

City of Blue Ridge

480 West First Street • Blue Ridge, Georgia • (706) 632-2091

City of Blue Ridge
Special Called Council Meeting Minutes
City Hall
480 West First Street
June 30, 2016 at 11:00 a.m.

Present: Mayor Donna Whitener
Council Members Angie Arp, Harold Herndon,
Bruce Pack and Rhonda Thomas
City Clerk Kelsey Ledford

Absent: Council Member Rodney Kendall

1) Call Meeting to Order:

Council Member Rhonda Thomas made a motion to call the meeting to order. The motion was seconded by Council Member Bruce Pack. The Council voted 4-0. Motion carried.

2) Prayer and Pledge of Allegiance:

Council Member Bruce Pack offered a word of prayer followed by the Pledge of Allegiance.

3) Council Meeting Rules of Procedures:

Mayor Whitener stated that a copy of the rules of procedures was available at the Council desk.

4) Health Insurance:

Mayor Whitener explained that Finance Director Alicia Stewart has requested that the City proceed with offering a four tier insurance plan to the employees. Mrs. Stewart has determined that if the City changes from a two tier plan to a four tier plan that City will save approx. \$4,700.00/month. The rates and GMEBS Life and Health Program Employer Declaration and Application are attached. Council Member Rhonda Thomas made a motion to approve and proceed with the four tier insurance plan. The motion was seconded by Council Member Bruce Pack. The Council voted 4-0. Motion carried.

5) Park:

Mayor Whitener reminded the Council that a conceptual plan was submitted for the horticulture grant and that the grant was approved based on that plan. Therefore, she explained that the Council will need to follow that plan or the City will not receive the entire grant amount. Council Member Angie Arp explained that the public is wanting playground equipment in the park and that if the Council would have known that it would be months before the equipment was put back in the park they never would have voted to remove it in the first place. The allotted five minutes expired. Council Member Angie Arp made a motion to allow an

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additional five minutes for discussion. The motion was seconded by Council Member Rhonda Thomas. The Council voted 4-0. Motion carried. Council Member Angie Arp and Mayor Whitener discussed the park and equipment as well as landscaping. Council Member Bruce Pack stated that the park needs to be bigger and better for the children. Council Member Angie Arp stated that the Council voted to make the entire park a playground and that is what she wants to see.

6) Executive Session—Personnel:

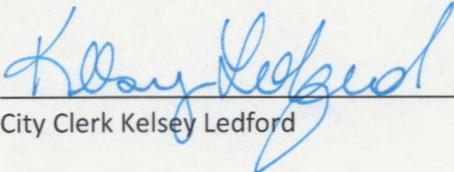
Council Member Rhonda Thomas made a motion to close the meeting for an executive session for the purpose of discussing personnel. The motion was seconded by Council Member Bruce Pack. The Council voted 4-0. Motion carried. Council Member Rhonda Thomas made a motion to open the meeting from an executive session. The motion was seconded by Council Member Angie Arp. The Council voted 4-0. Motion carried. Council Member Rhonda Thomas made a motion to hire Kelly Watkins as head lifeguard with head lifeguard pay. The motion was seconded by Council Member Angie Arp. The Council voted 4-0. Motion carried. Council Member Rhonda Thomas made a motion to hire Ashley Watkins as head lifeguard with head lifeguard pay. The motion was seconded by Council Member Bruce Pack. The Council voted 4-0. Motion carried. Council Member Rhonda Thomas made a motion to terminate the employment of Philip Forsyth and to allow him three days to remove his belongings from the City Park mobile home. The motion was seconded by Council Member Angie Arp. The Council voted 4-0. Motion carried.

7) Adjournment:

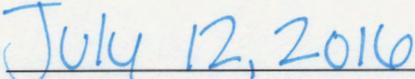
Council Member Rhonda Thomas made a motion to adjourn the meeting. The motion was seconded by Council Member Bruce Pack. The Council voted 4-0. Meeting adjourned.



Mayor Donna Whitener



City Clerk Kelsey Ledford



Approved





RISK MANAGEMENT AND
EMPLOYEE BENEFIT SERVICES
BOARD OF TRUSTEES

June 17, 2016

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Lamar Norton
GMA Executive Director

Ms. Alicia Stewart
Finance Director
City of Blue Ridge
480 W. First Street
Blue Ridge, GA 30513-4678

Re: Alternative Health Plan Rates Requested for the City of Blue Ridge

Trustees:

Linda Blechinger
Mayor, Auburn

Keith Brady
Mayor, Newman

Billy Edwards
City Manager, Hinesville

Elizabeth M. English
Mayor Pro Tem, Vienna

Jason Holt
Councilmember, Fitzgerald

Meg Kelsey
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Finance Officer, LaGrange

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Councilmember, Camilla

Pete Pyrzenski
City Manager, Commerce

Kenneth E. Smith, Sr.
Mayor, Kingsland

Rebecca L. Tydings
City Attorney, Centerville

Vince Williams
Mayor, Union City

Dear Alicia:

This letter is to inform you of the alternative health plan rates that are offered through the Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund that you requested.

