

**CITY OF MARYSVILLE AGENDA BILL**

**EXECUTIVE SUMMARY FOR ACTION**

**CITY COUNCIL MEETING DATE:**

<b>AGENDA ITEM:</b>	
Employers Health Coalition of Washington Member Services Payment Agreement	
<b>PREPARED BY:</b>	<b>DIRECTOR APPROVAL:</b>
Teri Lester	
<b>DEPARTMENT:</b>	
Human Resources	
<b>ATTACHMENTS:</b>	
1. EHCW Member Services Payment Agreement	
<b>BUDGET CODE:</b>	<b>AMOUNT:</b>
<b>SUMMARY:</b>	
<p>With Marysville becoming self-insured for health benefits, the City needs to execute agreements with service providers.</p> <p>Employers Health Coalition of Washington (EHCW) is a Washington nonprofit corporation incorporated in Washington State. EHCW provides program management for the Member services of wellness, Employee Assistance Program, online benefits administration, COBRA administration, access to purchasing channels, and benefits consulting services.</p> <p>This direct contract requires signature by the Mayor.</p>	

<b>RECOMMENDED ACTION:</b> Staff recommends that Council authorize the Mayor to sign and execute the agreement with Employers Health Coalition of Washington.
<b>RECOMMENDED MOTION:</b> I move to authorize the Mayor to sign and execute the Employers Health Coalition of Washington Member Services Payment Agreement.

# Employers Health Coalition of Washington

## Member Services Payment Agreement

This Member Services Payment Agreement (this "Agreement") is made by and between the Employers Health Coalition of Washington ("Coalition") and the Member named below.

### Preamble

- A. Coalition is a Washington nonprofit Corporation.
- B. Member is a participant of the Coalition.
- C. Member may access through Coalition certain services in connection with Member's provision of employee benefits. Coalition and Member desire to fix the basis for payments to Coalition in connection with services Member accesses through Coalition.

### Agreement

On the terms and subject to the conditions below, Coalition and Member agree as follows:

1. Member is the City of Marysville.
2. Member's address for purposes of all notices and other communications from Coalition to Member:  
Attn: Teri Lester, Human Resources Manager  
City of Marysville  
1049 State Avenue  
Marysville, WA 98270
3. Member agrees to pay Coalition a Program Management Fee (PMF) of \$53.05 per employee per month as disclosed in the "final proposal" provided by an appointed EHCW consultant. However, for the first three (3) months, the PMF will be less \$8.20 for the implementation of Benefit Coordinators Corporation, which will make the PMF \$44.85.
4. PMF provides for "Services" Member accesses through the Coalition. With respect to Member, Services are:
  - ✓ Wellness: \$10 pepm; effective 1/1/2020 (provided by the City of Marysville)
  - ✓ EAP: \$1.56 pepm; effective 1/1/2020 (provided by First Choice Health)
  - ✓ Online Administration: \$8.20; effective 4/1/2020 (provided by Benefit Coordinators Corporation)
  - ✓ COBRA Administration: included w/online admin. (provided by Benefit Coordinators Corporation)
  - ✓ Access to Purchasing Channels: \$9.99; eff. 1/1/2020 (provided by Coalition)
  - ✓ Consulting Services: \$23.30; effective 1/1/2020 (provided by Alliant Employee Benefits)
5. Member forwards its payments for all Services and Coalition dues by remitting to Coalition monthly payments. Coalition in turn deducts its Coalition dues and forwards from the net amount to vendors that provide Services, the amounts allocable for the Service vendor provides.
6. The provision and adequacy of Services are the responsibility of the applicable provider of Services, and are not the responsibility of Coalition. Coalition does not provide any Service. Coalition's responsibility is solely to receive payment of Coalition dues and facilitate payment of providers of Services.
7. Coalition has no responsibility for collection of monthly payments from Member. Coalition is not responsible for sufficiency of the Member's monthly payment to cover payment to the providers of Services and payment of Coalition dues. If, in the judgment of Coalition, the amount of Member's monthly payment is not sufficient to cover the payments to all vendors of Services and Member's monthly Coalition dues, Coalition, in its discretion may return the entire monthly payment to Member. Return of the monthly

payment to Member may result in cancelation or termination of a Service by the vendor providing the Service.

8. Coalition and Member may amend this Agreement in writing signed by Coalition and Member. Coalition may also amend this Agreement in writing signed by Coalition and provided to Member with at least 60 days' advance written notice to Member. If Member accesses additional services through Coalition, this Agreement is automatically amended, without further action by Member or Coalition, to reflect the additional Service, and its vendor, as if set forth in Section 3 of this Agreement. If Member elects not to access a Service, this Agreement is automatically amended, without further action by Member or Coalition, to reflect cessation of Service, as if set forth in Section 3 of this Agreement.
9. PMF provides for a Wellness program budget, administered by the member. Recommended amount of \$10.00 per covered employee per month is collected in the PMF, and returned to the member for deposit in a fund to provide for wellness services at the discretion of the member as funds allow. Coalition provides access to preferred pricing for select wellness vendors. Advice regarding wellness program vendors, details and strategy is provided by the designated consultant named in Item 4.
10. Member or Coalition may terminate this Agreement on 30 days' written notice to the other party. Notice to Member shall be addressed and delivered to its address in Section 2. Notice to the Coalition shall be addressed and delivered to:

Attn: Notice of Termination  
Employers Health Coalition of Washington  
1450 Fifth Avenue, Suite 1500  
Seattle, WA 98101

**In Witness Whereof**, Member and Employers Health Coalition of Washington, by their authorized representative, have executed this Member Services Payment Agreement.

**MEMBER (NAMED IN SECTION 1 ABOVE)**

By \_\_\_\_\_  
Printed \_\_\_\_\_  
Title \_\_\_\_\_  
Date: \_\_\_\_\_, 2020

**EMPLOYERS HEALTH COALITION OF WASHINGTON**

By \_\_\_\_\_  
Printed \_\_\_\_\_  
Title \_\_\_\_\_  
Date: \_\_\_\_\_, 2020