### AGENDA



Port Freeport Personnel Advisory Committee Special Meeting Wednesday, November 17, 2021, 11:00 am - 11:50 am In Person & Videoconference - Administration Building - 1100 Cherry Street - Freeport

This meeting may be attended virtually or in person.

The meeting will be conducted pursuant to Section 551.127 of the Texas Government Code titled "Videoconference Call." This statute provides public officials, employees and members of the public may participate remotely in a public meeting by videoconference call. The Port Commission is utilizing this existing statute to ensure the greatest amount of access to the public and ensure the ability of all Commissioners to participate in meetings.

The quorum of the Port Commission will be located at the Commissioner Meeting Room located at 1100 Cherry Street, Freeport, Texas ("Meeting Location"). The Port Commission intends to have a quorum at the Meeting Location. The presiding Commissioner of this meeting will be physically present at the Meeting Location. The public will be permitted to physically attend the meeting at the Meeting Location.

Public comment will be available at the beginning of the meeting during the agenda item devoted to public comment. Public comment may be communicated virtually and in person, but in either event public comment will be limited to 5 minutes per participant and must be communicated verbally. Following public comment, the public will not be permitted to communicate with the Port Commission.

This meeting agenda and agenda packet is posted online at www.portfreeport.com

The videoconference is available online as follows:

Join Zoom Meeting https://us02web.zoom.us/j/83198059061?pwd=VW5ZZUZSZJFjUnBnaVF1OW4rWHJ3dz09

Meeting ID: 831 9805 9061 Passcode: 379193

Dial by your location 1 346 248 7799 US (Houston) 1 669 900 9128 US (San Jose) 1 253 215 8782 US (Tacoma) 1 312 626 6799 US (Chicago) 1 646 558 8656 US (New York) 1 301 715 8592 US (Washington DC) Meeting ID: 831 9805 9061 Find your local number: https://us02web.zoom.us/u/kdwtkfo

- 1. Committee Members: Singhania (Chairman), Croft, Pirtle
- 2. CONVENE OPEN SESSION in accordance with Texas Government Code Section 551.001, et. seq., to review and consider the following:
- 3. Roll Call.
- 4. Public Comment. (Public comment will be limted to 5 minutes per participant and can be completed in person or virtually)

- 5. Discussion regarding Port Freeport's annual contribution to the Port Freeport Retirement Plan.
- 6. Discussion regarding renewal of Port Freeport Health, Dental and Vision Insurance.
- 7. EXECUTIVE SESSION in accordance with Subchapter D of the Open Meetings Act, Texas Government Code Section 551.001, et. seq., to review and consider the following:
  - A Under authority of Section 551.074 (Deliberation of Personnel Matters) for discussion regarding:
    - 1. Deliberation regarding the appointment, employment, evaluation, reassignment, duties of a public officer or employee, including but not limited to: Executive Director/CEO.
- 8. RECONVENE OPEN SESSION:
- 9. Adjourn.

The Committee does not anticipate going into a closed session under Chapter 551 of the Texas Government Code at this meeting for any other items on the agenda, however, if necessary, the Committee may go into a closed session as permitted by law regarding any item on the agenda.

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Phyllis Saathoff, Executive Director/CEO PORT FREEPORT

In compliance with the Americans with Disabilities Act, the District will provide for reasonable accommodations for persons attending its functions. Requests should be received at least 24 hours in advance.

## RESOLUTION AUTHORIZING A CONTRIBUTION TO THE PORT FREEPORT RETIREMENT PLAN

At a regular meeting of the Port Commission of Port Freeport at the office of said District at 1100 Cherry Street, Freeport, Texas, on the 17<sup>th</sup> day of November 2021, among other business came on to be considered the following resolution, which, upon motion duly made and seconded, was adopted by vote of all Commissioners present:

### FINDINGS

- 1. Due and proper notice of the date, time, place and purpose of this meeting has been duly given in accordance with the provisions of the Texas Open Meetings Act, and such meeting has been conducted in accordance with said Open Meetings Act.
- 2. Port Freeport ("Port" or "Employer") has heretofore adopted a "Flexible Nonstandardized Safe Harbor Profit Sharing Plan Agreement" establishing the "Port Freeport Retirement Plan" (the "Plan") effective January 1, 2000.
- 3. Employer has heretofore adopted a Group Annuity Contract with the MassMutual Financial Group, Contract No. GA-7649, effective January 1, 2001.
- 4. Per agreement with MassMutual Financial Group, Employer serves as Plan Administrator of the Plan.
- 5. Upon recommendation of Management, it is found to be in the best interest of the Port for Employer to make a contribution of 6.0 percent (0.060) of Plan eligible wages to the "Port Freeport Retirement Plan" for the plan year ending December 31, 2021.

