



**SOMERVILLE CITY COUNCIL  
NOTICE OF A SPECIAL CALLED COUNCIL MEETING  
August 27, 2019**

**SOMERVILLE SENIOR CITIZENS CENTER  
17510 SH 36 SOUTH, SOMERVILLE, TEXAS**

- 1. CALL TO ORDER**
- 2. INVOCATION**
- 3. PLEDGE OF ALLEGIANCE.**
- 4. PUBLIC HEARING(s)**
  - A. Public Hearing on the Proposed Ad Valorem tax rate of 0.66384 / \$100.00 valuation for the City of Somerville, Texas.
  - B. Public Hearing on the City of Somerville's 2019-2020 Annual Budget.
- 5. ACTION ITEMS**

**Blue Cross/ Blue Shield**

  - A. Discuss, consider and approve (disapprove) health care agreement with Blue Cross Blue Shield for employee health care.
- 6. Adjourn**

Date: **08-23-19**

Time: **10:00 AM**

Certified By: **Rose Rosser**

## PUBLIC HEARING

The Somerville City Council will hold a Public Hearing on the proposed tax rate for fiscal year 2019-2020 on August 27, 2019. This hearing will be held at a special called City Council meeting at 6:15 PM on August 27, 2019 at the Somerville Senior Citizens Center, 17510 SH 36 SO, Somerville, Texas.

The proposed tax rate for 2019 is as follows:

0.53765 Maintenance & Operations

0.12619 Debt Service Rate

0.66384 Total Tax Rate

Posted: 8-09-19

Time: 12:00 PM

Posted By: Rose Rosser

## **NOTICE OF PUBLIC HEARING**

The Somerville City Council will hold a Public Hearing on the Proposed City Budget for Fiscal Year 2019-2020 on August 27, 2019. This hearing will be held at a special called City Council Meeting at 6:15 PM on August 27, 2019 at the Somerville Senior Citizen's Center, 17510 SH 36 South, Somerville, Texas.

A copy of the proposed fiscal year 2019-2020 budget is available for inspection at Somerville City Hall.

Posted: TIME 3:00 PM

DATE 08/21/19

BY Rose Rosser

# AGENDA MEMORANDUM

**MEMO TO:**

Honorable Mayor and City Council Members

**FROM:**

Danny Segundo, City Administrator

**DATE:**

August 21, 2019

**SUBJECT:**

Health Care - BlueCross BlueShield

**BACKGROUND/INFORMATION:**

Every year the City of Somerville receives rates for insurance for the new fiscal year. Our new rates provide the City of Somerville with an opportunity to see a reduction in cost for employee health care. In order for the City to inure this cost savings that we are projected to receive in this upcoming fiscal year, we would have to approve the new rates before September 1, 2019. The new rates will go into effect beginning October 1, 2019.

The City's new rate is 8% lower than last year's rate and we should we a cost savings of approximately \$1,030.00 per month, which equals \$12,360 for the fiscal year. The City's health care provider is BlueCross BlueShield.

**RECOMMENDED COUNCIL ACTION:** Discuss, consider approve or (disapprove) Approve heath care agreement with BlueCross BlueShield for employee health care.



**BlueCross BlueShield  
of Texas**

**Small Group Business**

Account Name: CITY OF SOMERVILLE  
 Account Number: 095594  
 Renewal Effective Date: 10/01/2019

Rep: TX Mktg Operations  
 Agent: JULIA LYNDA BRYANT  
 Rate Effective Date: 10/01/2019  
 County: Burleson 6

**Section 1: Renewal Health Plan(s) Information**

**A: Current Health Plan(s)**

Plan ID	Benefit Information	EO	ES*	EC	EF	Total Monthly Health Cost**
RSB3	\$30 Office Copay, \$55 Urgent Care Copay, \$3000 Comb Ded, 80%/60% Coin (Net/Out), \$3000/\$6000 S.P. (Net/Out), PDP \$10/\$40/\$60	\$814.28	\$1,605.71	\$1,337.80	\$2,129.22	\$12,737.72
	Enrollment	14	0	1	0	15
<b>Total Current Premium</b>						<b>\$12,737.72</b>

\*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

\*\*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

- **Estimated Taxes and Fees = \$47.77**

**B: Renewal Health Plan(s) Premium**

Plan ID	Benefit Information	EO	ES*	EC	EF	Total Monthly Health Cost**
RSB3	\$30 Office Copay, \$55 Urgent Care Copay, \$3000 Comb Ded, 80%/60% Coin (Net/Out), \$3000/\$6000 S.P. (Net/Out), PDP \$10/\$40/\$60	\$762.30	\$1,508.09	\$1,036.20	\$1,781.99	\$11,708.40
	Enrollment	14	0	1	0	15
<b>Total Health Cost</b>						<b>\$11,708.40</b>

\*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

\*\*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

- **Estimated Taxes and Fees = \$123.02**

Estimated Total Rate Change Including ACA Taxes and Fees in Current Rate **-8.1%**