

ALEJANDRO GALAVIZ

Mayor

TERESA HOFFMAN

Council Member

TONY BOVINICH

Council Member



JESSICA KUYKENDALL

Council Member

GERONIMO HERNANDEZ

Council Member

DREW WILSON

Mayor Pro-Tem/

Council member

VENUS SPECIAL CALLED COUNCIL MEETING

Venus Civic Center

210 S. Walnut Street

Venus, Texas 76084

Thursday, August 3, 2023 at 6:00 pm.

Page

1. Call to Order, Roll Call, Invocation, Pledge of Allegiance, Pledge to Texas Flag:

2. Announcements from Mayor:

Cell phones are to be placed on vibrate/silent only. No conversation or comment from the audience is permitted unless specifically called upon by the Mayor. Please remain respectfully quiet.

3. Citizen Public Comment Period:

Citizens may sign up before the meeting begins and will be allowed up to 4 minutes to address the Mayor and Council. The Mayor, Council members and staff members may not respond or converse with speakers during this time. The comments from the speaker must be in the form of a statement. By State law, no questions may be asked or answered for items not appearing on the agenda.

4. Discussion and Consideration Items:

- 4.1. Discuss and consider an Ordinance amending Code of Ordinances, Chapter 30 "Traffic and Vehicles", Article II., "Speed", Section 30-31(3) "Speed Limits" to change the school zone hours.

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[Staff Report - School Zone Hours.docx](#)

[VENUS amending Chapter 30 SZ.doc](#)

I make a motion to approve/deny Ordinance No. 777-2023-07 amending Code of Ordinance Chapter 30, Sections 30-31(3) to change the school zone hours as presented.

- 4.2. Discuss and consider the employee medical, dental and vision benefits package for the new fiscal year beginning October 1, 2023.

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[Insurance Renewal - Agenda Cover Report.pdf](#)  [Insurance Renewal 2023-2024.pdf](#) 

I make a motion to approve/deny the employee medical, dental and vision benefits package as presented.

- 4.3. Discuss and consider setting the FY 2023-2024 property tax rate and schedule a public hearing.

I make a motion to propose FY 2023-2024 property tax rate will not exceed \$0.72 and to schedule a public hearing regarding the property tax rate on September 11, 2023.

- 4.4. Discuss and consider calling a public hearing on September 11, 2023 for the Fiscal Year 2023/2024 Proposed Budget.

I make a motion to approve/deny calling a public hearing on September 11, 2023 for the FY 23-24 Proposed Budget.

5. Adjournment:

The City Council reserves the right to meet in Executive Session closed to the public at any time in the course of this meeting to discuss matters listed on the agenda, pursuant to authorization by the Texas Open Meetings Act TEXAS GOVERNMENT CODE, Chapter 551.071 (Private consultation with attorney for the city), 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), 418.183 (homeland security).

This is to certify that a copy of this Notice of Meeting was posted on the bulletin board at City Hall, 700 W. Hwy 67 Venus, Texas and at a place readily accessible to the general public at all times and to the City's website www.cityofvenus.org, August 1, 2023 on or before 5:00 pm..

Callie Green, TRMC

City Secretary

For more information or a copy of the Open Meetings Act, please contact the Attorney General of Texas at 1-800-252-8011. This building is wheelchair accessible. Any requests for Interpretive Services must be made 48 hours in advance of the scheduled meeting. To make arrangements please call 972-366-3348.

Removed:_____

Time:_____



**City Council Agenda Item Report
July 24th, 2023**

**James Groom, Chief of Police 972-
366-3547
jgroom@venuspolice.org**

Discuss and consider amending ordinance 30-31(3) to change the school zone hours for the City of Venus.

- 1. BACKGROUND/HISTORY:** Venus ISD has changed their school hours which makes a change to the school zone hours in ordinance necessary.
- 2. FINDINGS / CURRENT ACTIVITY:** The current school zone hours listed in the ordinance is for 7:00 AM to 8:00 AM and 3:00 PM to 4:00 PM. The school has recently changed school hours to 7:40 AM to 3:55 PM. After consulting with VISD, the request is to leave the morning school zone hours the same and change the afternoon school zone hours to 3:45 PM to 4:45 PM to allow students time to safely walk home.

