

MINUTES
WADSWORTH CITY COUNCIL MEETING
August 18, 2020

Meeting held remotely through Videoconferencing per HR 197

The regular meeting of Wadsworth City Council, Tuesday, August 18, 2020, at 5:00 p.m., was held through means of electronic video conferencing. City Hall was not open to the public for this meeting. The meeting was broadcast live on CityLink Channels 17 & 329; live on Spectrum Channel 1024; and streamed live on www.WatchWCTV.com. The recorded meeting can also be viewed at www.WatchWCTV.com.

PRESIDING: Bob Thurber, *President of Council*

MEMBERS OF COUNCIL PRESENT: Ralph Copley, Bruce Darlington, Patty Haskins, Jeanne Hines, Tom Stugmyer, David Williams, Jon Yurchiak

OFFICIALS PRESENT: Mayor Robin Laubaugh, Director of Public Service Robert Patrick, Director of Public Safety Matt Hiscock, Auditor Catherine Fix, Planning Director Jeff Kaiser, Human Resources Director Tara McCulloch, Director of Law Director Tom Morris, Clerk of Council Tammy Guenther

OTHERS PRESENT: *Attorney Michael Thompson, Henderson, Covington, Messenger, Newman & Thomas Co., L.P.A. Youngstown**

Mr. Thurber called the meeting to order at approximately 5:00 p.m. Mr. Stugmyer said Pledge of Allegiance for the group. The Council President gave the Invocation and the Clerk of Council called the roll.

MINUTES: Ms. Haskins made a motion, which was seconded by **Mr. Stugmyer**, to adopt the minutes of the Council meeting of **July 21, 2020**. An all-in-favor vote was taken. **THE COUNCIL MEETING MINUTES of July, 2020 WERE APPROVED.**

PUBLIC HEARING: ORDINANCE NO. 20-035: AN ORDINANCE TO CHANGE THE ZONING DISTRICT CLASSIFICATION OF CITY LOTS 413 AND 414 FROM THE R-4 RESIDENTIAL DISTRICT TO THE C-1 NEIGHBORHOOD COMMERCIAL DISTRICT

Mr. Thurber stated that Council would hold a public hearing on Ordinance No. 20-035 in regard to zoning changes at 221 Broad Street. He asked Ms. Guenther to read the title of the ordinance, which she did. Mr. Thurber invited the Planning Director Jeff Kaiser to tell them about the changes.

Mr. Kaiser confirmed that the changes affected the property known as 221 Broad Street. It consisted of two parcels, 413 and 414. It was currently a parking lot for the Methodist Church and was zoned R-4. At one point the parsonage house was located on the parcel, which he believed was raised almost 15 years or so ago and a parking lot put in. As to what the church would like to do, they came to the Board of Zoning Appeals about a year and a half ago with a proposal to put a small accessory building on this particular lot. There's a Boy Scout group that was chartered out of the church and a storage building would be used for their camping equipment. It was currently stored in one of the church office rooms. They ran into some

issues because of the R-4 zoning for the property. The accessory structure could not be considered a permitted use because a permitted use would have to comply with the R-4 District requirements. That meant it had to be a residential use or some type of conditional use. They couldn't treat it as an accessory structure because the zoning code said; in order to have an accessory structure on a property, there had to be a primary structure. The long and short of it, said Mr. Kaiser, was that the BZA didn't feel comfortable making a decision that might open up doors that the City did not want. They did not want to accidentally create a use variance or situations like this where there were vacant lots in other residential districts to create storage structures.

The applicants changed their approach and sought a rezoning.

C-1 Residential was suggested because it would: 1) allow the applicants to do what they wanted to do, which was to get approval to put a structure on part of the parking lot; and 2) the C-1 District was not as intense as C-3, which would allow some uses that might not be appropriate for this particular corridor. Looking at the zoning map, Mr. Kaiser said the church itself was currently zoned C-3 Commercial. There was R-4 Residential on basically three sides of this property. So the C-1 District made sense to allow the church to do what they wanted to do, which was really no different than what was happening at Sacred Heart Church and School (across the street). The only difference there was that Sacred Heart's properties were all adjacent to each other. They were not separated by a public street right of way. They looked at that property as one whole. Anytime a change was proposed for the Sacred Heart Church, no matter what it was, it would be treated as a conditional, permitted use.

That was the reason for this request. The two lots created a small, C-1 District out of it. Mr. Kaiser did not have anything further unless there were questions. There were none. Mr. Thurber thought it was clear what was going on there.

PUBLIC HEARING OPENED FOR PUBLIC COMMENT:

Mr. Thurber said that due to holding the meeting and hearing remotely, individuals interested in speaking to the changes were invited to send comments in writing anytime, or to ask for instructions to join this meeting. He declared that the public meeting was open and asked the Clerk if she had any comments or requests that came in on the matter. **Ms. Guenther** replied that there were none. Mr. Thurber asked for anything further from Council or the Administration. Hearing none, he closed the public hearing for Ordinance No. 20-035. ***COUNCIL PUBLIC HEARING WAS CLOSED FOR ORDINANCE NO 20-035.***

Per Council Rule 17, Mr. Thurber noted that Council did not typically vote on the legislation on the night of a public hearing, though at times they did suspend that. He thought it had been about a year since the church began the processes. He asked if anybody knew whether there was a rush to get it done or would they vote on it next time. **Mr. Darlington** said he would speak to it since he would have to abstain from the vote because he was on the board of trustees of the church. The church had the money to build the structure for about a year and the scouts would like to get started as soon as they could. So, if there was no objection, he asked that they vote on it that evening.

Mr. Kaiser made one, quick point. There was no emergency clause attached to the ordinance, so even if they approved the ordinance that night, it would still require 30 days to take effect. Mr. Thurber asked if they could add an emergency clause. Mr. Kaiser deferred to the Law Director. **Mr. Morris** said they

could add one to the existing ordinance. He would draft it and get it to the Clerk while they talked about other things. Mr. Darlington said that would be fine and thanked him.

Mr. Stugmyer asked if they would vote to waive Rule 17. Ms. Haskins said they did. Mr. Morris confirmed that they could vote on it and it had only to be a simple majority.

