency services in the event of a crisis; and

WHEREAS, the City has received numerous complaints from neighbors seeking to resolve issues with parking, noise, and other adverse effects related to the operation of short-term rentals in residential areas; and

WHEREAS, the purpose of the regulations set forth herein is to provide a procedure to allow the rental of private residences to visitors on a short term basis, while ensuring that such rental use does not cause adverse impacts to residential neighborhoods due to the intensive nature of the use creating excessive traffic, noise, density, and other adverse effects, and additionally to ensure that the number of occupants within such rental units do not exceed the design capacity of the structure causing health and safety concerns, and that minimum health and safety standards are maintained in such units to protect visitors from unsafe or unsanitary conditions; and

WHEREAS, the City Council has reviewed data and information from other cities' experiences with short-term rentals and used this data and information to develop a regulatory structure suitable for the circumstances within the City of Dalworthington Gardens; and

WHEREAS, the City Council finds and determines that regulations related to short-term rental uses should be adopted to define short-term rentals, establish standards for operation and appropriate review processes applicable to short-term rentals, and establish commensurate permitting and inspection fees; and

WHEREAS, the City Council finds that regulating the short-term rental of residential property is necessary for promoting the government, interest, welfare, and good order of the municipality; ensuring consistency in land uses and development; and protecting the rights of property owners, residents, and visitors in the City of Dalworthington Gardens.

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

SECTION 1.

Chapter 4, "Business Regulations," of the Code of Ordinances, City of Dalworthington Gardens, Texas, is hereby amended by adding a new Article 4.09 to read as follows:

"ARTICLE 4.09. SHORT-TERM RENTAL

Sec. 4.09.001 Purpose

The purpose of the regulations set forth herein is to provide a procedure to allow the rental of private residences to visitors on a short term basis, while ensuring that such rental use does not create adverse impacts to residential neighborhoods due to excessive traffic, noise, density, and other adverse effects, and additionally to ensure that the number of occupants within such rental units do not exceed the design capacity of the structure causing health and safety concerns, and that minimum health and safety standards are maintained in such units to protect visitors from unsafe or unsanitary conditions.

Sec. 4.09.002 Definitions

The following words, terms, and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Administrator. Means the City Administrator of the city or their designated representative.

Bathroom. Means an enclosed space containing one or more bathtubs, showers, or both, as well as one or more toilets, lavatories or fixtures serving similar purposes.

Bedroom. Means a room used or intended to be used for sleeping purposes and not as a kitchen, bathroom, living room, closet, hallway, utility space, entry way, garage, patio or breezeway.

Block. Means a tract of land bounded by streets, or a combination of streets, public parks, railroad rights-of-way, shorelines of waterways or corporate limits.

City fee schedule. Means the City Fee Schedule of the City of Dalworthington Gardens, Texas first adopted in Resolution No. 2022-05, as amended.

Code or city code. Means the Code of Ordinances, City of Dalworthington Gardens, Texas.

Department. Means the department of permits, inspections, and zoning of the city.

Fire marshal. Means the fire marshal of the city or their designated representative.

Occupant. Mean the person(s) who have lawfully obtained the exclusive use and possession of the short-term rental premises from the owner and/or operator, and the guest(s) of such person(s).

Operator. Means the owner or local responsible party tasked with managing a property operating as a short-term rental on behalf of the owner.

Owner. Means the individual or entity that owns a property operating as a short-term rental.

Permit. Means the permit issued pursuant to the terms of this article authorizing the operation of a short-term rental.

Short-term rental. Means the rental for compensation, of any residence or residential structure, or a portion of a residence or residential structure, located within a zoning district where the residential use is lawful, for the purpose of overnight lodging for a period of not more than thirty (30) days. A short-term rental shall not include a hotel or motel.

Sec. 4.09.003 Short-term rental permit application

It shall be unlawful for any owner, operator, or other person to advertise, offer to rent or rent, lease, sublease, license or sublicense a residential property within the city as a short-term rental for which a permit application has not been properly made and filed with the department, and a permit issued. A permit application shall be made upon forms furnished by the city for such purpose, shall be accompanied by the application fee identified in the city fee schedule, and shall specifically require the following minimum information:

- (1) The name, address, contact information, and signature of the applicant;
- (2) The name, address, contact information, and signature of the owner of the premise;
- (3) The name, address, contact information, and signature of the operator of the premises;
- (4) The name, address, and phone number of a 24-hour contact;
- (5) The address, legal description, TAD Parcel ID, zoning district, and type;
- (6) Proof of registration with City for payment of hotel occupancy tax as required by section 4.09.004 (m), below;
- (7) The name, contact information, and rules for the applicable homeowners'

association (HOA), if any;

(8) A parking plan of the premises identifying the location and quantity of parking spaces to be used in conjunction with the short-term rental, in relation to the residence;

(9) A dimensioned floor plan of the proposed short-term rental identifying the proposed maximum number of occupants, bedrooms, other living spaces, location of safety features, and emergency evacuation routes;

(10) Proof of liability insurance, which shall meet the following minimum requirements:

(A) The city, its officials, employees, agents and officers shall be named as an “additional insured” on all policies;

(B) The policy should provide a minimum liability coverage of \$1,000,000 (one million dollars); and

(C) Each policy shall be endorsed to provide the city with a minimum of a 30-day notice of cancellation, non-renewal, and/or material change in policy terms or coverage; provided, however, a minimum 10-days’ notice shall be required in the event of non-payment of premium;

(11) A current tax certificate(s) indicating all taxes for the subject property have been paid to the current year (available from Tarrant Appraisal District). Tax statements printed from the Tarrant County website (pdf) are acceptable in lieu of the original certificate(s);

(12) A copy of the proposed host rules for the short-term rental, including a statement identifying the description and location of safety features described in section 4.09.004(e); and

(13) A statement that the owner of the short-term rental complies with and will continue to comply with the standards and other requirements of this article, as well as all applicable standards and other requirements of the code.

Sec. 4.09.004 Regulations

(a) Maximum stay; minimum stay. It shall be unlawful for an owner to rent or lease a short-term rental for a period of more than thirty (30) days or less than twenty-four (24) hours.

(b) Occupancy. The maximum number of persons permitted to stay in a short-term rental is limited to two (2) persons per bedroom.

(c) Parking restrictions. Parking is restricted to the number of off-street parking spaces associated with the residential structure, either in the driveway and garage or by location or number assigned to a specific unit. On-street parking is not permitted, and it shall be unlawful for an occupant or invitee of an occupant to park a motor vehicle on a residential street. Additionally, it shall be unlawful for an occupant to park a motor vehicle on an unimproved surface, or for an owner and/or operator to permit such parking. All motor vehicles are further subject to the parking requirements of article 12.06 of the code.

(d) Access to basic sanitation. Each bedroom of a residence or portion of a residence used as a short-term rental must provide interior access to a bathroom, such that an occupant shall have access to a bathroom without exiting the residence, regardless of whether such bathroom is private or shared.

(e) Life Safety.

(1) The short-term rental must be equipped with:

(A) Working smoke alarms, meeting the requirements of Section 92.254 of the Texas Property Code, with a minimum of one on each floor level and one in each room used as a bedroom; and

(B) A minimum of one working carbon monoxide detector on each floor or level; and

(C) A minimum of one 2A:10B:C type fire extinguisher (a standard five-pound extinguisher) properly mounted within seventy-five (75) feet of all portions of the structure on each floor.

(2) All gas appliances shall be properly ventilated outside the home.

(3) Emergency escape openings shall comply with the city's currently adopted International Residential Code (IRC), with at least one emergency escape opening for each bedroom opening directly to the outdoors.

(4) An evacuation plan shall be posted in each bedroom.

(5) Any room that does not comply with this subsection (e) shall not be used as a bedroom, and where equipped with a door, shall remain locked at all times when the dwelling is being used as a short-term rental. Any non-compliant bedroom shall not be included in the maximum occupancy calculation for the short-term rental, nor be advertised as a bedroom.

(f) Conduct on premises. Each short-term rental owner, operator, and occupant shall

comply with all requirements of the city code. Owners and/or operators shall be responsible for informing occupants of all relevant city codes and occupants' liability for violations of same. In addition, the following shall be unlawful:

- (1) Conduct involving the use of amplified sound, excessive noise or other disturbances outside the short-term rental structure between the hours of 8:00 p.m. and 8:00 a.m. (pursuant to article 8.04 of the code) including, but not limited to, the following outside areas: decks, portals, porches, balconies, patios, hot tubs, pools, saunas or spas;
 - (2) Sleeping outdoors;
 - (3) Placing, or allowing to be placed, waste or recycling receptacles for the disposal of solid waste in any manner that violates article 13.03 of the code;
 - (4) Advertising, promoting, or operating a special event, or permitting the advertising, promotion, or operation of a special event (including, but not limited to, a banquet, wedding, reception, reunion, bachelor or bachelorette party, concert, or similar activity that would assemble large numbers of invitees) to be held on the premises; and
 - (5) Using or permitting the use of the short-term rental for the purpose of: housing sex offenders; selling illegal drugs; selling alcohol or another activity that requires a permit or license under the Alcoholic Beverage Code; or operating as a sexually oriented business.
- (g) Signage. On-premise signage advertising or identifying the short-term rental shall not be permitted.
- (h) Advertising. The owner shall not advertise or promote, or allow another to advertise or promote, the short-term rental without including the occupancy limits, parking standards, and city permit number for the listing.
- (i) Local Contact. An owner must designate the name and contact information of an operator, who shall be a local responsible party who can be contacted regarding immediate concerns and complaints from the public. Said individual must be available in person or by phone at all times while occupants are on the premises of the short-term rental. If called, the operator must be able to, and shall be present at the premises, within one (1) hour of receiving a call from the administrator. An operator must be authorized to make decisions regarding the premises and its occupants.
- (j) Occupant Notification Packet. The owner and/or operator shall post in a

conspicuous location of the short-term rental premises a packet containing, at a minimum, the following information:

- (1) Maximum number of occupants;
- (2) Location of required off-street parking, other available parking and prohibition of parking on unimproved areas or on the street;
- (3) Quiet hours and noise restrictions;
- (4) List of HOA rules, if applicable;
- (5) 24-hour local contact person and phone number;
- (6) Property cleanliness requirements;
- (7) Waste pick-up requirements, including location of waste and recycling receptacles;
- (8) Flooding hazards and evacuation routes, as well as information on the emergency siren system and other safety features;
- (9) Emergency and non-emergency numbers; and
- (10) Notice that failure to conform to the occupancy and parking requirements constitutes a violation of the code and an occupant or visitor may be cited.

(k) Rental agreement notification. The rental agreement between the owner and/or operator of the short-term rental and the occupant shall include, by attachment, all of the information provided in the occupant notification packet.

(l) Changes in ownership. The purchaser of a short-term rental shall provide the administrator with current application materials required by section 4.09.003, revised to include any new information associated with the change in ownership, within thirty (30) days of the closing date for the purchase of the short-term rental. Since a permit is non-transferable pursuant to section 4.09.005, the purchaser shall also remit a permit renewal fee as described in the city fee schedule.

(m) Hotel occupancy taxes. The owner and/or operator of the short-term rental property shall register with the city finance department to pay hotel occupancy taxes prior to the date that the short-term rental permit application is submitted, and the owner and/or operator must remit all applicable hotel occupancy taxes in a timely manner pursuant to applicable laws.

