

**AGENDA  
CITY OF EL LAGO  
CITY COUNCIL MEETING  
JULY 11, 2016  
7:00 P.M.**

NOTICE IS HEREBY GIVEN THAT ON THE ABOVE LISTED DATE, THE CITY COUNCIL OF THE CITY OF EL LAGO WILL HOLD A CITY COUNCIL MEETING BEGINNING AT 7:00 P.M. IN THE CITY COUNCIL CHAMBERS OF CITY HALL, 411 TALLOWOOD DRIVE, EL LAGO, TEXAS AND WILL CONSIDER THE FOLLOWING AGENDA ITEMS.

*THIS FACILITY IS WHEELCHAIR ACCESSIBLE AND ACCESSIBLE PARKING SPACES ARE AVAILABLE. REQUESTS FOR OTHER ACCOMMODATIONS OR INTERPRETIVE SERVICES MUST BE MADE 48 HOURS PRIOR TO THIS MEETING. PLEASE CONTACT THE CITY SECRETARY'S OFFICE AT 281-326-1951, EXT. 12 OR FAX 281-326-0165 FOR FURTHER INFORMATION*

**1. COUNCIL MEETING CALL TO ORDER**

**2. PLEDGES**

Pledge to the American and Texas Flags

Texas Flag Pledge: *Honor the Texas flag, I pledge allegiance to thee, Texas; one state under God, one and indivisible.*

**3. CITIZENS COMMENTS**

Citizens are invited to speak for up to (3) three minutes on matters relating to the city and/or its government.

**4. WORKSHOP SESSION - THE FOLLOWING ITEMS ARE FOR DISCUSSION ONLY, THERE WILL BE NO MOTIONS OR APPROVALS MADE.**

**4.1. Discuss Contractor Registration Insurance Requirements**

Documents:

[CONTRACTOR REGISTRATION AGENDA ITEM FORM.PDF](#)  
[EL LAGO, TX CODE OF ORDINANCES-CONTRACTOR REGISTRATION.PDF](#)

**4.2. Discuss Increasing Building Permit Penalties From \$500 Per Day To \$1,000 Per Day**

**4.3. Discussion Of FY2017 Proposed Budget & Tax Rate**

**5. NEW BUSINESS TO CONSIDER FOR APPROVAL**

**5.1. Consider TML MultiState Intergovernmental Employee Benefits Pool Rerate For Employee Insurance**

Documents:

[TML RERATE FOR FY 2017 AGENDA ITEM FORM.PDF](#)  
[TML MULTISTATE IEBP RERATE.PDF](#)  
[TML WORKSHEET RERATE-MODIFIED.PDF](#)

**6. APPROVE MINUTES OF THE JUNE 20, 2016 CITY COUNCIL MEETING**

[MINUTES OF THE JUNE 20, 2016 CITY COUNCIL MEETING](#)

**7. OTHER ITEMS COUNCIL WOULD LIKE TO SUGGEST FOR CONSIDERATION ON A FUTURE CITY COUNCIL AGENDA**

**8. ADJOURNMENT**

**CERTIFICATE**

I certify that notice of this public meeting has been posted 72 hours in advance of the meeting and will remain posted until the meeting has ended.

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Ann Vernon, City Secretary

*All items on the agenda are for discussion and/or action. The City Council reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of the matters listed above, as authorized by 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); and 551.086 (Economic Development).*





# City of El Lago CITY COUNCIL AGENDA ITEM FORM

This form should be completed and forwarded to the City Secretary's Office as soon as possible and at least 1 week prior to the meeting that the item is expected to be placed on the El Lago City Council agenda.