The school is also changing to a Monday through Thursday schedule for the students, but the ordinance specifies that the school zone is enforced on school days so no change is needed there.

- 3. RECOMMENDATIONS:** Staff recommendation is to approve the change to the ordinance.
- 4. ATTACHMENTS:** Amended ordinance

ORDINANCE NO. _____

AN ORDINANCE OF THE CITY OF VENUS, TEXAS AMENDING THE CODE ORDINANCES, CHAPTER 30 “TRAFFIC AND VEHICLES”, ARTICLE II., “SPEED”, SECTION 30-31(3), “SPEED LIMITS – GENERALLY”; PROVIDING THAT THIS ORDINANCE SHALL BE CUMULATIVE OF ALL ORDINANCES; PROVIDING A SEVERABILITY CLAUSE; PROVIDING A PENALTY FOR VIOLATIONS HEREOF; PROVIDING A SAVINGS CLAUSE; PROVIDING FOR PUBLICATION IN THE OFFICIAL NEWSPAPER; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, from time to time the City Council revisits various sections of the Code of Ordinances for the City of Venus; and

WHEREAS, to protect the health, safety and welfare of the citizens it has become necessary to update the rules and regulations in relation speed limits during times when school is beginning and letting out, as such inadequate regulation poses a significant potential danger to the said health, safety and welfare of the community.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF VENUS, TEXAS:

SECTION 1. Chapter 30, “Traffic and Vehicles”, Article II., “Speed”, Section 30-31 (3), “Speed Limits - Generally” is hereby repealed and replaced by a new Chapter 30, “Traffic and Vehicles”, Article II., “Speed”, Section 30-31 (3), “Speed Limits - Generally”, which shall read as follows:

“...

CHAPTER 30. TRAFFIC AND VEHICLES

...

Section 30-31 (3).

...

(3) School zones which have a maximum speed of 15 miles per hour from 7:00 a.m. to 8:00 a.m. and 3:45 p.m. to 4:45 p.m. on school days and are the following:

...”

SECTION 2. That all ordinances of the City of Venus, Texas in conflict with the provisions of this ordinance be and the same are hereby repealed and all other ordinances of the City of Venus, Texas not in conflict with the provisions of this ordinance shall remain in full force and effect.

SECTION 3. If any section, article, paragraph, sentence, clause, phrase or word in this Ordinance or application thereof to any person or circumstance is held invalid or unconstitutional by a Court of competent jurisdiction, such holding shall not affect the validity of the remaining portions of this Ordinance, and the City Council hereby declares it would have passed such remaining portions of this Ordinance despite such invalidity, which remaining portions shall remain in full force and effect.

SECTION 4. That this ordinance shall take effect immediately from and after its passage and the publication of the caption, as the law in such cases provide.

SECTION 5. Upon publication of this ordinance by the City Secretary, any person, firm or corporation who violates, disobeys, omits, neglects or refuses to comply with or resists the enforcement of any of the provisions of this Ordinance shall be fined not more than Two Hundred Dollars (\$200.00) for each offense. Each day that a violation is permitted to exist shall constitute a separate offense.

SECTION 6. That all recitals contained in this Ordinance are fully incorporated herein as if fully written.

SECTION 7. This ordinance shall be in full force and effect from this and after its passage and publication as required by law, and it is so ordained.

DULY PASSED and approved by the City Council of the City of Venus, Texas on this the 31st day of July 2023.

APPROVED:

ALEJANDRO GALAVIZ, MAYOR

ATTEST:

CALLIE GREEN, CITY SECRETARY



**City Council Agenda Item Report
July 24, 2023**

Melissa Westen, HR

972-366-3348 ext. 210
mwesten@cityofvenus.org

CONSIDER AND ACT UPON APPROVING AN EMPLOYEE MEDICAL, DENTAL AND VISION BENEFITS PACKAGE FOR THE NEW FISCAL YEAR BEGINNING OCTOBER 1, 2023.

