City of League City, TX

300 West Walker
League City TX 77573

Meeting Minutes
City Council

Tuesday, August 2, 2016	**6:00 PM**	**Johnnie Arolfo Civic Center** **400 West Walker Street**

Council Workshop - CIP

The City Council of the City of League City, Texas, met in a workshop in the Council Chambers at 200 West Walker Street on the above date at 6:00 p.m.

Mayor:	**Pat Hallisey**
City Council Members:	**Dan Becker** **Hank Dugie** **Heidi Hansing** **Todd Kinsey** **Geri Bentley** **Keith Gross** **Nick Long**
City Manager:	**Mark Rohr**
Deputy City Manager:	**John Baumgartner**
Asst. City Manager/Director of Finance:	**Rebecca Underhill**
City Attorney:	**Nghiem V. Doan**
City Secretary:	**Diana M. Stapp**
Chief of Police:	**Michael Kramm**
Director of Engineering:	**Earl Smith**
Director of Human Resources/Civil Service:	**Queenell Fox**
Director of Parks & Cultural Services:	**Chien Wei**
Director of Planning & Development:	**Paul Menzies**
Director of Public Works	**Gabriel Menendez**

1. CALL TO ORDER AND ROLL CALL OF MEMBERS

Mayor Hallisey called the meeting to order at 6:02 p.m. and called the roll. All members of Council were present except Mr. Kinsey and Mr. Gross.

Absent	2 -	**Mr. Todd Kinsey and Mr. Keith Gross**
Present	6 -	**Mayor Pat Hallisey, Mr. Dan Becker, Mr. Hank Dugie, Ms. Heidi Hansing, Ms. Geri Bentley and Mr. Nick Long**

2. REVIEW OF THE FY2017-FY2021 WATER UTILITY CAPITAL IMPROVEMENT PROGRAM AND ANY REMAINING CIP ISSUES

Mark Rohr, City Manager, said I have some brief comments to introduce the topic. This is our third hearing on the budget. We have been through the operations budget and at our last meeting we went through the Capital Improvement Projects (CIP) that are non-utility in nature and completed that. Tonight we are going to talk about utility related CIP projects for FY2017 and beyond.

John Baumgartner, Deputy City Manager, said at your last meeting we went through the tax supported portion of the CIP and tonight we plan to hit the highlights of the revenue supported CIP. The revenue supported CIP consists of wastewater treatment, water production, water distribution, wastewater reflection, about 20% of the CIP is related to wastewater and about 80% is related to water. The distribution of the $176 million program is over the years of FY2017-FY2021. Most of you will remember we went through a long-range financial plan for the utility fund and in that fund we had projected debt issuance from $7 million in FY2017 to $16 million in FY2018. A lot of that is attributed to the large water line replacement associated with the Hwy 3 line bringing our 20 million gallons from Houston to League City. So again tonight we will mostly focus on the FY2017 portion of the CIP because that is what is directly relevant to us. Then again it is a plan, projects take 1-3 years to develop and sometimes 4-5. So beginning with the FY2017 projects:

60” Water Line to replace 42” Line on SH3
36” Water Line, SH3 to South Shore Harbour Booster Station
Annual Water System Improvements
New Well & Generator at South Shore Elevated
24-inch Waterline Stabilization
New Water Lines to the West Side
Waterline (Dickinson PBS to Strawberry)
DSWWTP Reclaimed Water Pump Station
Water Master Plan 5-year Update & CRF Study
Southeast Service Area Trunks
North Service Area 16” Waterline along Grissom
State Highway 3 Pump Station
Force Main Upgrade from Bay Colony to Ervin St
Dallas Salmon Effluent Discharge Improvements
Sanitary Sewer Annual Rehab 2012-2021
Westside 54” & 42: Gravity Sewer Interceptors, Phase 1
Bay Area Blvd 12” Sewer Improvements
MUD 14-15 Lift Station Improvements
Annual Lift Station Improvements
Wastewater Master Plan 5-year Update & CRF Update

Mr. Rohr said if you noticed how the agenda item was worded to include any remaining CIP issues.

