

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 MEDICARE ELIGIBLE RETIREES WITH TWO (2) MEDICARE ADVANTAGE HEALTH PLAN OPTIONS AT THE RATES OF TWO HUNDRED THIRTY-EIGHT DOLLARS (\$238.00) PER MEMBER PER MONTH FOR THE CURRENTLY AVAILABLE MEDICARE BLUEADVANTAGE PLAN AND TWO HUNDRED NINETY-FIVE DOLLARS (\$295.00) PER MEMBER PER MONTH FOR THE NEWLY CREATED BLUEADVANTAGE HIGH OPTION HEALTH PLAN, WITH AN EFFECTIVE DATE OF THE POLICY OF JANUARY 1, 2016, AND WILL BE IN EFFECT FOR ONE (1) YEAR WITH THE OPTION TO RENEW FOR FOUR (4) ONE (1) YEAR TERMS.

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 Medicare eligible retirees with two (2) Medicare Advantage Health Plan options at the rates of \$238.00 per member per month for the currently available Medicare BlueAdvantage Plan and \$295.00 per member per month for the newly created BlueAdvantage High Option Health Plan, with an effective date of the policy of January 1, 2016, and will be in effect for one (1) year with the option to renew for four (4) one (1) year terms.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 7/31/2015

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 to provide City of Chattanooga Medicare eligible retirees with two (2) Medicare Advantage health plan options at the rates of \$238 per member per month for the currently available Medicare BlueAdvantage plan and \$295 per member per month for the newly created BlueAdvantage high option health plan. The effective date of the policy will be 1/1/2016 and will be in effect for one year with the option to renew for four one year terms.

Name of Vendor/Contractor/Grant, etc. BCBST
Total project cost \$ 4,000,000
Total City of Chattanooga Portion \$ 4,000,000
City Amount Funded \$ 4,000,000
New City Funding Required \$ 0
City's Match Percentage % _____

New Contract/Project? (Yes or No) Yes
Funds Budgeted? (YES or NO) Yes
Provide Fund 6526
Provide Cost Center E10104, 74230
Proposed Funding Source if not budgeted _____
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