The current 2016 current rates are:

Product	Employee	Employee/Family
PPO 90/70 (\$1,000)	\$ 654.00	\$ 1,540.00

The 2016 alternative Four (4) Tier rates for plan requested are:

Product	Employee	Employee/Spouse	Employee/Children	Employee/Family
PPO 90/70 (\$1,000)	\$ 596.00	\$ 1,192.00	\$ 1,132.00	\$ 1,788.00

Note: You are allowed to offer up to 3 (three) plans to your employees. In order to prepare the documents necessary for the City of Blue Ridge to modify health coverage, please notify Regina Venner by e-mail of the specific coverage/s selected.

Regina L. Venner
Communications & Marketing Administrative Assistant

Georgia Municipal Association

P.O. Box 105377

Atlanta, Georgia 30348

Phone: (678)-686-6216

Fax: (678)-686-6316

E-mail: rvenner@gmanet.com

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NOTE: It normally takes about 60 days to implement the chosen plan/s after the City has approved our quote and the contract has been executed and returned to Georgia Municipal Association.

NOTE: The above rates do not reflect any possible increase for your renewal for the year 2017.

If you have any questions about this new coverage, please contact me at 678-686-6259 or our toll free number inside Georgia 1-888-488-4462.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Durden". The signature is written in a cursive, flowing style.

Steve Durden
Deputy Director, Marketing

SD:SD/rlv

C: Elieen Thomas, Marketing Field Services Representative, GMA

August 1, 2016

**GMEBS LIFE & HEALTH PROGRAM
EMPLOYER DECLARATION & APPLICATION
EMPLOYEE HEALTH AND DENTAL BENEFITS
BLUE RIDGE**

NOTE TO EMPLOYER: THIS FORM DESIGNATES GMEBS HEALTH AND DENTAL BENEFITS THAT YOU REQUEST BE MADE AVAILABLE, THE POSITIONS THAT ARE ELIGIBLE FOR SUCH BENEFITS, AND THE EXTENT THE BENEFITS ARE AVAILABLE TO DEPENDENTS. TO BECOME EFFECTIVE, THIS DECLARATION MUST BE APPROVED BY YOUR GOVERNING AUTHORITY, AND BY THE GMEBS LIFE & HEALTH PROGRAM ADMINISTRATOR. UPON SUCH APPROVAL, THIS DECLARATION WILL REPLACE AND SUPERSEDE ANY PRIOR EMPLOYER DECLARATION ON FILE WITH THE GMEBS LIFE & HEALTH PROGRAM ADMINISTRATOR. IF YOU WISH TO OFFER HEALTH / DENTAL COVERAGE FOR RETIREES, YOU MUST APPROVE A SEPARATE RETIREE DECLARATION.

ELECTIONS MADE IN THIS DOCUMENT MAY OR MAY NOT RESULT IN PENALTIES IF YOU ARE AN APPLICABLE LARGE EMPLOYER ("ALE") UNDER THE AFFORDABLE CARE ACT ("ACA"). IT IS YOUR RESPONSIBILITY TO CONSULT WITH YOUR ATTORNEY ABOUT WHETHER YOU ARE AN APPLICABLE LARGE EMPLOYER AND THE CONSEQUENCES OF YOUR ELECTIONS. REGARDLESS OF YOUR SIZE, BY EXECUTING THIS DECLARATION, YOU CERTIFY THAT YOU WILL NOT IMPOSE ELIGIBILITY CONDITIONS THAT ARE NOT SET FORTH IN THIS DOCUMENT, OR IMPOSE A LONGER WAITING PERIOD THAN IS SET FORTH IN THIS DOCUMENT. EFFECTIVE JANUARY 1, 2015, IF YOU ARE AN APPLICABLE LARGE EMPLOYER, YOU MAY INCUR ACA PENALTIES IF: 1) YOU DO NOT IDENTIFY ALL "FULL TIME EMPLOYEES" AS DEFINED BY THE ACA AND OFFER THEM HEALTH COVERAGE; 2) YOU DO NOT OFFER HEALTH COVERAGE TO DEPENDENT CHILDREN; OR 3) YOU DO NOT SUBSIDIZE HEALTH COVERAGE ENOUGH TO MAKE THE COST OF EMPLOYEE-ONLY HEALTH COVERAGE AFFORDABLE (AS DEFINED BY THE ACA).