Now, therefore, BE IT RESOLVED, that the Port, as Employer, hereby authorizes a contribution a contribution of 6.0 percent (0.060) of Plan eligible wages to the Port Freeport Retirement Plan for the plan year ending December 31, 2021.



## M E M O R A N D U M

TO: Commissioners Chief Executive Officer

FROM: Rob Lowe Mary Campus

**DATE:** November 1, 2021

SUBJECT: Group Health and Dental/Vision Insurance

The current medical plan is through Blue Cross Blue Shield (BCBS) and expires December 31, 2021. BCBS has offered renewal with a premium increase of 6.2%. The budget was calculated using a 12% increase for nine months, so therefore the medical will be below budgeted levels for the fiscal year. Alternate plans with BCBS, United Healthcare and Humana were also considered, all having subtle differences such as co-pays, deductibles and maximum out of pocket. Management recommendation is to renew the BCBS plan as proposed while maintaining the existing cost share, as budgeted.

The current dental/vision plan is through Principal and will also expire December 31, 2021. We requested research in offering two plans, one being the renewal plan with a \$1,500 annual maximum and another with a \$2,000 annual maximum. By offering two plans, Principal has restructured the rates and the renewal plan has a 1% reduction in rates. The budget was calculated using a 10% increase for nine months, so therefore the dental/vision will be below budgeted levels for the fiscal year. The Principal alternate offering will be treated as a buy up plan, the Port's cost will remain the same. All other alternate proposals are at a higher premium. Management recommendation is to renew the existing dental/vision plan with Principal while maintaining the existing cost share, as budgeted.

## **Port Freeport Health Insurance Renewal 1-1-2022**

\$

\$

\$

210.36 \$

2,430.87 \$

373.98 \$

223.37

2,581.20

397.11

\$

\$

\$

Employee 17.5%

Employee 17.5%

Port 82.5%

Employee & Family



217.93

2,518.23

387.42

	BCBS Texas Expiring	BCBS Renewal		BCBS Alternate		BCBS Alternate		BCBS Alternate	exaals
Plan Name	G652CHC	G652CHC		G653CHC		G654CHC		G9L1CHC	1
		00020110							
Benefits	In-Network	In-Network		In-Network Single/Family		In-Network		In-Network	
Office Co-pay	PCP \$40, SPC \$80	PCP \$40, SPC \$80		PCP \$30, SPC \$60		PCP \$40, SPC \$80		PCP \$30, SPC \$60	
ER	\$500 co-pay + ded &/or 20%	\$500 co-pay + ded &/or 20%		\$500 co-pay + ded &/or 20%		\$600 co-pay + ded &/or 20%		\$300 co-pay + ded &/or 20%	
Urgent Care	\$100 co-pay	\$100 co-pay		\$75 co-pay		\$75 co-pay		\$75 co-pay	
Deductible	\$1,500/\$4,500 Single/Family	\$1,500/\$4,500 Single/Family		\$1,500/\$4,500 Single/Family		\$1,250/\$3,750 Single/Family		\$2,000/\$6,000 Single/Family	
Coinsurance	80%/20%	80%/20%		80%/20%		80%/20%		80%/20%	
Out-of-Pocket	\$5,000/\$10,000 Single/Family	\$5,000/\$10,000 Single/Family		\$6,000/\$12,000 Single/Family		\$5,000/\$10,000 Single/Family		6,000/\$17,100 Single/Family	
Pharmacy	\$0/10/50/100/150/250	\$0/10/50/100/150/250		\$0/\$20/\$70/\$120/\$150/\$250		\$0/10/50/100/150/250		\$0/10/50/100/150/250	
In-Patient Co-pay	N/A	N/A		N/A		\$300		\$150	
Out-Patient Co-pay	N/A	N/A		N/A		\$250		\$100	
	Out Network	Out Network		Out Network		Out Network		Out Network	
Deductible	\$3,000/\$9,000 Single/Family	\$3,000/\$9,000 Single/Family		\$3,000/\$9,000 Single/Family		\$2,500/\$7,500 Single/Family		\$4,000/\$8,100 Single/Family	
Coinsurance	60%/40%	60%/40%		60%/40%		60%/40%		70%/30%	
Out of Pocket	Unlimited	Unlimited		Unlimited		Unlimited		Unlimited	
Blue Cross Census O	uote Total Monthly Premium (In	cluding Dependents)							
	\$70,121.25	\$74,457.75	6.2%	\$73,751.25	5.2%	\$74,190.75	5.8%	\$72,144.00	2.9%
Monthly Rate:				····				··	
Employee	\$ 934.95	\$ 992.77	6.2%	\$ 983.35	5.2%	\$ 989.21	5.8%	\$ 968.55	5 3.6%
Employee & Spouse	\$ 1,869.90	\$ 1,985.54	6.2%				5.8%	\$ 1,937.10	
Employee & Child	\$ 1,869.90	\$ 1,985.54	6.2%	\$ 1,966.70	5.2%	\$ 1,978.42	5.8%	\$ 1,937.10	3.6%
Employee & Family	\$ 2,804.85	\$ 2,978.31	6.2%	\$ 2,950.05	5.2%	\$ 2,967.63	5.8%	\$ 2,905.65	5 3.6%
<i>Current Allocation:</i>		**Texas Association of Countie	s decli	ned to quote; Port Freeport is not	eligibe	for Aetna's plan offerings			
Employee:	¢	¢ 042.12		¢ 024.19		¢ 020.75		¢ 020.12	,
Port 95%	\$ 888.20 \$	•		\$ 934.18 \$ 40.17		\$ 939.75 \$ 40.46		\$ 920.12 \$	
Employee 5%	\$ 46.75	\$ 49.64		\$ 49.17		\$ 49.46		\$ 48.43	,
Dependent:									
Employee & Spouse		¢ 1.7<0.17		ф 1 <i>ПАС АА</i>		¢ 1.755.05		¢ 1.710.17	7
Port 82.5%	\$ 1,659.54	\$ 1,762.17		\$ 1,745.44		\$ 1,755.85		\$ 1,719.17	/

