CITY COUNCIL
AGENDA

A Special Meeting of the City Council of the City of Pearsall, Texas will be held on Monday, August 31, 2020 at 7:00 PM at the Pearsall City Hall, 215 S. Ash Street, Pearsall, Texas.

Zoom login information:
https://us02web.zoom.us/j/83362734221
Or iPhone one-tap :
US: +13462487799,,83362734221# or +16699009128,,83362734221#
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 346 248 7799 or +1 669 900 9128 or +1 253 215 8782 or +1 312 626 6799 or +1 646 558 8656 or +1 301 715 8592
Webinar ID: 833 6273 4221
International numbers available: https://us02web.zoom.us/u/kMWRTsAnI

COUNCIL MEMBERS
Mary Moore, Mayor
Julian Hernandez, Mayor Pro Tem
Richard Gandara, Council Member
Sonia Hernandez, Council Member
Brenda Treviño, Council Member
Abel Nieto, Council Member
Roland Segovia, Council Member
Davina Rodriguez, Council Member

1. Call To Order
2. Roll Call and Announcement of a Quorum
3. Invocation and Pledge of Allegiance
4. New Business
   A. Discuss and Consider authorizing the city manager to award, enter into and execute an agreement with Alamo Sign Solutions, LLC for the installation of monument sign at the new city hall building.
      - Action Item
   B. Discuss and Consider renewal with Blue Cross Blue Shield Health Insurance for health, dental, vision for the 2020-2021FY. - Action Item
   C. Discuss and Consider modifications to proposed budget to include additions, deletions and amendments to proposed utility and tax rates.
      - Action Item
5. General Announcements
6. Adjournment

Posted for Public Inspection on this Friday, August 28, 2020, at 4:30 PM.

By: _____
Federico Reyes, Jr., City Manager

I certify that the above notice of meeting was posted on the bulletin board of the Pearsall City Hall, 215 S. Ash Street, Pearsall, Texas, on August 28, 2020, at 4:30 PM.

By: _____

_____
Krystal Garcia, City Clerk

This meeting location is wheelchair-accessible. Parking for mobility-impaired persons is available. Any request for sign interpretive services must be made forty-eight hours in advance of the meeting. To make arrangements, call the City Clerk at (830) 334-3676.

City of
PEARSALL
"OUR NEW HORIZON"

V-Shape Monument Sign & Message Board

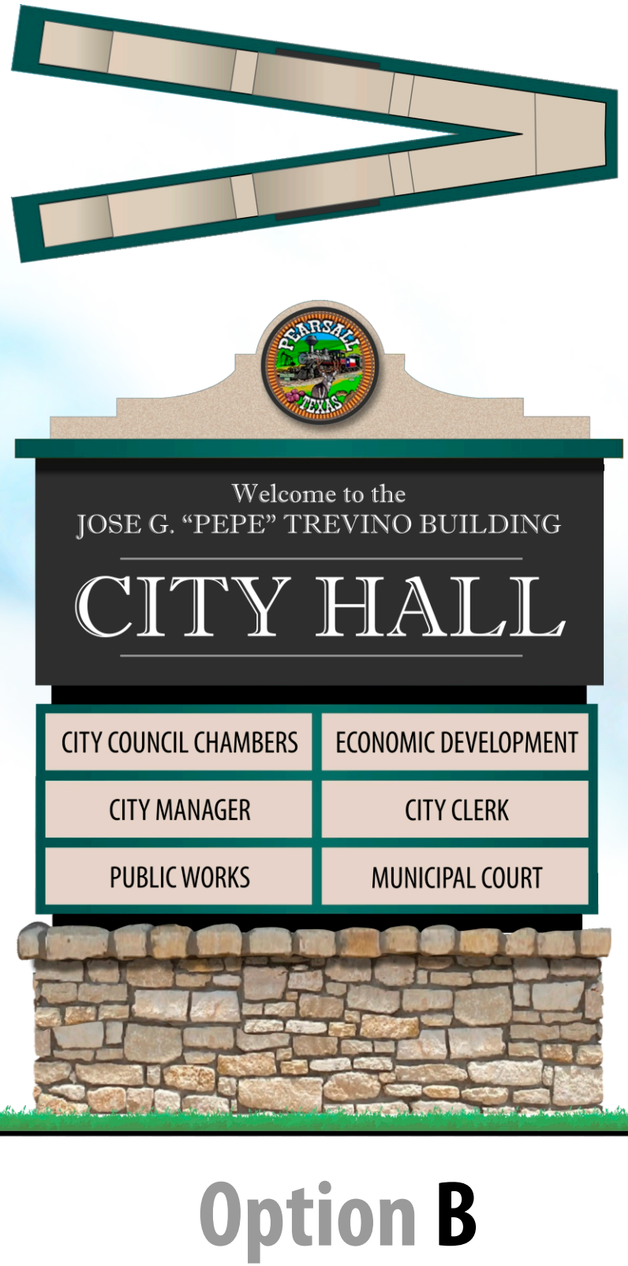
July, 2020

ALAMO SIGN SOLUTIONS
LED EXPERTS
SAN ANTONIO, TEXAS

Option A

James Alfaro *cell:* **210-310-6565**

1731 S. San Marcos,
San Antonio, TX 78207
office: 210-239-6777
www.AlamoSignSolutions.com



Option B

James Alfaro *cell:* **210-310-6565**

1731 S. San Marcos,
San Antonio, TX 78207
office: 210-239-6777
www.AlamoSignSolutions.com

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office: 210-239-6777
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Two Design Options

COMMON SPECIFICATIONS

FLAT TOP CAP: 4" tall aluminum, fabricated with an aluminum frame and aluminum skins, attached to the top of the primary sign cabinet. Painted satin green (per green color specified).

PRIMARY CABINET: Internal aluminum frame with aluminum skins, internally illuminated via LED's. Painted satin finish green or dark gray (color TBD).

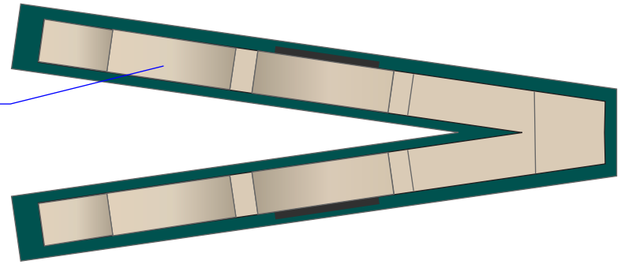
FACE GRAPHICS: Text is routed out from the face and backed with white acrylic. *Note: Small details of the font will be added to the white acrylic using high performance film in the same color as the green paint used for the face.

REVEALS: 4" tall, painted satin black

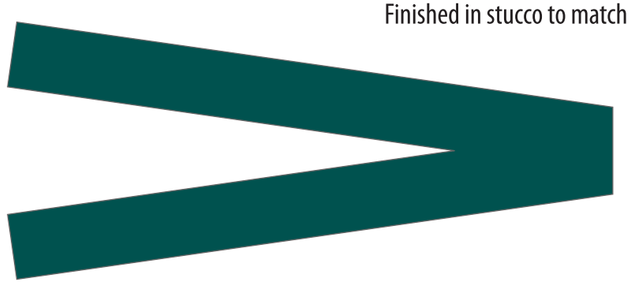
TENANT CABINET: Same fabrication as the Primary Cabinet, but with 2" retainers that allow for the acrylic panels to be removed for revising the copy of each, if necessary.
*Note: Tenant graphics are created using a translucent digital print applied to the face of the white acrylic panels. The entire visible opening (VO) of the panel will light up from inside of the cabinet, via white LED's. (see night views)