SECTION 1. ELIGIBLE POSITIONS; TYPE OF BENEFITS REQUESTED

1A. Regular Employees– The Employer requests the following benefits for all Regular Employees (as defined below).

Regular Employees: A Regular Employee who resides in the United States, and is employed in a salaried or hourly rated position that requires 30 Hours of Service per week or more and is expected to last at least 48 weeks. An Hour of Service is an hour for which an employee is paid, or is entitled to payment, for the performance of duties for the employer, and each hour for which an employee is paid, or entitled to payment, due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

Health Dental Neither

1B. Elected or Appointed Members of the Governing Authority – The Employer requests the following benefits for all active elected or appointed members of the Employer's Governing Authority. This would include the Chief Legal Officer, Associate Legal Officer and Municipal Judges unless identified as being excluded by Employer below.

Health Dental Neither

Exclude from Benefits: (EMPLOYER FILL IN BOX WITH "X")

Chief Legal Officer Associate Legal Officer Municipal Judges

1C. [For ALE's only - Participating Employers that are ALE's may determine that certain workers who do not meet the definition of a Regular Employee above are "ACA Full-Time Employees." For example, an Employer might determine that a newly hired employee in a nine-month position that requires 30 Hours of Service per week is an ACA Full-Time Employee. For coverage in calendar years 2015 and later, Participating Employers that are ALE's may offer the coverage elected in 1A to anyone it determines to be an ACA Full-Time Employee.]

SECTION 2. EMPLOYEE ELIGIBILITY WAITING PERIOD

Individuals who are hired or take office into an Eligible position after the Employer's effective date of group health/dental coverage are eligible to enroll for such coverage on the first day of the calendar month following or coinciding with the date that they complete the following number of days of continuous, active service in an Eligible position.

0 30 45 60

Those rehired into an Eligible position are not subject to a waiting period unless rehired after 13 consecutive weeks without an Hour of Service.

[For ALE's only - The waiting period elected above applies for any newly hired workers the Employer identifies as being "ACA Full-Time Employees" pursuant to Section 1.C. If the Employer determines a worker to be an ACA Full-Time Employee based on Hours of Service during an initial measurement period, the waiting period: 1) starts at the end of the initial measurement period, and 2) must be shortened as needed for coverage to be effective no later than 13 months from the date of hire (or the first day of the following month if the worker did not start on the first day of the month.)]

Note: The Employer's waiting period must be the same for all GMEBS Life & Health Program coverages offered by the Employer (i.e., health, dental, life, short term disability, etc.) There will be no exceptions to waiting period unless Employer submits documentation waiving the stated waiting period.

SECTION 3. EMPLOYER HEALTH PLAN ELECTION

If the "Health" box for any Employee position in Section 1A or 1B above is checked, the boxes checked below indicate the Health Plan option(s) and deductibles requested and coverage for dependents:

	Plan Name/Deductible	Employee	Employee + Spouse	Employee + Child	Family
x	PPO 90/70 - 1000	x	x	x	x

SECTION 4. EMPLOYER DENTAL PLAN ELECTION If the "Dental" box for any Employee position in Section 1A or 1B above is checked, the box checked below indicates whether coverage is requested for eligible dependents.

Employee Only Employee + Dependents (spouse and children)

SECTION 5. EMPLOYER REPRESENTATIVE – Please list by title or position the person designated by the Employer to represent the Employer in all communications with GMEBS and the Program Administrator concerning the GMEBS Life & Health Program: Alicia Stewart, Finance Director

The Employer may identify in writing to the Program Administrator an additional agent or authorized representative (such as an insurance broker) as being authorized to receive communications, including enrollment information for billing purposes.

SECTION 6. EMPLOYER ADOPTION - The Employer acknowledges that this Employer Declaration and Application will not become effective unless and until it is approved by the GMEBS Life & Health Program Administrator, and that upon such approval this Employer Declaration and Application will replace and supersede any prior Employer Declaration and Application concerning health and dental coverage for employees that is on file with the GMEBS Life & Health Program Administrator. The Employer further acknowledges that GMEBS' approval of this Employer Declaration and Application is contingent upon the Employer having adopted the GMEBS Life and Health Program Participation Agreement, as amended.

Approved by the Mayor and Council/Commission of the City of BLUE RIDGE, Georgia this 30 day of June, 2014.

Attest:

CITY OF Blue Ridge, GEORGIA

Kelsey Ledford
Signature of City Clerk

Donna Whitener
Signature of Mayor

Kelsey Ledford
Print Name of City Clerk
(SEAL)

Mayor Donna Whitener
Print Name of Mayor