Motion on Rule 17: Mr. Stugmyer made a motion to suspend Council Rule 17, which would allow them to vote on Ordinance No. 20-035 that evening. **Mr. Williams** seconded. An all in favor vote was taken and all Council members present voted in favor of the motion. **Council Rule 17 was suspended for Ordinance No. 20-035.**

Mr. Stugmyer understood that the Ordinance 20-035 would be amended to add the emergency clause and asked about the procedure. Mr. Thurber asked the Clerk to comment. Ms. Guenther said they would have to amend the ordinance on the floor in order to add the emergency clause, but deferred to the Law Director on the question. Mr. Morris had no further comments.

DISCUSSION ITEM - Health Insurance:

Mr. Thurber asked Human Resources Director Tara McCulloch for her presentation. He noted that they had a couple newer Council members who had not been through this discussion and requested she explain nomenclature as they went along. He thought that might be helpful to them.

Ms. McCulloch shared her screen and slides with the participants. She asked them to feel free to ask questions as she was going through the presentation, including any terminology. She said to let her know if she was going too fast through any part of the presentation.

Typically, Ms. McCulloch said she explained that the City was self-insured, about stop loss insurance and fix costs, etc. She had done that, however, at the last meeting of Committee of the Whole. She would not cover it again this time. She asked that they interrupt her if they had any questions about it as she went through the proposal breakdowns.

The plan year for the City of Wadsworth was September 1 – August 31 for health, dental and vision insurance. As she had mentioned previously, that had been established as an alternative to the more common January 1 – December 31 because they tried to get better attention from carriers, who were not responding to dozens and dozens of other requests for proposals. There were not a whole lot of plans that renewed from September 1 so it was a strategy enacted to make sure that the City got better bids with more attention given to them and more attention given to them.

As an FYI, there were 205 full-time employees that had the City's health insurance plan. She thought Mr. Williams had asked about the average age and that was 46, which was down slightly from 47. It was probably due to rounding for a couple of tenths of a percentage point. With spouses and dependents, they had approximately 600 people on their plan, with an average member age of 34, which was also down slightly. She imagined that the shift in averages was due to retirements and attrition as they might suspect.

Ms. McCulloch turned to the proposals. The first chart and column showed the current provider, Medical Mutual of Ohio (MMO). She pointed to the highlighted row within the slide and said they would find those throughout. The highlights showed the total expected cost for the proposals. The

expected costs were exactly what the name implied. This was the actuarial forecast for what the City would pay. It was the realistic view of what claims would be plus the fixed costs. The fixed costs were administrative fees and the stop loss insurance.

As they went through, she had laid it out the costs in the way that self-insured plans went. They saw an expected, a maximum, a total expected and a total maximum. “Expected” was the realistic viewpoint. “Maximum” was described as when the seven plagues came back to visit them – it was the absolute worst scenario; the City, even in its worst years, had never come close to reaching the maximum. They did have one year where they exceeded the expected. They were definitely trending downward at present in claims costs and very much under their expected claims. Ms. McCulloch said she would continue to point that out and give the contrast while going along in the presentation.

In the current plan year for expected, which ended on August 31, she gave a frame of reference for where they stood and why they would see the proposals that they saw. To date, the City had just over \$2.4M in claims. They were well under the forecast. They were well under where the renewal was coming in. Ms. McCulloch said she’d mentioned at the last meeting that she was not an actuarial and would not try to explain where they got the numbers, but it was based on claims history going back five years or so for where the stop-loss hit and the trends that were observed. So they were trending lower, but it was still well-above where the City would probably end up in looking at their five-year history.

Regarding the MMO renewal, it was not the first proposal that they gave to the City, said the Human Resources Director. The initial proposal came in with a 17% increase in stop-loss, resulting in an overall half of a percent decrease in the overall proposal. Seventeen percent was average in the market right now for self-insured entities that were renewing. Given the City’s claim history, she knew where they stood in stop-loss and asked them to do better than that. Her idea of acceptable was no increase at all. MMO came back, agreeing to a flat stop-loss this year, so no increase. They had a .7% increase in administrative fees with an overall decrease of 2.4%. But that 2.4% and the flat stop-loss was contingent upon the City giving them life, dental and vision coverages as well – MMO would take those on. That was a problem. It was a decrease in cost for all three of the coverages, but it was also a fairly major loss of network and benefits. Ms. McCulloch would go into that a bit later, but she just wanted to point that out because a 2.4% decrease, especially compared to recent years, could be good. However, it was a proposal that she would today say they probably should not even consider. It was not going to be competitive with the others they would see.

Another carrier to give a proposal was United Health Care (UHC). As they could see, the fixed cost and stop loss were well under both Medical Mutual. There could be a slight element of “buying the business” fixed into that, though not as much as she would have expected given last year’s proposal, because it was consistent with some of the others that the City had received. Ms. McCulloch said UHC was a good network and it was a very good proposal that gave great savings in fixed costs. It was a national network with a really good, comparable network. The downside was that it would mean changing carriers, which was always painful to everybody involved. It was difficult for employees even though it was a good a network because they might have to look for another provider for themselves or for their children and that was never pleasant.

Aspects like deductibles and co-insurance from Medical Mutual took time to transfer to the new plan. That was if the City went with any different carrier. It could take up to three months to fully transfer.

In the meantime, employees who had met their deductibles, co-insurance or maximum out of pocket would continue to have to pay those until Medical Mutual completely transferred all of that information over and then the employee would have to see reimbursement from UHC, or any other, different provider.

Ms. Haskins inquired whether the various quotes were with the same specs on the policy and Ms. McCulloch said that they were. She added that anytime that there was a difference, she would point it out to them. She appreciated Ms. Haskins' point. The information was very comparable based on the plan as it stood right now.

She continued that another plus for UHC had to do with prescription drugs. The City was currently involved in a prescription drug rebate program. If Council recalled, she talked about it last year. It was through Savon SP. Employees who took Tier 4 drugs enrolled in this plan. Whenever they picked up a drug, the rebate was automatically applied so that the employee paid a much discounted cost up front and the City received a rebate for the remainder of that fee. That had resulted in over \$30,000 of rebates for the City in the last year. It was a really good program and it would continue with UHC, with rebates shared quarterly or given as an admin fee with that option. UHC was a very good option overall and definitely they could not discount it, but given others she would talk about, and the fact the City could stay with MMO in an even better scenario, the Administration would recommend something else. It was nonetheless a proposal to keep in mind as they went forward.

