

AGENDA
CITY OF DICKINSON
EMPLOYEE BENEFITS TRUST
SPECIAL MEETING

September 22, 2020

NOTICE is hereby given of a **SPECIAL MEETING** of the City of Dickinson Employee Benefits Trust to be held **Tuesday, September 22**, at **7:00 p.m.**, at the City of Dickinson City Hall, 4403 Highway 3, Dickinson, Texas, for the purpose of considering the following agenda items. The City of Dickinson Employee Benefits Trust reserves the right to retire into Executive Session concerning any of the agenda items whenever it is considered necessary and legally justified pursuant to Texas Government Code, Chapter 551.

ITEM 1.) CALL TO ORDER AND CERTIFICATION OF A QUORUM

ITEM 2.) CONSIDERATION AND POSSIBLE ACTION CONCERNING: Accepting the Renewal Offer from United Healthcare for Employee Medical and Pharmacy Insurance.

ITEM 3.) CONSIDERATION AND POSSIBLE ACTION CONCERNING: Accepting the Renewal Offer from Guardian for Employee Dental Insurance.

ITEM 4.) CONSIDERATION AND POSSIBLE ACTION CONCERNING: Accepting the Renewal Offers for Employee Long Term Disability and Life Insurances.

ITEM 5.) CONSIDERATION AND POSSIBLE ACTION CONCERNING: Accepting the Offer from Superior Vision for Employee Vision Insurance.

ITEM 6.) ADJOURN

CERTIFICATION

This is to certify that a copy of the Notice of the City of Dickinson Employee Benefits Trust Special Meeting for **Tuesday, September 22, 2020**, was posted on the bulletin board at Dickinson City Hall, 4403 Highway 3, Dickinson, Texas, on this 18th day of September, 2020, prior to 7:00 p.m.



Kerilyn Bascle, Assistant to the City Administrator

In compliance with the Americans with Disabilities Act, the City of Dickinson will provide reasonable accommodations for disabled persons attending City of Dickinson Employee Benefits Trust meetings. Requests should be received at least 24 hours prior to the scheduled meeting, by contacting the City Secretary's office at 281-337-6217, or by FAX at 281-337-6190.

2019 VISION Options

Bob Treacy, LHIC



Gallagher

Insurance | Risk Management | Consulting



RFP Responses

Plan Name	Humana Vision 130	Guardian Davis - B	Guardian Davis - B	Guardian VSP - B		
Exam/ Materials	\$10/\$15	\$10/\$10	\$10/\$10	\$10/\$15		
Frames	up to \$130 + 20% off	up to \$130 + 20% off	up to \$150 + 20% off	up to \$130 + 20% off		
Single Lenses	Included	Included	Included	Included		
Bi Focal Lenses	Included	Included	Included	Included		
Tri Focal Lenses	Included	Included	Included	Included		
Progressive Lenses	up to \$70	up to \$175	up to \$175	up to \$175		
Elective Contacts	up to \$130 +15% off	up to \$130 +15% off	up to \$150 +15% off	up to \$130 +15% off		
Fitting Exam	up to \$55	Included (in collection)	Included (in collection)	Included (in collection)		
Necessary Contacts	Covered 100%	Covered 100%	Covered 100%	Covered 100%		
Frequency	12/12/24	12/12/24	12/12/24	12/12/24		
	Out of Network	Out of Network	Out of Network	Out of Network		
Exam	up to \$30	up to \$50	up to \$50	up to \$39		
Frames	up to \$65	up to \$48 (limited locations)	up to \$48 (limited locations)	up to \$46 (limited locations)		
Single Lenses	up to \$25	up to \$48	up to \$48	up to \$23		
Bi Focal Lenses	up to \$40	up to \$67	up to \$67	up to \$37		
Tri Focal Lenses	up to \$60	up to \$86	up to \$86	up to \$49		
Elective Contacts	up to \$104	up to \$105	up to \$105	up to \$100		
Necessary Contacts	up to \$200	up to \$210	up to \$210	up to \$210		
Rates	Current	Renewal	Proposal	Proposal	Proposal	
Employee	47	\$7.78	\$8.24	\$7.11	\$7.60	\$9.65
Employee + Spouse	7	\$15.54	\$16.49	\$11.96	\$12.78	\$16.24
Employee + Child(ren)	4	\$14.76	\$15.66	\$12.20	\$13.03	\$16.56
Employee + Family	17	\$23.18	\$24.61	\$13.29	\$20.63	\$26.22
Monthly Cost		\$927.54	\$983.72	\$692.62	\$849.49	\$1,079.21
Annual Cost		\$11,130.48	\$11,804.64	\$8,311.44	\$10,193.88	\$12,950.52
Change from Current		N/A	6.06%	-25.33%	-13.65%	16.35%
Rate Guarentee Until			10/1/2022	10/1/2022	10/1/2022	10/1/2022



