

RESOLUTION NO. 19-08-012

SPONSORED BY: Commissioner Anderson; Commissioner Carver; Commissioner Hammontree;
Commissioner Stinnett

**A RESOLUTION TO ADOPT THE MEDICAL PLAN OPTIONS AND PREMIUM RATE STRUCTURE
FOR BLOUNT COUNTY GOVERNMENT EFFECTIVE JANUARY 1, 2020**

WHEREAS, the Blount County Human Resources Committee and Insurance Committee met on the 16th day of July, 2019; and made a recommendation, based on guidance from our insurance broker, to adopt multiple medical plan design options and a medical premium rate structure, to be effective January 1, 2020;

WHEREAS, effective January 1, 2020, Blount County shall offer multiple medical plan options to Blount County employees;

WHEREAS, the 2020 benefit comparison exhibit for Plan 1, Plan 2, and Plan 3 are attached;

WHEREAS, the 2020 premium rate structure for the medical plan designs are as follows:

PLAN:	<u>Plan 1-PPO</u>	<u>Plan 2-PPO</u>	<u>Plan 3-CDHP/HSA</u>
• Employee Only	\$664.00	\$612.62	\$579.00
• Employee + Spouse	\$1,524.00	\$1,406.08	\$1,330.00
• Employee + Child(ren)	\$1,499.00	\$1,383.02	\$1,308.00
• Family	\$1,549.00	\$1,429.15	\$1,352.00

WHEREAS, the employer premium will be budgeted for every eligible employee who elects coverage;

WHEREAS, the approval of the recommended monthly premium structure, is necessary to stay with the national medical trend;

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Blount County, Tennessee, assembled in regular session this 15th day of August, 2019, that the recommendation to adopt the 2020 medical plan design and 2020 medical premium rate structure for Blount County, as listed above, is hereby approved;

BE IT FURTHER RESOLVED that the medical plans are approved with a 3% actuarial variance should the State of Tennessee not deem these plans comparable to the Partnership plans;

BE IT FURTHER RESOLVED that if the plan does not meet the State of Tennessee standard by less than a 3% actuarial variance, the Director of Human Resources shall make the changes necessary to meet the standard.

BE IT FURTHER RESOLVED THAT THIS RESOLUTION TAKE EFFECT FROM AND AFTER ITS PASSAGE, THE PUBLIC WELFARE REQUIRING IT; AND THAT ANY PRIOR RESOLUTION TO THE CONTRARY IS HEREBY DECLARED VOID.

CERTIFICATION OF ACTION

ATTEST

Chairman

County Clerk

Approved: _____

Vetoed: _____

_____	_____
County Mayor	Date