\$

\$

\$

222.57

2,571.95

395.68

\$

\$

\$

221.26

2,556.71

393.34

# **Port Freeport Health Insurance Renewal 1-1-2022**

BCBS Texas Expiring         BCBS Renewal         United Healthcare           Pian Name         G652C11C         G652C11C         CFFP         Option 5           Benefits         In-Network         In-Network         In-Network         In-Network         In-Network           Office Co-pay         PCP 540, SPC 580         PCP 540, SPC 580         PCP 540, SPC 580         S500 co-pay + ded &/or 20%         S500 co-pay         S00 co-pay         S500 co-pay         S00				A Tee Helaina	an		
Plan Name         G652CHC         CEFP         Option 5           Benefits         In-Network         In		<b>BCBS</b> Texas Expiring	BCBS Renewal	United Healthcare		Humana A Texa Helping Ta	an exans
Office Co-pay         PCP \$40, SPC \$80         PCP \$40, SPC \$80         PCP \$15, SPC \$100         PCP \$40, SPC \$80           ER         \$500 co-pay + ded &/or 20%         \$5100 co-pay         \$5100 co-pay         \$5100 co-pay         \$5100 co-pay         \$5100 co-pay         \$610 co-pay         \$600 solution constraints	Plan Name		G652CHC	CEFP			1
ER         S500 co-pay + ded &/or 20%         S500 co-pay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay <td>Benefits</td> <td>In-Network</td> <td>In-Network</td> <td>In-Network</td> <td></td> <td>In-Network</td> <td></td>	Benefits	In-Network	In-Network	In-Network		In-Network	
ER         S500 co-pay + ded &/or 20%         S500 co-pay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay         Stopay <td>Office Co-pay</td> <td>PCP \$40, SPC \$80</td> <td>PCP \$40, SPC \$80</td> <td>PCP \$15, SPC \$100</td> <td></td> <td>PCP \$40, SPC \$80</td> <td></td>	Office Co-pay	PCP \$40, SPC \$80	PCP \$40, SPC \$80	PCP \$15, SPC \$100		PCP \$40, SPC \$80	
Deductible         \$1,500/\$4,500 Single/Family         \$1,500/\$3,000 Single/Family         \$1,500/\$10,000 Single/Family         \$1,500/\$1,000 Single/Family         \$5,000/\$1,000 Single/Family         \$6,000/\$1,000 Single/Family         \$0,000 Single/Family         \$0,000 Single/Family         \$0,000 Single/Family		\$500 co-pay + ded &/or 20%	\$500 co-pay + ded &/or 20%	\$300 co-pay + ded &/or 20%		\$500 co-pay + ded &/or 20%	
Coinsurance         80%/20%         \$5,000/\$10,000 Single/Family         \$5,000/\$10,000 Single/Family         \$5,000/\$10,000 Single/Family         \$5,000/\$10/150/250         \$10/40/125/300         \$5,000/\$15,000         \$5,000/\$15,000         \$5,000/\$15,000         \$5,000/\$15,000         \$5,000/\$15,000         \$6,000/\$12,000         \$5,000/\$12,000<	Urgent Care	\$100 co-pay	\$100 co-pay	\$25 co-pay		\$100 co-pay	
Out-of-Pocket         \$5,000/\$10,000 Single/Family         \$5,000/\$1,000 Single/Family         \$5,000/\$1,000 S	Deductible	\$1,500/\$4,500 Single/Family	\$1,500/\$4,500 Single/Family	\$1,500/ <b>\$3,000</b> Single/Family		\$1,500/ <b>\$3,000</b> Single/Family	
Pharmacy         \$0/10/50/100/150/250         \$0/10/50/100/150/250         \$10/40/125/300         \$5/15/75/150/1200           In-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         Out Network         Out Network         Out Network         Out Network           Out Network         Out Network         Out Network         Out Network         Out Network         Out Network           Coinsurance         60%/40%         60%/40%         50%/50%         50%/50%         50%/50%           Out of Pocket         Unlimited         Unlimited         \$10,000/\$30,000 Single/Family         \$20,000/\$40,000 Single/Family         \$20,000/\$40,000 Single/Family           Bue Cross Census Quote Total Monthly Premium (Including Dependents)         Famployee         \$70,121.25         \$75,653.90         7.9%         \$85,466.41         21.9%           Monthly Rate:	Coinsurance	80%/20%	80%/20%	80%/20%		80%/20%	
In-Patient Co-pay         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         Out Network         States State	Out-of-Pocket	\$5,000/\$10,000 Single/Family	\$5,000/\$10,000 Single/Family	\$8,500/\$17,000 Single/Family		\$5,000/\$10,000 Single/Family	
Out-Patient Co-pay         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         N/A         N/A         N/A         N/A           Out-Patient Co-pay         N/A         Out Network         Stoppose         Stoppose<	Pharmacy	\$0/10/50/100/150/250	\$0/10/50/100/150/250	\$10/40/125/300		\$5/15/75/150/1200	