- 1. BACKGROUND/HISTORY:** City Council approves employee benefits package.
- 2. FINDINGS / CURRENT ACTIVITY:** Each year, in July, the City Council is presented with benefit options for the upcoming fiscal year. Broker Dean Casey spent additional time negotiating with insurance organizations to reduce the overall cost to the City. Broker Dean Casey was able to negotiate a 1% decrease which brings the increase to 15% instead of 16% for fiscal year 2023-2024.
- 3. RECOMMENDATIONS:** I recommend Council approve to renew our current medical plan with TML Health (Blue Choice PPO), change vision and dental to MetLife, and renew benefit with Dearborn to cover short-term/long-term disability and basic/voluntary life insurance.
- 4. ATTACHMENTS:** Quotes obtained by Broker Dean Casey

**City of Venus
TX Health Benefits Pool
Current 10-1-2022 Renewal 10-1-2023**

Website	<u>www.bcbstx.com</u>	
Carrier	TX Health Benefits Pool	
Plan	Copay-1500-3K ER	
Network	BLUE CHOICE PPO	
Prescription Card 30 day supply	\$0/\$10 Generic/\$40 Brand/\$70 Non Preferred Brand/ \$100 Specialty /\$150- CS	
Mail Order Copay	\$0/\$30 Generic/\$120 Brand/\$210 Non Preferred Brand/ \$300 Specialty/\$450- CS	
Annual Deductible In Network	\$1,500 Individual/\$3,000 Family	
Annual Deductible Out Network	\$3,000 Individual/\$6,000 Family	
Coinsurance	80% In Network/50% Out of Network	
Lifetime Max	Unlimited	
Out of Pocket Max + Deductible	\$3,000 Individual/\$6,000 Family	
Inpatient Hospital Service	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Inpatient Copays	None	
Doctor's Office Visit	\$30 Primary Care Physician/\$45 Specialist/\$0 Teledoc	
Preventive	100% No Copay	
Surgery Doctor's Office	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Outpatient Surgery	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Outpatient Copays	None	
Hospital Emergency	\$500 Copay then plan pays 80% In/\$500 Copay then plan pays 50% Out of Network	
Urgent Care Facility	\$75 Copay No Deductible	
Substance Abuse Outpatient	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Substance Abuse Inpatient	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Mental Nervous Outpatient	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Mental Nervous Inpatient	Deductible then plan pays 80% In Network /Deductible then plan pays 50% Out of Network	
Maternity	Yes	
Rate Guarantee	12 MONTHS	
12 MONTHS	Current Monthly Rates	Renewal Monthly Rates
Employee	\$786.86	\$898.90
Employee and Spouse	\$1,556.12	\$1,783.56
Employee and Child(ren)	\$1,354.46	\$1,551.64
Employee and Family	\$2,243.24	\$2,573.74

Dean Casey and Associates
16610 Dallas Parkway, Suite 1100
Dallas, TX 75248
214-651-7600
214-651-8600 fax

**City of Venus
TX Health Benefits Pool -Alternates
Renewal 10-1-2023**

<u>Website</u>	<u>www.bcbstx.com</u>	<u>www.bcbstx.com</u>
<u>Carrier</u>	<u>TX Health Benefits Pool</u>	<u>TX Health Benefits Pool</u>
<u>Plan</u>	<u>Option 1-Copay-1500-5K-ER - Alternate</u>	<u>Option 2-Copay-2K-4K ER - Alternate</u>
<u>Network</u>	<u>BVA</u>	<u>BVA</u>
<i>Prescription Card 30 day supply</i>	\$10 Generic/\$45 Brand /\$90 Non Preferred Brand /\$150 Specialty/\$175 Cost Share	\$10 Generic/\$45 Brand /\$90 Non Preferred Brand /\$150 Specialty/\$175 Cost Share
<i>Mail Order Copay</i>	\$30 Generoc/\$135 Brand/\$270 Non Preferred Brand /\$450 Specialty/\$525 Cost Share	\$30 Generoc/\$135 Brand/\$270 Non Preferred Brand /\$450 Specialty/\$525 Cost Share
<i>Annual Deductible In Network</i>	\$1,500 Individual/\$3,000 Family	\$2,000 Individual/\$4,000 Family
<i>Annual Deductible Out Network</i>	\$3,000 Individual/\$6,000 Family	\$4,000 Individual/\$8,000 Family
<i>Coinsurance</i>	80% In Network /50% Out of Network	80% In Network /50% Out of Network
<i>Lifetime Max</i>	Unlimited	Unlimited
<i>Out of Pocket Max includes Deductible</i>	\$5,000 Individual/\$10,000 Family	\$4,000 Individual/\$8,000 Family
<i>Inpatient Hospital Service</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Inpatient Copays</i>	Not Applicable	Not Applicable
<i>Doctor's Office Visit</i>	\$30 Primary Care Physician/\$60 Specialist/\$0 Teledoc	\$30 Primary Care Physician/\$60 Specialist/\$0 Teledoc
<i>Preventive</i>	100% No Copay	100% No Copay
<i>Surgery Doctor's Office</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Outpatient Surgery</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Outpatient Copays</i>	Not Applicable	Not Applicable
<i>Hospital Emergency</i>	Deductible + \$500 Copay-pays 80% In Network /Deductible + \$500 Copay-pays 50% Out of Network	Deductible + \$500 Copay-pays 80% In Network /Deductible + \$500 Copay-pays 50% Out of Network
<i>Urgent Care Facility</i>	\$75 Copay Deductible Waived	\$75 Copay Deductible Waived
<i>Substance Abuse Outpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Substance Abuse Inpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Mental Nervous Outpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Mental Nervous Inpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Maternity</i>	Yes	Yes
<i>Rate Guarantee</i>	12 MONTHS	12 MONTHS
<i>Employee</i>	\$ 847.54	\$ 836.98
<i>Employee/Spouse</i>	\$ 1,679.30	\$ 1,657.86
<i>Employee/Child (ren</i>	\$ 1,461.24	\$ 1,442.66
<i>Family</i>	\$ 2,422.22	\$ 2,391.06