(n) Request for occupancy history. Upon request of the administrator, the owner of a premises used as a short-term rental shall remit, within thirty (30) days, an accounting of

all rental activity and the hotel occupancy taxes paid therefor.

(o) Right to inspect premises.

(1) Inspections. The fire marshal shall perform periodic inspections of each short-term rental property to ensure compliance with this article and other applicable laws. For the purpose of performing inspections, the fire marshal may enter, examine, and survey, at all reasonable times, all buildings, dwelling units, guest rooms, and the premises used as a short-term rental property. An owner and/or operator may refuse to consent to an inspection conducted by the fire marshal. If consent is refused, the fire marshal may seek an administrative search warrant authorized by Article 18 of the Texas Code of Criminal Procedure and the city code. No permit for operating a short-term rental shall be issued until the premises successfully passes such inspection.

(2) Types of inspections. The city may perform the following inspections:

(A) Initial and annual fire inspection. The fire marshal may perform an initial inspection of the short-term rental property upon application for a permit, as well as annual fire inspections of the short-term rental property.

(B) Repeat inspections. If, upon completion of an inspection, the premises are found to be in violation of one or more provisions of this section, the city shall provide written notice of such violation and shall set a re-inspection date. If a property fails to pass an inspection, a re-inspection fee will be charged after the third re-inspection of the premises. A property cannot be occupied as a short-term rental while its status with the fire marshal's office is noted as being in violation.

(C) Fire extinguishers. The owner and/or operator is responsible for obtaining annual independent inspections of the fire extinguishers in compliance with the city regulations.

(D) Change in ownership inspection. As part of the change in ownership process for a short-term rental the fire marshal shall conduct an inspection to verify compliance with this article.

(p) Density limitations for short-term rental properties.

(1) Limitation. Short term rentals shall be limited to no more than (a) the lesser of two units per street or ten (10) percent of the total number of units on the street, or (b) one-eighth (12.5 percent) of the total number of residential units in a multi-unit building. Notwithstanding the foregoing, at least one short-term rental shall be permitted per street or multi-unit building, regardless of density.

(2) Special exception available. In order to obtain a permit for a short-term

rental that would exceed the density limitation of this section, a property owner may apply to the city council for a special exception in accordance with section 14.02.321 of the code. In addition to the criteria identified in section 14.02.321, the city council may consider factors such as the following:

- (A) Whether operation as a short-term rental in excess of the density limitation will not adversely impact the residential quality of the neighborhood in which the property is located, including a consideration of the length of the street, the proximity to other short-term rentals, and/or the number of housing units located on the street;
- (B) Whether such operation is likely to disrupt adjacent owners' right to the quiet enjoyment of their property (for example, by considering whether lot sizes are small enough that noise is likely to affect neighboring property owners);
- (C) Whether such operation will substantially impact nearby streets, including whether the property provides only limited off-street parking;
- (D) Whether the applicant seeks to operate an entire residence as a short-term rental or whether the short-term rental use is limited to a portion of the residence;
- (E) Whether the applicant occupies the premises as their primary residence or uses it as an investment property; and
- (F) Whether other short-term rentals in excess of the density limitation are already operating on that block.

Sec. 4.09.005 Permit term and renewal; fees; non-transferability; public information designation

- (a) All permits issued under this article shall be valid for a period of one year from the date of issuance.
- (b) A nonrefundable fee for administration of the application shall be charged as established in the city fee schedule. Such fee shall be paid at the time the application is made and shall not be returned to the applicant, regardless of whether a permit is issued.

(c) A permit holder shall apply for renewal prior to the expiration of the permit on a form provided by the administrator. The fee for the renewal of a permit to operate a short-term rental shall be charged as established in the city fee schedule. The permit holder shall either update the information required under section 4.09.003 or submit a statement affirming that the information previously submitted is still accurate. A complete application for renewal received after the expiration of a current permit shall be treated as an application for a new permit in accordance with section 4.09.003.

(d) A permit to operate a short-term rental is not transferable to another owner, operator, or location.

(e) All permits issued under this article constitute public information, subject to the terms of the Public Information Act. A database of permitted short-term rentals shall be maintained on the city's website and shall identify the property address, permit number and permit date of each short-term rental permitted to operate in the city.

Sec. 4.09.006 Repeat offenses

(a) If the administrator finds that the owner, operator, or any occupant of a short-term rental failed to comply with any requirement of this article three or more times within a 12-month period, the administrator may revoke an existing permit or may deny an application to renew a permit. No new permit may be sought for the subject property for a period of 12 months following a denial or revocation pursuant to this section.

(b) If a property is the subject of three or more violations of federal law, state law, or the other provisions of the city code outside of this article within the previous 12-month period, the administrator may revoke an existing permit; may deny an application for an original permit; or may deny an application to renew a permit, based on: (1) the frequency of any repeated violations; (2) whether a violation was committed intentionally or knowingly; and (3) any other information that demonstrates the degree to which the owner or occupant has endangered public health, safety, or welfare. No new permit may be sought for the subject property for a period of 12 months following the denial or revocation pursuant to this section.

(c) A permit applicant may appeal the administrator's decision to revoke an existing permit or deny an application, in accordance with the process set forth in section 4.09.007 of this article.

Sec. 4.09.007 Appeals

(a) The administrator's revocation of a permit or the denial of an application for a permit to operate a short-term rental may be appealed to the city council in accordance with the provisions of this section.

(b) An appeal filed under this section must be filed with the administrator no later than the 20th day following the date on which the permit was revoked or denied. The appeal must be sworn and must identify each alleged point of error, facts and evidence

supporting the appeal, and reasons why the action of the administrator should be modified or reversed.

(c) The city council shall hear the appeal at the next regularly scheduled city council meeting for which proper notice can be posted, and it may affirm, modify or reverse a permit revocation or application denial.

(d) The city administrator or designee shall give written notice of a decision on an appeal to the appellant.

(e) An appellant who seeks judicial review of the city council's decision on appeal must file a petition with a court of competent jurisdiction not later than the 30th day after receipt of the notice of the decision.

Sec. 4.09.008 Enforcement

(a) If the owner, operator, or any occupant of the short-term rental property fails or refuses to comply with the standards and requirements contained herein, the city may initiate enforcement action against the owner, operator, or any occupant, including, but not limited to, the immediate issuance of a citation.

(b) Failure to timely remit applicable hotel occupancy tax is a violation under this article and shall result in permit revocation if all applicable tax is not paid within ninety (90) days of the issuance of a delinquency notice.

(c) Any advertisement, whether it be online or in print, promoting the availability of a property within the city for rent for a period of thirty days (30) or less, shall constitute prima facie evidence of the property's use as a short-term rental.

Sec. 4.09.009 Discontinuance of operations

The owner and/or operator of a property used as a short-term rental that was operating prior to the effective date of this article, and who is unable, fails, or refuses to obtain a permit for operation as a short-term rental following the effective date of this article, shall discontinue the short-term rental use within sixty (60) days of the effective date of this article or the notice of permit denial. The density limitation of section 4.09.004(p) shall not bar such owner and/or operator from obtaining a permit if all other requirements and standards of section 4.09.004 are met.”

Section 2.

Section 14.02.092, "Defined terms," of Chapter 14, "Zoning," of the Code of Ordinances, City of Dalworthington Gardens, Texas, is hereby amended to add the definition for short-term rentals, to be inserted alphabetically, to read as follows:

"Short-term rental. Means the rental for compensation, of any residence or residential structure, or a portion of a residence or residential structure, located within a residential zoning district, for the purpose of overnight lodging for a period of not more than thirty (30) days. A short-term rental shall not include a hotel or motel. A short-term rental is further subject to the provisions of article 4.09 of the code."

Section 3.

Section 14.02.171, "General provisions," of Division 5, "Residential District Regulations," of Chapter 14, "Zoning," of the Code of Ordinances, City of Dalworthington Gardens, Texas, is hereby amended by adding a subsection (d) to read as follows:

"(d) Short-term rentals. The operation of a short-term rental shall be a permitted use in residential districts subject to the provisions of article 4.09 of the code."

Section 4.

Section 14.02.321(c), "Authorized special exceptions," of Division 8, "Special Exceptions and Other Permits," of Chapter 14, "Zoning," of the Code of Ordinances, City of Dalworthington Gardens, Texas, is hereby amended by adding a subsection (25) to read as follows:

	<u>Special Exception</u>	<u>District Requiring City Council Approval</u>
(25)	Short-term rental in excess of density limitation	SF, MF, GH Subject to section 4.09.004(p) of the code

Section 5.

This Ordinance shall be cumulative of all provisions of ordinances and of the Code of Ordinances, City of Dalworthington Gardens, Texas, as amended, except when 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 6.

It is hereby declared to be the intention of the City Council that the sections, paragraphs, sentences, clauses, and phrases of this Ordinance are severable, and if any section, paragraph, sentence, clause, or phrase 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 sections, paragraphs, sentences, clauses, and phrases of this Ordinance, since the same would have been enacted by the City Council without the incorporation in this Ordinance of any such unconstitutional section, paragraph, sentence, clause or phrase.

Section 7.

Any person, firm, or corporation who violates any provision of this Ordinance shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine as provided in Section 1.01.009 of the Code of Ordinances, City of Dalworthington Gardens, Texas. Each day any such violation or violations exist shall constitute a separate offense and shall be punishable as such.

Section 8.

All rights and remedies of the City of Dalworthington Gardens are expressly saved as to any and all violations of the provisions of the Code of Ordinances, City of Dalworthington Gardens, Texas, as amended or revised herein, or any other ordinances affecting the matters regulated herein 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 9.

The City Secretary of the City of Dalworthington Gardens is hereby directed to publish in the official newspaper of the City of Dalworthington, the caption, publication clause, and effective date clause of this ordinance in accordance with Section 52.011 of the Texas Local Government Code.

Section 10.

This Ordinance shall be in full force and effect from and after its passage and publication as provided by law, and it is so ordained.

PASSED AND APPROVED this _____ day of _____, 2022.

Laurie Bianco, Mayor

ATTEST:

Sandra Ma, Interim City Secretary

APPROVED AS TO FORM:

Cara Leahy White, City Attorney

**City Council
Staff Agenda Report**

Agenda Item: 10a.

Agenda Subject: Discussion and possible action on selection of employee medical, dental, vision, and life insurance benefits plans.		
Meeting Date: November 17, 2022	Financial Considerations: \$7,281.57 over budget for medical insurance plan (\$1,331.07) under budget for Basic Life, STD & LTD Budgeted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Strategic Vision Pillar: <input type="checkbox"/> Financial Stability <input type="checkbox"/> Appearance of City <input checked="" type="checkbox"/> Operations Excellence <input type="checkbox"/> Infrastructure Improvements/Upgrade <input type="checkbox"/> Building Positive Image <input type="checkbox"/> Economic Development <input type="checkbox"/> Educational Excellence

Background Information: The city’s insurance broker, Wellspring Insurance Agency, 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, Dental Select dental, EyeMed vision, and One America 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 13% increase which was included in the FY 2022-2023 City Budget for the 9 months (Jan-Sep). In keeping with the same (5) plan options, the TML medical increase will be 17.41%. However, the overall increase impact for the FY 2022-2023 budget (Jan-Sep) will be 15%, or an additional increase of \$7,218.57. The allocation of the increase is as follows:

- GF=\$5,667.34
- Enterprise=\$666.44
- PRFDC=\$242.64
- CCPD=\$705.15

The city Dental plan is voluntary and we are proposing to move to a new company called EMI-Health. This company offers a higher annual max benefit at a slightly lower cost to employees.