Date requested for City Council consideration: July 11, 2016

Submitted by: Robert White Date Submitted: July 6, 2016

Subject: Contractor Registration Insurance Requirements

City Attorney Review: Yes  No

Degree of importance: Critical  Significant  Elective

Expenditure Account: _____	Fiscal Year: _____
Expenditure Required: \$ _____	Amount Budgeted: \$ _____
Budget Appropriation Required: \$ _____	

_____
Date Received
_____
Ann Vernon, City Secretary

### SUMMARY / ORIGINATING CAUSE

Many homeowners in the city would like to hire contractors that do not have full liability insurance in place. In lieu of the liability insurance, homeowners have asked the city to consider using their homeowners insurance for coverage of the contractor for general liability

### IMMINENT CONSEQUENCES AND/OR BENEFIT TO COMMUNITY

Some contractors who could not work legally in the city before can now if the homeowner will assume that responsibility.

### RECOMMENDED MOTION

N/A

### LIST ATTACHMENTS

El Lago Contractor Registration current ordinances

## ARTICLE VI. - CONTRACTOR REGISTRATION

### Sec. 8-170. - Registration required.

Any owner, authorized agent, or contractor who desires to perform any work on or related in any way to a structure located within the city, including, but not limited to electric, plumbing, roofing, sheetrocking, minor or major building or structural repair, the repair, removal or replacement of fencing, walls or any other such structure or material, to collect, gather, stack and/or remove fallen trees, brush and other debris from any property located within the city or who shall offer to provide services for hire to otherwise maintain in any way the landscaping or lawn located on any property within the boundaries of the city shall first make application to the city secretary and obtain the required registration.

(Ord. No. 365, § 2, 2-2-09)

### Sec. 8-171. - Filing, contents of application.

Each application for registration required by this article shall be filed with the city secretary on a form furnished by her, shall contain the below listed general information about the contractor, the type of work to be performed by said contractor, all responsible parties for the work to be performed, the contractor's business location, and the following information:

- (1) The business name, federal tax identification number, business address, local address, phone numbers, and responsible party contact information of the applicant;
- (2) The name, driver's license number, and title of each individual who will be allowed to obtain or be responsible for obtaining any required building permits on behalf of the applicant;
- (3) Whether or not the applicant or any individual engaged in the activity for which the permit is being obtained has ever been convicted of a felony offense, and, if so, the date of the conviction, the place of the conviction, a description of the crime and the sentence resulting from the conviction.

(Ord. No. 365, § 2, 2-2-09)

### Sec. 8-172. - Proof of comprehensive general liability insurance.

In addition, each application for a permit required by this article shall contain proof that the applicant has in full force comprehensive general liability insurance with the minimum amounts of three hundred thousand dollars (\$300,000.00) liability and one hundred thousand dollars (\$100,000.00) per accident. Proof of such insurance shall be maintained for the duration of the registration sought and copies of the certificates of such insurance listing the city as the certificate holder shall be maintained by the city secretary for each contractor.

(Ord. No. 365, § 2, 2-2-09)

### Sec. 8-173. - Proof of licensing required.

Together with the application and proof of insurance described above, each applicant, before receiving a contractor's registration number, must provide to the city secretary copies of all current master licenses under which any employees or representatives of said contractor will be working.

(Ord. No. 365, § 2, 2-2-09)

### Sec. 8-174. - Fee.

Together with the application, proof of insurance and proof of master licenses, if any, as described above, each applicant shall present to the city secretary payment of a fee in the amount of fifty dollars (\$50.00) to be used for the purpose of defraying the expenses incident to the issuance of the registration sought by the

application and to the enforcement of the provisions of this article. Nothing contained in this section, however, shall be construed or shall in any way waive the requirement of each applicant to adhere to all provisions of this article.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-175. - Action on application by city secretary.

The city secretary shall act upon an application for a permit required by this article without unreasonable or unnecessary delay. If the registration is accepted by the city secretary, a contractor's registration number shall be issued to the contractor identified in the application. Each entity under whose name the contractor might seek to do business in the city will require a separate registration with all applicable fees and requirements applied accordingly.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-176. - Denial of application.

If the application for a registration required by this article does not conform to the requirements of this article or other pertinent laws or ordinances, the city secretary shall not accept the registration but shall return the application to the applicant with her refusal to issue the contractor's registration number. Such refusal, shall, when requested, be in writing and shall contain the reasons therefore.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-177. - Duration of registration.