Out Network         Out Network         Out Network         Out Network         Out Network           Deductible         \$3,000/\$9,000 Single/Family         \$3,000/\$9,000 Single/Family         \$5,000/\$15,000 Single/Family         \$6,000/\$12,000 Single/Family         \$6,000/\$12,000 Single/Family         \$6,000/\$40,000 Single/Family         \$20,000/\$40,000 Single/Famil	In-Patient Co-pay	N/A	N/A	N/A		N/A	
Deductible         \$3,000/\$9,000 Single/Family         \$5,000/\$15,000 Single/Family         \$6,000/\$12,000 Single/Family           Coinsurance         60%/40%         60%/40%         50%/50%         50%/50%           Out of Pocket         Unlimited         Unlimited         \$10,000/\$30,000 Single/Family         \$20,000/\$40,000 Single/Family           Blue Cross Census Quote         Total Monthly Premium (Including Dependents)         5         79%         \$85,466.41         21.9%           Monthly Rate:         5         974,457.75         \$75,653.90         7.9%         \$85,466.41         21.9%           Employee         \$934.95         \$992.77         \$1,022.35         9.3%         \$1,325.91         41.8%           Employee & Spouse         \$1,869.90         \$1,985.54         \$2,044.70         9.3%         \$2,651.82         41.8%           Employee & Family         \$2,804.85         \$2,978.31         \$3,067.05         9.3%         \$3,977.72         41.8%           Current Allocation:         **Texas Association of Counties           Employee & Spouse or Children         **Texas Association of Counties           Port 95%         \$46.75         \$49.64         \$1.12         \$6.30           Dependent:          \$49.64         \$1.12 <td>Out-Patient Co-pay</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> <td>N/A</td> <td></td>	Out-Patient Co-pay	N/A	N/A	N/A		N/A	
Coinsurance         60%/40%         60%/40%         50%/50%         50%/50%           Out of Pocket         Unlimited         Unlimited         \$10,000/\$30,000 Single/Family         \$20,000/\$40,000 Single/Family           Blue Cross Census Quote Total Monthly Premium (Including Dependents)         79%         \$85,466.41         21.9%           Monthly Rate:               21.9%           Monthly Rate:              21.9%           Employee \$ 934.95         \$ 992.77         \$ 1,022.35         9.3%         \$ 1,325.91         41.8%           Employee & Spouse \$ 1,869.90         \$ 1,985.54         \$ 2,044.70         9.3%         \$ 2,651.82         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 2,651.82         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,977.72         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,977.72         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,259		Out Network	Out Network	Out Network		Out Network	+
Coinsurance         60%/40%         60%/40%         50%/50%         50%/50%           Out of Pocket         Unlimited         Unlimited         \$10,000/\$30,000 Single/Family         \$20,000/\$40,000 Single/Family           Blue Cross Census Quote Total Monthly Premium (Including Dependents)         79%         \$85,466.41         21.9%           Monthly Rate:               21.9%           Monthly Rate:              21.9%           Employee \$ 934.95         \$ 992.77         \$ 1,022.35         9.3%         \$ 1,325.91         41.8%           Employee & Spouse \$ 1,869.90         \$ 1,985.54         \$ 2,044.70         9.3%         \$ 2,651.82         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 2,651.82         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,977.72         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,977.72         41.8%           Employee & Family         \$ 2,804.85         \$ 2,978.31         \$ 3,067.05         9.3%         \$ 3,259	Deductible	\$3,000/\$9,000 Single/Family	\$3,000/\$9,000 Single/Family	\$5,000/\$15,000 Single/Family		\$6,000/\$12,000 Single/Family	
Blue Cross Census Quote Total Monthly Premium (Including Dependents)         77,02%         885,466.41         21.9%           Monthly Rate:         570,121.25         \$74,457.75         \$75,653.90         7.9%         \$885,466.41         21.9%           Monthly Rate:         5         934.95         \$922.77         \$1,022.35         9.3%         \$1,325.91         41.8%           Employee         \$934.95         \$992.77         \$1,022.35         9.3%         \$2,651.82         41.8%           Employee & Spouse         \$1,869.90         \$1,985.54         \$2,044.70         9.3%         \$2,651.82         41.8%           Employee & Child         \$1,869.90         \$1,985.54         \$2,044.70         9.3%         \$2,651.82         41.8%           Employee & Family         \$2,804.85         \$2,978.31         \$3,067.05         9.3%         \$3,977.72         41.8%           Current Allocation:         **Texas Association of Counties         **Texas Association of Counties         51.12         \$66.30           Dependent:          **Texas Association of Counties         51.12         \$66.30           Employee & Spouse or Children          51.12         \$66.30         \$2,553.49         \$2,353.49         \$2,353.49         \$2,353.49         \$298.33         <	Coinsurance	60%/40%		50%/50%		50%/50%	
