

## RESOLUTION NO. \_\_\_\_-15

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY  
OF SUNNYVALE AMENDING SALARY RESOLUTION  
NO. 190-05 TO MODIFY THE CITY'S CONTRIBUTION  
FOR MEDICAL INSURANCE FOR MANAGEMENT, SEA  
AND SEIU EMPLOYEES**

WHEREAS, pursuant to the Memoranda of Understanding (MOU) between the City of Sunnyvale and the Service Employees International Union (SEIU) and the Sunnyvale Employees Association (SEA), an amendment to the City's Salary Resolution is necessary to amend the City's contribution for health insurance under the Public Employees' Medical and Hospital Care Act (PEMHCA);

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SUNNYVALE THAT Section 5.505 is hereby amended to read as follows:

5.505. CITY CONTRIBUTION. MEDICAL INSURANCES.

The City will contribute the following amounts toward the cost of premiums for medical insurance under the Public Employees Medical and Hospital Care Act (PEMHCA) for each employee in the respective categories listed below, and his or her eligible dependents, and for each annuitant in CalPERS formerly in the respective categories listed below and his or her eligible dependents:

- (a) [Text unchanged]
- (b) Categories B and G. The cost of the premium or \$757.97 per month, whichever is less.
- (c) [Text unchanged]
- (d) Category L. The cost of the premium or \$416.90 per month, whichever is less.
- (e) Categories D/E, F, and K. The cost of the premium or \$757.97 per month, whichever is less. Effective January 1st each year, the City's contribution will be the lesser of the cost of the premium or the lowest cost HMO premium for single coverage of the lowest cost HMO plan available through the CalPERS Bay Area regional medical plans. Additionally, the City's contribution shall be no less than the highest City contribution for any of the employee represented units, including COA, PSOA, SEA, and SEIU.
- (f) [Text unchanged]

Adopted by the City Council at a regular meeting held on \_\_\_\_\_, 2015, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

RECUSAL:

ATTEST:

APPROVED:

\_\_\_\_\_  
City Clerk  
(SEAL)

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Attorney