Every registration issued hereunder shall be valid for a period of time not exceeding one (1) calendar year, to expire on December thirty-first of the issuance year.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-178. - Registration not transferable.

A registration issued under the provisions of this article shall not be transferable nor shall it give authority to any business or individual other than that identified in the application, to conduct the activities on behalf of the business for which the registration is being sought.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-179. - Record of registrations issued.

The city secretary shall keep a record of all registrations issued under this article for not less than three (3) years.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-181. - False information.

It shall be unlawful for any person to make any false statement or to give any false or misleading information in connection with an application for a permit required by this article. The making of any such false or misleading statement or the giving of such false or misleading information shall subject the registrant to the suspension and/or revocation of the registration.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-182. - Suspension or revocation.

- (a) Any person who so violates the laws of the United States of America, the State of Texas, or the City of El Lago or any of the terms or provisions of this article shall be subject to the suspension or revocation of the registration granted pursuant to this article. Upon a complaint being filed by any person with the city secretary of such violation, the city council shall, within fifteen (15) days of the date of the receipt of such complaint, hold a hearing before the city council to hear all evidence for and against such complaint. Notice of the date, time and place of such hearing shall be given to the applicant personally or by certified mail at least three (3) days prior to such hearing. At the conclusion of the hearing or as soon thereafter as is practicable, the city council shall enter an order either dismissing the complaint, suspending or revoking the registration or taking such other authority granted pursuant to this article upon its determination that such action is in the best interest of the health, safety, or welfare of the citizens of the city.
- (b) If the city council shall suspend or revoke any permit granted pursuant to this article, the holder of such permit may, upon giving notice within ten (10) days of the date of such order entered by the city council, have the right to appeal to the city council. The city council shall hear all evidence and shall either sustain or reverse such suspension and/or revocation at its next regularly scheduled meeting. If no appeal is taken from the action of the city council within ten (10) days, then the decision of the city council shall, in all things, be final and binding.
- (c) The suspension or revocation of a registration as contained herein shall not preclude criminal prosecution for any unlawful activity by the applicant or permittee.
- (d) The suspension or revocation of a registration as contained herein shall preclude the applicant from obtaining any further or future permit under this article.

(Ord. No. 365, § 2, 2-2-09)

Sec. 8-183. - Penalty.

It shall be unlawful for any individual to engage in the activity described in this article without a contractor's registration number as provided herein or if said registration has been suspended or revoked as contained herein. Any person who violates a provision of this article is guilty of a separate offense for each day or part of day during which a violation is committed, continued or permitted. Each offense, upon conviction, shall be a misdemeanor and is punishable by a fine not to exceed one hundred dollars (\$100.00).

(Ord. No. 365, § 2, 2-2-09)



# City of El Lago CITY COUNCIL AGENDA ITEM FORM

This form should be completed and forwarded to the City Secretary's Office as soon as possible and at least 1 week prior to the meeting that the item is expected to be placed on the El Lago City Council agenda.

Date requested for City Council consideration: ~~June 20, 2016~~ July 11, 2016

Submitted by: Ann Vernn Date Submitted: June 15, 2016

Subject: TML Intergovernmental Employee Benefits Pool Insurance-Rate Increase

City Attorney Review: Yes  No

Degree of importance: Critical  Significant  Elective

Expenditure Account: <u>70200</u>	Fiscal Year: <u>FY2017</u>
Expenditure Required: \$ <u>20,482.80</u>	Amount Budgeted: \$ <u>                    </u>
Budget Appropriation Required: \$ <u>20,482.80</u>	

Date Received
<u>Ann Vernon, City Secretary</u>

### SUMMARY / ORIGINATING CAUSE

Each year the city receives a "rerate" notice from TML IEBP with the rates for the coming fiscal year which must be approved by the City Council.

