

STATE OF GEORGIA
HENRY COUNTY
CITY OF STOCKBRIDGE

RESOLUTION R19-1110

A RESOLUTION AUTHORIZING THE RENEWAL OF CERTAIN MEDICAL, VISION, DENTAL, LIFE AND DISABILITY INSURANCE; AUTHORIZING THE CITY CLERK TO ATTEST SIGNATURES AND AFFIX THE OFFICIAL SEAL OF THE CITY, AS NECESSARY; REPEALING INCONSISTENT RESOLUTIONS; PROVIDING FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, the City of Stockbridge ("City") is a municipal corporation located within Henry County, Georgia duly organized and existing under the laws of the State of Georgia and is charged with providing public services to residents located within the corporate limits of the City; and

WHEREAS, the City finds it necessary and desirable to renew certain medical, dental, vision and life & disability insurance policies;

THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF STOCKBRIDGE, GEORGIA, AS FOLLOWS:

1. **Approval of Execution.** The City Council hereby approves the following certain insurance policies for calendar year 2020 with the benefit level for the employees of the City all as presented to the Council as Option 1 on November 11, 2019:

Medical Coverage:	CIGNA
Dental:	CIGNA
Vision:	CIGNA
Life and Disability Insurance:	CIGNA

The Mayor or Mayor Pro Tem is hereby authorized to execute said policies with such changes as are recommended by the City Attorney.

2. **Documents.** The City Clerk is authorized to execute, attest to, and seal any documents which may be necessary to effectuate the amendment, subject to approval as to form by the City Attorney.
3. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable or non-binding, that shall not affect the remaining portions of this Resolution.

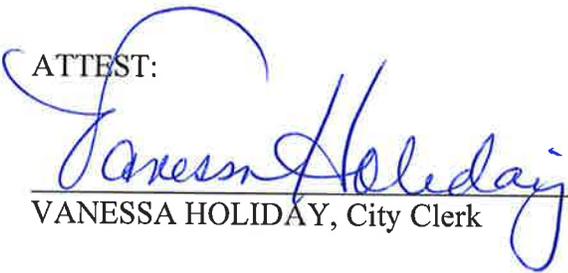
4. **Repeal of Conflicting Provisions.** All City resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
5. **Effective Date.** This Resolution shall be effective on the date of its approval by the City Council and Mayor as provided in the City Charter.

SO BE IT RESOLVED this 11th day of November, 2019.



ANTHONY S. FORD, Mayor

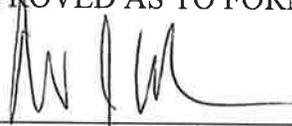
ATTEST:



VANESSA HOLIDAY, City Clerk

(SEAL)

APPROVED AS TO FORM:



MICHAEL WILLIAMS, City Attorney



Cigna 2020 Medical Renewal and Options



	Current		OPTION 1 Renewal		OPTION 2 Single Plan		OPTION 3 - DUAL OPTION	
	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Local Plus	Open Access Plus
Employee	35	826.69	1,008.42	980.39	957.32	1,008.42	957.32	1,008.42
Employee + Spouse	6	1,736.11	2,117.72	2,058.85	2,010.35	2,117.72	2,010.35	2,117.72
Employee + Child(ren)	24	1,570.75	1,915.99	1,862.73	1,818.89	1,915.99	1,818.89	1,915.99
Employee + Family	16	2,480.14	3,025.25	2,941.15	2,871.93	3,025.25	2,871.93	3,025.25
Annual Total	81	\$1,400,773	\$1,708,665	\$1,661,164	\$1,622,070	\$1,622,070	\$1,622,070	\$1,622,070
In-Network		OAP	OAP	OAP	OAP	OAP	Local Plus	OAP
Deductible (Individual / Family)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,500 / \$5,000
Coinsurance	100%	100%	100%	100%	100%	100%	100%	100%
PCP Copay	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Preventive Care	100%	100%	100%	100%	100%	100%	100%	100%
Specialist Copay	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
ER Copay	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Copay	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Outpatient Surgery	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Inpatient Surgery	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Out-of-pocket (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Prescription								
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Tier 3	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Tier 4	N/A	N/A	25% (\$300 Max)	25% (\$300 Max)	25% (\$300 Max)	25% (\$300 Max)	25% (\$300 Max)	N/A
Out-of-Network								
Deductible (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Coinsurance	80%	80%	80%	80%	80%	80%	80%	80%
Out-of-pocket (Individual / Family)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Contribution (E/E/S/E/C/ESC)	100 / 93 / 92 / 96	100% / 94, 19%	95 / 90	95 / 90 - BASE PLAN				
	Employee	0.00	0.00	11.31	11.05	22.84	22.84	22.84
	Employee + Spouse	17.71	14.89	24.89	24.30	49.08	49.08	49.08
	Employee + Child(ren)	17.71	12.18	20.36	19.88	42.29	42.29	42.29
	Employee + Family	17.71	27.06	45.25	44.18	79.56	79.56	79.56
	Employee	0.00	0.00	22.62	22.09	45.68	45.68	45.68
	Employee + Spouse	35.42	29.77	49.78	48.60	98.16	98.16	98.16
	Employee + Child(ren)	35.42	24.36	40.72	39.76	84.58	84.58	84.58
	Employee + Family	35.42	54.13	90.50	88.37	159.13	159.13	159.13
Annual Net Cost	\$1,358,412	\$1,666,305	\$1,569,753	\$1,532,811	\$1,532,811	\$1,532,811	\$1,532,811	\$1,532,811
Percentage of Change		22.67%	15.56%	12.84%	12.84%	12.84%	12.84%	12.84%
Annual Net Increase		\$307,893	\$211,341	\$174,399	\$174,399	\$174,399	\$174,399	\$174,399

- Build-up 36.5% overall / Partnership/Non-Marketing – 22% overall
- Decrements: Local Plus -2.40% / Deductible -1.80% / OOP -0.70% / Specialty Drug -0.28% (-5.18%)

NOTE
 HRA would not change if the City elected to increase the deductible (would continue to reimburse last \$2,000 of the annual medical deductible) – net deductible would increase from \$500 to \$1,000