The city Vision plan is voluntary and rates will remain the same since we are in the 2nd year of a 2-year agreement with Eyemed.

Staff is recommending a move to Renaissance for the employer’s Basic Life, STD, and LTD plans. Renaissance offers a 24-month rate guarantee with lower costs. Staff has not been satisfied with the customer service and on-line portal website provided by One Amercia, our current provider. Based on discussions with WellSpring, the feedback is very positive on the new company, Renaissance. This company will also provide the Voluntary Life Insurance options for employees at the current rates we have with One America. The allocation of the (\$1,331.07) decrease in Basic Life, STD and LTD plans is as follows:

- GF= (\$1,014.33)
- Enterprise= (\$216.82)
- PRFDC= (\$72.98)
- CCPD= (\$26.94)

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

Service Commitment and Plan Analysis

Wellspring Insurance Agency, Inc
City of Dalworthington Gardens



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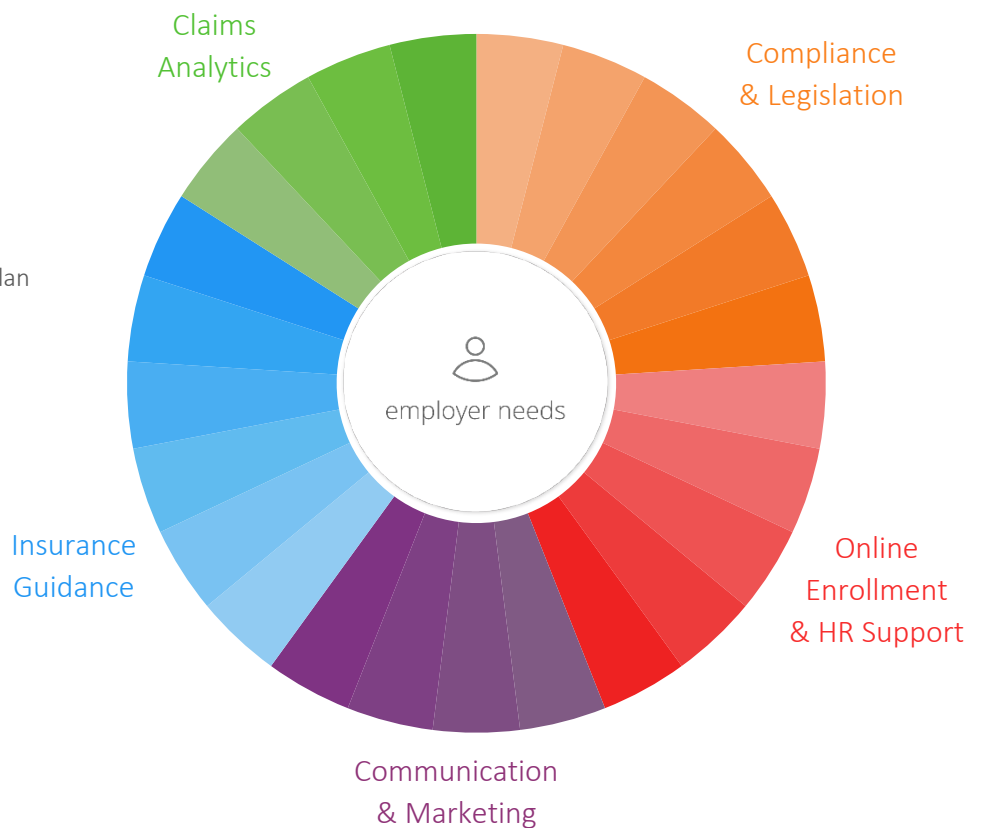
Claims

2023 Proposal

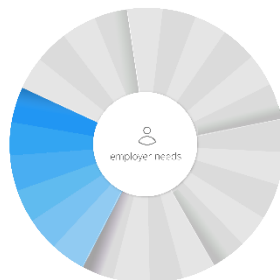
EXCEEDING EXPECTATIONS: Employee Benefits Solutions

From compliance to communication, let us provide a full spectrum of solutions for you and your company. We understand the challenges today's employers face, and we know you're asked to take on more than ever before. Expect more from a broker—expect our full spectrum of solutions.

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- 6055/6056 Reporting
- 1094/1095 Filing
- HR Assistance
- Employee Benefits Statements
- Employee Handbook
- Vacation Tracking
- Online Enrollment
- Onboarding/Offboarding Assistance Plan
- Design Decision Support
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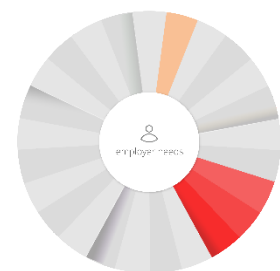


Typical Services



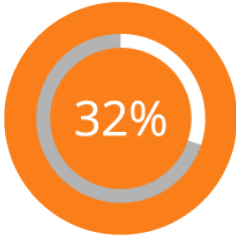
From Brokers

Break away from the mold of the traditional broker. The average broker meets your basic needs when it comes to claims, plans and renewal negotiation. What about open enrollment? New legislation? Department of Labor (DOL) compliance?



From Technology Companies

New tech giants can be focused on curing the pains of HR, such as benefits administration and small compliance issues, but lack the personal touch and insurance expertise that an independent broker like us provides.

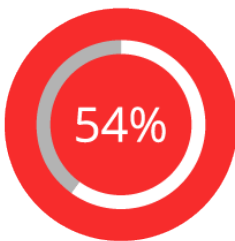
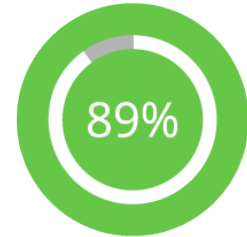


32 percent of business plans audited by the DOL received fines of over \$10,000.

No need to worry—you can rest easy with our regular compliance newsletters, articles, action plans and support to keep you up to date and in the know.

89 percent of employees expect decision-making tools during open enrollment.

Our decision support tools match your industry, region and company size from a plan design perspective. We'll provide medical and prescription analytics, employee retention plans and open enrollment assistance specified to your business needs and goals.



54 percent of employees say selecting a health plan is more complicated than solving a Rubik's Cube.

Take the guesswork out of plan selection and simplify your day-to-day operations with our streamlined online enrollment, vacation tracking and more on a customized intranet site.

Only 34 percent of employees were aware of wellness plans offered by their employer. An inactive employee can cost you up to \$1,500 extra in health costs per year.

Communication is the most important part of any relationship. Let us help you engage and educate your employees by providing health and wellness plans, benefits guides, and numerous safety and awareness materials.



We're your trusted source.

Get all these services, plus the guidance to navigate the complexities of insurance, from a partner you can trust.

Wellspring Insurance Agency, Inc
940.464.4400
calthoff@wellspringagency.com
<http://wellspringagency.com/>



Account Service Team

All our clients are assigned to a team of professionals who are dedicated to providing a wealth of resources to serve their needs. Our professionals pride themselves on excellent service, and they are dedicated to using their experience and expertise to meet our clients' benefits objectives. Your account team's goal is to help you save money through proper implementation and management of your benefits programs, and they are committed to anticipating and fulfilling your needs and concerns.

Name	Title	Email	Phone
Rodney Dryden	Broker	rodney.dryden@hubinternational.com	940-294-0311
Cheyennena Althoff	Account Manager	cheyennena.althoff@hubinternational.com	940-294-0310



Market Overview

Every year, we educate ourselves on the newest technology, plan design trends and employee resources to ensure that you have the best options that align with your strategic benefit plan needs.

The employee benefits market today looks different than in years past, largely due to the effects of the coronavirus (COVID-19) pandemic. In previous years, employers had been primarily concerned with mitigating rising health care costs, improving attraction and retention, and meeting compliance obligations. While compliance concerns and high health care costs remain a trending concern year-in and year-out for employers, the COVID-19 pandemic has brought other workplace trends to center stage.

- **Remote work**—Before the COVID-19 pandemic, the merits and pitfalls of working remotely were often debated. As states went into lockdown to help stop the spread of the coronavirus, many workforces were forced to go online and quickly adapt to a remote-only work environment. Employers across the country are dealing with a variety of concerns related to remote work, including, but not limited to the following:
 - Leading, managing and engaging remote teams
 - Recruiting, hiring, onboarding and terminating remote employees
 - Dealing with an influx of work-from-home requests, even as the office reopens
- **Telehealth**—Telemedicine has been gaining traction in recent years, but due to the constraints of the pandemic, demand for telehealth services has significantly increased. Virtual health care has been around for decades, but we are only now seeing its true potential in the fight against COVID-19, including reducing emergency room visits, conserving health care resources and avoiding the spread of COVID-19. As telehealth services become more widely used, insurance companies are acting to cover more of these expenses. While the pandemic has directly resulted in the recent uptick in telehealth utilization, increased insurance support and platform convenience will continue to resonate with employees, resulting in an increased demand and utilization of telehealth visits.
- **Post-pandemic health care costs**—Mitigating health care costs is always a top-of-mind concern for employers, but many employers are concerned about the post-pandemic rise in costs heading into next year. While the effects that pandemic-related claims will have on overall health care costs and premiums for the next plan year remain to be seen, the market is bracing itself for prices rising with some volatility compared to the steady rise seen in years past.

Date	Enrollee Lives	Dependent Lives	Billed Contributions	Medical Claims	Rx Copay	Rx Mail Order	Total Claims & RX	Group Loss Ratio
09/2021	18	29	\$19,839.44	\$15,296.44	\$2,201.65	\$29.28	\$17,527.37	88.35%
10/2021	19	29	\$20,409.68	\$26,746.58	\$85.05	\$0.00	\$26,831.63	131.47%
11/2021	18	26	\$20,642.50	\$30,826.02	\$6,658.43	\$0.00	\$37,484.45	181.59%
12/2021	18	26	\$17,020.14	\$9,111.58	\$2,970.63	\$30.42	\$12,112.63	71.17%
01/2022	21	27	\$20,761.58	\$21,618.02	\$446.18	\$0.00	\$22,064.20	106.27%
02/2022	22	30	\$22,239.50	\$12,187.04	\$1,213.49	\$0.00	\$13,400.53	60.26%
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	\$19,840.82	\$102,474.53	\$3,432.67	\$30.42	\$105,937.62	533.94%
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%
Totals	19	27	\$234,377.20	\$389,595.63	\$37,062.26	\$157.88	\$426,815.77	182.11%

**CITY OF DALWORTHINGTON GARDENS
TML MEDICAL OPTIONS 2023**

	CURRENT PLANS										RENEWAL PLANS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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	Collective III Copay-1k-3k ER		Collective III HMO-\$1500-\$5k		Collective III HSA 3K		Collective Copay 3K-5K		Collective HSA 4K-6K		Collective III Copay-1k-3k ER		Collective III HMO-\$1500-\$5k		Collective III HSA 3K		Collective Copay 3K-6K		Collective HSA 4K-6K																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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	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	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000			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			Out of Pocket (OOP)																						Individual	\$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	\$6,000	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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20	
Individual	\$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			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			Out of Pocket (OOP)																						Individual	\$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	\$6,000	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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																						
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			Out of Pocket (OOP)																						Individual	\$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	\$6,000	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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																											
Out of Pocket (OOP)																						Individual	\$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	\$6,000	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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																
Individual	\$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	\$6,000	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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																						
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	\$12,000	Unlimited	Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																											
Coinsurance	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																
Physician Services																						In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																					
In Office	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%	\$30	50%	\$30	0%	30%	\$30	50%	20%	50%			Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																											
Specialist Copay	\$45	50%	\$45	0%	30%	\$45	50%	20%	50%	\$60	50%	\$60	0%	30%	\$60	50%	20%	50%			Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																
Hospital Services																						Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																					
Inpatient Facility	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																											
Inpatient Physician	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	20%	0%	30%	20%	50%	20%	50%	20%	50%	Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																
Emergency Room Copay	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%	\$500 +20% AD	50%	\$500 +20% AD	0%	30%	\$500 +20% AD	50%	20%	50%			Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																					
Urgent Care	\$75	50%	\$75	0%	30%	\$75	50%	20%	50%	\$75	50%	\$75	0%	30%	\$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	30%	No charge	50%	No charge	50%	No charge	50%	Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																										
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/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible		Network	PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		PPO		Copay HMO		HSA PPO		Copay PPO		HSA PPO		Employee Count																					Employee Only	4		0		0		0		4		4		0		0		0		4		Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																															
Prescription Drugs	\$10/\$40/\$70/\$100/\$150			0% After Deuctible		\$10/\$40/\$70/\$100/\$150			\$10/\$40/\$70/\$100/\$150 after deductible		\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175			\$10/\$45/\$90/\$150/\$175 after deductible																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Employee Spouse	1		0		0		1		1		1		0		0		1		1		Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																									
Employee Child	4		0		0		1		1		4		0		0		1		1		Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Employee Family	1		0		0		3		1		1		0		0		3		1		Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
Employee Spouse	\$1,408.18		\$1,211.66		\$1,199.46		\$1,110.58		\$982.86		\$1,655.36		\$1,423.48		\$1,409.08		\$1,304.20		\$1,153.50		Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Employee Child	\$1,225.54		\$1,055.14		\$1,044.58		\$967.52		\$856.78		\$1,439.84		\$1,238.78		\$1,226.32		\$1,135.38		\$1,004.72		Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Employee Family	\$2,030.48		\$1,744.88		\$1,727.16		\$1,598.00		\$1,412.42		\$2,389.68		\$2,052.68		\$2,031.76		\$1,879.36		\$1,660.38		Monthly Total	\$11,186.58		\$0.00		\$0.00		\$6,872.10		\$5,259.74		\$13,137.20		\$0.00		\$0.00		\$8,077.66		\$6,162.52		Annual Total	\$134,238.96		\$0.00		\$0.00		\$82,465.20		\$63,116.88		\$157,646.40		\$0.00		\$0.00		\$96,931.92		\$73,950.24		Combined Annual Total																																										Change in Cost																					City Contribution: 100% Employee Cost & 50% Dependent Cost																					Employee Only	\$711.44		\$614.62		\$608.62		\$564.84		\$501.92		\$833.20		\$718.96		\$711.88		\$660.22		\$585.98		Employee Spouse	\$1,120.69		\$913.14		\$904.04		\$837.71		\$742.39		\$1,244.28		\$1,071.22		\$1,060.48		\$982.21		\$869.74		Employee Child	\$1,029.37		\$834.88		\$826.60		\$766.18		\$679.35		\$1,136.52		\$978.87		\$969.10		\$897.80		\$795.35		Employee Family	\$1,431.84		\$1,179.75		\$1,167.89		\$1,081.42		\$957.17		\$1,611.44		\$1,385.82		\$1,371.82		\$1,269.79		\$1,123.18		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	\$287.49		\$298.52		\$295.42		\$272.87		\$240.47		\$411.08		\$352.26		\$348.60		\$321.99		\$283.76		Employee Child	\$196.17		\$220.26		\$217.98		\$201.34		\$177.43		\$303.32		\$259.91		\$257.22		\$237.58		\$209.37		Employee Family	\$598.64		\$565.13		\$559.27		\$516.58		\$455.25		\$778.24		\$666.86		\$659.94		\$609.57		\$537.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	United Healthcare - PPO Plan Options			
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Name	Premier - \$1,500 - CV5C (CV5C-K35Y)	Premier - \$3,000 - CV5D (CV5D-K35Y)	HSA w/Prem Rewards - HSA - \$3,000 - CV33 (CV33-K35Y)	HSA w/Prem Rewards - HSA - \$4,000 - CV35 (CV35-K35Y)
Plan Type	POS	POS	POS / HDHP	POS / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	CHOICE PLUS POS	CHOICE PLUS POS	CHOICE PLUS POS	CHOICE PLUS POS
Metallic Level	Platinum	Gold	Gold	Silver
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$4,000
Deductible: Family	\$4,500	\$9,000	\$9,000	\$8,000
Deductible Type	Non-embedded	Non-embedded	Non-embedded	Non-embedded
Co-Insurance	Not Applicable	Not Applicable	unknown	80%
Out-of-Pocket Limit: Single	\$2,500	\$7,500	\$5,500	\$7,000
Out-of-Pocket Limit: Family	\$7,500	\$15,000	\$11,000	\$14,000
Inpatient Facility	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Surgery	unknown	unknown	unknown	unknown
Copays				
PCP	\$20	\$30	100% after deductible	80% after deductible
Specialist	\$40	\$60	100% after deductible	80% after deductible
Urgent Care	\$50	\$50	unknown	80% after deductible
ER	\$500	\$500	100% after deductible	80% after deductible
Other Services				
Diagnostic Lab / X-Ray	unknown / unknown	unknown / unknown	unknown / unknown	unknown / unknown
MRI & CT Scan	unknown	unknown	unknown	unknown
Telemedicine	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Preferred Generic Rx	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Non-Preferred Generic Rx	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Preferred Brand Rx	\$40 after deductible	\$40 after deductible	\$40 after deductible	\$40 after deductible
Non-Preferred Brand Rx	\$125 after deductible	\$125 after deductible	\$125 after deductible	\$125 after deductible
Preferred Specialty Rx	\$300 after deductible	\$300 after deductible	\$300 after deductible	\$300 after deductible
Out of Network				
Deductible: Single	\$10,000	\$10,000	\$10,000	\$10,000
Deductible: Family	\$20,000	\$20,000	\$20,000	\$20,000
Co-Insurance	50%	50%	70%	50%
Out-of-Pocket Limit: Single	\$999,999	\$999,999	\$999,999	\$999,999
Out-of-Pocket Limit: Family	\$999,999	\$999,999	\$999,999	\$999,999
Inpatient Facility	50% after deductible	50% after deductible	70% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible	70% after deductible	50% after deductible
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$1,095.52	\$982.91	\$1,063.07	\$920.26
Employee + Spouse	\$2,191.04	\$1,965.82	\$2,126.14	\$1,840.52
Employee + Child(ren)	\$2,191.04	\$1,965.82	\$2,126.14	\$1,840.52
Family	\$3,286.56	\$2,948.73	\$3,189.21	\$2,760.78

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	United Healthcare - EPO Plan Options			
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Name	Premier - \$1,500 - CV5I (CV5I-K35Y)	Premier - \$3,000 - CV5J (CV5J-K35Y)	HSA w/Prem Rewards - HSA - \$3,000 - CV4A (CV4A-K35Y)	HSA w/Prem Rewards - HSA - \$4,000 - CV4C (CV4C-K35Y)
Plan Type	EPO	EPO	EPO / HDHP	EPO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	CHOICE	CHOICE	CHOICE	CHOICE
Metallic Level	Platinum	Gold	Gold	Silver
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$4,000
Deductible: Family	\$4,500	\$9,000	\$9,000	\$8,000
Deductible Type	Non-embedded	Non-embedded	Non-embedded	Non-embedded
Co-Insurance	Not Applicable	Not Applicable	unknown	80%
Out-of-Pocket Limit: Single	\$2,500	\$7,500	\$5,500	\$7,000
Out-of-Pocket Limit: Family	\$7,500	\$15,000	\$11,000	\$14,000
Inpatient Facility	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Surgery	unknown	unknown	unknown	unknown
Copays				
PCP	\$20	\$30	100% after deductible	80% after deductible
Specialist	\$40	\$60	100% after deductible	80% after deductible
Urgent Care	\$50	\$50	unknown	80% after deductible
ER	\$500	\$500	100% after deductible	80% after deductible
Other Services				
Diagnostic Lab / X-Ray	unknown / unknown	unknown / unknown	unknown / unknown	unknown / unknown
MRI & CT Scan	unknown	unknown	unknown	unknown
Telemedicine	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Preferred Generic Rx	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Non-Preferred Generic Rx	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Preferred Brand Rx	\$40 after deductible	\$40 after deductible	\$40 after deductible	\$40 after deductible
Non-Preferred Brand Rx	\$125 after deductible	\$125 after deductible	\$125 after deductible	\$125 after deductible
Preferred Specialty Rx	\$300 after deductible	\$300 after deductible	\$300 after deductible	\$300 after deductible
Out of Network				
Deductible: Single	Not Covered	Not Covered	Not Covered	Not Covered
Deductible: Family	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Limit: Single	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-Pocket Limit: Family	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Facility	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$1,081.54	\$969.10	\$1,042.99	\$906.46
Employee + Spouse	\$2,163.08	\$1,938.20	\$2,085.98	\$1,812.92
Employee + Child(ren)	\$2,163.08	\$1,938.20	\$2,085.98	\$1,812.92
Family	\$3,244.62	\$2,907.30	\$3,128.97	\$2,719.38

