

**RESOLUTION NO. 022315-1**

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

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

**WHEREAS**, the City Commission recognizes the value of adopting an Employee Benefits Plan that provides for the well-being of employees and also promotes the recruitment and retention of employees;

**WHEREAS**, the Employee Health Insurance Committee has reviewed the Employee Benefits 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; Amended.** That the Employee Benefits Plan, as prepared by Freedom Claims 101, shall be hereby amended as provided in **Exhibit A**.

**SECTION TWO. Implementation.** The City Manager is hereby authorized to implement changes to the Employee Benefits Plan as provided in the approved Employee Benefits 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 Employee Benefits 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, 2015.

**PASSED AND APPROVED** by the Governing Body of the City of Abilene, Kansas this 23<sup>rd</sup> day of February, 2015.

**CITY OF ABILENE, KANSAS**

By:   
Brenda Finn Bowers, Mayor

ATTEST:

  
Penny Soukup, CMC  
City Clerk

**EXHIBIT A**

**Employee Benefits Plan**

**for the**

**City of Abilene, Kansas**

**February 23, 2015**

# Health Benefits Plan for the Employees

City of Abilene

Effective Date: <b>March 1, 2015</b>		<b>FreedomChoice</b>	
Base Plan Financial Program "Umbrella Plan" Insurance Carrier PPO Provider Network PPO Network Website		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier Current Carrier Current Carrier	
		PPO Network	Non-Network
Base Plan	Amounts Paid By The Member...		
PLAN YEAR Employee Deductible	Single	\$1,000	\$2,000
<i>Deductible Restarts every March 1st</i>	Family Limitation	\$2,000	\$4,000
Employee Cost Share Percentages AFTER Deductible		30%	40%
Base Plan Out-of-Pocket Maximum AFTER Deductible	Single	\$1,000	\$3,200
<i>Before 1st \$5,000 Limit Reached</i>	Family Limitation	\$2,000	\$6,400
Copays Paid by Member "Per Visit"	Primary Care MD	\$20	Deductible
<i>"Services performed " are subject to Deductible. Deductible applies after Emergency Room Copayment made.</i>	Specialist Physician	\$40	Deductible
	Urgent Care Facility	\$40	Deductible
	Emergency Room	\$150	Deductible
	Inpatient Admission Copay	\$250	Deductible
	Chiropractic	\$20	
Prescription Drug Card Benefit	<i>Mandatory Generic</i>	<u>Retail Copays</u>	<u>3 Months Supply</u>
<i>Prescription Drug Services, administration &amp; Mail Order under the Base Plan are provided by Serve You &amp; their network of pharmacies</i>	Generic Drugs	\$3/\$15	\$6.00/\$30.00
	Preferred Brand	\$30	\$75.00
	Non-Preferred Brand	\$55	\$165.00
	Specialty	Deductible / Coinsurance	Deductible / Coinsurance
Routine Preventive Care	Per Person	Paid by Current Carrier	Deductible
Outpatient Lab / Radiology Expenses	Per Person	100% to \$200 at Facility	Deductible
Physician Office Visit Lab / Radiology	Per Person	Paid by Current Carrier	Deductible
Vision Exam Benefit		Exam Only	Deductible
		<i>(Employee may purchase Vision "Materials" Upgrade - On a Voluntary Basis)</i>	
<i>Base Plan: Member pays their share of the costs. Your Employer pays the balance of these costs until the Insurance Carrier "Umbrella" Threshold is reached (e.g. \$5,000). Base Plan claims are processed by Freedom Claims Management, Inc. your Health Plan Administrator, after first being submitted to Current Carrier, the insurance company, for claim discounting and review.</i>			
<b>Please direct ALL questions to → Freedom Claims Management, Inc. at 1-866-792-9151</b>			
Umbrella Plan	Applies to Claims Exceeding this Threshold →	\$5,000	\$10,000
Additional Copays Will Apply After Threshold Reached...		...Other Copays Continue	
		Rx Generic Copay Adjustment	
		Ambulance Copay continues at \$100	
Employee Cost Share Percentages after "Umbrella" Level Reached...		0%	30%
"Umbrella" Level Out-of-Pocket Maximum	Single	\$6,000	\$12,000
<i>(including deductible, Copayments, and Coinsurance)</i>	Family Limitation	2x	2x
Lifetime Maximum		Unlimited	
<i>Umbrella Plan: When claim amounts reach the INSURANCE CARRIER THRESHOLD (e.g. \$5,000), the amounts exceeding the THRESHOLD are paid DIRECTLY by the carrier to the provider or member, with exceptions.</i>			

Please refer to the final Schedule of Benefits in the Summary Plan Description for FreedomChoice and the certificate of coverage from your Current Carrier for actual details on cost share amounts and all other eligible or ineligible expenses which supersede this handout. This is not a legal document.

**ID CARDS:** You will have two ID Cards. Present both of them to your providers and pharmacy. Current Carrier Plan will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.

Maximum benefits are available when services are received from Current Carrier providers. Your financial responsibility is based on the provider network you select. Use of Non-Network providers increases your financial responsibility. Pre-Certification is required with Current Carrier to maximize benefit reimbursement.

<b>Effective Date:</b>	<b>March 1, 2015</b>	
<b>Dental Plan</b>		
PLAN YEAR Maximum Benefits (Combined for Type 1,2 & 3)		\$1,500
<b>Benefit Percentages:</b>		
Type 1 - Preventive Services		100%
Type 2 - Basic and Restorative		50%
Type 3 - Major Services		50%
<b>CONTRACT YEAR Deductibles:</b>		
Type 1 - Preventive Services		None
Type 2 - Basic and Restorative		\$25      \$50 Family
Type 3 - Major Services		\$25      \$50 Family

This is a brief overview of benefits. See your plan booklet for a complete listing of coverages and limitations.