# City of Scottsbluff, Nebraska

Monday, December 2, 2013 Regular Meeting

## **Item Reports2**

Council to consider amended Police Contract ARTICLE XXIII Health Insurance and authorize the Mayor to execute the contract.

Staff Contact: Jana Bode, HR Director

## Agenda Statement

Item No.

For meeting of: December 2, 2013

AGENDA TITLE: Council to consider amended Police Contract ARTICLE XXIII Health Insurance.

**SUBMITTED BY DEPARTMENT/ORGANIZATION**: Human Resources

PRESENTATION BY: City Manager, Rick Kuckkahn

SUMMARY EXPLANATION: Effective Jan. 1, 2014

Plan A,B,and C are being removed – leaving only Plan D (no changes to Plan D rates, deductibles, or coverage)

The City and the SPOA's met on November 21, 2013 under Article XXXI of contract to re-open negotiations. The Union agreed to changes of ARTICLE XXIII Health Insurance.

#### BOARD / COMMISION RECOMMENDATION

STAFF RECOMMENDATION					
Resolution X	Ordinance •	Contract •	Minutes •	Plan/Map •	
Other (specify)	)				
Notification L	ist: Yes• N	o• Further	Instructions •		
APPROVAL	FOR SUBMIT		ty Manager		

## AMENDED CONTRACT ARTICLE XXIII **HEALTH INSURANCE**

### FOR THE TERM JANUARY 1, 2014 - DECEMBER 31, 2014

### HEALTH AND DENTAL INSURANCE

The City will provide a choice of four health insurance plans to members. Participation in these plans shall be subject to policies and procedures as established in the City Personnel Manual and/or

IN WITNESS THEREOF, the parties hereto h, 2013.  CITY OF SCOTTSBLUFF, NEBRASKA	nave set their hands this day of  SCOTTSBLUFF POLICE OFFICER'S ASSOC.
-	nave set their hands this day of
v v	te City of Scottsbluff states that during the term of for individual, specifically defined issues, such as increases, and health and dental premiums.
The Dental insurance premium shall remain as dental coverage.	t \$30 per month for family coverage and \$15 for single
· · · · · · · · · · · · · · · · · · ·	ployee's Health Savings Account: \$25 per month for to a minimum contribution by the employee to the
Plan D \$ 0 per month for single \$	\$ 0 per month for family
	wing faces for the calcindar year 2014.
The members of the SPOA shall pay the follow	wing rates for the calendar year 2014: