

City of Redmond

15670 NE 85th Street Redmond, WA

Memorandum

Date: 9/17/2024 Meeting of: City Council			File No. AM No. 24-137 Type: Consent Item
TO: Members of the City Council FROM: Mayor Angela Birney DEPARTMENT DIRECTOR CONTACT(S):			
Human Resources	Cathryn Laird		425-556-2125
DEPARTMENT STAFF:			
Human Resources	Nicole Bruce	Benefits F	Program Manager
OVERVIEW STATEMENT: The Red-Med Plan is the self-insured med domestic partners, and eligible depende plan changes. In addition to ensuring the treatment options and protocols, as well Proposed changes in benefits are reviewed any recommendations will be brought for 2025 are outlined in Exhibit 1 - 2025 Plan	of the City Council of the Ce City of Redmond Self-Insured dical plan that is provided by ents. Periodically, the City's hat the Plan is legally comil as other issues and benefited and discussed with the Enward to Council for their ap Change Summary.	the City f third-party pliant, the clarificati mployee B proval. Th	for employees, spouses, state registered administrator and broker recommendese recommendations address evolving ons that these parties deem necessary tenefits Advisory Committee (EBAC) and
	on/Description of Proposal /	Attached	
REQUESTED ACTION:			
☐ Receive Information ☐	☐ Provide Direction	⊠ Арр	rove

REQUEST RATIONALE:

• Relevant Plans/Policies:

Any changes to Red-Med benefits are incorporated into a Summary Plan Description, which is the definitive description of the benefits that are covered by Red-Med. The Summary Plan Description for the Self-Insured Employee Health Benefits Plan, was adopted by Resolution No. 913 and last amended by Resolution No. 1575.

• Required:

The City of Redmond Personnel Manual, Section 1.40, requires Council approval of changes in the medical plan that increase benefits to employees.

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 Council Request: N/A Other Key Facts: These changes are negotiated with Description as plan amendments. 	bargaining uni	ts before they	y are incorporated into the Summary Plan
OUTCOMES: The Red-Med changes being considered for 2 plan and with industry best practice and 2) inchealth which is a top category of claims for the	corporate two	new programs	•
COMMUNITY/STAKEHOLDER OUTREACH AND	INVOLVEMEN	<u>T</u> :	
meetings: July 24, 2024 August 28, 2024 (Vote) Outreach Methods and Results: EBAC meetings are held on a monthly regarding recommendations to Council Feedback Summary:	ly basis and dis il occurring at tl I though a vote	scussion arour he August mee	lan changes were discussed at the following and plan changes occur annually with a vote eting. Indications. This vote took place at the August
Total Cost: N/A			
Approved in current biennial budget:	☐ Yes	□ No	⊠ N/A
Budget Offer Number: N/A			
Budget Priority: Responsible Government			
Other budget impacts or additional costs: If yes, explain: The plan changes are anticipated to have a cos	☐ Yes	☑ No ct to the medic ct to the me	□ N/A cal plan.
Funding source(s): Medical Self-Insurance Fund (511)			

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Budget/Funding Constraints:

N/A

□ Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
9/10/2024	Committee of the Whole - Finance, Administration,	Provide Direction
	and Communications	

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

In order for Plan Changes to take effect at the beginning of a new plan year (January 1, 2025), the recommendations will need to be approved at the September 17, 2024, meeting to allow for appropriate lead time for the Benefits Plan Administrator to make adjustments for an effective date of January 1, 2025.

ANTICIPATED RESULT IF NOT APPROVED:

Our plan could be out of compliance with the latest law changes, and valuable programs offered by Premera would not be able to be utilized by members of the Red-Med Plan.

ATTACHMENTS:

Attachment A: Draft Resolution Amending the Red-Med Plan

Exhibit 1: 2025 Plan Change Summary