### IMMINENT CONSEQUENCES AND/OR BENEFIT TO COMMUNITY

It is important to consider and approve the insurance rerates in advance of the fiscal budget from which it is paid so that the insurance, which takes effect on the first day of the new fiscal year, is in place for employees health .

### RECOMMENDED MOTION

This is for review only and will be presented for approval at the next Council meeting.

### LIST ATTACHMENTS

- Summary sheet reflecting:
- 1) which employees subscribe
  - 2) which options the employees the employees subscribe to
  - 3) cost comparison between the current year and next fiscal year.
- TML Rerate Notice to be signed



# TML MultiState Intergovernmental Employee Benefits Pool Rerate Notice and Benefit Verification Form

## El Lago

Original

Plan Year 2016-2017 (12 Months)

Rates are subject to change if there is any legislation passed during the plan year affecting benefits.  
Supplemental benefits cannot be accessed without accessing the TML MultiState IEBP Medical Benefit Plan

### Medical

#### Employer Group Medical Plan

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	XRay & Lab in OV	Rates	Current	New
P85-100-10-Mac A	80/50	\$1000	\$1250	\$1000	N/A	No	Employee:	\$336.52	\$397.10
							Family:	\$379.68	\$448.02

### Dental III

	Current Rate	New Rate
Employee:	\$34.52	\$37.64
Family:	\$54.16	\$59.04

### Vol Vision B

	Current Rate	New Rate
Employee:	\$12.50	\$12.50
Family:	\$25.00	\$25.00

### Calendar Year Pre-65 Retiree Medical

Pre Sixty-five Pool Benefits

### Calendar Year Pre-65 Retiree Dental

No Pre-65 Retiree Dental Coverage

### Calendar Year Pre-65 Retiree Vision

No Pre-65 Retiree Vision Coverage

### LTD

No LTD Coverage

### STD

No STD Coverage

**Basic Life and AD&D: Plan 22 (\$50,000)**

	<u>Current Rate</u>	<u>New Rate</u>
Life:	\$0.190	\$0.190
AD&D:	\$0.035	\$0.035

**Dependent Life**

No Dependent Life Coverage

**Voluntary AD&D**

No Voluntary AD&D Coverage

**Additional Employee Life and AD&D**

No Additional Employee Life and AD&D Coverage

**Basic & Additional Retiree Life**

No Basic & Additional Retiree Life Coverage

**Continuation of Coverage (COC)**

Yes

**Benefit Waiting Period**

Medical: 30 days after date of hire

Life: 30 days after date of hire

**Medical Network**

Choice Plus

**Flex, HRA, HSA & RRA**

<u>Flex Admin</u>	<u>HRA Admin</u>	<u>HSA Admin</u>	<u>RRA Admin</u>
No	Yes	No	Yes

**Select one of the following options for Flex:**

- Debit Card Flex (\$3.70 per participant per month)
- Paper Flex (\$5 per participant per month)

**Select one or all of the following options for HRA, HSA & RRA:**

- HRA (\$3.70 per participant per month - debit card only)
- HSA (\$3.70 per participant per month - debit card only)
- RRA (\$3.70 per participant per month - debit card only)

If employer accesses Debit Card Flex and/or HRA, HSA or RRA, only one charge of \$3.70 per participant per month will be incurred.

**Medication Therapy Management Program**

**MAC A Plan:** If a brand name drug is dispensed and a generic alternate drug exists, the **Covered Individual pays the difference between the brand name and generic price** in addition to the appropriate copayment for the brand name. The **cost difference between the brand name and generic price does not apply to any individual deductibles or out of pocket amounts.** The MAC differential applies to all prescriptions purchased through this program when a generic alternate is available.

**MAC C Plan:** If a brand name drug is dispensed and a generic alternate drug exists, the Covered Individual pays the appropriate brand copay.

