

Councilmember _____ introduced the following resolution and moved for its adoption:

RESOLUTION #13-12-229

RESOLUTION TO APPROVE THE 2014 NON-UNION HEALTH INSURANCE CONTRIBUTIONS AND NON-UNION COST OF LIVING ADJUSTMENTS

WHEREAS, Staff recommended authorizing the non-union city health insurance contributions; and

Health Plan Type/Tier (Per Month)	<u>ACCORD</u> Premium	<u>AWARE</u> Premium	City Contribution to Premium	Employee Cost for <u>Accord</u> Network	Employee Cost for <u>Aware</u> Network	City Contribution to VEBA	Total City Contribution Option C
Single Plans							
BCBS 100% \$30.00 co-pay	\$972.00	\$1,008.50	\$517.14	\$454.86	\$491.36	NA	\$517.14
BCBS \$1500 Ded. Plan w/VEBA	\$825.00	\$855.50	\$670.00	\$155.00	\$185.50	\$130.00	\$800.00
BCBS \$2500 Ded. Plan w/VEBA	\$760.00	\$788.50	\$670.00	\$90.00	\$118.50	\$130.00	\$800.00
BCBS \$4000 Ded. Plan w/VEBA	\$670.00	\$695.50	\$670.00	0	\$25.00	\$130.00	\$800.00
Employee + Spouse Plans							
BCBS 100% \$30.00 co-pay	\$2,041.50	\$2,118.50	\$831.56	\$1,209.94	\$1,286.94	NA	\$831.56
BCBS \$1500/\$3000 Ded. Plan w/VEBA	\$1,733.00	\$1,797.50	\$932.00	\$801.00	\$865.50	\$160.00	\$1,092.00
BCBS \$2500/\$5000 Ded. Plan w/VEBA	\$1,596.50	\$1,656.50	\$932.00	\$664.50	\$724.50	\$160.00	\$1,092.00
BCBS \$4000/8000 Ded. Plan w/VEBA	\$1,408.00	\$1,460.50	\$932.00	\$476.00	\$528.50	\$160.00	\$1,092.00
Employee + Children Plans							
BCBS 100% \$30.00 co-pay	\$1,945.00	\$2,018.00	\$831.56	\$1,113.44	\$1,186.44	NA	\$831.56
BCBS \$1500/\$3000 Ded. Plan w/VEBA	\$1,649.50	\$1,712.00	\$1,016.00	\$633.50	\$696.00	\$160.00	\$1,176.00
BCBS \$2500/\$5000 Ded. Plan w/VEBA	\$1,520.00	\$1,577.00	\$1,016.00	\$504.00	\$561.00	\$160.00	\$1,176.00
BCBS \$4000/8000 Ded. Plan w/VEBA	\$1,340.50	\$1,391.00	\$1,016.00	\$324.50	\$375.00	\$160.00	\$1,176.00
Family Plans							
BCBS 100% \$30.00 co-pay	\$2,529.00	\$2,623.50	\$831.56	\$1,697.44	\$1,791.94	NA	\$831.56
BCBS \$1500/\$3000 Ded. Plan w/VEBA	\$2,145.50	\$2,225.00	\$1,166.00	\$979.50	\$1,059.00	\$192.00	\$1,358.00
BCBS \$2500/\$5000 Ded. Plan w/VEBA	\$1,976.50	\$2,051.50	\$1,166.00	\$810.50	\$885.50	\$192.00	\$1,358.00
BCBS \$4000/8000 Ded. Plan w/VEBA	\$1,743.00	\$1,808.50	\$1,166.00	\$577.00	\$642.50	\$192.00	\$1,358.00
Waivers							
				(Waivers)			\$295.00

**The City's 2014 VEBA contribution includes the \$4.30 monthly claims fee.

WHEREAS, Staff recommended an to increase the non-union wage scale by two percent (2%)

NOW, THEREFORE, BE IT RESOLVED THAT THE CITY COUNCIL OF THE CITY OF RAMSEY, ANOKA COUNTY, STATE OF MINNESOTA,

- 1) Motion to approve resolution # 13-12-229 to authorize the non-union city health insurance contributions and to increase the non-union wage scale by two percent (2%).

Health Plan Type/Tier (Per Month)	<u>ACCORD</u> Premium	<u>AWARE</u> Premium	City Contribution to Premium	Employee Cost for <u>Accord</u> Network	Employee Cost for <u>Aware</u> Network	City Contribution to VEBA	Total City Contribution Option C
Single Plans							
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Waivers							
					(Waivers)		\$295.00

**The City's 2014 VEBA contribution includes the \$4.30 monthly claims fee.

The motion for the adoption of the foregoing resolution was duly seconded by Councilmember _____, and upon vote being taken thereon, the following voted in favor thereof:

and the following voted against the same:

and the following abstained:

and the following were absent:

Whereupon said resolution was declared duly passed and adopted by the Ramsey City Council this the 10th day of December 2013.

Mayor

ATTEST:

City Clerk