\$70,121.25         \$74,457.75         \$75,653.90         7.9%         \$85,466.41         21.9%           Monthly Rate:	Out of Pocket	Unlimited	Unlimited	\$10,000/\$30,000 Single/Family		\$20,000/\$40,000 Single/Family	
Monthly Rate:         Image: Constraint of Constraint	Blue Cross Census Q	Quote Total Monthly Premium (In	cluding Dependents)				
Employee       \$       934.95       \$       992.77       \$       1,022.35       9.3%       \$       1,325.91       41.8%         Employee & Spouse       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Child       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Child       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Family       \$       2,804.85       \$       2,978.31       \$       3,067.05       9.3%       \$       3,977.72       41.8%         Current Allocation:       **Texas Association of Counties       **Texas Association of Counties       **       **       66.30       \$       51.12       \$       66.30       \$       66.30       \$       \$       2,553.49       \$       2,353.49       \$       2,98.33       \$       298.33       \$       298.33       \$       298.33       \$       298.33       \$       298.33       \$       298.33       \$       2,430.87       \$       2,581.20		\$70,121.25	\$74,457.75	\$75,653.90	7.9%	\$85,466.41	21.9%
Employee & Spouse       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Child       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Child       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Child       \$       1,869.90       \$       1,985.54       \$       2,044.70       9.3%       \$       2,651.82       41.8%         Employee & Family       \$       2,804.85       \$       2,978.31       \$       3,067.05       9.3%       \$       3,977.72       41.8%         Current Allocation:       **Texas Association of Counties       **Texas Association of Counties       **       **       51.12       \$       1,259.61       \$       66.30       \$       \$       51.12       \$       66.30       \$       \$       2,353.49       \$       2,353.49       \$       2,353.49       \$       2,98.33       \$       2,98.33       \$       2,98.33       \$       2,98.33       \$       2,98.33       \$       2,98.33	Monthly Rate:						
Employee & Child         \$         1,869.90         \$         1,985.54         \$         2,044.70         9.3%         \$         2,651.82         41.8%           Employee & Family         \$         2,804.85         \$         2,978.31         \$         3,067.05         9.3%         \$         3,977.72         41.8%           Current Allocation:         **Texas Association of Counties         **Texas Association of Counties         \$         3,067.05         9.3%         \$         3,977.72         41.8%           Employee & Family         \$         2,804.85         \$         2,978.31         \$         3,067.05         9.3%         \$         3,977.72         41.8%           Current Allocation:         **Texas Association of Counties         **         \$         3,067.05         9.3%         \$         3,977.72         41.8%           Employee:         Port 95%         \$         888.20         \$         943.13         \$         971.23         \$         1,259.61           Employee 5%         \$         46.75         \$         49.64         \$         51.12         \$         66.30           Dependent:         \$         1,659.54         \$         1,762.17         \$         1,814.67         \$	1 5			\$ 1,022.35	9.3%	\$ 1,325.91	41.8%
Employee & Family         \$         2,804.85         \$         2,978.31         \$         3,067.05         9.3%         \$         3,977.72         41.8%           Current Allocation:         **Texas Association of Counties         **Texas Association of Counties         9.3%         \$         3,977.72         41.8%           Current Allocation:         **Texas Association of Counties         **Texas Association of Counties         9.3%         \$         3,977.72         41.8%           Port 95%         \$         888.20         \$         943.13         \$         971.23         \$         1,259.61           Employee 5%         \$         46.75         \$         49.64         \$         51.12         \$         66.30           Dependent:         Employee & Spouse or Children         2,353.49         2,353.49         2,353.49         2,353.49         2,353.49         2,353.49         2,383         2,98.33         2,98.33         2,98.33         2,98.33         2,98.33         2,98.33         2,430.87         \$         2,581.20         \$         2,658.11         \$         3,447.35				\$ 2,044.70	9.3%	\$ 2,651.82	41.8%
