

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, 2015, WITH THE OPTION TO RENEW FOR TWO (2) ADDITIONAL YEARS, FOR AN AMOUNT OF THIRTEEN AND 86/100 DOLLARS (\$13.86) PER EMPLOYEE PER MONTH, FOR AN ESTIMATED ANNUAL PREMIUM OF FOUR HUNDRED EIGHTY-NINE THOUSAND SIX HUNDRED FORTY-SIX DOLLARS (\$489,646.00).

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, 2015, with the option to renew for two (2) additional years, for an amount of \$13.86 per employee per month, for an estimated annual premium of \$489,646.00.

ADOPTED: _____, 2015

/mem

6/30/15

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 6/15/2015

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 (1) year beginning July 1st, 2015 with the option to renew for two (2) additional years for an amount of \$13.86 per employee per month for an estimated annual premium of \$489,646.00

Name of Vendor/Contractor/Grant, etc.	_____	New Contract/Project? (Yes or No)	Yes
Total project cost \$	489,646	Funds Budgeted? (YES or NO)	Yes
Total City of Chattanooga Portion \$	489,646	Provide Fund	6521/6522/6526
City Amount Funded \$	489,646	Provide Cost Center	E10103, E10104, E10201
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.

Amount(s)	Grantor(s)
\$ _____	_____
\$ _____	_____
\$ _____	_____

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