**City of Venus
TX Health Benefits Pool -Alternates
Renewal 10-1-2023**

<u>Website</u>	<u>www.bcbstx.com</u>	<u>www.bcbstx.com</u>
<u>Carrier</u>	<u>TX Health Benefits Pool</u>	<u>TX Health Benefits Pool</u>
<u>Plan</u>	<u>Option 3-Copay-2500-4K-ER - Alternate</u>	<u>Option 4-Copay-2K-6K ER - Alternate</u>
<u>Network</u>	<u>BVA</u>	<u>BVA</u>
<i>Prescription Card 30 day supply</i>	\$10 Generic/\$45 Brand /\$90 Non Preferred Brand /\$150 Specialty/\$175 Cost Share	\$10 Generic/\$45 Brand /\$90 Non Preferred Brand /\$150 Specialty/\$175 Cost Share
<i>Mail Order Copay</i>	\$30 Generoc/\$135 Brand/\$270 Non Preferred Brand /\$450 Specialty/\$525 Cost Share	\$30 Generoc/\$135 Brand/\$270 Non Preferred Brand /\$450 Specialty/\$525 Cost Share
<i>Annual Deductible In Network</i>	\$2,500 Individual/\$5,000 Family	\$2,000 Individual/\$4,000 Family
<i>Annual Deductible Out Network</i>	\$5,000 Individual/\$10,000 Family	\$4,000 Individual/\$8,000 Family
<i>Coinsurance</i>	80% In Network /50% Out of Network	80% In Network /50% Out of Network
<i>Lifetime Max</i>	Unlimited	Unlimited
<i>Out of Pocket Max includes Deductible</i>	\$4,000 Individual/\$8,000 Family	\$6,000 Individual/\$12,000 Family
<i>Inpatient Hospital Service</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Inpatient Copays</i>	Not Applicable	Not Applicable
<i>Doctor's Office Visit</i>	\$30 Primary Care Physician/\$60 Specialist/\$0 Teledoc	\$30 Primary Care Physician/\$60 Specialist/\$0 Teledoc
<i>Preventive</i>	100% No Copay	100% No Copay
<i>Surgery Doctor's Office</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
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<i>Outpatient Copays</i>	Not Applicable	Not Applicable
<i>Hospital Emergency</i>	Deductible + \$500 Copay-pays 80% In Network /Deductible + \$500 Copay-pays 50% Out of Network	Deductible + \$500 Copay-pays 80% In Network /Deductible + \$500 Copay-pays 50% Out of Network
<i>Urgent Care Facility</i>	\$75 Copay Deductible Waived	\$75 Copay Deductible Waived
<i>Substance Abuse Outpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Substance Abuse Inpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Mental Nervous Outpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Mental Nervous Inpatient</i>	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network	Deductible-plan pays 80% In Network /Deductible-plan pays 50% Out of Network
<i>Maternity</i>	Yes	Yes
<i>Rate Guarantee</i>	12 MONTHS	12 MONTHS
<i>Employee</i>	\$ 812.94	\$ 798.78
<i>Employee/Spouse</i>	\$ 1,609.06	\$ 1,580.32
<i>Employee/Child (ren</i>	\$ 1,400.36	\$ 1,375.44
<i>Family</i>	\$ 2,320.14	\$ 2,278.40

CITY OF VENUS
Ancillary-Unum and MetLife
Current: 10-1-2022 Renewal 10-1-2023

UNUM - DENTAL		Current Rates	Renewal Rates	Quote MetLife
Freedom of Choice/Preferred Network				
100% Preventive/80% Basic	EMPLOYEE	\$ 33.64	\$ 34.99	\$31.49
50% Majors / 50% Orthodontics	EMPLOYEE/SPOUSE	\$ 66.27	\$ 68.92	\$ 62.03
\$50 Individual Deductible / \$150 Family	EMPLOYEE/CHILD	\$ 90.13	\$ 93.74	\$ 84.37
Calendar Year Max \$5,000	FAMILY	\$ 133.21	\$ 138.54	\$ 124.69
Endo, Perio, Oral Surg paid 80% Basic				
Composite Fillings, Implants covered				
\$2000 Child Ortho Lifetime Benefit				
UNUM -VISION		Current Rates	Renewal Rates	Quote MetLife
\$10 Exam/\$ 10 Material copay	EMPLOYEE	\$ 5.98	\$ 5.98	\$5.98
\$150 Frame/Contact Allowance	EMPLOYEE/SPOUSE	\$ 11.93	\$ 11.93	\$ 11.93
12 Month Exam / 12 Month Lens	EMPLOYEE/CHILD	\$ 13.09	\$ 13.09	\$ 13.09
12 Month Frames / 12 Month Contact	FAMILY	\$ 20.52	\$ 20.52	\$ 20.52
BCBSTX DEARBORN		Current Rates	Renewal Rates	Quote MetLife
BASIC LIFE AD&D \$25,000	EMPLOYEE	\$0.147/\$3.68	\$0.147/\$3.68	\$0.145/\$3.63
BCBSTX DEARBORN STD		Current Rates	Renewal Rates	Quote MetLife
1st day accident/8th day illness	EMPLOYEE	\$0.274	\$0.274	\$0.223
13 weeks 60% or \$1,000 weekly benefit		Per \$10 of Payroll	Per \$10 of Payroll	Per \$10 of Payroll
BCBSTX DEARBORN LTD		Current Rates	Renewal Rates	Quote MetLife
90 Day Elimination	EMPLOYEE	\$0.346	\$0.346	\$0.283
60% or \$6,000 Benefit to age 65		Per \$100 of Payroll	Per \$100 of Payroll	Per \$100 of Payroll
BCBSTX DEARBORN		Current Rates	Renewal Rates	Quote MetLife
VOLUNTARY LIFE AD&D	Employee	Employee	Employee	Employee
less than 30 -	\$100,000 coverage	\$ 0.12	\$ 0.12	0.106
30 to 34	\$100,000 coverage	\$ 0.13	\$ 0.13	0.117
35 to 39	\$100,000 coverage	\$ 0.16	\$ 0.16	0.143
40 to 44	\$100,000 coverage	\$ 0.23	\$ 0.23	0.199
45 to 49	\$100,000 coverage	\$ 0.34	\$ 0.34	0.265
50 to 54	\$100,000 coverage	\$ 0.52	\$ 0.52	0.416
55 to 59	\$100,000 coverage	\$ 0.81	\$ 0.81	0.626
60 to 64	\$100,000 coverage	\$ 1.12	\$ 1.12	0.892
65 to 69	\$100,000 coverage	\$ 1.83	\$ 1.83	1.545
70 plus	\$100,000 coverage	\$ 3.54	\$ 3.54	2.493
children	\$10,000 each Child	\$ 0.23	\$ 0.23	0.291

DEAN CASEY AND ASSOCIATES
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DALLAS, TEXAS 75248
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214-651-8600 FAX