



**CITY OF FAIRFIELD
CITY COUNCIL MEETING**

**SEPTEMBER 18, 2024
12:00 PM**

THE CITY COUNCIL OF THE CITY OF FAIRFIELD, TEXAS WILL CONVENE INTO A **SPECIAL CALLED AND BUDGET WORKSHOP MEETING AT 12:00PM ON WEDNESDAY, SEPTEMBER 18, 2024**, AT THE FAIRFIELD MUNICIPAL BUILDING LOCATED AT 527 E. COMMERCE ST. FAIRFIELD, TEXAS.

NOTICE: AT ANY TIME DURING THE CITY COUNCIL MEETING, THE CITY COUNCIL MAY ADJOURN INTO EXECUTIVE SESSION FOR ANY REASON LISTED ON THIS AGENDA PURSUANT TO ANY APPLICABLE SECTION OF THE TEXAS GOVERNMENT CODE, CONSULTATION WITH ATTORNEY- SECTION 551.0 71, REAL PROPERTY DELIBERATION - SECTION 551 .0 72, DELIBERATION ON GIFTS - SECTION 551 .073, PERSONNEL MATTERS- SECTION 551 .074, DISCUSSION OF SECURITY MEASURES- SECTION 551.076 AND ECONOMIC DEVELOPMENT - SECTION 551.087.

H.B.NO.2840-Section 551.001(3)(b) and (c). A governmental body shall allow each member of the public who desires to address the body regarding an item on the agenda for an open meeting of the body to address the body regarding the item at the meeting before or during the body's consideration of the item. A governmental body may adopt reasonable rules regarding the public's right to address the body under this section, including rules that limit the total amount of time that a member of the public may address the body on a given item.

1. CALL TO ORDER; PRAYER AND PLEDGE
2. VISITORS AND CITIZENS FORUM: AT THIS TIME, ANY PERSON WITH BEFORE THE COUNCIL NOT SCHEDULED ON THE AGENDA MAY SPEAK TO THE COUNCIL. NO FORMAL ACTION CAN BE TAKEN ON THESE ITEMS AT THIS TIME.
3. DISCUSSION AND POSSIBLE ACTION TO APPROVE HEALTH CARE BENEFITS PROVIDER.
4. ADJOURN
5. WORKSHOP

I CERTIFY THAT THE ABOVE NOTICE OF MEETING WAS POSTED BY SUNDAY, SEPTEMBER 15, 2024, BY 12:00 P.M. ON THE BULLETIN BOARD AT CITY HALL, 527 EAST COMMERCE STREET, FAIRFIELD, TEXAS, AND WILL REMAIN POSTED CONTINUOUSLY FOR AT LEAST 72 HOURS PRECEDING SCHEDULED TIME OF THE MEETING, I FURTHER CERTIFY THAT THE FOLLOWING NEWS MEDIA AND WEBSITE HOSTING WAS PROPERLY NOTIFIED OF THIS MEETING AS STATED ABOVE: FAIRFIELD RECORDER AND FREESTONE COUNTY TIMES, FAIRFIELD, TX.



Misty Richardson, City Secretary

THIS FACILITY IS WHEELCHAIR ACCESSIBLE AND ACCESSIBLE PARKING SPACES ARE AVAILABLE. REQUESTS FOR ACCOMMODATIONS SHOULD BE MADE FORTY-EIGHT (48) HOURS PRIOR TO THIS MEETING. PLEASE CONTACT THE CITY SECRETARY'S OFFICE AT (903)389-2633 FOR FURTHER INFORMATION

**City Council
City of Fairfield, Texas
Agenda Action Form**

AGENDA ITEM: 3.

AGENDA SUBJECT: DISCUSSION AND POSSIBLE ACTION TO APPROVE HEALTH CARE BENEFITS PROVIDER.

PREPARED BY:

DATE SUBMITTED: September 15, 2024

EXHIBITS: 1. Copy of Copy of City Fairfield compare spread 10.1.24.xlsx with calculations

BUDGETARY IMPACT:

SUMMARY:

RECOMMENDED ACTION:



City of Fairfield

2024 Group Health Marketing Proposal

Effective 10.1.2024	Curative				ALTERNATE OPTIONS		
	Current		Renewal		BCBS	UHC	Baylor Scott & White
	PPD Plan Standardize				Option #1	Option #1	Option #3
PLAN NAME					Pinnacle Premier PPO	DHNU 6555 Premier	P500403213
NETWORK	When Compliant w/ Baseline Visit		When Non-Compliant with Baseline visit		BlueChoice	Navigate	BSW Access PPO
In Network / Out Network							
COINSURANCE LEVEL	0%	80% / 50%	0%	80% / 50%	80 / 50%	80%	90 / 50%
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
CALENDAR YEAR DEDUCTIBLE							
- Individual	\$0 / \$0	\$5,000 / \$10,000	\$0 / \$0	\$5,000 / \$10,000	\$0 / \$5,000	\$500 /	\$0 / \$2,750
- Family	\$0 / \$0	\$10,000 / \$20,000	\$0 / \$0	\$10,000 / \$20,000	\$5,000 / \$10,000	\$1,500 /	\$0 / \$5,500
OUT-OF-POCKET							
- Individual	\$0 / \$0	\$7,500 / \$15,000	\$0 / \$0	\$7,500 / \$15,000	\$6,300 / Unlimited	\$2,500 /	\$7,000 / \$21,000
- Family	\$0 / \$0	\$15,000 / \$30,000	\$0 / \$0	\$15,000 / \$30,000	\$12,600 / Unlimited	\$7,500 /	\$14,000 / \$42,000
OFFICE VISIT COPAY							
Primary Care/Specialist/Urgent Care	\$0	\$25 / \$50 / 20% after Deductible	\$0	\$25 / \$50 / 20% after Deductible	\$20 / \$40 / \$75	\$10 / \$80 / \$25	\$15 / \$50 / \$50
PREVENTATIVE CARE	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount
INPATIENT HOSPITALIZATION	\$0	20% after Deductible	\$0	20% after Deductible	20% Coinsurance	20% Coinsurance	\$500/day (not to exceed \$2500)
EMERGENCY ROOM CARE	\$0	20% after Deductible	\$0	20% after Deductible	\$500/visit + 20% Coinsurance	\$300/visit + 20% Coinsurance	\$750 per visit
OUTPATIENT SURGERY	\$0	20% after Deductible	\$0	20% after Deductible	20% Coinsurance	20% Coinsurance	\$300 per visit
MATERNITY	\$0	20% after Deductible	\$0	20% after Deductible	prenatal: \$20 PCP / \$40 Spec, deductible does not apply postnatal: 20% Coinsurance	prenatal: no charge PCP / Spec, postnatal: 20% after deductible	prenatal: \$15 PCP postnatal: \$500/day (not to exceed \$2500)
PRESCRIPTION DRUGS							
CALENDAR YEAR DEDUCTIBLE	None	None	None	None	None	None	None
RETAIL for 30-day supply:							
Generic	\$0	\$50 after Deductible	\$0	\$50 after Deductible	\$10 / \$20	T1: \$10 / T2: \$40	T1: \$15 / T2: \$55
Preferred Brand	\$0	\$50 after Deductible	\$0	\$50 after Deductible	\$50 / \$70	T3: \$125	T3: \$150
Non-Preferred Brand	\$50 / \$250	\$100 for Brand & Generic	\$50 / \$250	\$100 for Brand & Generic	\$100 / \$120	T4: \$300	
Specialty	Preferred Specialty \$0 / Non-Preferred Specialty \$50/\$250	25% after Deductible for Specialty	Preferred Specialty \$0 / Non-Preferred Specialty \$50/\$250	25% after Deductible for Specialty	\$150 / \$250	\$10 / \$40 / \$125 / \$500	\$500
MAIL ORDER for 90-day supply:							
Generic/Preferred/Non-Preferred					\$0 / \$30 / \$150 / \$300	\$20 / \$80 / \$250 / \$600	\$30 / \$165 / \$450
Employee Count	36		36		36	36	36
Employee Only	22		22		22	22	22
Employee + Spouse	1		1		1	1	1
Employee + Child(ren)	4		4		4	4	4
Employee + Family	9		9		9	9	9
Monthly Premium							
Employee Only	\$660.11		\$752.33		\$1,167.01	\$1,037.67	\$919.29
Employee + Spouse	\$1,340.03		\$1,608.43		\$2,334.02	\$2,075.34	\$1,838.58
Employee + Child(ren)	\$1,161.81		\$1,394.41		\$2,334.02	\$2,075.34	\$1,838.58
Employee + Family	\$1,947.35		\$2,337.39		\$3,501.03	\$3,113.01	\$2,757.87
Monthly Total	\$38,035.84		\$45,653.84		\$68,853.59	\$61,222.53	\$54,238.11
Annual Total	\$456,430.08		\$547,846.08		\$826,243.08	\$734,670.36	\$650,857.32

**City Council
City of Fairfield, Texas
Agenda Action Form**

AGENDA ITEM: 5.

AGENDA SUBJECT: WORKSHOP

PREPARED BY:

DATE SUBMITTED: September 15, 2024

EXHIBITS: None

BUDGETARY IMPACT:

SUMMARY:

RECOMMENDED ACTION:

