

ORDINANCE No. 183574

* Provide for City-paid COBRA coverage for eligible dependents of deceased City employees. (Ordinance)

The City of Portland ordains:

Section 1: The Council finds:

1. The untimely death of a City employee is not only tragic but also may result in financial hardship to the employee's dependents.
2. Providing 18 months of City-paid COBRA coverage ensures eligible dependents will continue to have health care benefits.
3. Only the dependents of regular City employees (those employees with civil service status in budgeted positions), employees in civil service exempt budgeted positions, and elected officials and who also were in active status for five years or more at the time of their death are eligible for City-paid COBRA coverage. Limited duration, casual employees, temporary employees, and working retirees are excluded. Active status includes any approved time away from work for vacation or sick leave, for catastrophic leave under Human Resources Administrative Rule 6.06, for an approved family medical leave under Human Resources Administrative Rule 6.05, or an approved worker's compensation or loss of service illness or injury leave. Dependents of an employee who dies while on a general leave of absence, paid or unpaid, or who has been laid off for any reason are not eligible for this benefit.
4. City-paid COBRA coverage will be provided for up to a maximum of 18 months for eligible dependents at the same level of coverage in effect at the time of the employee's death. City-paid coverage will cease for any dependent who is no longer eligible for coverage under the terms of the City's Health Plan.
5. Providing City-paid COBRA coverage is estimated to cost up to approximately \$150,000 per year.
6. City-paid COBRA coverage under this ordinance automatically expires three years from the date of its passage by Council. Any eligible dependents receiving City-paid coverage upon the expiration of this ordinance will continue to do so for a total of 18 months or the date they are no longer eligible for coverage under the terms of the City's Health Plan, whichever is sooner.

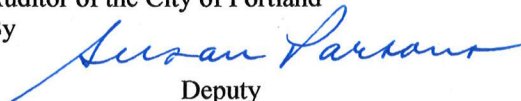
NOW THEREFORE, the Council directs:

- a. To implement City-paid COBRA coverage for eligible dependents of any City employee who died on or after December 15, 2009 and who was in active status at the time of their death and was in one of the eligible categories described above at the time of their death.
- b. The Bureau of Human Resources to enter into discussions with the City labor leaders concerning application of this benefit to represented employees.

Section 2. The Council declares that an emergency exists in order to provide City-paid COBRA coverage to the dependents of a City employee who passed away late December 2009; therefore, this ordinance shall be in full force and effect from its passage by the Council.

Passed by the Council, MAR 03 2010
Mayor Sam Adams
Office of Management and Finance
Prepared by: Yvonne L. Deckard: AK
Date Prepared: February 12, 2010

LaVonne Griffin-Valade
Auditor of the City of Portland
By


Deputy

Agenda No. **183574**
ORDINANCE NO.
 Title

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<p>INTRODUCED BY Commissioner/Auditor: Mayor Sam Adams</p> <p>COMMISSIONER APPROVAL</p> <p>Mayor—Finance and Administration - Adams <i>[Signature]</i></p> <p>Position 1/Utilities - Fritz</p> <p>Position 2/Works - Fish</p> <p>Position 3/Affairs - Saltzman</p> <p>Position 4/Safety - Leonard</p> <p>BUREAU APPROVAL</p> <p>Bureau: Bureau of Human Resources Bureau Head: Kenneth L. Rust/Yvonne L. Deckard <i>[Signature]</i></p> <p>Prepared by: Anna Kanwit Date Prepared: February 12, 2010</p> <p>Financial Impact Statement Completed <input checked="" type="checkbox"/> Amends Budget <input type="checkbox"/> Not Required <input type="checkbox"/></p> <p>Portland Policy Document If "Yes" requires City Policy paragraph stated in document. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Council Meeting Date March 3, 2010</p> <p>City Attorney Approval</p>	<p>CLERK USE: DATE FILED FEB 26 2010</p> <p style="text-align: center;">LaVonne Griffin-Valade Auditor of the City of Portland</p> <p>By: <i>[Signature]</i> Deputy</p> <p>ACTION TAKEN:</p>
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AGENDA
<p>TIME CERTAIN <input type="checkbox"/></p> <p>Start time: _____</p> <p>Total amount of time needed: _____ (for presentation, testimony and discussion)</p>
<p>CONSENT <input type="checkbox"/></p>
<p>REGULAR <input checked="" type="checkbox"/></p> <p>Total amount of time needed: 10 minutes (for presentation, testimony and discussion)</p>

FOUR-FIFTHS AGENDA	COMMISSIONERS VOTED AS FOLLOWS:		
		YEAS	NAYS
1. Fritz	1. Fritz	✓	
2. Fish	2. Fish	✓	
3. Saltzman	3. Saltzman	✓	
4. Leonard	4. Leonard	✓	
Adams	Adams	✓	