

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO ENTER INTO AN AGREEMENT WITH BLUECROSS BLUESHIELD OF TENNESSEE (BLUERE) TO PROVIDE THE CITY OF CHATTANOOGA WITH A STOP LOSS POLICY ON LARGE HEALTH INSURANCE CLAIMS FOR A PERIOD OF ONE (1) YEAR BEGINNING JULY 1, 2014, WITH THE OPTION TO RENEW FOR TWO (2) ADDITIONAL YEARS, FOR AN AMOUNT OF SEVEN AND 28/100 DOLLARS (\$7.28) PER INDIVIDUAL POLICY PER MONTH AND FIFTEEN AND 65/100 DOLLARS (\$15.65) PER FAMILY POLICY PER MONTH, FOR AN ESTIMATED ANNUAL PREMIUM OF FOUR HUNDRED FORTY-TWO THOUSAND FOUR HUNDRED SIXTY-NINE DOLLARS (\$442,469.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to enter into an agreement with BlueCross BlueShield of Tennessee (BlueRe) to provide the City of Chattanooga with a stop loss policy on large health insurance claims for a period of one (1) year beginning July 1, 2014, with the option to renew for two (2) additional years, for an amount of \$7.28 per individual policy per month and \$15.65 per family policy per month, for an estimated annual premium of \$442,469.00.

ADOPTED: _____, 2014

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 6/23/14

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council District # _____

A resolution authorizing the Director of Human Resources to enter into an agreement with BlueCross BlueShield of Tennessee (BlueRe) to provide the City of Chattanooga with a stop loss policy on large health insurance claims for a period of one year (1) beginning July 1st, 2014 with the option to renew for two (2) additional years for an amount of \$7.28 per individual policy per month and \$15.65 per family policy per month for an estimated annual premium of \$442,469.00.

Name of Vendor/Contractor/Grant, etc. _____	New Contract/Project? (Yes or No) _____ Yes
Total project cost \$ <u>442,469</u>	Funds Budgeted? (YES or NO) _____ Yes
Total City of Chattanooga Portion \$ <u>442,469</u>	Provide Fund <u>6521/6522</u>
City Amount Funded \$ <u>442,469</u>	Provide Cost Center <u>E10103, E10104, E10201</u>
New City Funding Required \$ _____	Proposed Funding Source if not budgeted _____
City's Match Percentage % _____	Grant Period (if applicable) _____

List all other funding sources and amount for each contributor.

<u>Amount(s)</u>	<u>Grantor(s)</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

Agency Grant Number _____

CFDA Number if known _____

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, City Attorney and City Finance Officer

Revised: 1/26/09