

RESOLUTION NO. 020816-1

A RESOLUTION CONCERNING THE EMPLOYEE BENEFITS PLAN FOR THE CITY OF ABILENE, KANSAS

WHEREAS, the City Commission has adopted an Employee Benefits Plan ("Plan") providing for health insurance for employees of the City of Abilene;

WHEREAS, the City Commission recognizes the value of adopting a Plan that provides for the wellbeing of employees and also promotes the recruitment and retention of employees;

WHEREAS, the Employee Health Insurance Committee ("Committee") has reviewed the Plan and recommended amendments thereto for the City Commission's review and consideration.

NOW, THEREFORE BE IT RESOLVED, by the City Commission of the City of Abilene, as follows:

SECTION ONE. Employee Benefits Plan: Adopted. That the Employee Benefits Plan, as prepared by Freedom Claims 101, shall be hereby adopted as provided in **Exhibit A**.

SECTION TWO. Implementation. The City Manager is hereby authorized to implement changes to the Plan as provided in the approved Plan document and this Resolution as provided in applicable resolutions, ordinances, and laws.

SECTION THREE. Repeal. Adoption of this Resolution supersedes and repeals all previous Plans adopted by the City of Abilene, Kansas.

SECTION FOUR. Effective Date. That the effects of this Resolution shall be in full force and effect as of March 1, 2016.

PASSED AND APPROVED by the Governing Body of the City of Abilene, Kansas this 8th day of February, 2016.



ATTEST

Penny Soukup, CMC
Penny Soukup, CMC
City Clerk

CITY OF ABILENE, KANSAS

By:

Dennis P. Weishaar
Dennis P. Weishaar, Mayor

EXHIBIT A

Employee Benefits Plan

for the

City of Abilene, Kansas

February 8, 2016

Health Benefits Plan for the Employees

City of Abilene

Group Number: 911128

Effective Date: March 1, 2016		FreedomChoice	
Base Plan Claims Administrator Base Plan Financial Program Group Health Plan Preferred Provider Network PPO Network Website <i>Search for Provider here</i>		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier Current Carrier Current Carrier	
Base Plan	Amounts Paid By The Member	↓	↓
Employee Deductible <i>Deductible on Plan Year Basis</i>	Individual Family Limitation	\$1,000 \$2,000	\$2,000 \$4,000
Employee Cost Share Percentages AFTER Deductible		30%	40%
Out-of-Pocket Co-Insurance Maximum after Deductible <i>Before \$6,500 Limit Reached</i>	Individual Family Limitation	\$1,000 \$2,000	\$3,200 \$6,400
Copays Paid by Member "Per Visit" <i>Other Services performed subject to Deductible. Deductible applies AFTER Emergency Room Copayment made.</i>	Primary Care MD Specialist Physician Urgent Care Facility Emergency Room Inpatient Admission Copay Chiropractor	\$20 \$40 \$40 \$150 \$250 \$20	Deductible Deductible Deductible Deductible Deductible Deductible
Prescription Drug Card Benefit <i>Prescription drug services and administration provided by the current carrier and Serve You, a Prescription Management Company</i>	Generic Drugs Preferred Brand Non-Preferred Brand Specialty Drugs	<u>Retail Copays</u> \$3/\$15 \$35 \$55 Deductible/Co-insurance	<u>3 Month Supply</u> \$6.00/\$30.00 \$70 \$110
Routine Preventive Care <i>Covers Preventive Services recommended by the U.S. Preventive Task Force</i>	Per Person	100% -Paid by Primary Carrier	Deductible
Outpatient Lab/ Radiology Expenses		100% to \$200	
Routine Vision Exam (Limit one per Plan Year)		100% by Primary Carrier	Deductible
<p><i>Base Plan - Deductible, copays, cost share amounts & Rx copays for the member. Until the member's claims reach the \$6,500 threshold, the balance of these costs are paid by the Employer's Medical Expense Reimbursement Plan. Base Plan claims are processed by Freedom Claims Management, Inc. a Third Party Administrator, after first being submitted to your current carrier for claim discounting and review.</i></p>			
<p>Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151</p>			
Umbrella	Applies to Claims Exceeding this Amount →	\$6,500	\$13,000
Employee Cost Share Percentages after Group Health Plan Level Reached		Copays continue	30%
Out-of-Pocket Maximum		\$6,850	\$16,000
Lifetime Maximum		Unlimited	Unlimited
<p><i>Current Carrier will process and pay eligible claims above the \$6,500 threshold. Rx Card Copays and Office Visit Copays end after the \$6,850 threshold is reached.</i></p>			
<p>Please refer to the final Schedule of Benefits in the Summary Plan Description for FreedomChoice and the certificate of coverage from current Carrier for actual details on cost share amounts and all other eligible or ineligible expenses which supersede this handout.</p>			
<p>ID CARDS: You will have two ID Cards. Present both of them to your providers and pharmacies. Current carrier will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.</p>			
<p>Please use participating network physicians and hospitals that participate in your current carrier network in order to maximize benefits and reimbursements. Certain services require <u>Pre-Certification</u>. Please have your provider contact current carrier to maximize Benefit reimbursement.</p>			