Mayor Hallisey said there is a group that has been meeting, I made their first meeting but haven't made any of the others. They have an interest in the intent of wanting to get a dog park on the CIP. My understanding is we had set aside about $50,000 as a budget item sometime in the past and never really acted on it. There is some thought that that is still active if the city was desirous of moving forward. I know everybody out there would rather see the dog park on this year's CIP but I don't know if that is possible. John Baumgartner and I talked a little bit about it but not much.

Mr. Baumgartner said if I may discuss the dog park project that is included in the CIP, and it is in this year's CIP. About two years ago as we talked about CIP and a dog park city council placed $50,000 for development of a dog park. At the time we thought we would use those dollars and build an area next to the existing animal shelter. And then as the animal shelter discussion became more urgent we felt it was better just to not move forward on the dog park until we had the animal shelter project determined. So those dollars still sit in the CIP designated for the animal shelter. Again we haven't been focused on this but on the animal shelter portion.

Chien Wei, Director of Parks & Cultural Services, said just a quick summary. We started back in 2006, staff had proposed putting a dog park at Newport Park. It was an HOA park that was deeded over to the city. At that time, we were only looking at a 2 or 3-acre dog park. The proposed cost of that fencing for that proposed dog park was $60,000. At that time City Council said let's look at some other options. We had a couple of public meetings, got public input and came up with three alternatives. The top choice at that time was across the street at Centerpointe which is currently being proposed for the animal shelter. The other two pieces of property was Newport Park, which was the first option, and the other was 16 acres on League City Parkway that is not parkland but city owned property. A couple of years ago when we looked at Centerpointe we had engineering staff do the design. When the design was complete we had the project budgeted at $200,000 for a parking lot and 4.1-acre dog park but that project was defunded. A couple of years ago we came back, at that time city council chose to fund $50,000 to the existing animal shelter for the adjacent property which is a little less than an acre.

Mr. Rohr said not to complicate your task any more but remember since one of the agenda items failed on the last agenda we have to cut $1 million from the non-utility CIP budget. We are here to finalize things, the first reading of the budget is the second meeting in August and the second reading will be the first meeting in September. We have no outstanding budget issues that I am aware of other than having to adjust to the fact that that item didn't pass.

Mr. Baumgartner said our goal is to broaden the council opportunity to talk about CIP as we work our way through the budget. So at the last council meeting the council elected not to approve the sales tax on utilities which in the reinvestment projects listed in the budget ($10.1 million). So as I look for how long does it take us to get something designed, how long does it take to get it under construction, my initial suggestion was to reduce the Annual Stormwater Improvements from $3,010,000 to $2,010,000 which would get us the $1 million in savings. We think that balances the new revenue with the new program. And that would mean that the Centerpointe ditch would get designed and easements would get acquired and then it would be ready to go in FY2018 instead of FY2017. So in essence that takes $1 million per year out of the program going forward and we just have to grow into that at some point in time. The first few big ditch projects that we have been working on for a number of years to get through environmental are Nottingham ditch, that one should be ready to go to bid in early fall, and the second one is the Centerpointe ditch which we would propose to get engineering and environmental clearance all complete and have that ready to go in early FY2018. So it would move those construction dollars out of FY2017 and push them into FY2018. That would be our recommendation to adjust for the reduction of revenue associated with council's action last week.

Mr. Rohr said if there is a consensus on that we can make that adjustment and include that in with the budget that we present the second meeting in August.

3. PRESENTATION AND DISCUSSION REGARDING EMPLOYEE BENEFITS, INCLUDING HEALTH INSURANCE

Mr. Rohr said if I could kick things off, we have here tonight John Heerwagen, Employee Benefit Specialist with IPS, and he has a summary of the process that we went through at our last work session with respect to proposals on the city's health insurance that he would like to cover.

Mr. Heerwagen said what we are here to do today is talk through the best and final results from the RFP that was released in early July and discuss IPS's recommendations for the Health and Wellness Benefits Plan for 2016/2017. So coming out of the work session back on June 7 it was identified to go out and market for Medical Third Party Administration (TPA) Services, a Stop Loss Vendor which is essentially the insurance for the insurance that carries the liability above and beyond the thresholds that are established, and the Prescription Benefit Manager. We looked at the potential self-funding of the dental and vision plans. We also looked at patient advocacy and wellness so we will discuss all of those items this evening. We also looked at your Employee Assistance Program (EAP) that has been in place with the current incumbent vendor since 2010. There was an RFP released for Employee Assistance Program services as well.

