

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, 2016, WITH THE OPTION TO RENEW FOR TWO (2) ADDITIONAL YEARS, FOR AN AMOUNT OF SEVEN AND 79/100 DOLLARS (\$7.79) PER EMPLOYEE PER MONTH, FOR AN ESTIMATED ANNUAL PREMIUM OF TWO HUNDRED SEVENTY-FIVE THOUSAND DOLLARS (\$275,000.00).

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, 2016, with the option to renew for two (additional) years, for an amount of \$7.79 per employee per month, for an estimated annual premium of \$275,000.00.

ADOPTED: _____, 2016

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 6/27/2016

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, 2016 with the option to renew for two (2) additional years for an amount of \$7.79 per employee per month for an estimated annual premium of \$275,000.00

Name of Vendor/Contractor/Grant, etc.	<u>BCBST/Assurant</u>	New Contract/Project? (Yes or No)	<u>Yes</u>
Total project cost \$	<u>275,000</u>	Funds Budgeted? (YES or NO)	<u>Yes</u>
Total City of Chattanooga Portion \$	<u>275,000</u>	Provide Fund	<u>6521/6522/6526</u>
City Amount Funded \$	<u>275,000</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: _____
DESIGNATED OFFICIAL/ADMINISTRATOR

Reviewed by: FINANCE OFFICE

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

Revised: 1/26/09