

City of Redmond

15670 NE 85th Street Redmond, WA

Legislation Text

File #: CM 21-019, Vo	ersion: 1				
TO: Committee of the FROM: Mayor Angela DEPARTMENT DIRECT	Birney	and Public Works			
Human Resources		Cathryn Laird		425-556-2125]
DEPARTMENT STAFF	:				
Human Resources		Nicole Bruce	Sr. Human Resources Analyst/ Benefits Plan Administrator		
allowable under the changes including the	recommending checommending checommending checomsolidated Appeter execution of any control cont	nanges in Attachment A t ropriations Act (CAA); and contracts and agreements tion/Description of Propo	l authorize ar to do so.	_	
☐ Receive Infor	mation	☐ Provide Direction	⊠ Ар	prove	
REQUEST RATIONALE	:				
• Required: The City of Re	Document will need mond Personne benefits to employ	Manual, Section 1.40, rec	quires Counci	l approval of changes in	the medical plan

Other Key Facts:

N/A

The third-party administrator (Navia) is requiring notification of our decision on what provisions we wish to implement by January 20, 2021.

OUTCOMES:

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The President signed the Consolidated Apprelated relief provisions for participants. The health care and/or day care FSA from 2020 a COVID outbreak. While the relief provisions adopt these provisions to provide maximum recommendations.	e provisions are and 2021, and w listed on Attach	e intended to he who were unable ment A are opt	elp employees access unused FSA balances to e to utilize eligible services or care during the ional, Navia is recommending that employers
COMMUNITY/STAKEHOLDER OUTREACH AN	ND INVOLVEME	NT:	
 Outreach Methods and Results: EBAC meetings are typically held on due to the passing of the law (12/27) Feedback Summary: 	a monthly basi /2020) and whe	is, but email wa en decisions are online vote on r	recommendations. This vote is requested by
BUDGET IMPACT:			
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 be cost-	☑ Yes neutral as they	□ No are employee o	□ N/A nly contributions.
Funding source(s): Medical Self-Insurance Fund (511)			
Budget/Funding Constraints: N/A			

COUNCIL REVIEW:

 $\hfill \square$ Additional budget details attached

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Previous Contact(s)

Date	Meeting	Requested Action
N/A	Item has not been presented to Council	N/A

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
1/19/2021	Business Meeting	Approve

Time Constraints:

In order for Plan Changes to be implemented we must make our plan selections by January 20, 2021 so that Navia can properly calculate and display FSA carryover balances to participants by January 25, 2021.

ANTICIPATED RESULT IF NOT APPROVED:

We would not be able to provide FSA-related relief for employees as allowable under the Consolidated Appropriations Act.

ATTACHMENTS:

Attachment A: Recommended Changes to the FSA Plan