To provide a brief summary we have provided you the same historical data that was provided at the June 7 meeting with two additional months of claims data. This is comparing the claims data and the plan from October 2014 through September 2015 so your plan year is matching your fiscal year budget, and then it is looking at October 2015 through June 2016. The two important pieces to point out in May and June, we were seeing about a $70,000 hit to a specific deductible meaning we were receiving reimbursements from our Stop Loss Carrier of about $70,000, which in May and June were reduced to $2,000. The claimant that has been driving those reimbursements we have not seen the activity in their claims experience that we were seeing in earlier months. Moving into the RFP results, again the RFP was released to look at Medical TPA, Stop Loss and Pharmacy Benefit Management. In the RFP process council was briefed back last week as to the finalist that were selected. Those finalists were the incumbent TPA Boon-Chapman, along with the incumbent Stop Loss Carrier Aetna and the incumbent Pharmacy Benefit Manager ProAct. There were also proposals received from: Cigna for Stop Loss, Medical Administration and Pharmacy Benefit Management; Blue Cross Blue Shield of Texas as a TPA with Prime as the Pharmacy Benefit Manager; and TML for United Healthcare as the network with Optum Rx as the administrator. We looked at Sun Life named as a Stop Loss finalist.

To outline the best and final results, we look at the current plan established in 2015 for the 2015/2016 plan year with Boon-Chapman sitting at about $5.8 million which is where funding was established. The incumbent renewal with Boon-Chapman includes Aetna as the stop loss carrier and ProAct as the pharmacy benefit manager. We also reviewed the incumbent with Sun Life as being a potential stop loss carrier. We have two proposals from Cigna, one for the current plan design. We also have Blue Cross Blue Shield with Sun Life and TML with Sun Life. Some important things to note that came out of the RFP process, we had some relatively competitive bids coming out initially but when we pushed this into final disclosures on Stop Loss to firm up numbers those numbers changed a little bit. Aetna came in with a laser which is a specific deductible for a particular claimant. They put a laser on claimant 1 which has been our large ongoing claimant of $1.5 million so that is identified and calculated into the incumbent renewal. Sun Life also produced a laser as well of $500,000 so any Sun Life Stop Loss product, any carrier that is placed with Sun Life would produce a $500,000 laser on that specific clamant. So move on to Cigna when we are talking about Stop Loss, Cigna's proposals do not include a laser on clamant 1. So there is not the additional laser liability for 2016/2017 for your large clamant. The addition or change from what you reviewed yesterday is the Cigna contract, which is currently set up to where any out-of-network claims that were negotiated Cigna would participate in that negotiation and receive a portion of that negotiation of 29%. Currently the incumbent has %30 with the same structure. We moved that to a fixed fee to help establish a more predictable cost and that fee is $4 per employee per month and blended into your medical administration. So the fundamental difference would be in medical administration where you are looking at a $35.75 per member per month versus $39 which is the final total.

Again there were two Cigna bids because when we initiated the RFP it was outlined by Council that we wanted to review both the current medical plan as far as the benefit structure with the incumbent and then look at the prior year's plan under United Healthcare (UHC). The fundamental difference between those two was that the UHC plan had out-of-network benefits for employees. There are some additional differences that we will look at as well but the Cigna Proposed Alternate 1 is specific to UHC's plan as of last year.

