

MURRAY
CITY COUNCIL

NOTICE OF MEETING
MURRAY CITY COUNCIL INITIATIVE WORKSHOP

PUBLIC NOTICE IS HEREBY GIVEN that there will be a meeting of the Murray City Municipal Council on Tuesday, May 14, 2013, at the Murray City Center, 5025 South State Street, Murray, Utah.

4:30 p.m. **Council Initiative Workshop:** To be held in Conference Room #107
Brett Hales conducting.

1. Approval of Minutes

1.1 None scheduled.

2. Discussion Item

2.1 Medical and Dental Insurance Coverage for City Council Members- Brett Hales and Mike Terry presenting.

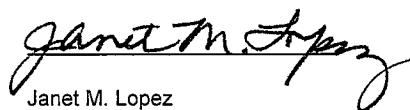
3. Adjournment

NOTICE

SPECIAL ACCOMMODATIONS FOR THE HEARING OR VISUALLY IMPAIRED WILL BE MADE UPON A REQUEST TO THE OFFICE OF THE MURRAY CITY RECORDER (801-264-2660). WE WOULD APPRECIATE NOTIFICATION TWO WORKING DAYS PRIOR TO THE MEETING. TDD NUMBER IS 801-270-2425 or call Relay Utah at #711.

Council Members may participate in the meeting via telephonic communication. If a Council Member does participate via telephonic communication, the Council Member will be on speaker phone. The speaker phone will be amplified so that the other Council Members and all other persons present in the Council Chambers will be able to hear all discussions.

On Friday, May 10, 2013, at 9:00 a.m., a copy of the foregoing notice was posted in conspicuous view in the front foyer of the Murray City Center, Murray, Utah. Copies of this notice were provided for the news media in the Office of the City Recorder and also sent to them by facsimile copy. A copy of this notice was posted on Murray City's internet website www.murray.utah.gov, and the state noticing website at <http://pmn.utah.gov>.



Janet M. Lopez
Council Administrator
Murray City Municipal Council

CIW Meeting Request Form

Sponsor Brett Hales Date Sent to Administration _____

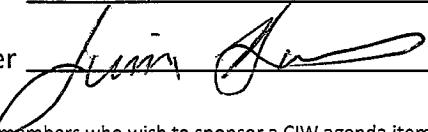
Subject Medical and Dental Insurance coverage for Council Members

Date, Time, Place May 14, 2013

Council Member Consent — In order to schedule a CIW three Council Members must consent. Consent merely reflects support to place a subject on an agenda for discussion, and in no way is meant to reflect complete endorsement of the topic.

Council Member Brett Hales

Council Member Dave Nicponski

Council Member 

Subject Matter — Council members who wish to sponsor a CIW agenda item shall prior to the scheduled meeting obtain informal, but distinct approval from a majority of Council Members. CIW meetings will be limited to one agenda item, unless there is a reasonable relationship between multiple items requested for the same date.

Subject Matter in Concept: Discussion regarding the possibility of offering Medical and Dental Insurance Benefits coverage for City Council Members.

Presentation — Council members sponsoring a CIW shall be responsible for coordinating the presentation time, room, and staff involvement. A CIW presentation is designed to inform and educate Council Members regarding a particular topic, i.e., need for discussion, statistical data, outside municipal experiences, and current trends, etc.

Estimated Time 20 minutes

Presentation Medium Exhibits & Discussion _____

Special Equipment Needs (AV) _____

Discussion — Each meeting shall begin with a presentation by the sponsor, and then in turn attending Council Members will have the opportunity to comment on the topic. This meeting is designed to cultivate informal discussion focusing on the will and direction concerning of the Council as pertaining to the topic. Discussion should be focused on balancing and weighing the topic against general policy created by the Council. If there is a need, discussion items may be scheduled for a second meeting.

Discussion Highlights Comparison with other cities benefits to City Council Members will be presented.

Direction — At the conclusion of Council discussion or at the request of the sponsor, the Council shall determine future action and direction, staff involvement, or whether the items shall be tabled until further notice.

CITY COUNCIL MEMBERS - PARTICIPATION IN CITY HEALTH PLAN

CITY	COUNCIL SALARY	OFFER INSURANCE	SINGLE ONLY OR FAMILY	COST
CENTERVILLE	\$4,500.00	No		
CLINTON	\$4,200.00	No		
COTTONWOOD HEIGHTS	\$14,106.00	No		
FARMINGTON	\$7,200.00	No		
HIGHLAND	\$5,664.10	No		
HURRICANE	\$6,000.00	No		
KAYSVILLE	\$4,200.00	No		
LAYTON	\$13,130.00	No		
LOGAN	\$14,291.00	No		
MURRAY	\$14,170.00	No		
NORTH OGDEN	\$4,612.50	No		
OGDEN	\$11,880.00	No		
RIVERTON	\$11,339.00	No		
SOUTH OGDEN	\$9,509.00	No		
SPANISH FORK	\$9,180.00	No		
SPRINGVILLE	\$6,611.66	No		
SYRACUSE	\$4,590.00	No		
TOOELE	\$10,815.00	No		
BOUNTIFUL	\$7,800.00	Yes	Family	Same as employees
BRIGHAM CITY	\$6,358.00	Yes	Family	Same as employees
CEDAR CITY	\$11,958.96	Yes	Family	Member pays 100%
CLEARFIELD	\$8,880.00	Yes	Family	Same as employees
DRAPER	\$11,076.00	Yes	Family	Member pays 100%
MIDVALE	\$8,000.00	Yes	Family	Same as employees
OREM	\$13,200.00	Yes	Family	Member pays 0%
PAYSON	\$6,400.00	Yes	Family	Member pays 50%
PROVO	\$12,484.94	Yes	Family	Same as employees
SANDY	\$18,438.00	Yes	Family	Same as employees
SOUTH JORDAN	\$11,436.00	Yes	Family	Member pays 50%
SOUTH SALT LAKE	\$11,352.00	Yes	Family	Same as employees
ST. GEORGE	\$12,000.00	Yes	Family	Same as employees
WEST VALLEY	\$18,820.00	Yes	Family	Same as employees
AMERICAN FORK	\$4,846.00	No Response		
EAGLE MOUNTAIN	\$6,000.00	No Response		
HEBER CITY	\$10,800.00	No Response		
HERRIMAN	\$12,000.00	No Response		
HOLLADAY	\$11,440.00	No Response		
LEHI	\$12,000.00	No Response		
PLEASANT GROVE	\$7,200.00	No Response		
ROY	\$8,118.78	No Response		
SALT LAKE CITY	\$22,829.00	No Response		
SARATOGA SPRINGS	\$7,800.00	No Response		
TAYLORSVILLE	\$13,219.25	No Response		
WASHINGTON CITY	\$13,500.00	No Response		
WEST JORDAN	\$9,776.00	No Response		

**MURRAY CITY
INSURANCE RATES**

Effective July 1, 2013

Bi-Weekly

	MEDICAL	DENTAL	TOTAL	CITY PAYS	EMPLOYEE PAYS	INCREASE FROM LAST YEAR
Advantage Care						
Single	\$179.10	\$19.35	\$198.45	\$168.68	\$29.77	\$1.39
2-Party	\$394.01	\$26.46	\$420.47	\$357.39	\$63.08	\$2.94
Family	\$537.28	\$40.05	\$577.33	\$490.73	\$86.60	\$4.03
Summit Care						
Single	\$179.10	\$19.35	\$198.45	\$168.68	\$29.77	\$1.39
2-Party	\$394.01	\$26.46	\$420.47	\$357.39	\$63.08	\$2.94
Family	\$537.28	\$40.05	\$577.33	\$490.73	\$86.60	\$4.03

*** Subject to appropriation of funds by the City Council.

SECTION 8. PARTICIPATION STANDARDS

8.1 GROUP acknowledges and agrees that it shall only offer PEHP medical plans to its Eligible Employees during the term of this Agreement. If GROUP offers to its employees any medical plan other than PEHP, this Agreement shall automatically terminate and GROUP shall be responsible for all claims incurred but not reported at the date of termination. GROUP acknowledges and agrees that if GROUP elects to offer PEHP dental plans, it shall abide by the participation guidelines as stated in sections 8.2 and 8.3.

8.1.1 For purposes of this Agreement, the term Eligible Employee shall mean GROUP's employees who are otherwise eligible for medical and/or dental coverage through GROUP but do not have other health coverage in place. Eligible Employee is further defined as an employee whose term of employment for GROUP normally requires an average of twenty (20) hours or more per week. Eligible Employees also include elected and appointed officials elected or appointed prior to 1/1/11. Elected and appointed officials that are elected or appointed after 1/1/11 are Eligible Employees if they meet Utah Retirement System's guidelines as elected or appointed officials under Utah Code Annotated §49-12-102 or Utah Code Annotated §49-13-102. GROUP must pay either 100% of the single premium or a minimum of 50% of the single, two-party and family premiums. Failure to meet this standard may result in changing rates in accordance with Section 10.

85% / 15% currently