RFP Responses

Plan Name	Humana Vision 130		UHC S108V	Versant V \$130	Versant V \$140	Versant V \$150
	Exam/ Materials	\$10/\$15		\$10/\$10	\$10/\$15	\$10/\$15
Frames	up to \$130 + 20% off		up to \$130 + 30% off	up to \$130 + 20% off	up to \$140 + 20% off	up to \$150 + 20% off
Single Lenses	Included		Included	Included	Included	Included
Bi Focal Lenses	Included		Included	Included	Included	Included
Tri Focal Lenses	Included		Included	Included	Included	Included
Progressive Lenses	up to \$70		Unknown	up to \$225	up to \$225	up to \$225
Elective Contacts	up to \$130 +15% off		up to \$125	up to \$130 + 30% off	up to \$175 + 20% off	up to \$200 + 20% off
Fitting Exam	up to \$55		up to \$30	\$25	\$25	\$25
Necessary Contacts	Covered 100%		Covered 100%	Covered 100%	Covered 100%	Covered 100%
Frequency	12/12/24		12/12/24	12/12/24	12/12/24	12/12/24
	Out of Network		Out of Network	Out of Network	Out of Network	Out of Network
Exam	up to \$30		up to \$40	up to \$42	up to \$42	up to \$42
Frames	up to \$65		up to \$45	up to \$52	up to \$52	up to \$52
Single Lenses	up to \$25		up to \$40	up to \$26	up to \$26	up to \$26
Bi Focal Lenses	up to \$40		up to \$60	up to \$34	up to \$34	up to \$34
Tri Focal Lenses	up to \$60		up to \$80	up to \$50	up to \$50	up to \$50
Elective Contacts	up to \$104		up to \$100	up to \$100	up to \$100	up to \$100
Necessary Contacts	up to \$200		up to \$210	up to \$210	up to \$210	up to \$210
Rates	Current	Renewal	Proposal	Proposal	Proposal	Proposal
Employee 47	\$7.78	\$8.24	\$10.06	\$6.93	\$7.80	\$8.34
Employee + Spouse 7	\$15.54	\$16.49	\$19.09	\$13.88	\$15.60	\$16.69
Employee + Child(ren) 4	\$14.76	\$15.66	\$22.39	\$13.18	\$14.82	\$15.85
Employee + Family 17	\$23.18	\$24.61	\$31.52	\$20.71	\$23.28	\$24.91
Monthly Cost	\$927.54	\$983.72	\$1,231.85	\$827.66	\$930.84	\$995.68
Annual Cost	\$11,130.48	\$11,804.64	\$14,782.20	\$9,931.92	\$11,170.08	\$11,948.16
Change from Current	N/A	6.06%	32.81%	-10.77%	0.36%	7.35%
Rate Guarentee Until		10/1/2022	10/1/2022	10/1/2024	10/1/2024	10/1/2024



Compensation - Health

A.M. Best Ratings & Compensation - Health

While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's Standard & Poors and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g. HMO) organizations, reflects their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

Carrier	Quote Status	Commission/Supplemental Compensation
Medical, Rx		
United Healthcare	Current	5.26% / \$0 to \$54.00 PEPY
Dental (InterLocal)		
Guardian	Renewal	5% / 0% to 7% of premium
Vision		
Humana	Renewal	0%/0% to 7% of premium
Guardian	Proposal	0%/ 0% to 7% of premium
UHC	Proposal	0% / 0%
Versant	Proposal	0% / 0%

**City of Dickinson Employee Benefit Trust
Agenda Item Data Sheet**

MEETING DATE September 22, 2020

TOPIC:	Approve moving the City's employee vision insurance to the Superior Vision network.
---------------	---

BACKGROUND:	<p>During the City's employee benefit renewal process, Humana, the current vision provider, initially offered a renewal that was an increase over the 2020-2021 rate. As this was not a realistic possibility for the City, the insurance consultants, working with the City, searched for other options.</p> <p>The best offer for employee vision coverage came from Superior Vision. The network of providers included on this network encompassed almost all providers in the Houston area. The City's H.R. Generalist, Jessica Caitlin, has done extensive work to confirm with employees that their doctors are on this network. Additionally, the Superior Vision plan has a richer benefit for employees while decreasing cost to the City and the employee.</p> <p>Staff does not believe the transition from Humana to the Superior Vision network of providers will have a negative impact on employees or their family members.</p>
--------------------	---

RECOMMENDATION:	Staff recommends that the Board approve moving the employee vision insurance to the Superior Vision Network.
------------------------	--

ATTACHMENTS:	N/A
---------------------	-----

FUNDING ISSUES	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not budgeted <input checked="" type="checkbox"/> Full Amount already included in FY2020/2021 Budget. <input type="checkbox"/> Funds to be transferred from Acct.# - -
-----------------------	---

SUBMITTING STAFF MEMBER	CITY ADMINISTRATOR APPROVAL
Kerilyn Bascle Asst. to the City Administrator	

ACTIONS TAKEN		
APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	READINGS PASSED <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	OTHER



Vision plan benefits for City of Dickinson

Copays		Services/frequency	
Exam	\$10	Exam	12 months
Materials ¹	\$15	Frame	24 months
Contact lens fitting (standard & specialty)	\$25	Contact lens fitting	12 months
		Lenses	12 months
		Contact lenses	12 months

(based on date of service)

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$42 retail
Exam (optometrist)	Covered in full	Up to \$42 retail
Frames	\$150 retail allowance	Up to \$60 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressives lens upgrade	See description ³	Up to \$50 retail
Contact lenses ⁴	\$200 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Lens type*	Member out-of-pocket ⁵
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing.

⁵ Discounts and maximums may vary by lens type. Please check with your provider

Discounts are subject to change without notice.

Laser vision correction (LASIK)

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com
 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

Vision Benefit 2020-2021

Humana (current)

Census		Mo. Payroll	Annual Payroll	Contract Premium	Annual Contract Rate	Monthly City Contribution	Annual City Contribution
EE	47	\$0.00	\$0	\$7.78	\$4,388	\$7.78	\$4,388
Spouse	7	\$7.76	\$652	\$15.54	\$1,305	\$7.78	\$654
Child(ren)	4	\$6.98	\$335	\$14.76	\$708	\$7.78	\$373
Family	17	\$15.40	\$3,142	\$23.18	\$4,729	\$7.78	\$1,587
Total Annual	75		\$4,128		\$11,130		\$7,002

Superior Vision \$150

Census		Mo. Payroll	Annual Payroll	Contract Premium	Annual Contract Rate	Monthly City Contribution	Annual City Contribution
EE	47	\$0.00	\$0	\$6.88	\$3,880	\$6.88	\$3,880
Spouse	7	\$6.89	\$579	\$13.77	\$1,157	\$6.88	\$578
Child(ren)	4	\$6.20	\$298	\$13.08	\$628	\$6.88	\$330
Family	17	\$13.68	\$2,791	\$20.56	\$4,194	\$6.88	\$1,404
Total Annual	75		\$3,667		\$9,859		\$6,192