Moving on to the proposed medical benefits, you have the current and renewal plan offerings through the incumbent Boon-Chapman with Aetna or Sun Life as the Stop Loss. You also have the Cigna proposal, the identical match to benefits of Boon-Chapman. Then there is the Cigna proposal that matches the UHC benefits that you had in the prior year (2015) that included in and out of network benefits. There are slight reductions to your out of pocket maximums over the current plan year. You will see the introduction of a coinsurance so once the deductible is met on your out of network services then the insurance company comes in and pays 60% and you pay 40%. Your 40% is always based on the allowed charges just as it was under UHC. So those allowed charges are 115% of the Medicare cost. Anything above and beyond that, just like under the UHC plan would be balance billed only for the out of network benefits. One component to note is on either plan under the Cigna EPO or PPO Kelsey Seybold is in network for Cigna. Our recommendation for the medical plan would be to look at Cigna Proposed Alternate 1. This would reintroduce the benefits of out of network for your employee base and provides the most cost effective plan design. It also is setting the City up for about a 4.6% reduction to expected funding against your current plan year and about a 2.3% reduction when you look at maximum liability. Referring back to the financial page, one of the things that we did across all lines as we were reviewing the options was making reference to a Reserve Funding. In last year's budget there was $628,000 that was allocated to fund reserve amounts if in the event that the city was to terminate its self-funded agreement, move between carriers, or experience a dramatic increase in claims experience, that could help soften the blow, pad or protect contributions with the fund. So what we have done is continue with that trend with the ultimate goal to continue to build up that fund and added a line item of $500,000 in each carrier's evaluation. So under the Cigna proposed numbers the 2.3 maximum funding and the 4.6% decrement to expected funding is including adding $500,000 additional to the fund balance. One of the things that we did take a look at as well in reviewing the plan and looking at long term financial stability we are making the recommendation to not increase or decrease the employee premiums for this upcoming year based on the ultimate goal to increase the fund balance and with the very close to current budget numbers. So looking at the outline of your current contribution structure which we would recommend you maintain moving forward into 2016/2017.

Moving into the dental RFP's, again one of the items that was discussed in the last council meeting that we released an RFP on was looking at self-funding the current fully insured dental plan. So we went out with an RFP specifically for self-funded dental administration.

We do have a renewal Aetna that they had provided prior to that meeting which we will discuss the renewal as well on the fully insured basis so we would be evaluating both the Aetna fully insured renewal against the potential of self-funding the dental plan. So the same basic premise and thought process behind the medical self-funding where the city is ultimately paying the claims liability and paying a third party administrator to administer the benefits and access the network. So we have illustrated the dental renewal with Aetna and put the current plan design against the renewal with no changes to plan design. You have the PPO Low Plan and the PPO High Plan and the fundamental difference between those two plans is the out-of-network reimbursement and where your major services sit as far as a coinsurance percentage. Other than that the benefit structures are identical. Then there is a DHMO plan which is a managed health organization for dental plans. So the renewal that Aetna has provided is a 5% increase to total rates and that is a one year guarantee for the upcoming year. So to take a look at self-funding we want to take a look at the claims experience. Purely looking at the dental PPO network claims experience, not looking at the decapitated network of the DHMO, we are looking at March 2015 through February 2016. This is the most recent full year of claims data incurred and paid. Looking back at the additional claims data we had available for March 2014 through November 2014, we annualized that claims data so that we are looking at technically 24 months of claims data. In doing that we trended those forward through the end of 2017 to identify a trended paid claims amount and we are then applying that to our estimated participant exposure for those months and that gives us a projected claims amount for 2016 and 2017. Then we applied waiting to both of those plans, looking at the most recent claims data, putting more weight to the most recent claims data to identify a per employee claims dollar so that we could then use that to come up with our projections moving forward.

Going over the finalists we have the Aetna current fully insured renewal for the expected enrollment of 493 at a 5% increase. Then we have Blue Cross Blue Shield and Cigna. I want council to note that Cigna was the only respondent that was a finalist that would provide the DHMO plan as well. So Blue Cross and Cigna are only providing the DPPO, those restrictions were based on the city size. The administrators could not split up or introduce a DHMO plan side by side with a self-insured DPPO. So Cigna is a self-insured full dental in and out of network plan with a fully insured DHMO next to it. What we have done is identified the dental administration, and access fees or start up fees that were outlined in their proposal, then we put our projected claims. So again our projected claims are the participant numbers, the 493 times that per capita number of $581.96. What that does is gives us an expected claims amount for the 2016/2017 year for the total participants that we expect to be enrolled. You will see the difference of $250,000 in the Cigna DPPO/DHMO, that is because we are using your current participation which has a slightly lower participation in the DPPO. You will see Aetna and Blue Cross Blue Shield have significantly higher increases. You do have Cigna who is relatively close but our recommendation for the next year would be to remain with Aetna. Part of the decision behind that would be the Cigna plan, being that it is self-funded has uncapped liability.

So based on where we are seeing your claims we don't anticipate looking at a 24-month window that those claims are going to decrease. So if you are looking at trend increases alone those claims are going to continually increase. I do think it is something that we need to take a look at and evaluate whether it is in an RFP process or not on an annual basis. When we do our mid-year projections this will be something that we continually look at as far as your claims experience.

