Council Request:

N/A

City of Redmond

15670 NE 85th Street Redmond, WA

Memorandum

Date: 10/6/2020 Meeting of: City Council		File No. AM No. 20-128 Type: Consent Item	
TO: Members of the City Counc FROM: Mayor Angela Birney DEPARTMENT DIRECTOR CONT			
Human Resources	Cathryn Laird	425-556-2125	
DEPARTMENT STAFF:			
Human Resources	Nicole Bruce	Sr. Human Resources Analyst/ Benefits Plan Administrator	
TITLE: Approval of Benefits Recommer a. Resolution No. 1537: A Resol Medical Plan		s for 2021 nary Plan Description for the City of Red	mond Self-Insured
benefit recommendations; and any contracts and agreements t	authorize and direct the Mayo to do so.	ndment of the Red-Med Plan incorpora or to implement these changes including	
☐ Additional Background	Information/Description of Pro	pposal Attached	
REQUESTED ACTION:			
☐ Receive Information	☐ Provide Direction	☑ Approve	
REQUEST RATIONALE:			
description of the bene Employee Health Benef No. 913 and last amend • Required:	ed benefits are incorporated in efits that are covered by Red-Nation Plan was adopted by Resolution No. 1524. Attornal Manual, Section 1.40,	nto a Summary Plan Description, whice Med. The Summary Plan Description for tion rached is a resolution to amend Resolution requires Council approval of changes in	or the Self-Insured on No. 1524.

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Other Key Facts: These changes are negotiated with Description as plan amendments.	n bargaining u	nits before the	ey are incorporated into the Summary Plan
OUTCOMES:			
		-	ations from Premera on additional programs o recommendations are for recent changes in
COMMUNITY/STAKEHOLDER OUTREACH AN	ID INVOLVEME	ENT:	
meetings:	hly basis and cil occurring at	discussion arou the September a vote on reco	ommendations. This vote occurred at the
BUDGET IMPACT:			
Total Cost: N/A			
Approved in current biennial budget:	☐ Yes	□ No	⊠ N/A
Budget Offer Number: N/A			

Other budget impacts or additional costs:

Responsible Government

Budget Priority:

If yes, explain:

The plan changes are anticipated to be cost-neutral or a potential savings of approximately \$132,000 per year. Depending on usage, costs that may be incurred would be minimal, and are paid for out if the City's medical self-insurance fund and have already been budgeted for. These impacts are outlined in Exhibit 1. We will continue to

□ No

□ N/A

monitor the costs related to the changes and reassess as necessary.

Funding source(s):

Date: 10/6/2020File No. AM No. 20-128Meeting of: City CouncilType: Consent Item

Medical Self-Insurance Fund (511)

Budget/Funding Constraints:

N/A

□ Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
	Committee of the Whole - Finance, Administration, and Communications	Receive Information
	Committee of the Whole - Finance, Administration, and Communications	Provide Direction

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
	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, 2021), the recommendations will need to be approved at the October 6, 2020 meeting to allow for appropriate lead time for the Benefits Plan Administrator to make adjustments and communicate to Red-Med members for an effective date of January 1, 2021.

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: 2021 Plan Change Summary