**Lessor of Benefit:** Through the OptumRx network contract, the covered individual's out of pocket expense is managed by the pharmacy network agreement that the covered individual will receive the most advantageous pricing. This would be determined by the lessor of pharmacy contracts, Usual & Customary cost (U&C), copayments or the discounted cost the covered individual would be charged. Due to the lessor of Benefit the OptumRx Reportal will be an important price transparency resource to ensure covered individual is purchasing the prescription from the most cost effective pharmacy.

**The most effective way to control costs is through the use of generic drugs and a drug formulary.**

\$	Drug Tier	Includes	Helpful Tips
 \$	<b>Tier 1 Lowest Cost</b>	Lower cost, commonly used generic drugs. Some low cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
 \$\$	<b>Tier 2 Mid-range Cost</b>	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
 \$\$\$	<b>Tier 3 Highest Cost</b>	Mostly higher cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.

**Covered Individual Out of Pocket (OOP)**

Prescribed (Doctor Ordered) Over the Counter Alternates and Prescription Networks	Retail: (up to 34 day supply max unless noted otherwise)	Mail/Maintenance: (up to 90 day dispensement)	SpecialtyRx/Biotech/Biosimilar: (up to 34 day dispensement)
<ul style="list-style-type: none"> <li>Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year</li> <li>Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription</li> </ul>	\$0.00	N/A	N/A
Network Retail: 34 day <u>Non-Cost Share most Generic</u> Dispensement	\$5.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day <u>Non-Cost Share most Generic</u> Dispensement	\$14.00 (35 up to 90 day supply)	\$30.00	
OptumRx Network <u>Non-Cost Share</u> Best Brand/Formulary List	\$43.00	\$100.00	
OptumRx Network <u>Non-Cost Share</u> Non-Best Brand/Non-Formulary List	\$65.00	\$155.00	
OptumRx Network Cost Share	\$120.00	\$300.00	
OptumRx Specialty/Biotech Prescriptions	N/A	N/A	\$100.00 (up to 34 day supply)
OptumRx Biosimilar Generic Prescriptions	N/A	N/A	\$75.00 (up to 34 day supply)
Prescription Refill Control Standards	75%	70%	

**Women's Preventive Health Services**

Benefit	Retail Rx Medical Plan	Prescription Plan	Plan Ineligible
Oral Contraceptives Generic (no cost share)		X	
IUD Device (no cost share)	X	X	
Implant Device (no cost share)	X	X	
Permanent Implantable Contraceptive Coil (subject to the appropriate deductible and benefit percentages)	X		
Insertion and/or Removal of Devices (no cost share)	X		
Sonogram to Detect Placement of Device (no cost share)	X		
Injectable Contraceptives (no cost share)	X	X	
Injectable Administration Fee (no cost share)	X		
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges (no cost share)		X	
Diaphragm Instruction and Fitting Fee (no cost share)	X		
Emergency Birth Control			X
Over-The-Counter (OTC) Birth Control			X
Contraceptive Management/Urinalysis/Pregnancy Test (no cost share)	X		
Female Condoms (no cost share)		X	
Female Surgical Sterilization	X		
Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene		X	

Women found to be at increased risk using a screening tool designed to identify a family history that may be associated with an increased risk of having a potentially harmful gene mutation must receive coverage w/o cost-sharing for genetic counseling, and, if indicated, testing for harmful BRCA mutations. This is true regardless of whether the woman has previously been diagnosed with cancer, as long as she is not currently symptomatic of a receiving active treatment for breast, ovarian, tubal, or peritoneal. Jan 1, 2016 genetic counseling for BRCA testing is covered 100% as a preventive benefit.

Mandate to provide a list of the lactation counseling providers available within the network under the plan or coverage. Grandfathered plans cannot apply cost-share expenses for OON lactation services. Services for lactation support services w/o cost-sharing must extend for the duration of breastfeeding.