We will move onto the same thought process in reviewing self-funded vision. So we took a look at your self-funded vision plan. I want council to note that vision was placed at Davis Vision last year on a fully-insured basis. It is a four-year contract with a four-year rate guarantee. So the premiums that were established for this current plan year were guaranteed for four years. So what we did was take a look at going through the same analysis looking at your most recent claims data for January 2016 through May 2016. This is a shorter window of claims data but we did annualize that data and trend it forward just as we did on the dental to identify our projected claims exposure for 2016 and 2017. What we did at this point moving forward was we looked at your projected claims amount alone. Factored in the fact you have stable contract under Davis Vision for the next upcoming three years and look at based on claims experience what the next three years if we were to assume enrollment and claims experience would not change and we ae simply looking at trend increases, what would the plan look like under self-funded vision as opposed to the fully insured contract that you have for the next three years. So assuming again that participation remains the same, that claims experience remains the same, under those you will see the projected expenses over three years under the fully-insured for premiums will be $118,678 versus the projected premium of $189,419 under self-funding.

So we did release an RFP for employee assistance program (EAP). These are the individuals for when you have an employee that is experiencing an at work, at home or any issue that could potentially affect how they function in the job, such as financial stress, personal stress, grief, debt or any crisis. They will come onsite and provide group level assistance, one-on-one counseling, or connect them to resources. They are the third party that can help your employees connect to help address particular issues that they are incurring in their lives. That is open to the employees and their family members. The City has been with ENI since 2010 and so it was certainly time to release an RFP on that to make sure that the service level is up to par and the rates are competitive. ENI was named as a finalist along with Interface EAP and TML, Deer Oaks. We have reviewed the services that each vendor is supplying and our recommendation is to transition away from ENI and contract with TML, Deer Oaks. Again Deer Oaks is based in San Antonio and putting together a competitive offering of benefits which would reduce the city's cost under the current program by 33% or save about $3,780 annually. The important thing to note is that Deer Oaks or TML is essentially affiliated with PEBA (public employee benefits alliance). The current vendor has not made the appropriate reach outs that we are necessary to help engagement and so based on that information we are making the new recommendation.

So we did take a look at wellness programs as well. One of the thoughts here was to look at a comprehensive wellness program to introduce, that would sit above and beyond the current wellness initiatives that the city already does. This would be items such as evaluation, additional coaching, incentive based or results based programs. We did evaluate all of the respondents and the proposed finalists were HealthCheck 360, Cigna (which could be imbedded in their medical plan), Blue Cross Blue Shield of Texas (only if BCBS is placed as the administrator), and Humana Vitality. We are not making a recommendation to implement a wellness program at this time. I think we need to further explore the current wellness initiatives that are available but we do like where the respondents came in at and the ability to integrate that at some point. Our lead out of these would have been Humana Vitality because of the interactive capabilities, the engagement capabilities with the employees.

We did review Patient Advocacy as well. Patient Advocacy is essentially a concierge service for your employees. This would be the ability to reach out to a dedicated team that could assist them in everything from provider evaluation, benefit review, identifying cost effective alternatives for treatment, preferred items that are going to come directly out of your employee’s pockets. The finalists that came out of that were Compass Professional Health Services and Boon-Chapman (whose is your third party administrator). IPS at this point is not recommending contracting with either vendor. Based on the customer service model as Cigna will be putting out with their medical product, so Cigna is putting in place a 24 hour 7 day per week customer service line and nurse line for the employee base. This will be up for further review as employees give feedback.

To wrap things up, for the recommendations that we are providing we have included our vendor selection matrix which is how we outline the weighting or the scoring of the best and final respondents. So to give clarity on how this operates, under each section there is a percentage of points that can be earned. So to earn 100% you would be earning 25 points in cost, 20 in finance stability, 5 in communications, 25 in claims processing, 10 in integrated systems/technology initiative and 15 in references and past performance. So the way we have outlined this to establish the weighting, your cost sector which is one of your biggest drivers to your plan and obviously one of your biggest weighting items. Financial stability is again going to be based on their A and best rating so you are going to see all the respondents at 20. Communication, as you move forward in communication claims processing we start to move in and incorporate into our anxiolytics cities specific experience and references, our client base and our benchmarking that you have seen in prior meetings. You will see matching our recommendation, Cigna had 97 as a score for the Medical/Rx plan. The Aetna fully insured had a score of 96 for the Dental plan. For the EAP cost was very close between the three but Deer Oaks had a score of 98. One of the fundamental differences under ENI against Deer Oaks is References and Past Performance, in that there hasn’t been what we feel would be adequate interaction between ENI and the city.

