R-24-267

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE CITY TO PURCHASE HEALTH AND DENTAL INSURANCE FROM THE ARKANSAS MUNICIPAL LEAGUE; AND FOR OTHER PURPOSES.

WHEREAS, Ark. Code Ann. § 14-58-303(b)(2)(B) provides that the City Council by resolution may waive the competitive bidding for purchases exceeding the amount of $35,000 where bidding is not feasible or practical, or as provided under § 14-58-104; and

WHEREAS, pursuant to Ark. Code Ann. § 14-58-104(19), the City Council may purchase insurance for municipal employees without soliciting bids; and

WHEREAS, the Arkansas Municipal League provides health and dental insurance according to the 2025 Health Insurance Rate Table attached hereto as Exhibit A, under which the City is Class 6 for the $1,200 deductible plans and Class 9 for the $500 deductible plans; and

WHEREAS, full-time employees are given the option to choose employee only or family coverage, and to choose the $500 or $1200 deductible, with the cost breakdown for the City's cost and the employees' cost for each option shown on Exhibit B.

WHEREAS, the City Council has determined it is in the best interests of the City to purchase health and dental insurance for its full-time employees from the Arkansas Municipal League.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LITTLE ROCK, ARKANSAS:

SECTION 1: That the City is hereby authorized to purchase health and dental insurance for the City's full-time employees from the Arkansas Municipal League based on cost breakdown attached hereto as Exhibit B.

SECTION 2: That the costs of the health insurance have been allocated in the 2025 budget to the employees' respective departments.

SECTION 3: That the provisions of this Resolution are hereby declared to be severable, and if any section, phrase or provision shall be declared or held invalid, such invalidity shall not affect the remainder of the sections, phrases or provisions.

SECTION 4: That this Resolution shall be in full force and effect from and after its passage and approval.

PASSED:

APPROVED:

Mayor Terry C. Hartwick

SPONSOR:

Terry C. Hartwick by AF
Mayor Terry C. Hartwick

ATTEST:

Diane Whitbey, City Clerk

APPROVED AS TO FORM:

Amy Beckman Fields, City Attorney

PREPARED BY THE OFFICE OF THE CITY ATTORNEY/kt

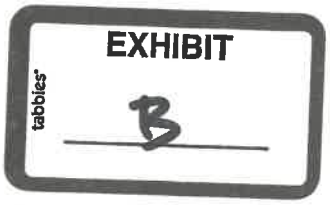
FILED 11:15 A.M. _____ P.M.
By A. Fields
DATE 12-17-24
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED BY S. Ussery

2025 MUNICIPAL HEALTH BENEFIT PROGRAM
RATE CLASSES and MONTHLY PREMIUMS

COVERAGE	CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6	CLASS 7	CLASS 8	CLASS 9	CLASS 10	CLASS 11	CLASS 12	CLASS 13	CLASS 14	CLASS 15
EMPLOYEE MEDICAL Basic Rate	$ 346.50	$ 382.50	$ 423.00	$ 467.50	$ 507.50	$ 547.50	$ 602.25	$ 662.50	$ 728.75	$ 801.63	$ 881.79	$ 969.97	$ 1,066.96	$ 1,173.66	$ 1,525.76
Life & Accident	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50
Dental	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00
Vision	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58	$ 4.58
TOTAL EMPLOYEE	$ 378.58	$ 414.58	$ 455.08	$ 499.58	$ 539.58	$ 579.58	$ 634.33	$ 694.58	$ 760.83	$ 833.71	$ 913.87	$ 1,002.05	$ 1,099.04	$ 1,205.74	$ 1,557.84
SINGLE RETIREE	$ 376.08	$ 412.08	$ 452.58	$ 497.08	$ 537.08	$ 577.08	$ 631.83	$ 692.08	$ 758.33	$ 831.21	$ 911.37	$ 999.55	$ 1,096.54	$ 1,203.24	$ 1,555.34
SINGLE COBRA	$ 383.60	$ 420.32	$ 461.63	$ 507.02	$ 547.82	$ 588.62	$ 644.47	$ 705.92	$ 773.50	$ 847.83	$ 929.59	$ 1,019.54	$ 1,118.47	$ 1,227.30	$ 1,586.44
SINGLE EXTENDED COBRA	$ 564.12	$ 618.12	$ 678.87	$ 745.62	$ 805.62	$ 865.62	$ 947.75	$ 1,038.12	$ 1,137.50	$ 1,246.81	$ 1,367.05	$ 1,499.32	$ 1,644.81	$ 1,804.86	$ 2,333.01
DEPENDENT MEDICAL Basic Rate	$ 420.00	$ 465.00	$ 514.50	$ 560.00	$ 620.00	$ 680.00	$ 748.00	$ 823.00	$ 905.30	$ 995.83	$ 1,095.41	$ 1,204.95	$ 1,325.45	$ 1,457.99	$ 1,895.39
Dental	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00
Vision	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12	$ 7.12
TOTAL DEPENDENT	$ 467.12	$ 512.12	$ 561.62	$ 607.12	$ 667.12	$ 727.12	$ 795.12	$ 870.12	$ 952.42	$ 1,042.95	$ 1,142.53	$ 1,252.07	$ 1,372.57	$ 1,505.11	$ 1,942.51
BASIC FAMILY RATE	$ 766.50	$ 847.50	$ 937.50	$ 1,027.50	$ 1,127.50	$ 1,227.50	$ 1,350.25	$ 1,485.50	$ 1,634.05	$ 1,797.46	$ 1,977.20	$ 2,174.92	$ 2,392.41	$ 2,631.65	$ 3,421.15
Employee Life & Accident	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50	$ 2.50
Family Dental	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00	$ 65.00
Family Vision	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70	$ 11.70
TOTAL FAMILY	$ 845.70	$ 926.70	$ 1,016.70	$ 1,106.70	$ 1,206.70	$ 1,306.70	$ 1,429.45	$ 1,564.70	$ 1,713.25	$ 1,876.66	$ 2,056.40	$ 2,254.12	$ 2,471.61	$ 2,710.85	$ 3,500.35
TOTAL RETIREE FAMILY	$ 843.20	$ 924.20	$ 1,014.20	$ 1,104.20	$ 1,204.20	$ 1,304.20	$ 1,426.95	$ 1,562.20	$ 1,710.75	$ 1,874.16	$ 2,053.90	$ 2,251.62	$ 2,469.11	$ 2,708.35	$ 3,497.85
DEPENDENT COBRA	$ 383.60	$ 420.32	$ 461.63	$ 507.02	$ 547.82	$ 588.62	$ 644.47	$ 705.92	$ 773.50	$ 847.83	$ 929.59	$ 1,019.54	$ 1,118.47	$ 1,227.30	$ 1,586.44
TOTAL FAMILY COBRA	$ 860.06	$ 942.68	$ 1,034.48	$ 1,126.28	$ 1,228.28	$ 1,330.28	$ 1,455.49	$ 1,593.44	$ 1,744.97	$ 1,911.64	$ 2,094.98	$ 2,296.65	$ 2,518.49	$ 2,762.52	$ 3,567.81
DEPENDENT EXTENDED COBRA	$ 564.12	$ 618.12	$ 678.87	$ 745.62	$ 805.62	$ 865.62	$ 947.75	$ 1,038.12	$ 1,137.50	$ 1,246.81	$ 1,367.05	$ 1,499.32	$ 1,644.81	$ 1,804.86	$ 2,333.01
EXTENDED COBRA FAMILY	$ 1,264.80	$ 1,386.30	$ 1,521.30	$ 1,656.30	$ 1,806.30	$ 1,956.30	$ 2,140.43	$ 2,343.30	$ 2,566.13	$ 2,811.23	$ 3,080.85	$ 3,377.43	$ 3,703.67	$ 4,062.53	$ 5,246.78

WEEKLY INCOME:
OPTION A - $4.00 or OPTION B - $6.00

PRESCRIPTION DRUG CARD, DENTAL & VISION COVERAGE for ACTIVE ELECTED OFFICIALS ON MEDICARE: $100
BENEFIT NAME AND COST TO BE DETERMINED FOR 2025



2025 MEDICAL AND DENTAL PREMIUMS

Bi-weekly cost per plan (Cost only paid over 24 pay periods)

	1200 Deductible Employee Only Coverage	1200 Deductible Family Coverage	500 Deductible Employee Only Coverage	500 Deductible Family Coverage
Medical Employee Cost	-	85.00	90.63	288.28
Medical Employer Cost	273.75	528.75	273.75	528.75
Dental Employee Cost	3.75	14.37	3.75	14.37
Dental Employer Cost	8.75	18.13	8.75	18.13
Payperiod Total	286.25	646.25	376.88	849.53
Payperiods	2	2	2	2
Monthly Insurance Total (Employee & Employer)	572.50	1,292.50	753.76	1,699.06