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	United Healthcare - HMO Plan Options			
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Name	Navigate Premier - \$1,250 - CV6B (CV6B-K35Y)	Navigate Premier - \$3,000 - CWEH (CWEH-K35Y)	Navigate HSA w/Prem Rewards - HSA - \$3,000 - CV4J (CV4J-K35Y)	Navigate HSA w/Prem Rewards - HSA - \$4,000 - CV4L (CV4L-K35Y)
Plan Type	HMO	HMO	HMO / HDHP	HMO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	NAVIGATE HMO / NAVIGATE BALANCED HMO / NAVIGATE PLUS	NAVIGATE HMO / NAVIGATE BALANCED HMO / NAVIGATE PLUS	NAVIGATE HMO / NAVIGATE BALANCED HMO / NAVIGATE PLUS	NAVIGATE HMO / NAVIGATE BALANCED HMO / NAVIGATE PLUS
Metallic Level	Gold	Gold	Gold	Silver
Referrals Required	No	No	No	No
In Network: ALL Plans REQUIRE a PCP designation upon enrollment				
Deductible: Single	\$1,250	\$3,000	\$3,000	\$4,000
Deductible: Family	\$3,750	\$9,000	\$9,000	\$8,000
Deductible Type	Non-embedded	Non-embedded	Non-embedded	Non-embedded
Co-Insurance	Not Applicable	Not Applicable	unknown	80%
Out-of-Pocket Limit: Single	\$6,900	\$5,500	\$5,500	\$7,000
Out-of-Pocket Limit: Family	\$13,800	\$11,000	\$11,000	\$14,000
Inpatient Facility	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Surgery	unknown	unknown	unknown	unknown
Copays				
PCP	\$15	\$15	100% after deductible	80% after deductible
Specialist	\$100	\$100	100% after deductible	80% after deductible
Urgent Care	\$25	\$25	unknown	80% after deductible
ER	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Other Services				
Diagnostic Lab / X-Ray	unknown / unknown	unknown / unknown	unknown / unknown	unknown / unknown
MRI & CT Scan	unknown	unknown	unknown	unknown
Telemedicine	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Preferred Generic Rx	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Non-Preferred Generic Rx	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Preferred Brand Rx	\$40 after deductible	\$40 after deductible	\$40 after deductible	\$40 after deductible
Non-Preferred Brand Rx	\$125 after deductible	\$125 after deductible	\$125 after deductible	\$125 after deductible
Preferred Specialty Rx	\$300 after deductible	\$300 after deductible	\$300 after deductible	\$300 after deductible
Out of Network				
Deductible: Single	Not Covered	Not Covered	Not Covered	Not Covered
Deductible: Family	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Limit: Single	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-Pocket Limit: Family	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Facility	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$907.55	\$878.90	\$981.03	\$850.10
Employee + Spouse	\$1,815.10	\$1,757.80	\$1,962.06	\$1,700.20
Employee + Child(ren)	\$1,815.10	\$1,757.80	\$1,962.06	\$1,700.20
Family	\$2,722.65	\$2,636.70	\$2,943.09	\$2,550.30

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	Blue Cross Blue Shield - PPO Plan Options			
Carrier	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Plan Name	G652CHC	\$663CHC	G651CHC	G656CHC
Plan Type	PPO	PPO	PPO / HDHP	PPO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	Blue Choice	Blue Choice	Blue Choice	Blue Choice
Metallic Level	Gold	Silver	Gold	Gold
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$4,000
Deductible: Family	\$4,500	\$9,000	\$9,000	\$8,000
Deductible Type	Non-embedded	Non-embedded	Non-embedded	Non-embedded
Co-Insurance	80%	70%	unknown	100%
Out-of-Pocket Limit: Single	\$6,250	\$9,000	\$3,000	\$4,000
Out-of-Pocket Limit: Family	\$18,750	\$18,000	\$9,000	\$8,000
Inpatient Facility	80% after deductible	70% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	unknown	unknown	100% after deductible	100% after deductible
Copays				
PCP	\$45	\$45	100% after deductible	100% after deductible
Specialist	\$90	\$90	100% after deductible	100% after deductible
Urgent Care	\$50	\$50	100% after deductible	100% after deductible
ER	\$500	\$600	100% after deductible	100% after deductible
Other Services				
Diagnostic Lab / X-Ray	unknown / unknown	unknown / unknown	unknown / unknown	unknown / unknown
MRI & CT Scan	unknown	unknown	unknown	unknown
Telemedicine	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Preferred Generic Rx	\$10	\$10	100% after deductible	100% after deductible
Non-Preferred Generic Rx	\$20	\$20	100% after deductible	100% after deductible
Preferred Brand Rx	\$70 - \$120	\$70 - \$120	100% after deductible	100% after deductible
Non-Preferred Brand Rx	\$150	\$150	100% after deductible	100% after deductible
Preferred Specialty Rx	\$250	\$250	100% after deductible	100% after deductible
Out of Network				
Deductible: Single	\$3,000	\$6,000	\$6,000	\$8,000
Deductible: Family	\$9,000	\$12,000	\$12,000	\$16,000
Co-Insurance	50%	50%	50%	50%
Out-of-Pocket Limit: Single	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Out-of-Pocket Limit: Family	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Inpatient Facility	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$928.60	\$818.21	\$914.49	\$876.42
Employee + Spouse	\$1,857.36	\$1,636.42	\$1,828.98	\$1,752.84
Employee + Child(ren)	\$1,857.36	\$1,636.42	\$1,828.98	\$1,752.84
Family	\$2,786.36	\$2,454.63	\$2,743.47	\$2,429.26

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	Blue Cross Blue Shield - PPO Plan Options			
Carrier	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Plan Name	G663ADT	S9J7ADT	G9E1ADT	G666ADT
Plan Type	HMO	HMO	HMO / HDHP	HMO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	Blue Advantage	Blue Advantage	Blue Advantage	Blue Advantage
Metallic Level	Gold	Silver	Gold	Gold
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$4,000
Deductible: Family	\$4,500	\$9,000	\$9,000	\$8,000
Deductible Type	Non-embedded	Non-embedded	Non-embedded	Non-embedded
Co-Insurance	80%	70%	unknown	100%
Out-of-Pocket Limit: Single	\$5,250	\$9,000	\$3,000	\$4,000
Out-of-Pocket Limit: Family	\$10,500	\$18,000	\$9,000	\$8,000
Inpatient Facility	80% after deductible	70% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	unknown	unknown	100% after deductible	100% after deductible
Copays				
PCP	\$45	\$45	100% after deductible	100% after deductible
Specialist	\$90	\$90	100% after deductible	100% after deductible
Urgent Care	\$50	\$50	100% after deductible	100% after deductible
ER	\$500	\$600	100% after deductible	100% after deductible
Other Services				
Diagnostic Lab / X-Ray	unknown / unknown	unknown / unknown	unknown / unknown	unknown / unknown
MRI & CT Scan	unknown	unknown	unknown	unknown
Telemedicine	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Prescription Deductible	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Preferred Generic Rx	\$10	\$10	100% after deductible	100% after deductible
Non-Preferred Generic Rx	\$20	\$20	100% after deductible	100% after deductible
Preferred Brand Rx	\$70 - \$120	\$70 - \$120	100% after deductible	100% after deductible
Non-Preferred Brand Rx	\$150	\$150	100% after deductible	100% after deductible
Preferred Specialty Rx	\$250	\$250	100% after deductible	100% after deductible
Out of Network				
Deductible: Single	Not Covered	Not Covered	Not Covered	Not Covered
Deductible: Family	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Limit: Single	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-Pocket Limit: Family	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Facility	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$611.28	\$592.40	\$596.58	\$568.15
Employee + Spouse	\$1,222.56	\$1,184.80	\$1,193.16	\$1,136.30
Employee + Child(ren)	\$1,222.56	\$1,184.80	\$1,193.16	\$1,136.30
Family	\$1,833.84	\$1,777.20	\$1,789.74	\$1,700.45

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	Humana - PPO Plan Options			
Carrier	Humana	Humana	Humana	Humana
Plan Name	TX 80/50 PPO 23 COPAY II CHC OV \$40/80 OPTION 6 GOLD RX \$5/15/20%/25%/30% (40146070)	TX 80/50 PPO 23 COPAY II CHC OV \$35/70 OPT9 GOLD SLCTRXS5/15/20%/25%/30% (40146077)	TX 90/50 PPO 23 SAVINGS HSA CHC OPTION 1 GOLD RX 90/50 DED & COINS (40146102)	TX 80/50 PPO 23 SAVINGS HSA CHC OPTION 3 SILVER RX 80/50 DED & COINS (40146106)
Plan Type	PPO	PPO	PPO / HDHP	PPO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	HUMANA / CHOICECARE PPO	HUMANA / CHOICECARE PPO	HUMANA / CHOICECARE PPO	HUMANA / CHOICECARE PPO
Metallic Level	Gold	Gold	Gold	Silver
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$4,000
Deductible: Family	\$3,000	\$6,000	\$6,000	\$8,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Co-Insurance	80%	80%	90%	80%
Out-of-Pocket Limit: Single	\$5,000	\$5,500	\$3,750	\$7,050
Out-of-Pocket Limit: Family	\$10,000	\$11,000	\$7,500	\$14,100
Inpatient Facility	80% after deductible	80% after deductible	90% after deductible	80% after deductible
Outpatient Surgery	\$500 plus 80% after deductible	\$750 plus 80% after deductible	90% after deductible	80% after deductible
Copays				
PCP	\$40	\$35	90% after deductible	80% after deductible
Specialist	\$80	\$70	90% after deductible	80% after deductible
Urgent Care	\$80	\$70	90% after deductible	80% after deductible
ER	\$500 plus 80% after deductible	\$550 plus 80% after deductible	90% after deductible	80% after deductible
Other Services				
Diagnostic Lab / X-Ray	100% / 100%	100% / 100%	90% after deductible / 90% after deductible	80% after deductible / 80% after deductible
MRI & CT Scan	80% after deductible	80% after deductible	90% after deductible	80% after deductible
Telemedicine	Covered	Covered	Covered	Covered
Prescription Drugs				
Individual Prescription Deductible	\$0	\$0	Included in Medical	Included in Medical
Family Prescription Deductible	\$0	\$0	Included in Medical	Included in Medical
Preferred Generic Rx	\$5 per script	\$5 per script	90% after deductible	80% after deductible
Non-Preferred Generic Rx	\$15 per script	\$15 per script	90% after deductible	80% after deductible
Preferred Brand Rx	80%	80%	90% after deductible	80% after deductible
Non-Preferred Brand Rx	75%	75%	90% after deductible	80% after deductible
Preferred Specialty Rx	70%	70%	Not Applicable	Not Applicable
Out of Network				
Deductible: Single	\$6,000	\$12,000	\$12,000	\$16,000
Deductible: Family	\$12,000	\$24,000	\$24,000	\$32,000
Co-Insurance	50%	50%	50%	50%
Out-of-Pocket Limit: Single	\$20,000	\$22,000	\$15,000	\$28,200
Out-of-Pocket Limit: Family	\$40,000	\$44,000	\$30,000	\$56,400
Inpatient Facility	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$1,299.28	\$1,205.13	\$1,345.77	\$1,133.28
Employee + Spouse	\$2,598.55	\$2,410.26	\$2,691.54	\$2,266.56
Employee + Child(ren)	\$2,598.55	\$2,410.26	\$2,691.54	\$2,266.56
Family	\$3,897.83	\$3,615.39	\$4,037.31	\$3,399.84

City of Dalworthington Gardens

MEDICAL - Effective Date: 1/1/2023

Plan Description	Baylor Scott & White - PPO Plan Options			
Carrier	Baylor Scott & White	Baylor Scott & White	Baylor Scott & White	Baylor Scott & White
Plan Name	Gold PPO 80 1500	Gold PPO 100 3000	Gold PPO HSA 3000	Gold PPO HSA 3500
Plan Type	PPO	PPO	PPO / HDHP	PPO / HDHP
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	Baylor Scott & White	Baylor Scott & White	Baylor Scott & White	Baylor Scott & White
Metallic Level	Gold	Gold	Gold	Gold
Referrals Required	No	No	No	No
In Network				
Deductible: Single	\$1,500	\$3,000	\$3,000	\$3,500
Deductible: Family	\$4,500	\$6,000	\$6,000	\$7,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Co-Insurance	80%	100%	100%	1
Out-of-Pocket Limit: Single	\$7,000	\$4,000	\$3,000	\$3,500
Out-of-Pocket Limit: Family	\$14,000	\$8,000	\$6,000	\$7,000
Inpatient Facility	80% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	\$500 plus 80% after deductible	\$750 plus 80% after deductible	100% after deductible	100% after deductible
Copays				
PCP	\$25	\$25	100% after deductible	100% after deductible
Specialist	\$60	\$60	100% after deductible	100% after deductible
Urgent Care	Unknown	Unknown	100% after deductible	100% after deductible
ER	\$500 plus 80% after deductible	\$550 plus 80% after deductible	100% after deductible	100% after deductible
Other Services				
Diagnostic Lab / X-Ray	Unknown	Unknown	100% after deductible	100% after deductible
MRI & CT Scan	Unknown	Unknown	100% after deductible	100% after deductible
Telemedicine	Unknown	Unknown	100% after deductible	100% after deductible
Prescription Drugs				
Individual Prescription Deductible	Included in Medical	Included in Medical	100% after deductible	100% after deductible
Family Prescription Deductible	Included in Medical	Included in Medical	100% after deductible	100% after deductible
Preferred Generic Rx	\$15	\$15	100% after deductible	100% after deductible
Non-Preferred Generic Rx	\$55	\$55	100% after deductible	100% after deductible
Preferred Brand Rx	\$55	\$55	100% after deductible	100% after deductible
Non-Preferred Brand Rx	\$150	\$150	100% after deductible	100% after deductible
Preferred Specialty Rx	\$500	\$500	100% after deductible	100% after deductible
Out of Network				
Deductible: Single	\$6,000	\$12,000	\$12,000	\$16,000
Deductible: Family	\$12,000	\$24,000	\$24,000	\$32,000
Co-Insurance	50%	50%	50%	50%
Out-of-Pocket Limit: Single	\$20,000	\$22,000	\$15,000	\$28,200
Out-of-Pocket Limit: Family	\$40,000	\$44,000	\$30,000	\$56,400
Inpatient Facility	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Enrollment				
Employee Only	11	11	11	11
Employee + Spouse	1	1	1	1
Employee + Child(ren)	6	6	6	6
Family	3	3	3	3
Monthly Premiums				
Employee Only	\$747.66	\$762.85	\$725.43	\$704.65
Employee + Spouse	\$1,495.32	\$1,525.70	\$1,450.86	\$1,409.30
Employee + Child(ren)	\$1,495.32	\$1,525.70	\$1,450.86	\$1,409.30
Family	\$2,242.98	\$2,288.55	\$2,176.29	\$2,113.95

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023



Benefits	Current		RENEWAL	
	Dental Select: HIGH	Dental Select: LOW	Dental Select: HIGH	Dental Select: LOW
Annual Deductible (single/family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Care	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Annual Max Per Member	\$1,500	\$1,000	\$1,500	\$1,000
Endodontics/Periodontics	80%	50%	80%	50%
Orthodontics Lifetime Max	\$1,500	\$0	\$1,500	\$0
Out of Network Benefits	90th %	90th %	90th %	90th %
Rate Guarantee			12 Months	
EMPLOYEE COUNTS:				
Employee Only	3	5	3	5
Employee & Spouse	0	1	0	1
Employee & Child(ren)	1	6	1	6
Employee & Family	1	7	1	7
TOTAL EMPLOYEE COUNT	5	19	5	19
BILLED PREMIUM:				
Employee Only	\$38.34	\$27.26	\$45.62	\$32.44
Employee & Spouse	\$75.73	\$53.83	\$90.12	\$64.06
Employee & Child(ren)	\$82.87	\$58.90	\$98.62	\$70.09
Employee & Family	\$124.94	\$88.80	\$148.68	\$105.67
Total Monthly Premium	\$322.83	\$1,165.13	\$384.16	\$1,386.49
Total Annual Premium	\$3,873.96	\$13,981.56	\$4,609.92	\$16,637.88
Combined Annual Cost	\$17,855.52		\$21,247.80	
TOTAL % Change in Premium			19%	
Employer Monthly Cost Per Employee based upon current contribution *				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month				
Employee Only	\$38.34	\$27.26	\$45.62	\$32.44
Employee Spouse	\$75.73	\$53.83	\$90.12	\$64.06
Employee Child(ren)	\$82.87	\$58.90	\$98.62	\$70.09
Employee Family	\$124.94	\$88.80	\$148.68	\$105.67
Employee Cost Per Pay Period (26 pay periods)				
Employee Only	\$17.70	\$12.58	\$21.06	\$14.97
Employee Spouse	\$34.95	\$24.84	\$41.59	\$29.57
Employee Child(ren)	\$38.25	\$27.18	\$45.52	\$32.35
Employee Family	\$57.66	\$40.98	\$68.62	\$48.77

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

Dental Select Alternative		Market 1	
Dental Select: HIGH	Dental Select: LOW	EMI Health: HIGH	EMI Health: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
\$2,000	\$1,500	\$1,500	\$1,000
80%	50%	80%	50%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$48.56	\$36.46	\$34.90	\$25.80
\$95.92	\$72.00	\$72.60	\$53.70
\$104.96	\$78.78	\$78.40	\$54.80
\$158.24	\$118.78	\$117.70	\$80.60
\$408.88	\$1,558.44	\$300.80	\$1,075.70
\$4,906.56	\$18,701.28	\$3,609.60	\$12,908.40
\$23,607.84		\$16,518.00	
32%		-7%	
\$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
\$48.56	\$36.46	\$34.90	\$25.80
\$95.92	\$72.00	\$72.60	\$53.70
\$104.96	\$78.78	\$78.40	\$54.80
\$158.24	\$118.78	\$117.70	\$80.60
\$22.41	\$16.83	\$16.11	\$11.91
\$44.27	\$33.23	\$33.51	\$24.78
\$48.44	\$36.36	\$36.18	\$25.29
\$73.03	\$54.82	\$54.32	\$37.20

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023

Market 2		Market 3	
EMI Health: HIGH	EMI Health: LOW	EMI Health: HIGH	EMI Health: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
\$2,000	\$1,500	\$2,000	\$1,500
80%	50%	80%	80%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$35.10	\$27.30	\$35.10	\$29.40
\$73.20	\$56.90	\$73.20	\$61.30
\$79.00	\$58.20	\$79.00	\$62.90
\$118.60	\$85.80	\$118.60	\$92.90
\$302.90	\$1,143.20	\$302.90	\$1,236.00
\$3,634.80	\$13,718.40	\$3,634.80	\$14,832.00
\$17,353.20		\$18,466.80	
-3%		3%	
\$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
\$35.10	\$27.30	\$35.10	\$29.40
\$73.20	\$56.90	\$73.20	\$61.30
\$79.00	\$58.20	\$79.00	\$62.90
\$118.60	\$85.80	\$118.60	\$92.90
\$16.20	\$12.60	\$16.20	\$13.57
\$33.78	\$26.26	\$33.78	\$28.29
\$36.46	\$26.86	\$36.46	\$29.03
\$54.74	\$39.60	\$54.74	\$42.88

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023

Market 4		Market 5	
Delta Dental: HIGH	Delta Dental: LOW	Beam Dental: HIGH	Beam Dental: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
90%	80%	80%	80%
60%	50%	50%	50%
\$1,500	\$1,000	\$1,500	\$1,000
90%	80%	80%	50%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$36.24	\$29.15	\$25.21	\$21.85
\$80.49	\$64.75	\$50.43	\$43.70
\$91.17	\$61.46	\$77.10	\$59.72
\$138.51	\$95.89	\$102.31	\$81.57
\$338.40	\$1,250.49	\$255.04	\$1,082.26
\$4,060.80	\$15,005.88	\$3,060.48	\$12,987.12
\$19,066.68		\$16,047.60	
7%		-10%	
\$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
\$36.24	\$29.15	\$25.21	\$21.85
\$80.49	\$64.75	\$50.43	\$43.70
\$91.17	\$61.46	\$77.10	\$59.72
\$138.51	\$95.89	\$102.31	\$81.57
\$16.73	\$13.45	\$11.64	\$10.08
\$37.15	\$29.88	\$23.28	\$20.17
\$42.08	\$28.37	\$35.58	\$27.56
\$63.93	\$44.26	\$47.22	\$37.65

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023

Market 6		Market 7	
Principal: HIGH	Principal: LOW	Principal: HIGH	Principal: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	60%	50%
\$1,500	\$1,000	\$2,000	\$1,500
80%	50%	80%	50%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$37.51	\$28.22	\$39.09	\$30.72
\$74.16	\$58.25	\$77.27	\$63.33
\$98.44	\$68.63	\$101.39	\$73.77
\$142.40	\$103.49	\$147.05	\$111.52
\$353.37	\$1,335.56	\$365.71	\$1,440.19
\$4,240.44	\$16,026.72	\$4,388.52	\$17,282.28
\$20,267.16		\$21,670.80	
14%		21%	
\$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
\$37.51	\$28.22	\$39.09	\$30.72
\$74.16	\$58.25	\$77.27	\$63.33
\$98.44	\$68.63	\$101.39	\$73.77
\$142.40	\$103.49	\$147.05	\$111.52
\$17.31	\$13.02	\$18.04	\$14.18
\$34.23	\$26.88	\$35.66	\$29.23
\$45.43	\$31.68	\$46.80	\$34.05
\$65.72	\$47.76	\$67.87	\$51.47

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023

Market 8		Market 9	
Guardian: HIGH	Guardian: LOW	Renaissance: HIGH	Renaissance: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
\$1,500	\$1,000	\$1,500	\$1,000
80%	50%	80%	50%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$37.08	\$30.28	\$39.86	\$30.46
\$75.26	\$61.46	\$78.74	\$60.15
\$101.56	\$76.76	\$86.16	\$65.82
\$149.67	\$115.10	\$129.90	\$99.22
\$362.47	\$1,479.12	\$335.64	\$1,301.91
\$4,349.64	\$17,749.44	\$4,027.68	\$15,622.92
\$22,099.08		\$19,650.60	
24%		10%	
\$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
\$37.08	\$30.28	\$39.86	\$30.46
\$75.26	\$61.46	\$78.74	\$60.15
\$101.56	\$76.76	\$86.16	\$65.82
\$149.67	\$115.10	\$129.90	\$99.22
\$17.11	\$13.98	\$18.40	\$14.06
\$34.74	\$28.37	\$36.34	\$27.76
\$46.87	\$35.43	\$39.77	\$30.38
\$69.08	\$53.12	\$59.95	\$45.79

CITY OF DALWORTHINGTON GARDENS

Dental Plan Analysis - January 1, 2023

Market 10		Market 11	
SunLife: HIGH	SunLife: LOW	MetLife: HIGH	MetLife: LOW
\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
100%	100%	100%	100%
80%	80%	80%	80%
50%	50%	50%	50%
\$1,500	\$1,000	\$1,500	\$1,000
80%	50%	80%	50%
\$1,500	\$0	\$1,500	\$0
90th %	90th %	90th %	90th %
12 Months		12 Months	
3	5	3	5
0	1	0	1
1	6	1	6
1	7	1	7
5	19	5	19
\$37.70	\$29.88	\$37.49	\$29.43
\$75.22	\$59.62	\$75.59	\$59.48
\$105.38	\$75.13	\$89.51	\$65.59
\$142.90	\$104.87	\$137.25	\$102.35
\$361.38	\$1,393.89	\$339.23	\$1,316.62
\$4,336.56	\$16,726.68	\$4,070.76	\$15,799.44
\$21,063.24		\$19,870.20	
18%		11%	
\$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
\$37.70	\$29.88	\$37.49	\$29.43
\$75.22	\$59.62	\$75.59	\$59.48
\$105.38	\$75.13	\$89.51	\$65.59
\$142.90	\$104.87	\$137.25	\$102.35
\$17.40	\$13.79	\$17.30	\$13.58
\$34.72	\$27.52	\$34.89	\$27.45
\$48.64	\$34.68	\$41.31	\$30.27
\$65.95	\$48.40	\$63.35	\$47.24

CITY OF DALWORTHINGTON GARDENS

Vision Plan Analysis - January 1, 2023



	CURRENT/RENEWAL	Market 1	Market 2	Market 3	Market 4
Benefits	EyeMed	EMI	Beam Dental	Avesis	Principal
Network	EyeMed	VSP	VSP	Avesis	VSP
Benefit Frequency	12 / 12 / 24	12 / 12 / 12	12 / 12 / 12	12 / 12 / 24	12 / 12 / 12
Exam Copay	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$15	\$10	\$10	\$15	\$10
Frame Allowance	\$150	\$160	\$150	\$150	\$150
Contacts Allowance	\$150	\$160	\$150	\$150	\$150
Rate Guarantee	12 Months	12 Months	24 Months	36 Months	24 Months
EMPLOYEE COUNTS:					
Employee Only	4	4	4	4	4
Employee & Spouse	3	3	3	3	3
Employee & Child(ren)	4	4	4	4	4
Employee & Family	6	6	6	6	6
TOTAL EMPLOYEE COUNT	17	17	17	17	17
BILLED PREMIUM:					
Employee Only	\$6.52	\$8.40	\$5.39	\$5.87	\$7.99
Employee & Spouse	\$12.39	\$18.00	\$10.79	\$11.15	\$16.40
Employee & Child(ren)	\$13.04	\$19.20	\$11.54	\$11.74	\$17.91
Employee & Family	\$19.17	\$27.60	\$18.45	\$17.26	\$28.29
Total Monthly Premium	\$230.43	\$330.00	\$210.79	\$207.45	\$322.54
Total Annual Premium	\$2,765.16	\$3,960.00	\$2,529.48	\$2,489.40	\$3,870.48
TOTAL \$ Change in Premium		\$1,194.84	-\$235.68	-\$275.76	\$1,105.32
TOTAL % Change in Premium		43.2%	-8.5%	-10.0%	40.0%
Employer Monthly Cost Per Employee based upon current contribution *					
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month					
Employee Only	\$6.52	\$8.40	\$5.39	\$5.87	\$7.99
Employee Spouse	\$12.39	\$18.00	\$10.79	\$11.15	\$16.40
Employee Child(ren)	\$13.04	\$19.20	\$11.54	\$11.74	\$17.91
Employee Family	\$19.17	\$27.60	\$18.45	\$17.26	\$28.29
Employee Cost Per Pay Period (26 pay periods)					
Employee Only	\$3.01	\$3.88	\$2.49	\$2.71	\$3.69
Employee Spouse	\$5.72	\$8.31	\$4.98	\$5.15	\$7.57
Employee Child(ren)	\$6.02	\$8.86	\$5.33	\$5.42	\$8.27
Employee Family	\$8.85	\$12.74	\$8.52	\$7.97	\$13.06

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

CITY OF DALWORTHINGTON GARDENS

Vision Plan Analysis - January 1, 2023



	CURRENT/RENEWAL	Market 5	Market 6	Market 7	Market 8
Benefits	EyeMed	Guardian	SunLife	Renaissance	MetLife
Network	EyeMed	VSP	VSP	VSP	VSP
Benefit Frequency	12 / 12 / 24	12 / 12 / 12	12 / 12 / 24	12 / 12 / 24	12 / 12 / 12
Exam Copay	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$15	\$10	\$25	\$15	\$0
Frame Allowance	\$150	\$150	\$150	\$150	\$150
Contacts Allowance	\$150	\$150	\$150	\$150	\$150
Rate Guarantee	12 Months	24 Months	12 Months	24 Months	36 Months
EMPLOYEE COUNTS:					
Employee Only	4	4	4	4	4
Employee & Spouse	3	3	3	3	3
Employee & Child(ren)	4	4	4	4	4
Employee & Family	6	6	6	6	6
TOTAL EMPLOYEE COUNT	17	17	17	17	17
BILLED PREMIUM:					
Employee Only	\$6.52	\$8.54	\$6.71	\$6.79	\$9.79
Employee & Spouse	\$12.39	\$16.16	\$13.41	\$12.90	\$19.64
Employee & Child(ren)	\$13.04	\$16.46	\$14.75	\$13.57	\$16.62
Employee & Family	\$19.17	\$26.07	\$21.46	\$19.94	\$27.41
Total Monthly Premium	\$230.43	\$304.90	\$254.83	\$239.78	\$329.02
Total Annual Premium	\$2,765.16	\$3,658.80	\$3,057.96	\$2,877.36	\$3,948.24
TOTAL \$ Change in Premium		\$893.64	\$292.80	\$112.20	\$1,183.08
TOTAL % Change in Premium		32.3%	10.6%	4.1%	42.8%
Employer Monthly Cost Per Employee based upon current contribution *					
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employer Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Cost Per Month					
Employee Only	\$6.52	\$8.54	\$6.71	\$6.79	\$9.79
Employee Spouse	\$12.39	\$16.16	\$13.41	\$12.90	\$19.64
Employee Child(ren)	\$13.04	\$16.46	\$14.75	\$13.57	\$16.62
Employee Family	\$19.17	\$26.07	\$21.46	\$19.94	\$27.41
Employee Cost Per Pay Period (26 pay periods)					
Employee Only	\$3.01	\$3.94	\$3.10	\$3.13	\$4.52
Employee Spouse	\$5.72	\$7.46	\$6.19	\$5.95	\$9.06
Employee Child(ren)	\$6.02	\$7.60	\$6.81	\$6.26	\$7.67
Employee Family	\$8.85	\$12.03	\$9.90	\$9.20	\$12.65

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

CITY OF DALWORTHINGTON GARDENS



Basic Life, STD, and LTD Plan Analysis

Rates	Current	Renewal	Market 1	Market 2	Market 3
	One America	One America	Principal	Guardian	SunLife
Basic Life			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	\$0.120	\$0.128	\$0.241	\$0.200	\$0.192
Employee AD&D - Monthly Premium Per \$1,000	\$0.030	\$0.030	\$0.031	\$0.015	\$0.038
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	\$53.21	\$56.05	\$96.49	\$76.27	\$81.59
Annual Cost	\$638.550	\$672.606	\$1,157.904	\$915.255	\$979.110
TOTAL \$ Change in Premium		\$34.056	\$519.354	\$276.705	\$340.560
TOTAL % Change in Premium		5%	81%	43%	53%
Voluntary Short Term Disability					
60% up to \$750/wk - 14/14/11					
STD - Monthly Rate per \$10	\$0.180	\$0.180	N/A	\$0.180	\$0.194
Total Volume:	\$16,914.00	\$16,914.00	\$16,914.00	\$16,914.00	\$16,914.00
Monthly Cost	\$304.45	\$304.45	#VALUE!	\$304.45	\$328.13
Annual Cost	\$3,653.424	\$3,653.424	#VALUE!	\$3,653.424	\$3,937.579
TOTAL \$ Change in Premium		\$0.000	#VALUE!	\$0.000	\$284.155
TOTAL % Change in Premium		0%	#VALUE!	0%	8%
Long Term Disability					
60% up to \$6,000/mo - 90 Day EP - SSNRA					
LTD - Monthly Rate per \$100 MCP	\$0.290	\$0.310	N/A	\$0.290	\$0.607
Total Volume:	\$143,861.00	\$143,861.00	\$143,861.00	\$143,861.00	\$143,861.00
Monthly Cost	\$417.20	\$445.97	#VALUE!	\$417.20	\$873.24
Annual Cost	\$5,006.363	\$5,351.629	#VALUE!	\$5,006.363	\$10,478.835
TOTAL \$ Change in Premium		\$345.266	#VALUE!	\$0.000	\$5,472.472
TOTAL % Change in Premium		7%	#VALUE!	0%	109%

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

CITY OF DALWORTHINGTON GARDENS



Basic Life, STD, and LTD Plan Analysis

Rates	Current	Market 4	Market 5	Market 6
	One America	Renaissance	MetLife	Hartford
Basic Life		24 Month RG	12 Month RG	24 Month RG
Employee Maximum Amount	\$15,000	\$15,000	\$15,000	\$15,000
Employee Life - Monthly Premium Per \$1,000	\$0.120	\$0.219	\$0.154	\$0.170
Employee AD&D - Monthly Premium Per \$1,000	\$0.030	\$0.030	\$0.020	\$0.034
Total Volume:	\$354,750.000	\$354,750.000	\$354,750.000	\$354,750.000
Total Volume:	\$354,750.000	\$354,750.000	\$354,750.000	\$354,750.000
Monthly Cost	\$53.213	\$88.333	\$61.727	\$72.369
Annual Cost	\$638.550	\$1,059.993	\$740.718	\$868.428
TOTAL \$ Change in Premium		\$421.443	\$102.168	\$229.878
TOTAL % Change in Premium		66%	16%	36%
Voluntary Short Term Disability				
60% up to \$750/wk - 14/14/11				
STD - Monthly Rate per \$10	\$0.180	\$0.171	\$0.172	\$0.136
Total Volume:	\$16,914.000	\$16,914.000	\$16,914.000	\$16,914.000
Monthly Cost	\$304.45	\$289.23	\$290.92	\$230.03
Annual Cost	\$3,653.424	\$3,470.753	\$3,491.050	\$2,760.365
TOTAL \$ Change in Premium		(\$182.671)	(\$162.374)	(\$893.059)
TOTAL % Change in Premium		-5%	-4%	-24%
Long Term Disability				
60% up to \$6,000/mo - 90 Day EP - SSNRA				
LTD - Monthly Rate per \$100 MCP	\$0.290	\$0.200	\$0.355	\$0.312
Total Volume:	\$143,861.000	\$143,861.000	\$143,861.000	\$143,861.000
Monthly Cost	\$417.20	\$287.72	\$510.71	\$448.85
Annual Cost	\$5,006.363	\$3,452.664	\$6,128.479	\$5,386.156
TOTAL \$ Change in Premium		(\$1,553.699)	\$1,122.116	\$379.793
TOTAL % Change in Premium		-31%	22%	8%

