

**NOTICE OF SPECIAL MEETING OF THE GOVERNING BODY  
OF THE CITY OF LAMPASAS, TEXAS  
CITY COUNCIL CHAMBERS  
405 SOUTH MAIN STREET  
Monday, July 29, 2019  
5:30 p.m. Special Session**

Notice is hereby given that a special meeting of the City Council of the City of Lampasas, Texas will be held on Monday, July 29, 2019 in the City Council Chambers located at 405 South Main Street, Lampasas, Texas. The City Council of Lampasas, Texas reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of the matters listed, as authorized by the Texas Government Code sections 551.071 (consultation with attorney), 551.072 (deliberations about real property), 551.073 (deliberations about gifts and donations), 551.074 (personnel matters), 551.076 (deliberations about security devices), 551.087 (economic development), and Section 551.086 (Relating to the authority of public power utility governing bodies to deliberate regarding competitive matters).

**SPECIAL SESSION  
5:30 P.M.**

- I. Call to order Special Session
- II. Discussion and possible action concerning extending the Bank Depository Services Contract with Bancorp South, formerly First State Bank Central Texas, to serve as the bank depository for the City for a one (1) year period ending June 30, 2020.
- III. Discussion and possible action regarding the renewal of the City's Health Insurance Coverage for City Employees with Scott & White Health Plan for October 1, 2019 to September 30, 2020 and authorize the City Manager to execute related documents.
- IV. Departmental Budget Presentations
  - 5:30- Non-Departmental
  - 5:50- Streets
  - 6:00- Water/Wastewater
  - 6:15- Electric
  - 6:25- Police Department
  - 6:40- Fire Department
  - 6:55- Information Systems
  - 7:10- Municipal Court
  - 7:20- Building Department
  - 7:30- Finance- Utility Billing and Collection
- V. Discussion and possible action regarding modifications to the FY 2019 Budget
- VI. Adjourn Special Session

Adjourn

I, Becky Sims, Assistant City Secretary of the City of Lampasas, Texas, do hereby certify that this Notice of Meeting was posted on the bulletin board/front window of City Hall, 312 East Third Street, Lampasas, Texas, at a place readily accessible to the general public at all times, on the 26 day of July, 2019 at 9:55am

Becky Sims  
Becky Sims, Assistant City Secretary

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City Manager

ITEM NO.   11  

**BUSINESS FOR THE CITY COUNCIL  
OF THE  
CITY OF LAMPASAS**

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**Subject:**

Discussion and Possible Action concerning extending the Bank Depository Services Contract with Bancorp South, formerly First State Bank Central Texas, to serve as the bank depository for the City for a one (1) year period ending June 30, 2020.

Requested By: Yvonne Moreno, Finance Director

Submitted By: Yvonne Moreno, Finance Director

Date Submitted: July 25, 2019

For the Agenda of: July 29, 2019

**Procurement and Funding Statement:**

N/A

Attachments:

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**Summary Statement:**

The City's current depository contract was for a three-year period with a provision for two one-year extensions. First State Bank was acquired by Bancorp South and that transition started on June 11, 2018. The three-year period ended June 30, 2018 and the City did request for a one-year extension until June 30, 2019. The City has requested to extend the contract for the second year, until June 30, 2020. This will complete the contract terms. The Finance Department, in cooperation with Patterson and Associates, will be preparing bid documents for the Depository Contract in the upcoming months. A letter from Bancorp South is included stating the bank is agreeable to providing the same terms, rates, and services for one additional year.

**Recommendation:**

Motion to approve the extension of the depository contact with Bancorp South for one additional year with the same terms, rates, and services.



July 24, 2019

Mrs. Yvonne Moreno, Finance Director  
City of Lampasas  
312 E. Third Street  
Lampasas, Texas 76550

RE: Depository Contract between City of Lampasas and BancorpSouth.

Dear Mrs. Moreno,

Could please sign one copy of the attached and return to me. Once you have this approved through the City Council, could you also please send me a copy of the Minutes approving this.

If you have any questions, please free to give me a call. BancorpSouth appreciates the opportunity to provide for the City's financial needs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard Procter".

Richard Procter  
Division President

CC: Cassandra G. Wiggins, CTP SVP  
BancorpSouth Treasury Management

  
City Manager

ITEM NO. III

**BUSINESS FOR THE CITY COUNCIL  
OF THE  
CITY OF LAMPASAS**

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**Subject:**

Discussion and Possible Action regarding the renewal of the City's Health Insurance Coverage for City Employees with Scott & White Health Plan for October 1, 2019 to September 30, 2020 and authorize the City Manager to execute related documents.

Requested By: Yvonne Moreno, Finance Director

Submitted By: Yvonne Moreno, Finance Director

Date Submitted: July 25, 2019

For the Agenda of: July 29, 2019

**Procurement and Funding Statement:**

N/A

Attachments:

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**Summary Statement:**

The City has received its annual renewal rates from Scott & White Health Plan for FY 2019/2020. The proposed rate is approximately a 2% decrease in the rates compared to current rates and will include a second year rate cap at 5.5% for the October 2020 renewal. The renewal provides the same level of benefits for the employees as the current rates.

**Recommendation:**

Staff recommends review of the renewal rates.

**City of Lampasas  
Renewal Effective:  
10/1/2019**

Revised May 21, 2019

**Employee Benefit Trust - Exempt from Premium Tax**

2019 Renewal	Plan Type CC80	Medical Benefits Scott & White Care Plan HMO Network				Pharmacy Benefits \$5 / \$25 / \$50 \$0 Rx Deductible Unlimited	Plan: Custom CC \$30 20% \$750 DED Custom RX64OPM
		OV/SP \$30 / \$30	Coins 20%	Ded \$750	OOP Max \$3,000		
4-Tier Option		Premium Tax Exempt Rates*				Rates*	Total
Single		\$602.63				Included in Medical	\$602.63
Employee & Spouse		\$1,072.72				Included in Medical	\$1,072.72
Employee & Child(ren)		\$897.96				Included in Medical	\$897.96
Family		\$1,271.66				Included in Medical	\$1,271.66

2019 Renewal	Plan Type HMO	Medical Benefits Scott & White Care Plan HMO Network				Pharmacy Benefits \$5 / \$25 / \$50 \$0 Rx Deductible Unlimited	Plan: Custom HMO \$40 Custom RX64OPM
		OV/SP \$40 / \$40	Coins N/A	Ded N/A	OOP Max \$3,000		
4-Tier Option		Premium Tax Exempt Rates*				Rates*	Total
Single		\$780.07				Included in Medical	\$780.07
Employee & Spouse		\$1,388.62				Included in Medical	\$1,388.62
Employee & Child(ren)		\$1,162.36				Included in Medical	\$1,162.36
Family		\$1,646.09				Included in Medical	\$1,646.09

Optional Eyewear Rider:	EO \$2.04	ES \$3.53	EC \$2.97	EF \$4.17
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CC and HMO plans are underwritten by Scott & White Care Plan (SWCP).  
 PPO plans are underwritten by the Insurance Company of Scott & White (ICSW).  
 HMO and CC plans utilize the SWCP network and provide no out-of-network benefit.  
 PPO members residing within the Scott & White service area will utilize the ICSW Network.  
 PPO members residing outside the Scott & White service area will utilize the PHCS Network.

Broker Commission: 4.00%

SWCP/ICSW Client Manager: Christopher Gravitt

**\*SWHP is willing to offer a Rate Cap Guarantee of no more than 5.5% increase for the October 1, 2020 renewal (Year 2). This Rate Cap Guarantee is subject to the following conditions:**  
 1) If the group goes out to bid at that time, this offer is rescinded.  
 2) Mandated benefit changes and changes in ACA fees are excluded from this rate cap guarantee

\*Above rates include ACA Fees (Patient Centered Outcomes (PCORI) fee and Insurer fee).

\*Above rates include ACA Fees (Patient Centered Outcomes (PCORI) fee and Insurer fee).

\*Medical rates include coverage for durable medical equipment, diabetic supplies, and mandated mental health.

\*Please review the Summary of Benefits and Coverage (SBC) for a complete description of benefits.

\*Above rates assumes benefits are on a calendar year basis.

\*It is SWCP's / ICSW's understanding that the employer contribution is at least 100% toward the employee-only rate. This quote assumes that contribution will continue. If the information is incorrect, please provide us with the current contribution strategy.

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## Underwriting Assumptions For Sole Carrier Quotes

### City of Lampasas

- Participation of at least 70% of eligible employees is required.
- The employer contribution must be at least 50% of the single premium. Dual option plan offerings must be at least 50% of the single premium on all plans.
- COBRA enrollees cannot exceed 10% of the total population.
- Retirees are not eligible unless otherwise indicated. If included, retirees cannot exceed 15% of actives. If retirees exceed 15% of actives the group must meet the loss ratio per the rate certification or the rates may be adjusted to achieve a satisfactory loss ratio.
- If the group's enrollment and/or eligible population changes by 20% or more, we reserve the right to re-rate the group.
- This quote is intended as a single carrier, total replacement offering. If additional carriers are introduced on a renewing group, we reserve the right to review the other carrier's benefit summaries, review the contribution scheme and re-evaluate our rates. If additional carriers are introduced on a new sale, we reserve the right to review the other carrier's benefit summaries, review the contribution scheme and to withdraw our quote.
- We reserve the right to change any premium rate, including on a retrospective basis, when the terms of the policy are changed or our liability has been altered because of a change in state or federal law or a substantive change in the composition of the group.
- All rates assume NO GAP plan is in place unless otherwise indicated on the Marketing Rate Sheet.

\_\_\_\_\_ I hereby accept the rates on the preceding page as presented.

\_\_\_\_\_ I hereby accept the rates on the preceding page without the following riders: (use this option if applicable).

Signed: \_\_\_\_\_

Name/Title

Date: \_\_\_\_\_