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SEP 11 2014

MEMORANDUM

DATE: September 11, 2014

TO: Mayor and Council

THRU: Rich Dlugas, City Manager RD
Debra Stapleton, Director of Human Resources Division DS

FROM: Rae Lynn Nielsen, Benefits & Labor Relations Administrator RN

SUBJECT: Recommendation for Approval of APS Healthcare Bethesda, Inc. Agreement

RECOMMENDATION: Approve and authorize the Mayor and Council to approve the one year extension to the agreement between the City of Chandler and APS Healthcare Bethesda, Inc. for benefit plan year 2015, effective January 1, 2015.

BACKGROUND: City staff reviews the employee benefits package each year with the assistance of an employee benefits consulting firm. APS Healthcare Bethesda, Inc. provides confidential and professional employee counseling assistance dealing with issues ranging from grief to managing stress. Each of the counselors holds either a master or doctoral degrees and are certified or licensed by the appropriate state agency. The City of Chandler's employee utilization rate continues to be strong. There is no rate increase for benefit year 2015. This benefit is paid by the City and remains at $3.33 per employee per month.

PROPOSED MOTION: Move to approve and authorize the Mayor and Council to approve the one year extension to the agreement between the City of Chandler and APS Healthcare Bethesda, Inc. for benefit plan year 2015, effective January 1, 2015.

AMENDMENT FOR
CALENDAR YEAR 2015
TO THE AGREEMENT BETWEEN
THE CITY OF CHANDLER AND
APS HEALTHCARE BETHESDA, INC.
AS SUCCESSOR TO APS HEALTHCARE
SOUTHWEST, INC., A PROGRAM OF
EMPLOYEE SERVICES

This Amendment For Calendar Year 2015 is made and entered into this 13th day of August, 2014 to the *Agreement Between the City of Chandler and APS Healthcare Southwest, Inc., a Program of Employee Services* dated October 1, 2003 ("Amendment").

WHEREAS, the City of Chandler and APS Healthcare Southwest, Inc., entered into an agreement for a Program of Employee Services dated October 1, 2003, with a term ending December 31, 2004 ("Agreement"); subsequently the Agreement was extended through amendments for the years 2005 through 2013; and the Agreement was most recently amended to extend the term from January 1, 2014 through December 31, 2014 and for certain other changes through the *Amendment for Calendar Year 2014 to the Agreement Between the City of Chandler and APS Healthcare Bethesda, Inc. as Successor to APS Healthcare Southwest, Inc., a Program of Employee Services* ("2014 Amended Agreement"); and

WHEREAS, on or before October 9, 2009, APS Healthcare Bethesda, Inc., the parent company of APS Healthcare Southwest, Inc. agreed to be bound by the duties and obligations set forth in the Agreement between the City of Chandler and APS Healthcare Southwest, Inc.; and

WHEREAS, the City and APS Healthcare Bethesda, Inc. want to extend this Agreement for the term January 1, 2015 through December 31, 2015 and to amend the agreement to continue the $3.33 per employee per month rate for this additional term of January 1, 2015 through December 31, 2015.

NOW, THEREFORE, in consideration of the mutual covenants and provisions contained herein and other good and valuable consideration, the parties do agree to amend the Agreement as follows:

1. The term of the Agreement is extended for the period January 1, 2015 through December 31, 2015.

2. That Exhibit D, Special Provisions, to the Agreement is amended by adding the following: "01/01/15 – 12/31/15 at $3.33 pepm."

3. Except for the provisions amended by Items 1 and 2 above, the Agreement as amended by the *Amendment for Calendar Year 2014 to the Agreement Between the City of Chandler and APS Healthcare Bethesda, Inc. As Successor to APS Healthcare Southwest, Inc., a Program of Employee Services* shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this *Amendment For Calendar Year 2015 to the Agreement Between the City of Chandler and APS Healthcare Bethesda, Inc. As Successor to APS Healthcare Southwest, Inc., a Program of Employee Services* to be duly executed this ____ day of _____, 2014.

Employee Assistance Plan provided
by City of Chandler

By: _____
Mayor
Date:_____

CITY OF CHANDLER, ARIZONA

By: _____
Mayor
Date:_____

APS HEALTHCARE BETHESDA, INC. (as Contractor and Business Associate)

By: Susan Baker
Title: Vice President Operations
Date: August 13, 2014

APPROVED AS TO FORM:

_____
City Attorney

ATTEST: (If corporation)

_____
Secretary

ATTEST:

_____
City Clerk