

ORIGINAL
STAMPED IN RED

RESOLUTION NO.: R-2018-084

Authorizing the City Manager to execute a Local Subdivision Entity Agreement between the City of Columbia and PEBA for Participation in the State's Health Insurance Program and rescinding all prior health care programs

BE IT RESOLVED by the Mayor and City Council this 14th day of August, 2018, that the City Manager is hereby authorized to execute the attached Local Subdivision Entity Agreement, or on a form approved by the City Attorney, between the City of Columbia and PEBA for Participation in the State's Health Insurance Program; and,

BE IT FURTHER RESOLVED that upon execution of the final agreements with PEBA, all prior health care programs shall be rescinded in their entirety.


Requested by:

City Manager _____



Mayor

Approved by:



City Manager

Approved as to form:



City Attorney

ATTEST:



City Clerk

Introduced: 8/14/2018
Final Reading: 8/14/2018

Local Subdivision Entity Agreement to Participate

_____ (entity name), authorized to participate in the State Insurance Benefits Programs, certifies that it:

1. Has read, understands and agrees to abide by the state's conditions of participation contained in the entity guidelines;
2. Has furnished and will continue to provide enrollment information that is true, accurate and complete to the best of its knowledge;
3. Agrees to report any change affecting enrollment or the status of its employees;
4. Agrees to contribute no less than the following premium amounts¹ for each benefits eligible employee who enrolls in the State Insurance Benefits Programs based on the coverage level the employee selects:

	Employee only	Employee/spouse	Employee/children	Full family
Health ²	\$374.96	\$742.72	\$575.48	\$929.90
Dental	\$13.48	\$13.48	\$13.48	\$13.48
Life	\$0.32	\$0.32	\$0.32	\$0.32
Long term disability ²	\$3.22	\$3.22	\$3.22	\$3.22
Administrative fee	\$3.00	\$3.00	\$3.00	\$3.00

¹Premiums are subject to change each year.

²Required contribution for health insurance premiums may be greater due to experience rating. The health premiums above are a base rate that will be multiplied by your experience-rated load factor. See Pages 9-10 for details on how these load factors are determined. See Page 23 for employee premiums.

5. Acknowledges that PEBA reserves the right to cancel coverage for nonpayment upon 30 days' notice to the Participating Entity;
6. Agrees to participate in the State Insurance Benefits Program for a minimum of four years; and
7. Has attached the document from its governing board authorizing its participation in the State Insurance Benefits Program.

Please print.

Entity name _____

Entity director's name _____

Entity director's signature _____

Date _____

APPROVED AS TO FORM



 Legal Department City of Columbia, SC