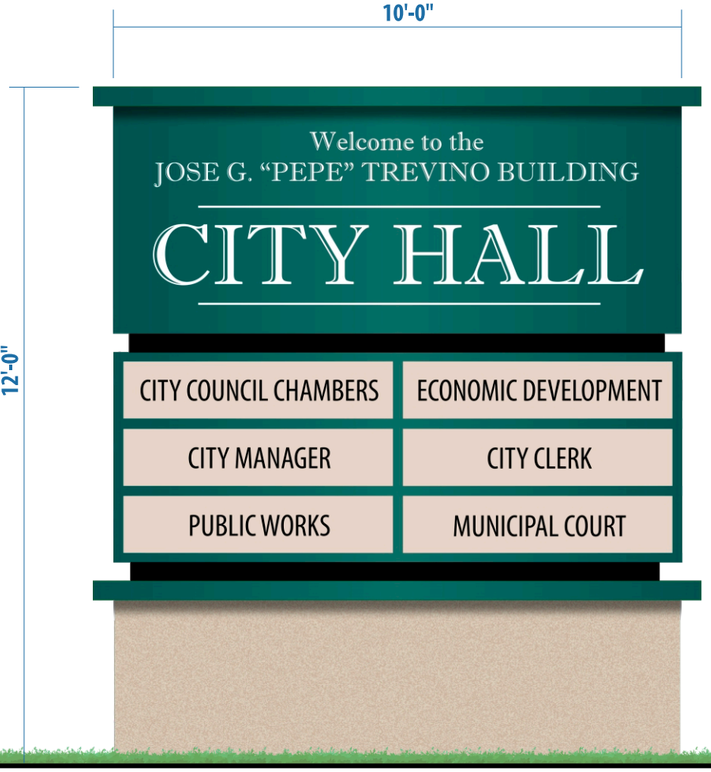
BASE: Same fabrication as Top Cap, with a stucco-finished base to match the architecture of the building.

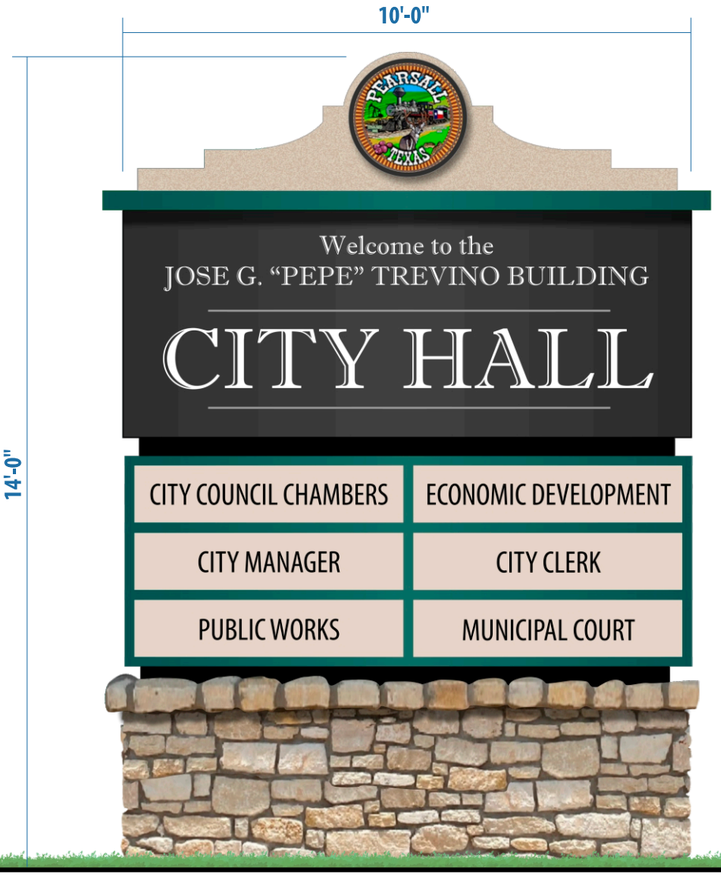
Plan View of the Monument Sign V-Shaped Installation



Alamo Crown with an internally illuminated City Seal Acrylic Face, with a translucent digital print applied. Finished in stucco to match building.







Scale: 3/8" = 1'-0"

Option **A**

Option **B**

James Alfaro *cell:* **210-310-6565**

1731 S. San Marcos,
San Antonio, TX 78207
office: 210-239-6777
www.AlamoSignSolutions.com

New 36" tall x 45" wide Outdoor Message Box

with Natural Cork Tack Surface and made from recycled plastics.
Includes a hinged, locking front access door with a polycarbonate clear face.
SKU: UV-UVMC4536

Scale: 3/4" = 1'-0"

James Alfaro *cell:* **210-310-6565**

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San Antonio, TX 78207
office: 210-239-6777
www.AlamoSignSolutions.com

Double Face 35' Pole Sign Refurbish

Cabinet:
Remove existing faces and Replace with new Flex Faces, White Vinyl Lettering
Replace Retainers and Paint Cabinet (Satin White)

Illumination:
Retrofit to White LED modules or sticks, new Photo Cell

Support Pipe:
Paint (Satin White)

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Alamo Sign Solutions, LLC
1731 S. San Marcos Bldg. 818
San Antonio, TX 78207 US
210-239-6777
james@alamosignsolutions.com
www.alamosignsolutions.com

ADDRESS
City of Pearsall

Estimate 1493

DATE 07/09/2020

SALES REP
James Alfaro

JOB NAME
City Hall Option A

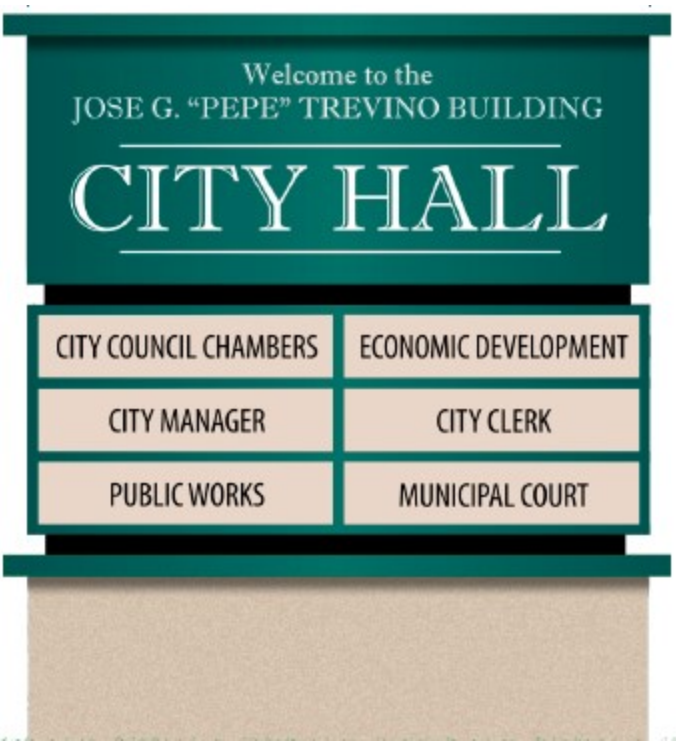
DATE	ACTIVITY
	Survey Survey
	Design Artwork
	Engineering Engineers Drawing
	Materials Mfg. 12’ x 10’ v-shaped d/f monument w/tenant panels and stucco base
	Drill Drill foundation footer
	Dirt Removal Dirt Removal
	Pipe Pipe & rebar
	Concrete Concrete
	Installation Installation
	Tax Exempt Please send tax exempt form to Jackie@alamosignsolutions.com
	Electrical & Lighting Electrical power ran to sign location is owner responsibility. Alamo Sign Solutions to make final connections during installation.
	Rock Clause An additional charge will be made if rocks or other obstructions are encountered in excavation of foundations. The purchaser agrees to accept responsibility for any damages incurred beneath the surface where excavation is required.
	Deposit 50% deposit required to begin project | Balance due upon installation

Regulated by the Texas Department of Licensing and Regulation
P.O. Box 12157 Austin, Texas 78711
Master Sign Electrician License #19473
Electrical Sign Contractor License #18700.TDLR contact information at:
(512) 463-6599 or toll-free (in Texas) (800) 803-9202

TOTAL	$19,400.00

Accepted By

Accepted Date


Welcome to the
JOSE G. "PEPE" TREVINO BUILDING
CITY HALL
CITY COUNCIL CHAMBERS
ECONOMIC DEVELOPMENT
CITY MANAGER
CITY CLERK
PUBLIC WORKS
MUNICIPAL COURT

