

FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Yvonne L. Deckard (Cathy Bless)		2. Telephone No. 503-823-5207	3. Bureau/Office/Dept. OMF/Bureau of Human Resources
4a. To be filed (date) April 28, 2010	4b. Calendar (Check One) Regular Consent 4/5ths x <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5. Date Submitted to FPD Budget Analyst: April 15, 2010

1) Legislation Title: * Authorize amendment to the City of Portland Health Plan to reflect necessary plan administrative changes and design changes as recommended by the Labor Management Benefits Committee (LMBC) for the City's self-insured plans beginning July 1, 2010. (Ordinance)

2) Purpose of the Proposed Legislation: Establish the 2010-11 City of Portland Health Plan. The Plan Document identifies the provisions and plan design of the City's self-insured health plans. The Plan Document outlines the CityCore benefit plan design changes recommended by the Labor Management Benefits Committee (LMBC) effective July 1, 2010.

3) Revenue:

Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source. NO

4) Expense:

What are the costs to the City as a result of this legislation? What is the source of funding for the expense?

The Health Fund includes the appropriation in support of the costs associated with the self-insured plans. All expected costs are budgeted as part of existing contracts with program vendors.

Staffing Requirements:

5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? *(If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)* NO

6) Will positions be created or eliminated in future years as a result of this legislation? NO

Complete the following section if you are accepting and appropriating a grant via ordinance. This section should only be completed if you are adjusting total appropriations, which currently only applies to grant ordinances.

7) Change in Appropriations *(If the accompanying ordinance amends the budget, please reflect the dollar amount to be appropriated by this legislation. If the appropriation includes an interagency agreement with another bureau, please include the partner bureau budget adjustments in the table as well. Include the appropriate cost elements that are to be loaded by the Grants Office and/or Financial Planning. Use additional space if needed.)*

Yvonne L. Deckard by AC

APPROPRIATION UNIT HEAD (Yvonne L. Deckard)



City of Portland
Bureau of
Human Resources
Knowledgeable | Helpful | Responsive

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Office of Management and Finance

Kenneth L. Rust, Chief Administrative Officer

DATE: April 15, 2010

TO: Mayor Sam Adams

FROM: Yvonne L. Deckard, Human Resources Director *YLD my AK*

FOR MAYOR'S OFFICE USE ONLY

Reviewed by Bureau Liaison _____

RE: ORDINANCE TITLE: * Authorize amendment to the City of Portland Health Plan to reflect necessary plan administrative changes and design changes as recommended by the Labor Management Benefits Committee (LMBC) for the City's self-insured plans beginning July 1, 2010. (Ordinance)

1. **INTENDED THURSDAY FILING DATE:** April 22, 2010
2. **REQUESTED COUNCIL AGENDA DATE:** April 28, 2010
3. **CONTACT NAME & NUMBER:** Cathy Bless, 503-823-5207
4. **PLACE ON:** ___ CONSENT ___ ☒ REGULAR
5. **BUDGET IMPACT STATEMENT ATTACHED:** ☒ Y ___ N ___ N/A
6. **(3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY ATTACHED:** ☒ Yes ___ No ___ N/A

7. BACKGROUND/ANALYSIS

As part of the upcoming annual enrollment process the attached Ordinance is being filed to establish the 2010-11 City of Portland Health Plan.. The Plan Document identifies the provisions and plan design of the City's self-insured health plans. The Plan Document outlines the CityCore benefit plan design changes recommended by the Labor Management Benefits Committee (LMBC) effective July 1, 2010. A summary of the plan changes is attached. The changes recommended by the LMBC add no additional costs to the current plan, and support the newly approved Wellness Strategic Plan. The changes will also assist employees in their lowering risk factors necessary to maintain good health. In addition to the plan changes, applicable language was inserted allowing for changes to plan design and/or eligibility rules relative to the Health Care and Education and Affordability Reconciliation Act of 2010 as those changes become effective.

8. FINANCIAL IMPACT

The Health Fund includes the appropriation in support of the costs associated with the self-insured plans. All expected costs are budgeted as part of existing contracts with program vendors.

9. RECOMMENDATION/ACTION REQUESTED

I recommend that the Mayor and City Council approve this ordinance.

Sam Adams, Mayor

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Please notify the City of Portland of the need for ADA accommodations no less than five (5) days prior to any City-sponsored event by contacting the Bureau of Human Resources at 503-823-3572 or the City's TTY at 503-823-6868.