Current Allocation:       **Texas Association of Counties         Employee:       Port 95%       \$       888.20       \$       943.13       \$       971.23       \$       1,259.61         Employee 5%       \$       46.75       \$       949.64       \$       51.12       \$       66.30         Dependent:       Employee & Spouse or Children        2,353.49        2,353.49         Port 82.5%       \$       1,659.54       \$       1,762.17       \$       1,814.67       \$       2,353.49         Employee 17.5%       \$       210.36       \$       223.37       \$       230.03       \$       298.33         Employee & Family       Port 82.5%       \$       2,430.87       \$       2,581.20       \$       2,658.11       \$       3,447.35							
Employee:       Port 95% \$       888.20 \$       943.13 \$       971.23 \$       1,259.61         Employee 5% \$       46.75 \$       49.64 \$       51.12 \$       66.30         Dependent:       Employee & Spouse or Children       7       7       1,814.67 \$       2,353.49         Port 82.5% \$       1,659.54 \$       1,762.17 \$       1,814.67 \$       2,353.49         Employee & Family       210.36 \$       223.37 \$       230.03 \$       298.33         Employee & Family       7       7       2,658.11 \$       3,447.35	Employee & Family	\$ 2,804.85	\$ 2,978.31	\$ 3,067.05	9.3%	\$ 3,977.72	41.8%
Port 95%       \$       888.20       \$       943.13       \$       971.23       \$       1,259.61         Employee 5%       \$       46.75       \$       49.64       \$       51.12       \$       66.30         Dependent:       Employee & Spouse or Children       -       -       -       -       -       -       66.30         Port 82.5%       \$       1,659.54       \$       1,762.17       \$       1,814.67       \$       2,353.49         Employee 4.5%       \$       210.36       \$       223.37       \$       230.03       \$       298.33         Employee & Family       - <td>Current Allocation:</td> <td></td> <td>**Texas Association of Countie</td> <td>s</td> <td></td> <td></td> <td></td>	Current Allocation:		**Texas Association of Countie	s			
Employee 5%       \$       46.75 \$       49.64 \$       51.12 \$       66.30         Dependent:       Employee & Spouse or Children       762.17 \$       1,814.67 \$       2,353.49         Port 82.5%       \$       1,659.54 \$       1,762.17 \$       1,814.67 \$       2,353.49         Employee & Family       210.36 \$       223.37 \$       230.03 \$       298.33         Employee & Family       7       7       2,658.11 \$       3,447.35							
Dependent:           Employee & Spouse or Children           Port 82.5%         \$            \$             1,659.54         \$             1,762.17           Port 82.5%         \$             210.36           Employee & Family           Port 82.5%         \$             2,430.87           Port 82.5%         \$             2,430.87	/ • · · ·	•	•	•		• ,	
Employee & Spouse or Children         Port 82.5%       \$ <ol> <li>1,659.54</li> <li>1,762.17</li> <li>1,814.67</li> <li>2,353.49</li> </ol> Employee 17.5%       \$ <ol> <li>210.36</li> <li>223.37</li> <li>230.03</li> <li>298.33</li> </ol> Employee & Family	1 2	\$ 46.75	\$ 49.64	\$ 51.12		\$ 66.30	
Port 82.5%       \$       1,659.54       \$       1,762.17       \$       1,814.67       \$       2,353.49         Employee 17.5%       \$       210.36       \$       223.37       \$       230.03       \$       298.33         Employee & Family       Port 82.5%       \$       2,430.87       \$       2,581.20       \$       2,658.11       \$       3,447.35		or Children					
Employee 17.5%       \$       210.36 \$       223.37 \$       230.03 \$       298.33         Employee & Family        2,430.87 \$       2,581.20 \$       2,658.11 \$       3,447.35			\$ 1 762 17	\$ 1 814 67		\$ 2 353 49	
Employee & Family           Port 82.5%         \$ 2,430.87 \$ 2,581.20 \$ 2,658.11 \$ 3,447.35			· · · · · · · · · · · · · · · · · · ·				
			φ 223.31	÷ 250.05		φ 270.35	
	1 2 2		\$ 2,581.20	\$ 2,658.11		\$ 3,447.35	
	Employee 17.5%	\$ 373.98	\$ 397.11	\$ 408.94			

### Port Freeport Dental and Vision Renewal for 2022

	Prin	cipal				Denta	l Select	м	et Life	Lincoln	National	I	Iumana
Dental	In-Network	Out-Network				In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Type A - Preventive	100%	100%	+			100%	100%	100%	100%	100%	100%	100%	100%
Type B - Basic Resorative	80%	80%	1			80%	80%	80%	80%	80%	80%	80%	80%
<u></u>													
Type C - Major Restorative	50%	50%	-			50%	50%	50%	50%	50%	50%	50%	50%
Type D - Orthodontia	50%	50%				50%	50%	50%	50%	50%	50%	50%	50%
Deductible	In-Network					In-Network		In-Network		In-Network		In-Network	
Individual	\$50	\$50				\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150				\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
1 anny	\$150	\$150				\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Annual Maximum Benefits													
Per Person	\$1,500	\$1,500				\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Child Orthodontia	\$1,000	\$1,000				\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Principal Vision													
Coverage Type	In-Network	Out-of-Network				In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage Type	III-IVetwork	Out-of-fictwork				III-IVELWOI K	Out-oi-network	III-INCLWOIK	Out-oi-network	III-IVELWOI K	Out-of-Itetwork	III-Network	Out-of-Network
Vision Exam- every 12 months	\$10 co-pay	Up to \$45				\$10 co-pay	Up to \$45	\$10 co-pay	Up to \$45	\$20 co-pay	Up to \$40	\$10 co-pay	Up to \$30
Lenses - every 12 months	\$25 co-pay					\$25 co-pay	Up to \$70	\$25 co-pay		100%		\$10 co-pay	
Single	- *	Up to \$30					Up to \$30		Up to \$30		Up to \$40		Up to \$25
Lined Bifocal		Up to \$50					Up to \$50		Up to \$50		Up to \$60		Up to \$40
Lined Trifocal		Up to \$65	1				Up to \$65	1	Up to \$65		Up to \$80		Up to \$60
Lenticular		Up to \$105					Up to \$105		Up to \$100		Up to \$80		Up to \$100
Frames- every 24 months	\$130 allowance	Up to \$70				\$150 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$45	\$150 allowance	Up to \$80
**Elective Contact Lenses - every 12 months	\$150 allowance	Up to \$105				\$150 allowance	Up to \$105	\$130 allowance	Up to \$105	\$125 allowance	Up to \$125	Up to \$150	Up to \$128
Additional Glasses	30% discount, same d					30% discount, same		\$150 allowallee	00103103	\$123 allowallee	00 10 \$125	00 8150	00 10 \$128
Additional Glasses	5076 discount, same d	ay as exam				5078 discount, same							
Sunglasses Discount	20% discount, within	12 months of exam											
			Emilia	Deneral									
Quoted Current Census Total Monthly Premiur	n (Including Donondon	ta)	Expiring: \$2,999.03			\$3,201.05	6%	\$3,431.7	8 13%	\$3,569.08	19%	\$4,022.	46 25%
Quoted Current Census Total Montiny Frendu	in (including Dependent	(3)	\$2,999.03	\$2,903.07	-1 /0	\$5,201.05	070	\$5,451.7	3 13 /0	35,507.00	1370	54,022.	40 2370
Monthly Rate:													
Employee			\$ 32.31	\$ 32.03	-1%	\$ 34.44	6%	\$ 39.39	18%	\$ 39.40	18%	\$ 43.2	25%
Employee & Spouse			\$ 64.07	\$ 63.51	-1%	\$ 68.29	6%	\$ 78.48	18%	\$ 76.22	16%	\$ 86.5	
Employee & Child			\$ 81.14	\$ 80.05	-1%		6%	\$ 85.73		\$ 95.47	15%	\$ 111.8	
Employee & Family			\$ 119.28	\$ 117.82	-1%		6%	\$ 133.12		\$ 141.53	16%	\$ 156.9	
Current Allocation:													
Employee:			¢ 22.21	¢ 22.02		°		¢ 20.20		¢ 20.40		¢ 10.0	
Port 100%			\$ 32.31			\$ 34.44		\$ 39.39		\$ 39.40		\$ 43.2	.8
Employee 0%			\$ -	\$ -		\$ -		\$ -		s -		\$ -	
Dependent:													
Employee & Spouse													
Port 70%			\$ 54.54	54.07		\$ 58.14		\$ 66.75		\$ 65.17		\$ 73.5	8
Employee 30%			\$ 9.53	\$ 9.44		\$ 10.15		\$ 11.73		\$ 11.05		\$ 12.9	18
Employee & Children													
Port 70%			\$ 66.49	\$ 65.64		\$ 71.06		\$ 71.83		\$ 78.65		\$ 91.2	5
Employee 30%			\$ 14.65	\$ 14.41		\$ 15.69		\$ 13.90		\$ 16.82		\$ 20.5	6
Employee & Family													
Port 70%			\$ 93.19	\$ 92.08		\$ 99.49		\$ 105.00		\$ 110.89		\$ 122.8	8
Employee 30%				\$ 25.74		\$ 27.88		\$ 28.12		\$ 30.64		\$ 34.1	
Buy-Up Option with \$2000 Calendar Year Max Monthly Rate: Employee Employee & Spouse Employee & Child Employee & Family				\$ 36.32 \$ 72.01 \$ 94.83 \$ 138.04									
	<u> </u>				1 =0 /								
<b>Total Monthly Premium (Including Dependents</b>	)			\$ 3,439.63	15%								

Page 4 of 5

### PORT FREEPORT Employee Benefits Enrollment 2022

Employ	vee:								
Effectiv	ve Date: 01/01/22	_							
MEDIC	CAL PLAN								
		95%	%/5% Emp	82.5	5% Port/17.5% Dep.				
		E	mployee		Dependent	Total	Port	Employee	Employee
		l	Monthly		Monthly	Monthly	Monthly	Monthly	Bi-weekly
Coverag	ge Options:	I	Premium		Premium	Premium	Premium	Premium	Premium
1	Employee	\$	992.77	\$	-	\$ 992.77	\$ 943.13	\$ 49.64	\$ 22.91
2	Employee + Spouse		992.77		992.77	1,985.54	1,762.17	223.37	103.09
3	Employee + Children		992.77		992.77	1,985.54	1,762.17	223.37	103.09
4	Employee + Family		992.77		1,985.54	2,978.31	2,581.20	397.11	183.28
Election	<u>n:</u>								
Medica	l(Write Covera	ige O	ption No.)	)					

DENTAL AND VISION PLAN \$1,500 annual maximum per person												
		100%		70	% Port/30% Dep.							
		E	Employee		Dependent	Total	Port	Employee	Е	mployee		
		Ν	Monthly		Monthly	Monthly	Monthly	Monthly	Bi-weekl			
Coverage Options:		Р	Premium		Premium	Premium	Premium	Premium	Premium			
1	Employee	\$	32.03	\$	-	\$ 32.03	\$ 32.03	\$ -	\$	-		
2	Employee + Spouse		32.03		31.48	63.51	54.07	9.44		4.36		
3	Employee + Children		32.03		48.02	80.05	65.64	14.41		6.65		
4	Employee + Family		32.03		85.79	117.82	92.08	25.74		11.88		
	1 2 2											

### **Election:**

Dental (Write Coverage Option No.)

## DENTAL AND VISION PLAN \$2,000 annual maximum per person- BUY UP OPTION

			Employee Monthly		Dependent Monthly	Total Monthly	Port Monthly	Employee Monthly		nployee -weekly
Covera	uge Ontions:		remium		Premium	Premium	Premium		remium	remium
	Coverage Options:						\$ 32.03			 1.98
1	Employee	\$	36.32	\$	-	\$ 36.32	\$ 52.05	\$	4.29	\$ 1.98
2	Employee + Spouse		36.32		35.69	72.01	54.07		17.94	8.28
3	Employee + Children		36.32		58.51	94.83	65.64		29.19	13.47
4	Employee + Family		36.32		101.72	138.04	92.08		45.96	21.21
<u>Electio</u>	on:									
Dental	(Write Covera	age Op	otion No.)	)						

I hereby authorize Port Freeport to withhold from my payroll check bi-weekly for the Employee Benefits.

If for some reason, my payroll check does not cover these premiums, I understand that I will owe Port Freeport these premiums and will make payment arrangements.