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

CITY OF DALWORTHINGTON GARDENS



Voluntary Life / AD&D Plan Analysis

Rates	Current	Renewal	Market 1	Market 2	Market 3
	One America	One America	Principal	Guardian	SunLife
Employee:	\$10,000 Increments	\$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 300,000, whichever the lesser	5X Salary or 300,000, whichever the lesser
Guaranteed Issue (GI)	\$80,000 Employee Life	\$80,000 Employee Life	\$100,000 Employee Life	\$80,000 Employee Life	\$50,000 Employee Life
Age Brackets	Rate per \$1,000	Rate per \$1,000	Rate per \$1,000	Rate per \$1,000	Rate per \$1,000
< 25	\$0.069	\$0.074	\$0.107	\$0.101	\$0.102
25 - 29	\$0.069	\$0.074	\$0.107	\$0.101	\$0.102
30 - 34	\$0.074	\$0.079	\$0.120	\$0.109	\$0.102
35 - 39	\$0.088	\$0.094	\$0.180	\$0.154	\$0.124
40 - 44	\$0.129	\$0.138	\$0.278	\$0.230	\$0.173
45 - 49	\$0.203	\$0.217	\$0.446	\$0.368	\$0.285
50 - 54	\$0.328	\$0.351	\$0.713	\$0.618	\$0.423
55 - 59	\$0.498	\$0.533	\$1.105	\$1.008	\$0.676
60 - 64	\$0.766	\$0.820	\$1.691	\$1.642	\$1.042
65 - 69	\$1.362	\$1.457	\$2.780	\$3.657	\$1.519
70 - 74	\$2.423	\$2.593	\$4.737	\$6.684	\$3.154
75 +	\$3.983	\$4.262	\$4.737	\$6.684	\$6.817
AD&D Benefit Amount	Same as Life Amount	Same as Life Amount	Same as Life Amount	Same as Life Amount	Same as Life Amount
AD&D Rate	0.04	0.04	0.031	0.025	0.093

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

CITY OF DALWORTHINGTON GARDENS



Voluntary Life / AD&D Plan Analysis

Rates	Current	Market 4	Market 5	Market 6
	One America	Renaissance	MetLife	The Hartdord
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 500,000, whichever the lesser	5X Salary or 300,000, whichever the lesser
Guaranteed Issue (GI)	\$80,000	\$80,000	\$50,000	\$50,000
	Employee Life	Employee Life	Employee Life	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	\$0.069	\$0.091
25 - 29	\$0.069	\$0.069	\$0.069	\$0.067
30 - 34	\$0.074	\$0.074	\$0.074	\$0.080
35 - 39	\$0.088	\$0.088	\$0.088	\$0.113
40 - 44	\$0.129	\$0.129	\$0.129	\$0.170
45 - 49	\$0.203	\$0.203	\$0.203	\$0.277
50 - 54	\$0.328	\$0.328	\$0.328	\$0.426
55 - 59	\$0.498	\$0.498	\$0.498	\$0.603
60 - 64	\$0.766	\$0.766	\$0.766	\$0.739
65 - 69	\$1.362	\$1.362	\$1.362	\$1.061
70 - 74	\$2.423	\$2.423	\$2.423	\$1.840
75 +	\$3.983	\$3.983	\$2.423	\$5.027
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	0.04	0.02	0.034

*Carriers that Declined to Quote (Uncompetitive): Ameritas, Aetna, MOO, Lincoln, Hartford, Standard, VSP, Unum

***NO TRUE OPEN ENROLLMENT**

CITY OF DALWORTHINGTON GARDENS



New Benefits

Benefits	Rates
New Benefits Teledoc Services	
Medical Bill Review and cost Comparison	
Assistance Understanding Benefits	
Urgent Care and Doctor recommendations	
Cost PEPM	\$8.50
Monthly Cost for:	
Full Time Employees (34)	\$289
Annual Cost For:	
Full Time Employees	\$3,468

CITY OF DALWORTHINGTON GARDENS



Responder Health EAP

Benefits	Rates
First Responder Specific EAP Program	
24/7 access to the confidential peer support hotline	
Certified training by experts and first responders	
Unlimited access to the Responder Health App	
Cost PEPM (First Responders Only)	\$7.00
Monthly Cost for:	
Full time first responders (18)	\$126
First responders to include full-time, part-time, and reserves (22)	\$154
Annual Cost For:	
Full time first responders (18)	\$1,512
First responders to include full-time, part-time, and reserves (22)	\$1,848

PREVENTION. INTERVENTION. WELLNESS

PUBLIC SAFETY

Public Safety workers manage a stressful and demanding career on the front lines; they protect lives, make life or death decisions, and resolve heated conflicts. What happens when personal life and career are out of balance?

You are there for us. We are there for you.

OUR GOAL

To provide first responders and their families a program that expands beyond a traditional EAP. Responder Health provides confidential and full-service solutions tailored to the trauma and experiences they deal with on a daily basis.

DESIGNED BY FIRST RESPONDERS FOR FIRST RESPONDERS

- Full confidential peer hotline
- Certified training courses that focus on wellness and resiliency
- Technology designed by clinicians and brain health experts – customized for first responders and their families

Over 30% of first responders are diagnosed with PTSD

Responder Health Program Features:

CONFIDENTIAL PEER SUPPORT LINE

Access to a fully confidential hotline created for first responders and manned by first responders. All calls are bound by the State of Washington's confidentiality laws which are the strongest in the nation for first responders.

WELLNESS & RESILIENCY TRAINING

We deliver a variety of trainings related to trauma, stress, PTSD, and relationships. Our goal is to equip first responders and their families with the emotional body armor they need to not only survive but thrive.

RESPONDER HEALTH APP

The app is specifically designed for first responders and their families, providing first responder-specific videos and content. The app is continually refreshed and customizable for each entity and covers a variety of first responder-specific topics.

Every \$1 investment in mental health promotion has a \$3 to \$5 return on investment*



	Per First Responder Per Month (PFRPM)
Responder Health <ul style="list-style-type: none"> 24/7 access to the confidential peer support hotline Certified training by experts and first responders Unlimited access to the Responder Health App 	\$7.00 PFRPM
Confidential Peer Support Hotline <ul style="list-style-type: none"> 24/7 access to current and former first responders Completely confidential – bound by the State of Washington’s confidentiality laws which are the strongest in the nation for first responders Guidance and support to get to a fully vetted counselor trained to treat first responders Support and coordination to get to a fully vetted in patient treatment center that is trained to treat first responders 	Included
Training <ul style="list-style-type: none"> Up to 8 training hours per year – over 15+ certified courses available Unlimited certified training available on the Responder Health App 	Included
<ul style="list-style-type: none"> Unlimited Crisis Response Services, up to ten (10) hours per incident Initial and ongoing training for the department peer support team 	Included
Responder Health portal <ul style="list-style-type: none"> Customized content for first responders and their families including topics like PTSD, first responder stress and common responses to critical incidents Self Assessments Customized resource section for each department that highlights the additional programs offered 	Included
Implementation (one-time fee) <ul style="list-style-type: none"> On-site face-to-face rollout of the program. This is our preferred method for getting high adoption and engagement of the program. Team will be available 3 days across all shifts to do meetings Online / Video rollout of the program can be provided at no cost 	\$2,000 (one time fee)

WE ARE HERE FOR YOU 24/7

We’re here to listen. First Responders and their household dependents can call us anytime for whatever they need - in that moment.

UNLIMITED CRISIS RESPONSE SERVICES

Up to ten hours per incident.

CERTIFIED TRAINING TARGETED TO MEET YOUR NEEDS

The standard package includes 8 hours of training annually. Additional sessions are available to purchase.

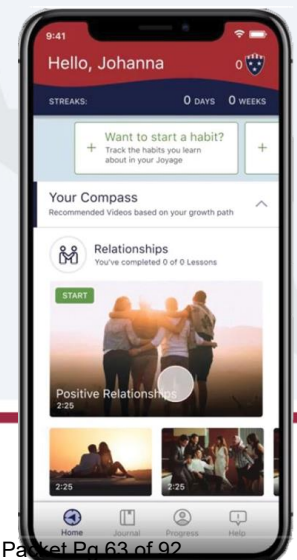
Some topics include:

- Emotional Survival for First Responders
- Stress, Burnout, and Vicarious Trauma
- Peer Support 101
- Peer Support Sustainment
- Suicide Education
- Resiliency as a Way of Life

ROBUST SUPPORT PROGRAM THAT INCLUDES:

- Prevention
- Suicide Intervention
- Clinical Support
- Clinical Intervention – including steerage to vetted counselors and facilities trained to treat first responders
- Addiction Intervention
- Family Support

A full-service program developed by first responders, for first responders



*One Mind at Work organizational white paper

PRICING ASSUMPTIONS

- Prices assume no commissions or other fees payable to brokers or consultants.
- Prices are guaranteed for three years from the effective date.
- Quote assumes a one-time implementation fee due the first month of the program.
- Quote assumes direct billing to customer from Armor Up America.

TERMS/CONDITIONS

- Quote allows access for all first responder employees, dependents, and household members.
- Quote assumes initial implementation and rollout to the entire department.
- Quote assumes up to 4 hours of initial peer support training for the department peer support team.
- Unlimited crisis response services, up to ten (10) hours per incident, are included in the PFRPM rate. Immediate services, downsizings, organizational changes, and terrorism, or services beyond the ten (10) hour cap, are subject to the hourly rates below:
 - Immediate services: On-site attendance response time in less than two hours. \$350 per hour plus travel
 - Standard services: On-site attendance response time in greater than two hours. \$250 per hour plus travel
 - Reduction in force services: \$250 per hour plus travel
 - Travel and preparation expenses reimbursed at a flat rate of \$150 per hour
- Certified training up to 8 hours annually, are included in PFRPM.
- Additional hours are subject to the fee for service rates below:
 - Live virtual training reimbursed at a flat rate of \$150 per hour.
 - Live face-to-face training reimbursed at a flat rate of \$1,500 per day.
 - Recorded training sessions reimbursed at a flat rate of \$75 per hour.

CANCELLATION FEES

- Crisis response or reductions in force: Failure to provide 24-hour notice of cancellation of services which are excluded from the unlimited provision listed above which are subject to the hourly rate will result in a charge of \$375 per incident.
- Trainings: Failure to provide six business days' notice of cancellation of a previously scheduled training program will result in a charge of \$375 per hour.



Responder Health Training Course

1. **Emotional Survival for First Responders:** How to Maintain Emotional Wellness and Retire Healthy (4 hours)
2. **Resiliency as a Way of Life:** Learning How to Become Emotionally, Physically and Spiritually Healthy (8 hours)
3. **Financial Peace for First Responders:** Best Selling Author Dave Ramsey's Financial Peace Institute tailored for First Responders (4 hours)
4. **Stress, Burnout, and Vicarious Trauma:** Managing the Pitfalls of Public Service (4 hours)
5. **I'm Married to a First Responder:** Educating Spouses on what the life of a First Responder looks like and how they can support their spouse (4 hours)
6. **The Bulletproof Marriage:** Educating First Responders and their spouse or significant other on communication and a building strong relationship (4 hours)
7. **Peer Support 101:** Why Does Peer Support work and how to develop policy and procedures that ensure the program is implemented correctly (4 hours)
8. **Peer Support Sustainment:** Keeping a Peer Team healthy, navigating a fair selection process, and why confidentiality will make or break a program (4 hours)
9. **PTSD in First Responders:** Studying the signs, symptoms, and treatment of PTSD (4 hours)
10. **Effective Leadership:** How to supervise and implement an environment of trust and wellness in your department (4 hours)
11. **Suicide Education:** A deeper dive into why First Responders isolate and typically not seek help; learning the signs of suicide and how to erase stigma within your agency