So to highlight again in summary the recommendations, for the Health Plan IPS is recommending that city council approve Cigna as the Third Party Administrator, Stop Loss Vendor, and Pharmacy Benefit Manager for the 2016/2017 plan year. Putting it with the "Plan Alternate 1" which would reintroduce the out of network benefits, reintroduce the UHC medical plan design from 2015. The city would be able to take advantage of a 6-month administration fee holiday, waiver of the administration fee for 6 months. There is $50,000 on the table from Cigna in performance guarantees and additional $25,000 that they are offering in for credits for wellness and implementation. They have about 10 different metrics that they review, one of them is based on customer satisfaction reaching a threshold of about 98%. For the Dental Program we are recommending a renewal with Aetna for the upcoming year. For the Vision Plan we are recommending that you remain with Davis Vision, no change to the plan as far as self-funding. For the Employee Assistance Program, we are recommending you contract with Deer Oaks, transitioning from ENI. To round out recommendations, Patient Advocacy and Wellness we talked about that and we are not recommending contracting with either at this time. We do recommending reviewing that. Lastly Long-Term Disability, this came out of the conversation with council on June 7. Our recommendation at that point in time was that the city transition from a voluntary Long-Term Disability product to a employer paid Long-Term Disability product at the same benefit level. So we received a quote from the incumbent carrier to get an idea of expected cost for the city's budgeting purposes to incorporate this coverage from a city perspective and we will be issuing a formal RFP to identify the disability vendor to be awarded for the employer paid Long-Term Disability coverage. We do see the majority of our cities transitioning will have this benefit in place. The RFP that we would be requesting would be to take out basic life, voluntary life, voluntary short-term disability and employer paid long-term disability. We will evaluate each benefit independently when we assess those but we would be looking at those as a bundled package.

Rebecca Underhill, Assistant City Manager, said I just want to recap that Queenell, the City Manager and I have been working with the employee insurance communication committee that was established back in May. The committee is comprised of one representative from each directorate. We worked with that committee and they were asked to solicit input from their coworkers and to bring back their concerns, questions about the current plan and any ideas they had going forward as we approached this process. When we sat with them after they came back with questions and concerns from their coworkers they listed these five items as their top issues. The fact that the current plan has no out of network coverage. There is concerns about the level of communication and customer service from the current third party administrator. The coverage levels and the precertification requirements for diagnostic services. The network availability, there were some providers that were not covered in the network. And the prescription drug program issues. So as we go through the recommended program that was presented tonight we feel that we have addressed most if not all of the issues that were brought forward to the committee. The proposed plan does have out of network coverage back to the 2015 cost share level 60/40. The new provider has given us assurance that with customer service tools and with performance guarantees that they are going to effectively assist the employees.

The precertification requirement for the diagnostics was eliminated from the plan by council action in June. The Cigna in network includes the providers that the employees expressed concern to us about, specifically the Kelsey Seybold piece. And the prescription drug program was an item addressed by the city council back in June. In addition to that we see additional plan improvements as has been mentioned already, going back to out of pocket maximum levels in 2015 which is shaving $500 off the individual out of pocket and $1,000 off of the employee maximum out of pocket under both of the plans. The urgent care copays have been reduced from $75 to $40/$50 depending on the plan, again mirroring the 2015 plan. The mail order prescription drug copay going to 2 copays for a 3-month supply. And the addition of city funded long term disability. So we were pleased with these enhancements to the program. I did want to remind council the timeline that we have been working under we expect to bring forward the plan to you next week for approval so that we can make our deadline to start open enrollment on August 22 and have all that wrapped up by September 1 for a smooth transition on October 1.

19. ADJOURNMENT

At 8:13 p.m. Mayor Hallisey said, there being no further business this meeting is adjourned.

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PAT HALLISEY
MAYOR

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DIANA M. STAPP
CITY SECRETARY

(SEAL)

MINUTES APPROVED: