

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO RENEW THE EXISTING AGREEMENT WITH BLUECROSS/BLUESHIELD OF TENNESSEE AND ASSURANT EMPLOYEE BENEFITS TO PROVIDE VOLUNTARY DENTAL INSURANCE TO CITY EMPLOYEES AT THE MONTHLY RATE OF TWENTY-THREE AND 92/100 DOLLARS (\$23.92) FOR EMPLOYEE, FORTY-FIVE AND 04/100 DOLLARS (\$45.04) FOR EMPLOYEE/CHILD, FIFTY-FIVE AND 08/100 DOLLARS (\$55.08) FOR EMPLOYEE/SPOUSE, SEVENTY-SIX AND 32/100 DOLLARS (\$76.32) FOR FAMILY FOR THE BLUECROSS/BLUESHIELD OF TENNESSEE PLAN, AND TWELVE AND 24/100 DOLLARS (\$12.24) FOR EMPLOYEE, NINETEEN AND 80/100 DOLLARS (\$19.80) FOR EMPLOYEE/CHILD OR EMPLOYEE/SPOUSE, AND THIRTY AND 28/100 DOLLARS (\$30.28) FOR FAMILY FOR THE ASSURANT BENEFIT PLAN, AND ALL PREMIUMS ARE PAID BY THE EMPLOYEES.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to renew the existing agreement with BlueCross/BlueShield of Tennessee and Assurant Employee Benefits to provide voluntary dental insurance to City employees at the monthly rate of \$23.92 for employee, \$45.04 for employee/child, \$55.08 for employee/spouse, \$76.32 for family for the BlueCross/BlueShield of Tennessee Plan, and \$12.24 for employee, \$19.80 for employee/child or employee/spouse, and \$30.28 for family for the Assurant Benefit Plan, and all premiums are paid by the employees.

ADOPTED: _____, 2016

/mem

City of Chattanooga



Resolution Request Form

(This form is only required for resolutions requiring expenditure of City funds)

Date Prepared: 6-23-2016

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council):

A resolution for the Director of Human Resources to renew our existing agreement with BlueCross Blue Shield of Tennessee and Assurant Employee Benefits to provide voluntary Dental Insurance to City Employees at the monthly rates of \$23.92 for

employee, \$45.04 for employee/child, \$55.08 for employee/spouse, \$76.32 for family for the BlueCross BlueShield of Tennessee plan

and \$12.24 for employee, \$19.80 for employee/child or employee/spouse and \$30.28 for family for the Assurant Benefit plan.

All premiums are paid by the employees.

Name of Vendor/Contractor/Grant, etc. BCBST, Assurant

New Contract/Project? (Yes or No) yes

Total project cost \$ 0.00

Funds Budgeted? (YES or NO) na

Total City of Chattanooga Portion \$ 0.00

Provide Fund 1100

City Amount Funded \$ na

Provide Cost Center 000000, 125112

New City Funding Required \$ 0.00

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, accounting, City Attorney, City Finance Officer and Deputy Administrator Finance