

RESOLUTION NO.: 89-2010  
INTRODUCED BY: Mayor Ursu

**A RESOLUTION AUTHORIZING A CONTRACT WITH ANTHEM  
BLUE CROSS/BLUE SHIELD FOR HEALTH INSURANCE FOR 2011.**

WHEREAS, the City has in the past provided health insurance for certain of its employees, both collective bargaining unit employees and non-bargaining unit employees, and will continue to do so in calendar year 2011; and

WHEREAS, for calendar year 2011, on a non-precedent basis, the City has determined that a cost efficient health insurance program available to the City at this time is a health savings account ("HSA") plan for which the City pays the cost of the premiums for the HSA plan and contributes a certain amount, along with the employee, to each employee's HSA based on single coverage status and family coverage status, and which HSA plan will be offered as an optional plan along with a traditional point-of-service health care coverage plan; the 2011 premium rates for such plans being set forth in Exhibit A, attached hereto and incorporated herein; and

WHEREAS, City management has met with City employee representatives in an informal committee setting to discuss the City's provision of health insurance to its employees, including but not limited to such issues as coverage, delivery systems, and the costs of such benefits, and such employee representatives have been informed by City management that, as in the past, any health insurance plans provided by the City to its employees are provided on a year-to-year basis and there is no guarantee that there will be the same terms of coverage and cost to the employees from year-to-year;

NOW, THEREFORE, Be It Resolved by the Council of the City of Richmond Heights, State of Ohio, that:

**Section 1:** The Mayor is authorized to enter into a contract with Anthem Blue Cross/Blue Shield for health insurance for certain City employees, which insurance plan is not in conflict with the collective bargaining agreements authorized by this Council and the comprehensive pay ordinance of the City, for the following plans:

- a. Anthem Blue Access PPO 3.0, Option 4; and
- b. Anthem Lumenos HSA 3.0, Option 6

and at a cost to the City in premium payments not to exceed \$566,971.80 for calendar year 2011. This authorized amount does not include any contribution by the City or the employee to each employee's HSA; and the provision of the aforesaid plans shall not in

any manner be a precedent for the provision of health insurance plans for employees in the future.

Section 2: The Director of Finance is authorized and directed to appropriate to a proper account the sum sufficient to cover the cost of the contract authorized in Section 1 of this Resolution.

Section 3: It is found and determined that all formal actions of the Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of the Council and any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements.

Section 4: This Resolution shall take effect and be in force from and after the earliest period allowed by law.

PASSED: \_\_\_\_\_

\_\_\_\_\_  
Daniel J. Ursu, Mayor

APPROVED: \_\_\_\_\_

ATTEST: \_\_\_\_\_

Betsy Traben  
Clerk of Council

\_\_\_\_\_  
David H. Roche  
President of Council

## EXHIBIT A



**The City of Richmond Hts**  
00170202  
1/1/2011

### CURRENT BENEFITS

Blue Access PPO 3.0 Option 4 \$10/20/30 rx  
Lumenos HSA 3.0 Option 6

Dental None  
Vision None

Coverage	Contracts	CURRENT RATES		
		Contracts		
EE	0	\$ 509.34	11	\$ 347.77
EE/1	2	\$ 1,018.64	19	\$ 695.54
<b>FAMILY</b>	<b>0</b>	<b>\$ 1,528.01</b>	<b>27</b>	<b>\$ 1,043.32</b>
<b>TOTAL</b>	<b>2</b>	<b>\$ 2,037.28</b>	<b>57</b>	<b>\$ 45,210.37</b>

Opt 4 HSA 6  
Total Monthly Premium: \$ 47,247.65

### RENEWAL BENEFITS

Blue Access PPO 3.0 Option 4 \$10/20/30 rx  
Lumenos HSA 3.0 Option 6

Coverage	Contracts	RENEWAL RATES		
		Contracts		
EE	0	\$ 509.34	11	\$ 347.77
EE/1	2	\$ 1,018.64	19	\$ 695.54
<b>FAMILY</b>	<b>0</b>	<b>\$ 1,528.01</b>	<b>27</b>	<b>\$ 1,043.32</b>
<b>TOTAL</b>	<b>2</b>	<b>\$ 2,037.28</b>	<b>57</b>	<b>\$ 45,210.37</b>

Opt 4 HSA 6  
Total Monthly Premium: \$ 47,247.65

Renewal Increase: 0.00% \*assumes NOACC chamber membership

# Rate Authorization



## The City of Richmond Hts

Proposed Effective Date: **1/1/2011**

\*assumes NOACC chamber membership

### Blue Access PPO 3.0

Broker Name: **USI**

Option 4      \$10/20/30 rx

<b>TYPE OF PLAN</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>
Employee	\$ 509.34	\$ -	\$ -	\$ 509.34
Employee/Spouse	\$ 1,018.64	\$ -	\$ -	\$ 1,018.64
Employee/Child	\$ 1,018.64	\$ -	\$ -	\$ 1,018.64
Employee/Children	\$ 1,528.01	\$ -	\$ -	\$ 1,528.01
Family	\$ 1,528.01	\$ -	\$ -	\$ 1,528.01

### Lumenos HSA 3.0

Option 6

<b>TYPE OF PLAN</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>
Employee	\$ 347.77	\$ -	\$ -	\$ 347.77
Employee/Spouse	\$ 695.54	\$ -	\$ -	\$ 695.54
Employee/Child	\$ 695.54	\$ -	\$ -	\$ 695.54
Employee/Children	\$ 1,043.32	\$ -	\$ -	\$ 1,043.32
Family	\$ 1,043.32	\$ -	\$ -	\$ 1,043.32

By signing this Rate Authorization form, I agree to the applicable rates and for the attached summary of benefits selected as of the effective date indicated. I also confirm that the group employed an average of more than fifty eligible employees on business days during the preceding calendar year

Authorized group signature	Date
Underwriting signature	Date

Anthem Dental coverage is underwritten by Anthem Blue Cross and Blue Shield.  
 Dental and Vision administration services provided by Health Management Systems, Inc.  
 Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.  
 An independent licensee of the Blue Cross and Blue Shield Association.  
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