Before she reported on the first consortium, Ms. McCulloch wanted to note that the City did get a couple other carriers that provided proposals. Aetna gave a proposal that was a 7.5% decrease, but – as Ms. Haskins observed – this was where the plan design was different. It could not match the existing plan and it was significant enough to be concerning. There were also the same disruptions that she talked about in terms of deductibles and co-insurance not transferring so employees would have to pay out of pocket for a while. The pharmacy network in Aetna was a much narrower, as well as the pharmacy discounts were much lower compared to Medical Mutual's. There were additional problems there and considering all the options that the City had, she did not feel like they needed to spend a lot of time on that one.

Cigna also provided a proposal that included a 10% increase in stop loss and resulting in a 5.3% increase in overall costs. When they looked at a set of proposals presenting in double digit percentage points, she did not think they needed to spend much time on either.

Ms. McCulloch said she would talk about three different consortium proposals that the City received. The first was the Jefferson Health Care Consortium. In this plan, on the surface, it matched what the City now had and the provider was Medical Mutual so it would provide consistency. The rates that they saw there were not guaranteed and might change every six months. That was based on their claims and how they came in, along with the stop loss performance. In these kinds of situations, there was also the possibility of getting into deficits, in that, if their reserve had to cover any excess claims for the City's stop loss, the City owed the consortium that money. They did not necessarily have to pay it right away, but this was how governmental entities got stuck in consortiums, in that they could not afford the fees to get out. Like she had said, the rates could possibly change every six months. They were also locked into the consortium for three years; that was the length of the agreement and that as regardless of the price.

The agreement was with the consortium, not with the plan or their prices. There was a six month cancellation requirement if the City decided to get out. Getting out was not easy apart from the financial difficulties. The City would not own their analytical data for going to market to try to find something else or something better. Her understanding was that there were some lawsuits as this had been an issue for past members who tried to get their data that pertained to them. It was very difficult to get. The consortium would not provide a cap on renewals either. The maximum increase would be 35%, which was an awful lot considering the reason to get into a consortium, which was stability. Other notes to consider, they did not provide wellness dollars, which MMO did. There was no pharmacy rebate sharing. Therefore, for all of those reasons, it seemed to her that it lacked the stability that she thought they looked for in seeking a good match in a consortium. Ms. McCulloch would not recommend this option.

Stark County Consortium of Governments (COG) was a fully insured plan. In terms of structure, Ms. McCulloch had to convert Medical Mutual's self-insured plan into a fully-insured structure, in that it was priced on a per plan cost basis – how many single plans, family plans, and the total expected costs. There were some differences too in the payment structure, especially when they went from self-insured to a fully-insured plan. For fully-insured, one paid a premium every month based on enrollment. It didn't matter what the claims were; they were going to pay that. When entering into a new contract in a fully-insured plan when they were coming off a self-insured plan, something that they had to take into consideration, were terminal liabilities. What those were: in the first three months of a new plan, they would still see claims from the previous plan year trickle in. It didn't always take three months; more often than not, it was done in 45 days, but they would continue to have to pay claims on a self-insured basis, at the same time they were paying the premiums for the fully-insured. It would be up to three months of the possibility of paying double rates. Whereas, if they were in a self-insured environment and they went to another self-insured environment, they were still just paying the claims and so would not see the spike in payments for those three months. Ms. McCulloch wanted to point that out when they were looking at a self-insured option.

The proposal, as it was given to the City, represented an 8.8% decrease. It was a similar medical plan and it was Medical Mutual of Ohio again. The prescription coverage was different and could be an issue for some of the City employees in that rather than having a tiered structure where employees paid the co-pay based on the tier of the medicine, they paid 20% of costs. They also had a mandatory maintenance mail order program and a mandatory generic program. Not following that would likely result in the employee paying 100% of the drug costs.

The City had implemented a managed program to try to save some costs. One of the nice parts of being self-insured, though, was that those employees who had already gone through a process for an established drug that they took and worked for them, could be exempted and wouldn't have to start over again. The doctor had to work with Medical Mutual to establish to get approval, but it could be done. This was an issue early on when the City first implemented the managed program. She received several calls and had to work closely with Medical Mutual to get it straightened out. But, they would not have that option; it would just be mandatory unless the employee paid 100% of those costs.

Other notes about the Stark County COG: the consortium was not self-governed. There was an independent board that specified the benefits that the members would receive. So the members had no choice for choosing. Other members who had become part of the consortium did not have a choice in plan or the carrier who provided those plans. The plans could not be customized. It was a one size fits

all regardless of each individual members' needs or whether or not that plan was appropriate for the situation. They discussed this a bit at the last meeting. These kind of situations could result in contract bargaining agreement violations. The City had the responsibility and the legal obligation to maintain the same or similar level benefits and coverages. She would talk a bit more about some of the other requirements that were part of the COG, but it would be a problem right out of the gate. The plan itself for cost saving purposes could become problematic to their contract bargaining agreements.

There was a requirement from the COG to also move the City's dental, vision and life insurance to their carriers. This was a serious disruption, serious loss of network, loss of coverage and benefits, and much, much higher premium. It was an astounding increase in premiums for those. She would provide more detail on that shortly. Ms. McCulloch continued that withdrawing from the COG, required no less than a 12-month written notice, which would be a 14-month written notice from the City due to the existing plan renewal date. They had high exit barriers that were very purposeful, she was sure, because it resulted in less fluctuation in the member base and they maintained the strength in numbers. That was part of the reason for getting into a COG – a larger risk pool, cost-sharing, etc. Her impression was that this one seemed to value quantity over quality. They did not ask for claims data. Other consortiums wanted to see what the claims were before they considered an entity and asked for that information.

To leave this COG, once again, the City would not own its own data. There would be no analytical data to take to market to get a fair quote or set of fair proposals from other carriers. Getting out would make the liabilities, claims and other costs of withdrawal responsible to the City, payable and due on the date of withdrawal. Again, the plan was fully-insured so the terminal liabilities that she had just explained became fixed costs. Here they would be going from a self-insured and would not see a difference in month-to-month claims because they were structured the same even if it was under a different contract. They had to pay the self-insured claims and pay the monthly premium at the same time, thus an increase in costs for a few months. Like any other plan, the costs and the plan design changed annually and that was, again, at the discretion of the board of directors. It had nothing to do with her input or seeking input from anyone really. It would not go to Council. It was decided by the COG Board, which was not a member-based board. For additional notes, there was no access to wellness dollars in this COG. The City typically received \$10,000 each year for wellness, which traditionally paid for the City Health Fair and flu shots. The COG also did not share any prescription rebates with member cities. The City would be losing a couple of benefits there. The overall structure of this particular consortium was concerning to Ms. McCulloch, knowing the contract language that the City had, and the idea that an outside entity that did not have their best interest in mind, would be allowed to decide what plan was appropriate and best for the City.

She next discussed the Ohio Benefits Cooperative (OGBC), which was still with Medical Mutual of Ohio. It exactly matched their current plan and was a self-insured structure that closely matched how the City currently did things as well. As a matter of fact, it so closely matched that structure that Medical Mutual agreed to waive the terminal administrative fees if the City chose to go with this plan. That was over \$46,000 in savings right out of the gate, which would have to be paid in any of the other options.

Before talking more about this plan, Ms. McCulloch said she would talk about different plan structures in the proposals. The OGBC originally came in with a stop loss option of \$100,000. That was specific stop loss. That proposal resulted in an overall decrease in costs of 11%. But in looking at the City's

claims and looking at where they stood in stop loss cases, they decided to take a closer look at the \$150,000 stop loss threshold. That resulted in a \$189,000+ in savings for fixed costs, which the City would have to have four individuals exceed that threshold in order for it to not work out in the City's favor. To put it into this year's comparisons, the City to date paid \$46,000 in stop loss claims, so it was a question of whether they should pay \$46,000 or should they pay \$189,000 in fixed costs. If everything went as it did this year and as it had been going, this would be a significant cost savings on the fixed cost side. Therefore, they recommended going to the \$150,000 stop loss level.

Looking at expected claims, Ms. McCulloch pointed out again that currently and with OGBC, they were much higher than what they City was running. They were higher than the City had been and were experiencing. Just so they knew, the worst claim year in their history was 2016 at \$3.4M. Medical Mutual was well over that amount. This was a little more realistic in terms of that particular year. But once again, they were right now running at about \$2.4M and were probably not going to see that level of expected claims if they were take this option.

The plan design – with the terminal admin fees waived – resulted in a 12.6% decrease. This particular consortium was actually a cooperative and there was a difference. For the purposes of the discussion, she would continue to call it a consortium because it functioned much the same way. A consortium was a more informal arrangement, whereas a cooperative was a legal entity under Ohio Revised Code. They had to adhere to all of the rules and regulations of being under the ORC. In addition, they were tax-exempt so the City would not have to pay state insurance taxes, which would be built into any of the other consortiums that they were talking about.

This consortium was self-governed and operated by the member cities, not an outside board or advisor. The members had control over the plan design, the benefit levels, and the coverage decided. All of those were decided by individual members, so autonomy is maintained. They didn't have to worry about the possibility of some board sitting somewhere deciding what plan was the best suited for the City. They would still be able to decide that for themselves. They had the ability to retain their choice in dental, vision and life insurance carriers, which was a good thing because renewals were coming up. Even though they retained the ability to make decisions on their own, they still received the benefit of the strength in numbers advantage that they were looking for in a consortium. In addition to owning their numbers and having the co-op reserve factored into any renewals too, they negotiated both on their own and with the body of the cooperative when it came to renewal time. This established the stability that Ms. McCulloch thought they were probably looking for when they talked about joining a consortium.

Renewals were not expected to fluctuate each year and in this consortium they had not. She actually spoke to a member city who explained that this group is very slow and deliberate as to who they allow to be as a member. There was thorough vetting. They did request the City's claims data and wanted to receive that before they even considered the City in. Their goal is to grow the cooperative in a very deliberate way that grew their reserves as well. It was modeled after the Ohio Schools Benefit Cooperative, which was a longstanding cooperative that had been very successful and had quite the amount of reserves right now. It offered more than just health benefits in the schools' benefit cooperative. Ms. McCulloch's understanding was that the intent was to grow it to provide member cities with those additional benefits of having the buying power.

Ms. Haskins asked about the commitment in terms of years: Was the City tied in and were there

penalties for leaving? Ms. McCulloch responded that there was no time commitment and there were no exit fees. One of the beautiful things about OGBC in her mind was that the City could get out at any time. There was no time commitment and there were no fees that they had to pay. They would forfeit what they paid into the reserves, but they would do that in any co-op or cooperative that they would join. That was the only financial impact from which they would not benefit, from the funds that they had contributed.

Mr. Darlington asked whether the OGBC plan with its medical and prescription parts was essentially what they City now had. Ms. McCulloch said it was exactly what they had now because they had the ability to choose that that was what it was going to be. The proposal that OGBC gave the City was based on the City's plan, exactly the plan.

Ms. McCulloch also asked that particular member about any downside, any annoyance no matter how small or petty, and any criticism at all of the consortium. She was told by the individual that there were none. He said that it had been fantastic and renewals had been flat every year. This entity had been self-insured for one year before joining and had been all over the place prior to that, so it had been an excellent decision for them.

Ms. Haskins assumed the network of doctors and hospitals for usage would be the same. Ms. McCulloch confirmed that it would be exactly the same. It was still Medical Mutual's network. Because they retained the ability to stay with Delta Dental and Ameritas (vision), none of that changed either. Their employees, if they selected this option, would not see anything on their end changed other than they would get new medical cards.

Ms. Haskins asked about the methods in which members were reimbursed or how they submitted their claims would be changed in any shape or form. Ms. McCulloch said that their employees did not submit claims themselves. Claims were submitted by the medical providers. The City would actually pay the consortium rather than paying Medical Mutual. Medical Mutual gave the consortium the invoice for the City's claims. The consortium then passed those invoices on for those claims. The City paid only the claims incurred for the City of Wadsworth. They also paid the fixed costs, which the admin costs were part of how they funded the reserve for the self-insured entities. They would bill the City for that as well. It was really set up exactly like they had it now, except instead of paying Medical Mutual, they would pay OGBC. That was the only difference in this.

Ms. Haskins assumed they had UCRs established. Was there balanced billing that went on, or if the UCR was set, nothing else paid beyond that. Ms. McCulloch said if she meant by balanced billing, any impact.... Ms. Haskins gave a scenario where the cost by the doctor was \$100.00 and the UCR was \$60.00, did the \$40.00 get passed back to the member? Ms. Ms. McCulloch said no. It was going to work exactly like it did now. If a provider was in network, there was an agreed upon amount to be paid. Unless it was an established part of the City's plan where the City was going to cover, you pay this and it's \$20.00, they were going to bill Medical Mutual this amount and then whatever was extra was the discount that the doctor had allowed. Ms. Haskins understood. Ms. McCulloch said there were some kinds appointments or services that were subject to the deductible so there might be out of pocket costs and after that it might be subject to a co-insurance. But that was not a balanced billing situation. Ms. Haskins agreed it was not. Ms. McCulloch wanted to make sure she understood and Ms. Haskins appreciated that.

Ms. McCulloch recapped some of the details of the plan. She had already mentioned that the cooperative was tax-exempt so there would be no state insurance fees going into the fees that the City paid. They participated in the prescription rebates and the City would get a share of those. They had access to wellness dollars of about \$7,000.00. She also referred also to the time commitment involved. In their last conversation on health insurance, there was a sentiment that a three year time commitment sounded appealing because it meant they did not have to come back and talk about it for a few years. If anyone felt that way, it would be her, she said. If that was still something that was still appealing to anyone, she did hear from the Human Resources Director in Strongsville. They were a member of OGBC and their Law Director had established through (what she assumed was) legislation that as long as Strongsville was a member of OGBC, the renewals automatically went through and they went through without Council approval. If that was something that was of interest to this group, she had already given the contact information to Mr. Morris and she thought he'd put a call into that particular law director. Ms. McCulloch said she would like to see what that looked like just so they could share the information with City Council. She did not know if Mr. Morris wanted to speak the matter or if it was even something that this group was interested in finding out more or pursuing.

Mr. Morris commented that he had a call out to Mr. Jamison and was waiting to see what was done and if there was a distinction or a difference because the City of Wadsworth was a statutory city as opposed to a charter city. Once he figured that out, he would certainly pass it along.

Mr. Copley said he did not know if that was something they wanted to do, allowing it to move forward without Council knowing about it. They were still responsible for the dollars. Ms. McCulloch understood and added that if they were to join the Jefferson Consortium, for example, there would not be Council approval. They would have a three year commitment. They decided on the plan. The plan was what it was and the City did not have a choice, yes or no, as to whether they approved the plan. Mr. Copley said they would know that going into it. Right, said Ms. McCulloch, she got that. She was just saying if that kind of a structure was appealing, they could possibly set that structure up in the OGBC. Mr. Copley said he would not be in favor of that. Ms. McCulloch said it was something that was put out there. She had asked their HR Director if there were time limitations or any other terms associated with it – i.e., did they have to renew in three years, or five. He said no. They just did it because renewals were flat every year.

Ms. McCulloch referred to the slides and noted a side-by-side comparison between keeping the current Medical Mutual of Ohio, the Stark County COG and OGBC. She used the COG because it had been brought up in several other conversations and thought it was important to take a deeper dive into what it would actually cost them. Included in the comparison were expected costs, for which she would refer back to those terminal fees, which when converting from a self-insured plan to a fully-insured plan, the terminal liability became a fixed cost. For this purpose, she left those out because she wanted to do a straight-up expected. They would still be on the hook for paying up to three months of additional claims as they came in. Typically those were just considered a part of the next year's plan costs, but she left it out for this purpose and wanted to point that out.

Expected costs represented the estimated expected annual cost if the City chose that option on a fully-insured plan where the cost was determined by how many people were enrolled per month, not by claims. If they come in under claims, there was no break in that. This was expected costs, but with the actuary's forecasted cost, which the City had historically been well under – the City was at 2.2 at the moment versus the 3.4 for expected. So they were doing very well and were well under that mark.

For dental, the City currently had Delta Dental. They would be permitted keep Delta Dental under OGBC. Under Stark County COG, the City would be required to take their provider for dental, which showed as a very significant increase in cost by 165.42%. It would also result in a significant loss of network providers. This was MMO (Medical Mutual of Ohio). PPO health carriers most often had limited dental and vision providers. They just did not match up with their health network. They ran a disruption report – the City actually ran one when they got the news from Medical Mutual about a requirement for them to take on the dental and vision if they would give the flat stop-loss. The City already knew that going in. It was a much smaller network with a much, much higher cost.

For vision, the City could keep Ameritas VSP as was in the current plan and in OGBC. Once again, the COG would require the City to take their carrier. This was an employee based cost. The City did not pay any part of that cost, which would more than double the employee's premium. Not only was it a significant loss of network providers, it was a huge loss of benefit. It was more like getting a 20% discount. There was no annual allowance for different services. Typically, there was a co-pay for a visit and a person got up to \$120.00 for glasses/frames or \$105.00 for contacts. None of that was in the COG. So it was a huge increase with the reward of a huge decrease.

For life insurance, all of the comparisons matched exactly in terms of benefit and the levels of benefit.

Ms. McCulloch pointed to the total estimated cost for the comparisons, which was a pretty telling slide when all of the favors were considered, she thought. The Stark County COG plan indicated a 2.07 % decrease compared to a 12.29% decrease with OGBC while still maintaining control over the City's plan. She put a star next to OGBC because it was definitely the Administration's recommendation. It was the best of all worlds, she thought. The City got the consortium membership, the group pricing, the risk pool, the benefit of having the reserve, plus they still received rebates and wellness dollars, and maintained control of their plan. Ms. McCulloch believed it was a very good move for the City.

Plus, added Ms. Haskins, it saved the City half a million dollars. Yes, said Ms. McCulloch, it was a very substantial cost savings.

Going into dental, she had mentioned that MMO had given the City pricing. Delta Dental came in flat and they gave a two-year guarantee of no rate increase. MMO did come in lower than Delta, but again, it was a significantly shrunken network and the disruption report was significant, meaning that many City employees would have to find a new provider for both dental and orthodontics.

With life insurance, they currently had Aetna/The Hartford. The proposal actually came from The Hartford, which was buying Aetna out. They came in flat. MMO gave the City a quote that was 10% over current. Symetra gave a quote that was 20% under current. There was absolutely zero difference in any benefit level or class schedule in any part of it. It was an easy way to save \$4,000.00. The employees would not have to fill-out additional paperwork. All of their information would transferred over to Symetra. Considering it was a painless change and would save some money, they recommended making the change to Symetra.

Looking at contribution levels was something they reviewed every year, especially in reference to the latest SERB Health Care Insurance Report, which was just published in July. The City had several different tiers now of contribution rates based on what benefit group that an employee was in and

whether the wellness component had been successfully completed or not. They could see that the average was at or above the state benchmarks.

Ms. McCulloch asked for any questions on the information and there were none.

For the employee share of claims costs, it was not just the front-end employee contribution that they just looked at. It also included the employee share for co-pays on office, specialty and ER visits, and annual deductibles, co-insurance, and prescription co-pays. Included there was the backend, all end number. As of July 31 for the current plan year, the total amount paid for health insurance, which included claims and fixed costs was \$3.2M. Employee contributions amounted to \$645,000, which included all premiums, co-pays, co-insurance and deductibles, for a total employee contribution percentage of 20%. This was slightly higher than last year's percentage. Last year, it was just over 18% for the employee contribution. The increase was due to several factors. The co-pay for specialty office visits was increased, out of network deductibles, co-insurance and out of pocket were increased.

Part of that, too, was creating the wellness tiers and it depended on whether the wellness program was completed or not. If completed, an employee would pay a different amount. In the first year, the City had 52% of employees successfully complete the wellness program. That was a phenomenal success rate for a first year, said Ms. McCulloch. She was told to expect maybe 30% as a hopeful number. That meant that 106 of City employees enrolled in health insurance successfully completed their wellness component and 99 did not. She broke down the wellness groups into the four benefit groups to see where they fell. The different tiers resulted in an approximately 10% increase in employee contributions over the totals in 2019 and equaled approximately \$45,000.

Subject to Council approval, Ms. McCulloch said that the Administration recommended that the City join the Ohio Government Benefits Cooperative (OGBC). This would result in continuing with exactly what they currently with Medical Mutual for their insurance carrier and Express Scripts and Accredo prescription plan. They recommended continuing with Delta Dental for dental services; with Ameritas VSP for the voluntary vision benefits; and making the change to Symetra for basic life and accidental death and dismemberment benefits. There was no ordinance required for the life insurance change. Mr. Morris had checked into it. The ordinance itself only covered the level of benefits that the City provided, the 40-50,000 different tier. As long as they weren't changing that, they did not need to change the ordinance.

In summary, Ms. McCulloch said that the benefits of being a member of the OGBC: it was self-governed and operated by the members and was not a consultant or committee; maintained City autonomy while gaining the benefit of a larger risk pool and using their reserves; had plan design flexibility and compatibility so the contract bargaining agreements would not be jeopardized and they would maintain control of those; they could exit the OGBC at any time without any financial penalties or reserve cost; they would still share pharmacy rebates as was done now; it would build stability with the expectation of flat renewals going forward; wellness dollars were still available; and the City would avoid state insurance taxes.

She had provided a draft ordinance to the Clerk of Council for the consideration of Council to allow them to enter into an agreement with the Ohio Government Benefits Cooperative. As always, there was an emergency clause whenever it was passed because they faced a September 1 renewal date.

That concluded the presentation. Ms. McCulloch asked for any questions.

Mr. Williams had question. In the past, she had given them a cost to the City per individual or family. Did she have the information for OGBC? Ms. McCulloch said that she did. For a single plan, it was \$12,204.84 and for family it was \$26,628.48. Those were reduced over last year's rates, she said. Last year, total COBRA, for single was \$13,259.40 and family was \$27,398.04. Mr. Williams thanked her.

Ms. Haskins commented to the Human Resources Director that it was a very nice presentation. Ms. McCulloch thanked her and said that she appreciated it.

Mrs. Hines asked Ms. McCulloch to repeat the single plan cost for this year, which she did and then asked for any other questions. There were none.

Motion to place the ordinance authorizing OGBC on the Council agenda: Mr. Thurber asked for a motion that would place the ordinance on the agenda that evening. Mr. Williams made the motion, which was seconded by Mr. Stugmyer. An all in favor vote was taken and all Council members present voted in favor of the motion. **MOTION PASSED.**

Mr. Thurber said that seemed like very good news and asked the Clerk to place the ordinance on the agenda for first reading. Ms. Haskins asked about the effective date and whether the ordinance needed to be passed by September 1. Her point was that it needed to be passed and not only placed on first reading only. Mr. Copley said they could have special meetings. They could, agreed Ms. Haskins, but none were scheduled at that point. Mr. Thurber said he was happy with it and would be happy to suspend and call on the matter but he did not vote. Mr. Darlington asked the Council President to appoint someone to make the motions. Mr. Thurber appointed Mr. Darlington if that was okay. Mr. Thurber asked for any final housekeeping on the legislation. He did not want to cut off any final thoughts or questions. Mr. Darlington had none, but commented on the excellent job by Ms. McCulloch. He remembered last year they'd talked about joining a group or consortium and now they were. Mr. Thurber called it the best of all worlds and thanked Ms. McCulloch as well.

Mr. Thurber asked the Clerk to read the legislation.

LEGISLATION:

The following legislation was read for the first time and acted upon as follows:

ORDINANCE 20-046 (1ST RDG.): AN ORDINANCE TO AMEND ORDINANCE NO. 20-034 TO ALLOW THE PURCHASE OF A FORTY FIVE FOOT ARTICULATING TELESCOPIC AERIAL FROM ALTEC INDUSTRIES, INC. THROUGH PARTICIPATION IN AN OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES AND DECLARING AN EMERGENCY

- Sponsored by Council Member Bruce Darlington

After the Clerk read the ordinance, Mr. Darlington noted that Council had passed an ordinance one or two meetings ago to go out to bids on the equipment. He thought the bids were in and they could buy it through the Ohio Department of Administrative Services. Mr. Patrick added that it was the Ohio State bid process. The City had not actually gone out to bid. They got the legislation last meeting to go out to bid so they could get on the contract before the end of the month. But the ordinance should have said to go through state contract instead. They were redoing the ordinance to amend it to utilize the state process.

Mr. Copley inquired whether it was equipment that was really needed. He wanted to know if the existing equipment was broken down. Mr. Patrick said they had talked a lot about it in Public Service Committee and at the last meeting. They had purchased the chassis for the truck early in the year. Now it was time to get the body. The chassis should be built in the beginning of September. At that point, it would go to the body manufacturer. This truck was to the end of its useful life and the next up on the replacement plan. That was why they'd budgeted this year. They were now about halfway through the process.

Mr. Copley asked if the chassis could not be used for a dump truck in 2021 if they were to have a breakdown or something like that, if revenues were not there. Could they not use that chassis for something else? Mr. Patrick would have to look into that. Typically the chassis were built with certain dimensions. Could they get a body for this one, or a dump or something of that nature? – Possibly. This was smaller truck than what the snow and ice trucks were. When they were looking at replacing the current vehicle, which was a larger truck, they anticipated replacing it with a larger one. They analyzed the uses and what a replacement would be and determined that money could be saved and the City would be better served with a smaller truck. It was smaller than what they were replacing it with. He believed the budget was 250 for this year, but when it was done, it would probably be about 190. Moving to a smaller truck made it less expensive.

Mr. Copley asked if it was a truck that they used had broken down and needed to be replaced. Mr. Patrick said it was not broken and not functioning. It still functioned but had a high maintenance cost right now because it was 13 years old. They liked to replace the trucks that were used a lot prior to the 12-13 years. They could take a look and were looking now at the process for next year to see what was on the schedule. They could make some purchase modifications if revenues weren't there next year, as Mr. Copley had said. He was talking about vehicles in the Electric Department. This was a trouble truck and was used quite a bit and was out there on the road.

Mr. Darlington said that they already approved the purchase of it. They just had not included that it would be on the state bid. Correct, said Mr. Patrick. That was why they needed a new ordinance. They would do the same ordinance that they approved before, but now would purchase it through the state bid. Mr. Patrick added that it was approved at the last meeting. As Mr. Darlington said, they were modifying it so they could purchase it on the state bid. It had been discussed a lot at Public Service and the Committee agreed that it was something that they did need.

Mr. Darlington made a motion, which was seconded by Ms. Haskins, to suspend the three reading rule on Ordinance No. 20-046. A roll call vote was taken. Ayes: Haskins, Yurchiak, Copley, Hines, Williams, Stugmyer, Darlington. Nays: none. Mr. Darlington called the question. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Yurchiak, Copley, Hines, Williams, Stugmyer, Darlington, Haskins. Nays: none. **Ordinance No. 20-046 declared to have been adopted August 18, 2020.**

ORDINANCE 20-047 (1st RDG.): AN ORDINANCE AUTHORIZING THE TRADE IN OF CERTAIN PERSONAL PROPERTY TOWARDS THE PURCHASE OF CUES SEWER INSPECTION SYSTEM AND DECLARING AN EMERGENCY

- Sponsored by Council Member Bruce Darlington

Mr. Darlington said the ordinance was for the replacement sewer camera system. It would authorize the trade-in of the old one. He thought the City needed to pass the ordinance that night in order to purchase it.

Mr. Patrick confirmed and added that Council had passed the legislation a couple of months ago. They held it a little bit to see how the impacts were going with Covid. Their old camera had some big problems so, in moving forward with the purchase, they showed a price of \$79,000 and change, which included the trade-in of their current camera for \$3,500.00 of value. That was not their process. They needed legislation telling of the trade-in value of a piece of equipment. It could not be automatically deducted. Ordinance No. 20-047 was doing that and the next piece of legislation was actually approving the full amount. They were only paying the original amount though. The trade-in would be deducted from it.

Mr. Darlington recapped that two ordinance would replace the previous ordinance that had been passed. The previous ordinance did not allow for the trade-in, but this one did. Yes, quipped Mr. Patrick, they were continuing with the redoing of legislation.

Mr. Darlington made a motion, which was seconded by Ms. Haskins, to suspend the three reading rule on Ordinance No. 20-047. A roll call vote was taken. Ayes: Copley, Hines, Williams, Stugmyer, Darlington, Haskins, Yurchiak. Nays: none. Mr. Darlington called the question. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Hines, Williams, Stugmyer, Darlington, Haskins, Yurchiak, Copley. Nays: none. **Ordinance No. 20-047 declared to have been adopted August 18, 2020.**

ORDINANCE 20-048 (1st RDG.): AN ORDINANCE TO AMEND ORDINANCE NO. 20-026 SECTION 1 FOR COST NOT EXCEED \$83,427.72 AND DECLARING AN EMERGENCY

- Sponsored by Council Member Bruce Darlington

This was for the purchase of the camera, said Mr. Darlington, which was already authorized. This ordinance cleaned it up so they could have the trade-in.

He made a motion, which was seconded by Ms. Haskins, to suspend the three reading rule on Ordinance No. 20-048. A roll call vote was taken. Ayes: Williams, Stugmyer, Darlington, Haskins, Yurchiak, Copley, Hines. Nays: none. Mr. Darlington called the question. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Stugmyer, Darlington, Haskins, Yurchiak, Copley, Hines, Williams. Nays: none. **Ordinance No. 20-048 declared to have been adopted August 18, 2020.**

ORDINANCE 20-049 (1st RDG.): AN ORDINANCE VACATING HAMLET STREET A PAPER STREET WEST OF WAVERLY AVENUE AS APPROVED BY PLANNING COMMISSION ON JULY 27, 2020

- Sponsored by Council Member David Williams
- Forwarded to Council by the Public Ways Committee August 3, 2020

Mr. Williams made a motion, which was seconded by Mr. Yurchiak, to place Ordinance No. 20-049 on second reading. An all in favor vote was taken and all Council members present voted in favor of the motion. **Ordinance 20-049 advanced to second reading for the meeting of September 1, 2020.**

ORDINANCE 20-050 (1st RDG.): AN ORDINANCE AUTHORIZING AND DIRECTING THE DIRECTOR OF PUBLIC SERVICE TO ADVERTISE FOR, RECEIVE BIDS AND ENTER INTO A CONTRACT FOR THE VALLEY VIEW DRIVE AND BAKER STREET WATER MAIN REPLACEMENT PROJECT AND DECLARING AN EMERGENCY

- Sponsored by Council Member Bruce Darlington
- Forwarded to Council by the Public Service Committee August 4, 2020

Mr. Darlington said that the matter was discussed extensively at Public Service Committee. There had been a repaving portion in the original draft ordinance amounting to about \$80,000. That part needed to go to Ways because the street was going to be totally repaved. They would put in some temporary pavement and have it repaved soon. So they took that portion of it out. Originally, the cost was around \$110,000 and now it was \$80,000 less because they took the paving portion out. He thought they could put it on second reading. Mr. Patrick said it was at their discretion.

Mr. Darlington made a motion, which was seconded by Ms. Haskins, to place Ordinance No. 20-050 on second reading. An all in favor vote was taken and all Council members present voted in favor of the motion. **Ordinance 20-050 advanced to second reading for the meeting of September 1, 2020.**

ORDINANCE 20-051 (1st RDG.): AN ORDINANCE AUTHORIZING THE EXECUTION OF ALL NECESSARY DOCUMENTS TO ENTER INTO AGREEMENTS FOR THE PROVISION OF HEALTH INSURANCE AND ADMINISTRATIVE SERVICES AND STOP LOSS INSURANCE WITH OHIO GOVERNMENT BENEFITS COOPERATIVE FOR HEALTH INSURANCE BENEFITS FOR CITY EMPLOYEES AND DECLARING AN EMERGENCY

- Sponsored by President of Council Bob Thurber

Ms. Guenther put the new ordinance for health insurance through OGBC up on the screen for all to see. They had discussed at the beginning of the meeting that day. It was numbered 20-051.

Mr. Darlington made a motion, which was seconded by Ms. Haskins, to suspend the three reading rule on Ordinance No. 20-051. A roll call vote was taken. Ayes: Darlington, Haskins, Yurchiak, Copley, Hines, Williams, Stugmyer. Nays: none. Mr. Darlington called the question. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Haskins, Yurchiak, Copley, Hines, Williams, Stugmyer, Darlington. Nays: none. **Ordinance No. 20-051 declared to have been adopted August 18, 2020.**

The following legislation was read for the second time, having been previously read at different meetings on different days, and acted upon as follows:

ORDINANCE 20-039 (2nd RDG.): AN ORDINANCE TO ACCEPT THE APPLICATION FOR ANNEXATION OF 81.9108 ACRES OF LAND KNOWN AS BEING PART OF WADSWORTH TOWNSHIP TO THE CITY OF WADSWORTH AND TO DECLARE AN EMERGENCY

- Sponsored by Council Member Thomas Stugmyer
- Location: Reimer Road

Mr. Stugmyer made a motion, which was seconded by Mr. Copley, to place Ordinance No. 20-039 on third reading. An all in favor vote was taken and all Council members present voted in favor of the motion. **Ordinance 20-039 advanced to third reading for the meeting of September 1, 2020.**

The following legislation was read for the third time, having been previously read at different meetings on different days, and acted upon as follows:

ORDINANCE NO. 20-035 (3rd RDG.): AN ORDINANCE TO CHANGE THE ZONING DISTRICT CLASSIFICATION OF CITY LOTS 413 AND 414 FROM THE R-4 RESIDENTIAL DISTRICT TO THE C-1 NEIGHBORHOOD COMMERCIAL DISTRICT

Public Hearing Held August 18, 2020, by Video-Conferencing, at 5:00 p.m.

- Sponsored by Council Member Thomas Stugmyer
- Recommended by the Planning Commission June 22, 2020
- Council Rule 17 was suspended

Ms. Guenther said she had received an amended version of the ordinance from Mr. Morris, as was discussed earlier in the meeting. She displayed it on the screen for all to see. There was the inclusion of the emergency clause in section 2.

Mr. Stugmyer made a motion, which was seconded by Ms. Haskins, to amend Ordinance No. 20-035 to add the emergency the clause at the end with the words, “and declaring an emergency.” An all in favor vote was taken and all Council members present voted in favor of the motion. Ordinance No. 20-035 was amended. Ms. Haskins asked that they again suspend Council Rule 17 on the amended Ordinance.

Mr. Stugmyer made a motion, which was seconded by Ms. Haskins, to suspend Council Rule 17 on Amended Ordinance No. 20-035. An all in favor vote was taken and all Council members present voted in favor of the motion. **Council Rule 17 was suspended for Amended Ordinance No. 20-035.**

Mr. Stugmyer called the question on Amended Ordinance No. 20-035. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Yurchiak, Copley, Hines, Williams, Stugmyer, Haskins. Abstaining: Mr. Darlington abstained from the vote as he was a member of the church’s board. Nays: none. **Amended Ordinance No. 20-035 declared to have been adopted August 18, 2020.**

ORDINANCE NO. 20-036 (3rd RDG.): AN ORDINANCE AUTHORIZING THE DIRECTOR OF PUBLIC SAFETY TO DONATE CERTAIN OLD FIRE EQUIPMENT FROM THE FIRE DEPARTMENT TO THE FOUR CITIES COMPACT FOR ITS FIRE SAFETY/EMT PROGRAM AND TO DECLARE AN EMERGENCY

- Sponsored by Council Member Ralph Copley

Mr. Copley called the question on Ordinance No. 20-036. Mr. Thurber called for a vote. A roll call vote was taken. Ayes: Copley, Hines, Williams, Darlington, Stugmyer, Haskins, Yurchiak. Nays: none. **Ordinance No. 20-036 declared to have been adopted August 18, 2020.**

OTHER BUSINESS:

Mr. Thurber asked for the thoughts and questions of the Administration.

Mayor Laubaugh mentioned, since it was the latter part of the meeting, that they could not end it without a wish for a special Happy Birthday to a special Council President. The Mayor asked him if he could think of any other way to spend a birthday. Everyone chuckled. Mr. Thurber thanked Mayor Laubaugh.

Mr. Darlington referred to a call that Mr. Copley had received. He questioned a possible rumor going around about the removal of all of the trees on Valleyview when the water line went in. Was that the case? Mr. Patrick said it was actually correct. Those trees would be removed so that the waterline, sewer line and storm line and the connections could be done without damaging them. A number would be damaged from the service lines so they would take all of them out. Some were problematic. While they looked nice when going down the street – they were about the same size with a nice canopy, there

were some issues due to age and sidewalks. The project would be done and new trees planted in their place. Mr. Copley said he was not aware of that and asked if Mr. Patrick would get back to the gentleman who contacted him. Mr. Patrick said he would respond and asked Mr. Copley to send the contact information to him in an email. By replacing them, they would all be uniform. It was part of the project.

Mr. Thurber had a quick thought, though not for discussion that night. He commended Ms. McCulloch again for a wonderful job. He thought they'd saved a million dollars. He wondered if they might consider giving the non-bargaining group (he didn't thinking they could do anything about the bargaining units) a piece of that back. If they were paying \$40 now from payroll, for example, maybe it could be adjusted. It was just a thought, not for tonight. He just wanted to roll that out. The idea came from another Council member, he said. Mr. Copley said he would definitely support that. Mr. Williams indicated that he would as well. Ms. Haskins understood that he was talking about a rebate to all employees with the exception of union employees. Mr. Copley said they would not want to open contracts. Mr. Stugmyer said he would support that 100%. It could be a great employee retention tool. And, said Mr. Copley, it put more money back in their pockets, which was very important. It was one small way to help the economy, observed Mr. Stugmyer, absolutely.

ADJOURNMENT: Mr. Copley made a motion to adjourn, which was seconded by Mr. Stugmyer. All were in favor. **The meeting was adjourned at approximately 6:30 p.m.**

Clerk of Council

President of Council