**Monthly Employer Subsidy or Defined Contribution Amounts**

Due to the employer customization regarding defined contribution amount for employees, part-time employees that meet the definition of an active employee (an Employee who works at least twenty (20) hours per week or is accessing vacation, sick or paid/unpaid Family Medical Leave Act of 1993 (FMLA) and is receiving the same benefits as all other employees) and/or dependents, TML MultiState Intergovernmental Employee Benefits Pool requests the below information to ensure accurate information is maintained in the enrollment, eligibility and billing adjudication system.

	<u>Employer Funded Defined Contribution</u>		<u>Dependent Additional Employer Subsidy or Defined Contribution</u>					
	<u>Employee</u>		<u>Spouse</u>		<u>Child</u>		<u>Family</u>	
<b>Active Employees</b>	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate	Amount	% of Rate
Employer Subsidy	\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %		\$ _____	1st Year 50 % or 2nd Year 75 % 3rd Year 100 %
Employer Defined Contribution	\$ _____		\$ _____		\$ _____		\$ _____	
<b>Retirees</b>	\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %		\$ _____ or _____ %	

**Additional Employer Funding for HRA, FSA or HSA (Example criteria: 100% participation in Employer Fair; Receipt of Healthy Initiative Payment)**

HRA \$ 1,000 Criteria: To cover annual deductible

Employer Contribution to FSA \$ \_\_\_\_\_ Criteria: \_\_\_\_\_

Employer Contribution to HSA \$ \_\_\_\_\_ Criteria: \_\_\_\_\_

**NOTE: If you have funding requirements that cannot be specified in the above form, please contact your Billing & Eligibility Representative.**

**Signature Section**

The undersigned employer hereby acknowledges that for an employee to receive coverage, TML MultiState Intergovernmental Employee Benefits Pool (IEBP) must receive enrollment information within thirty-one (31) days of the commencement of employment regardless of whether the Employer has a waiting or a waiting and orientation period. If an employee is not enrolled within thirty-one (31) days of hire, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs.

_____	_____	_____
Employer	Authorized Signature	Date
	_____	_____
	Printed Name	Title

The entity named on this Rerate and Benefit Verification Form desires large claim information as specified in Article 21.49-15 of the Insurance Code in Section 2.(2), to be for individual claims that reach or exceed \$35,000 during the plan year. This information is considered confidential for purposes of Chapter 552 of the Local Government Code.

The rates are based on census information five months prior to plan year. If the census changes by more than 10%, TML MultiState IEBP reserves the right to revise rates due to census change and underwriting impact.

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_____	_____	_____
Tax ID Number	Authorized Signature	Date

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## TML MultiState Intergovernmental Employee Benefits Pool Rerate

CURRENT RATES	EMPLOYEES				DEPENDENTS				TOTAL
	Medical	Dental	Life	HRA	Medical	Dental	Life	HRA	
Edward Baker	4,038.24	414.24	135.00	1,044.00					5,631.48
Donna Bova			135.00						135.00
Alex De Leon		414.24				649.92			1,064.16
Brenda Klingle	4,038.24	414.24	135.00	1,044.00					5,631.48
Luis Perez	4,038.24	414.24	135.00	1,044.00					5,631.48
Ann Vernon	4,038.24	414.24	135.00	1,044.00					5,631.48
<b>ANNUAL TOTAL</b>									<b>23,725.08</b>

NEW RATES (FY2017)	EMPLOYEES				DEPENDENTS				TOTAL
	Medical	Dental	Life	HRA	Medical	Dental	Life	HRA	
Edward Baker	4,765.20	451.68	135.00	1,044.00					6,395.88
Donna Bova			135.00						135.00
Alex De Leon		414.24				708.48			1,122.72
Brenda Klingle	4,765.20	414.24	135.00	1,044.00					6,358.44
Luis Perez	4,765.20	414.24	135.00	1,044.00					6,358.44
Ann Vernon	4,765.20	414.24	135.00	1,044.00					6,358.44
<b>ANNUAL TOTAL</b>									<b>26,728.92</b>

INCREASE DIFFERENCE (ANNUAL) 3,003.84

Vision (Employee Paid) 12.50 No rate increase