102460 September 22, 2010

WHEREAS, the City of Dallas desires to accept the revised Summary Plan Description to reflect the changes to the prescription formulary effective October 1, 2010; and

WHEREAS, the City of Dallas desires to continue the self-funded Preferred Provider Organizations, third-party administered employee and retiree health benefits plan for active employees, retirees, and their eligible dependents for the 2011 Benefit Plan Year; and

**WHEREAS**, the City of Dallas desires to continue the Section 125 Plan for eligible employees to receive favorable tax treatment of premiums paid for employee health care, dependent health care, vision and dental coverage, group life insurance, dependent care and non-reimbursed medical expenses; and

WHEREAS, the City of Dallas desires to increase the Retiree self-funded premium rate by \$25.00 per month. The 2011 Employee and Retiree Health Benefits Plans (self-funded Preferred Provider Organizations and fully-insured Medicare Supplement, Medicare HMO and Medicare Part D Prescription plans ) and the Section 125 Plan are necessary to support the City of Dallas' Employee and Retiree Health Benefits plans; and

WHEREAS, the City of Dallas desires to adopt the 2011 Plan Changes and UnitedHealthcare to provide the administrative services for the PPO Plan, Health Reimbursement Account, and for voluntary benefits to include vision, dental and employee assistance program at no cost to the City; and

WHEREAS, the City of Dallas desires the administration services for these offerings to be performed by UnitedHealthcare to commence on January 1, 2011 through December 31, 2011. NOW THEREFORE,

## BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF DALLAS:

**Section 1.** That the attached 2011 Employee and Retiree Health Benefits Plans, 2011 health coverage premium rates, and the Section 125 Plan be approved.

**Section 2.** That this resolution shall take effect immediately from and after its passage in accordance with the provisions of the Charter of the City of Dallas, and it is accordingly so resolved.

Distribution:

Human Resources - Rosalinda Reyna - 6AS Office of Financial Services - 4FN City Attorney's Office - 7DN APPROVED BY CITY COUNCIL

SEP 22 2010

City Secretary

(in-Network Benefits Only effective 1/1/2011)		
	HRA Plan	HRA Plan
	Non-Tobacco User Rate	Tobacco User Rate
表示。	User Rate	User Nate
2000年的第三人称单数的 <b>是</b>	Without Health Risk Assessment	
Total Deductible	\$2500 (single)	\$2500 (single)
HRA Allocation (City \$\$)	\$700 (single)	\$700 (single)
Deductible (Your \$\$)	\$1800 (single)	\$1800 (single)
Total Deductible	\$5000 (with dep(s)	\$5000 (with dep(s)
HRA Allocation (City \$\$)	\$1700 (with dep(s)	\$1700 (with dep(s)
Deductible (Your \$\$)	\$3300 (with dep(s)	\$3300 (with dep(s)
	With Health Risk Assessment	
Total Deductible	\$2500 (single) ,	\$2500 (single)
HRA Allocation (City \$\$)	\$1000 (single)*	\$1000 (single)*
Deductible (Your \$\$)	\$1500 (single)	\$1500 (single)
Total Deductible	\$5000 (with dep(s)	\$5000 (with dep(s)
HRA Allocation (City \$\$)	\$2000 (with dep(s)*	\$2000 (with dep(s)*
Deductible (Your \$\$)	\$3000 (with dep(s)	\$3000 (with dep(s)
	STATE OF THE PERSON NAMED IN COLUMN	CONTRACTOR OF STREET
0-1	Member pays 25% Plan pays 75%	Member pays 25% Plan pays 75%
Coinsurance		
Primary Care Physician	Plan pays 100%	Plan pays 100%
Preventive Services	(in-network only ) doesn't reduce HRA	(in-network only ) doesn't reduce HRA
(See SPD for Injections)		ļ
Out Deffert Condition	Plan pays 75% after deductible	Plan pays 75% after deductible
Out-Patient Services		
to Datinat Cambana	Plan pays 75%	Plan pays 75% after deductible
In-Patient Services	after deductible	
ER Services at hospital	Plan pays 75%	Plan pays 75% after deductible
(See SPD for Ambulance services)	after deductible	
Specialist Services &	Plan pays 75%	Plan pays 75%
Urgent Care Services	after deductible	after deductible
0.4.4.0.4.14	\$6000 (single)	\$6000 (single) \$12000 (with deps)
Out-of-Pocket Max	\$12000 (with deps)	\$12000 (with deps)
Rx Coverage (31 days):		C O( ff)
B. J. Will.	Same as (Your \$\$)  Deductible above	Same as (Your \$\$) Deductible above
Deductible		10%
Generic	10% 25%	25%
Preferred		40%
Non-Preferred	40%	N/A
Out-of-Pocket Max	N/A	IN/A
Full-Time Rates	<b>\$75</b>	\$95
EE Only	\$421	\$441
EE + Spouse		\$232
EE + Child(ren)	\$212	\$232 \$559
EE + Family	\$539	\$203
Perm Part-Time Rates	<b>6</b> 047	<b>\$997</b>
EE Only	\$217	\$237
EE + Spouse	\$563 \$433	\$583 \$442
EE + Child(ren)	\$423	\$443

<sup>\*</sup>Please complete Health Risk Assessment between 1/1/2011 - 2/28/2011 to receive the increased HRA Allocation.