RFQ Summary

*All Due Dates are Central Time Zone

RFQ Contact Information

Contact Name: Federico Reyes

Contact Entity: Pearsall, City

Contact Phone: 830-334-3676

Contact Email: freyes@cityofpearsall.org

Due Date*: 8/27/2020 5:00 PM

Sent Date: 8/19/2020 3:19 PM

Delivery Address: 215 South Ash Pearsall, TX 78061

Title: Monument Sign for City Hall in Pearsall, TX

Vendor Notes: Vendor may want to visit site before proposal is submitted. Monument sign will be placed at new city hall which will be located at 214 South Ash Pearsall, TX

Item Information

Item #	Description	Qty
[1]	Monument sign the city is seeking is as follows: 12' x 10' v-shaped monument w/tenant panels and stucco base. Selected firm will be responsible for all site to include dirt removal, required foundation (i.e. footers), any surveys, artwork and engineering. City will be responsible for any power/electrical work.	1 Hide Details

Unit of Measure	Part Number	Manufacturer	Pack Weight	Model #
EA				

Vendor(s) Receiving RFQ

Vendor	Status	Expiration Date	Submitted On
BCI Burke Company, LLC	Awaiting Response		
Daktronics, Inc.	No Response		8/19/2020 5:34 PM
Facility Solutions Group	Awaiting Response		
SRS Advertising	Awaiting Response		
Stewart Signs	Awaiting Response		

City Council Agenda

Approved for Agenda:
FR
City Manager's Office

MEETING DATE: 08/31/20

TO: City Council

FROM: Federico Reyes, City Manager

SUBJECT: Discuss and consider authorizing the City Manager to award, enter into and execute an agreement with Blue Cross Blue Shield (BCBS) for health insurance benefits for the 2020-21 FY

Purpose:
City staff, in conjunction with our health benefits consultant, are requesting authorization to move forward with the attached health insurance plans for fiscal year 2020-21. If approved, the city will enter into an agreement with Blue Cross Blue Shield (BCBS) for this service.

The city will offer to two plans this fiscal year. One plan will be considered our primary plan (Plan #189). This plan will be offered at no cost to city employees. Employees who elect this plan will be provided $200, which will be deposited into their Health Savings Account (HSA). The city will also cover premiums for GAP insurance at no cost to the employee under this plan.

Our secondary plan will be considered our "buy up" plan. Employees who elect this plan will be required to contribute $40 per pay period. A health savings account will not available with this plan. Employees who elect this plan will also be required to pay 50% of GAP insurance premiums if they decide to purchase this coverage.

See attached employee contribution sheet for a breakdown.

Recommended City Council Action

☒ Approve ☐ Deny ☐ Directional / Informational

Fiscal Impact:

Basic BCBS insurance for FY2020-21 will not exceed $556,623

Discussion:

None

Employee Contributions - Effective 10/01/2020

Base - H.S.A. MTBCP013H	Enrolled	Monthly Rate	Employer EE Contribution per month	EE Contribution per month	26 - Payroll Period with 24- payroll dedcution EE Per Pay Period (semi-monthly)	2020-2021 COBRA Rates
Employee Only	0	$428.05	$428.05	$0.00	$0.00	$436.61
Employee + Spouse	0	$941.67	$428.05	$513.62	$256.81	$960.50
Employee + Child(ren)	0	$791.86	$428.05	$363.81	$181.91	$807.70
Employee + Family	0	$1,369.73	$428.05	$941.68	$470.84	$1,397.12
Estimated Monthly Premium		$0.00	$0.00	$0.00	$0.00	
Estimated Annual Premium		$0.00	$0.00	$0.00	$0.00	

Buy Up - PPO - MTBCB038	Enrolled	Monthly Rate	Employer Contribution per month	EE Contribution per month	EE Per Pay Period (semi-monthly)	2020-2021 COBRA Rates
Employee Only	64	$576.88	$496.89	$79.99	$40.00	$588.42
Employee + Spouse	0	$1,269.12	$496.89	$772.23	$386.12	$1,294.50
Employee + Child(ren)	1	$1,067.21	$496.89	$570.32	$285.16	$1,088.55
Employee + Family	1	$1,845.99	$496.89	$1,349.10	$674.55	$1,882.91
Estimated Monthly Premium		$39,833.52	$32,794.74	$7,038.78	$3,519.39	
Estimated Annual Premium		$478,002.24	$393,536.88	$84,465.36	$42,232.68	

Dental	Enrolled	Monthly Rate	Employer Contribution per month	EE Contribution per month	EE Per Pay Period (semi-monthly)	2020-2021 COBRA Rates
Employee Only	36	$27.38	$0.00	$27.38	$13.69	$27.93
Employee + Spouse	4	$54.75	$0.00	$54.75	$27.38	$55.85
Employee + Child(ren)	2	$66.70	$0.00	$66.70	$33.35	$68.03
Employee + Family	2	$103.12	$0.00	$103.12	$51.56	$105.18
Estimated Monthly Premium		$1,544.32	$0.00	$1,544.32	$772.16	
Estimated Annual Premium		$18,531.84	$0.00	$18,531.84	$9,265.92	

Vision	Enrolled	Monthly Rate	Employer Contribution per month	EE Contribution per month	EE Per Pay Period (semi-monthly)	2020-2021 COBRA Rates
Employee Only	34	$7.60	$0.00	$7.60	$3.80	$7.75
Employee + Spouse	5	$14.44	$0.00	$14.44	$7.22	$14.73
Employee + Child(ren)	1	$15.20	$0.00	$15.20	$7.60	$15.50
Employee + Family	4	$22.35	$0.00	$22.35	$11.18	$22.80
Estimated Monthly Premium		$406.46	$0.00	$406.46	$203.23	
Estimated Annual Premium		$4,877.52	$0.00	$4,877.52	$2,438.76	

Group Medical Proposal

Prepared For

City of Pearsall

October 1, 2020

INSURANCE COMPANY				BlueCross BlueShield of Texas	BlueCross BlueShield of Texas	BlueCross BlueShield of Texas	BlueCross BlueShield of Texas
Type of Plan - Plan Name				Reduction to Renewal - MTBCBA7DB		Proposed - H.S.A MTBCP013H (#189)	
In Network Benefits				In Network Benefits		In Network Benefits	
Network Name				Blue Choice PPO		Blue Choice PPO	
Deductible							
Individual				$5,000		**$6,900**	
Family				$14,700		**$13,800**	
Coinsurance Percentage				30%		0%	
Maximum Out of Pocket (includes Deductible, coinsurance and Rx)							
Individual Max Out of Pocket				$5,600		**$6,900**	
Family Max Out of Pocket				$14,700		**$13,800**	
Physician Copays							
Preventive Services				100% Covered		100% Covered	
Physician / Specialist / Virtual Office Visit				$45 / $90 copay		0% after Ded	
Diagnostic Lab & Xray				30% after ded		0% after Ded	
Hospital Services							
Inpatient Hospital Facility (e.g. Hospital room,)				30% after ded		0% after Ded	
Outpatient Surgery Facility				30% after ded		0% after Ded	
Physician/Surgeion Fees				30% after ded		0% after Ded	
Advanced Imaging				30% after ded		0% after Ded	
Emergency Medical Care							
Urgent Care Facility				$75 copay/visit		0% after Ded	
ER Visit				$500 ded + 30% coins (ded waived if admitted		0% after Ded	
Prescription Card							
Rx Deductible				n/a		n/a	
				Preferred / Non Preferred Pharmacy		Preferred / Non Preferred Pharmacy	
Tier 1				$0 / $10		Ded/Coins	
Tier 2				$10 / $20		Ded/Coins	
Tier 3				$50 / $70		Ded/Coins	
Tier 4				$100 / $120		Ded/Coins	
Tier 5				$150 / $250		Ded/Coins	
Mail Order				$0 / $30 / $150 / $300		Ded/Coins	
Out of Network Benefits				Out of Network Benefits		Out of Network Benefits	
Calendar Year Deductible (Ind / Family)				$10,000 / $29,400		$13,800 / $27,600	
Maximum Out of Pocket (Deductible Included)				Unlimited / Unlimited		Unlimited / Unlimited	
Coinsurance Percentage				50%		30%	
Monthly Premium	**Current/ Renewal**	**Buy-Up**	**Base**	**Reduction to Renewal - MTBCBA7DB**		**Proposed - H.S.A MTBCP013H (#189)**	
Employee Only	**64**	54	10	**$576.88**		**$428.05**	
Employee & Spouse	**0**	0	0	**$1,269.12**		**$941.67**	
Employee & Child(ren)	**1**	1	0	**$1,067.21**		**$791.86**	
Employee & Family	**1**	1	0	**$1,845.99**		**$1,369.73**	
	66	**56**	**10**				
Total Monthly Premium				$39,833.52			
Total Annual Premium				$478,002.24			
Change in Premium				#REF!			
Rate Adjustment				**#REF!**			
Total Monthly Premium (each plan design)						$4,280.50	
Total Monthly Premium (combined with Buy-Up and Base)						$38,345.22	
Total Annual Premium						$460,142.64	
Change in Premium						#REF!	
Rate Adjustment						**#REF!**	

Note: Limitations and/or copays may apply. Out-of-network benefits are paid based on each carrier's allowable fees; charges exceeding this amount are the patient's responsibility.
No warranty or representation, expressed or implied is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, or other conditions, withdrawal without notice, and to any special conditions imposed by our principals. THIS IS ONLY A SUMMARY OF BENEFITS; PLEASE REFER TO YOUR PLAN DOCUMENT FOR FULL PLAN DESCRIPTION INCLUDING EXCLUSIONS AND LIMITATIONS.

Employee $15
Rate Increase
Calculation
2020-21

	Employee Name	Current Hourly Pay		TMRS 4.87%	Amt of Increase	Total w/increase	Yearly Average Total	TMRS 4.87%
1	Employee#1	$11.09	$23,067.20	$1,123.37	$3.91	$15.00	$31,200.00	1,519.44
2	Employee#2	$12.58	$26,166.40	$1,274.30	$2.42	$15.00	$31,200.00	1,519.44
3	Employee#3	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
4	Employee#4	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
5	Employee#5	$14.14	$29,411.20	$1,432.33	$0.86	$15.00	$31,200.00	1,519.44
6	Employee#6	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
7	Employee#7	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
8	Employee#8	$14.37	$29,889.60	$1,455.62	$0.63	$15.00	$31,200.00	1,519.44
9	Employee#9	$12.45	$25,896.00	$1,261.14	$2.55	$15.00	$31,200.00	1,519.44
10	Employee#10	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
11	Employee#11	$12.34	$25,667.20	$1,249.99	$2.66	$15.00	$31,200.00	1,519.44
12	Employee#12	$11.07	$23,025.60	$1,121.35	$3.93	$15.00	$31,200.00	1,519.44
13	Employee#13	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
14	Employee#14	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
15	Employee#15	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
16	Employee#16	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
17	Employee#17	$11.09	$23,067.20	$1,123.37	$3.91	$15.00	$31,200.00	1,519.44
18	Employee#18	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
19	Employee#19	$11.09	$23,067.20	$1,123.37	$3.91	$15.00	$31,200.00	1,519.44
20	Employee#20	$12.05	$25,064.00	$1,220.62	$2.95	$15.00	$31,200.00	1,519.44
21	Employee#21	$12.33	$25,646.40	$1,248.98	$2.67	$15.00	$31,200.00	1,519.44
22	Employee#22	$11.09	$23,067.20	$1,123.37	$3.91	$15.00	$31,200.00	1,519.44
23	Employee#23	$13.44	$27,955.20	$1,361.42	$1.56	$15.00	$31,200.00	1,519.44
	10 Vacant poisitons	$10.77	$224,016.00	$10,909.58	$4.23	$15.00	$312,000.00	15,194.40
	TOTAL	$293.20	$811,470.40	$39,518.61	$66.80	$360.00	$1,029,600.00	50,141.52

$15 Pay increase/Budget Impact	$228,752.51	10,622.91