

RESOLUTION NO. 021317-2

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, 2017.

PASSED AND APPROVED by the Governing Body of the City of Abilene, Kansas this 13th day of February, 2017.

CITY OF ABILENE, KANSAS

By: 
Dee Marshall, Mayor

ATTEST:

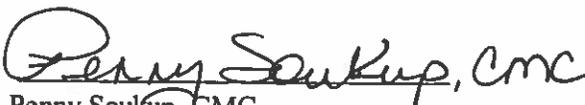

Penny Soukup, CMC
City Clerk

EXHIBIT A

Employee Benefits Plan

for the

City of Abilene, Kansas

February 13, 2017

Health Benefits Plan for the Employees

City of Abilene
Group Number: 911128

Effective Date: March 1, 2017

FreedomChoice

Base Plan Claims Administrator
Base Plan: Financial Program
Group Health Plan
PPO Network Website

Freedom Claims Management, Inc.
Medical Expense Reimbursement Plan
Current Carrier
www.actna.com

Base Plan

Amounts Paid By The Member

Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151

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 <i>Out-of-Pocket Co-Insurance Maximum after Deductible Before \$6,500 Limit Reached</i>		20% Individual Family Limitation	40% \$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 Chiropractor	\$20 \$40 \$20 \$150 \$20	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	<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 Routine Vision Exam (Limit one per Plan Year)		100% to \$200 100% by Primary Carrier	Deductible

Please use participating network physicians and hospitals that participate in your current carrier network in order to maximize benefits and reimbursements. Certain services require **Pre-Certification**. Please have your provider contact current carrier to maximize Benefit reimbursement.

SAVE \$250 ON YOUR DEDUCTIBLE BY COMPLETING YOUR WELLNESS FORM!

Preventive Services Covered at 100%

Services listed below are considered "Included, but not limited to...".
Age, gender, and risk factors may apply depending on covered service.

Dental Services (every 6 months)

- Routine Exams
- Cleanings
- Fluoride Treatments
- Bitewing X-rays

Immunizations

- Influenza
- Pneumococcal
- Herpes Zoster
- Preventive Childhood Immunizations
- DTaP
- HPV
- Hepatitis A & B

Diagnostic Screenings

- Cholesterol
- Colorectal Cancer
- Abdominal Aortic Aneurysm
- High Blood Pressure
- HIV
- Syphilis

Counseling Screenings

- Obesity
- Osteoporosis
- Alcohol Misuse
- Tobacco Use
- Diabetes
- STDs

Medications

- Aspirin
- Vitamin D Supplements
- Tobacco Cessation Medications
- Certain Cancer Prevention Medications
- Contraceptive medications and two visits per year for patient education and counseling on contraception

Preventive Yearly Exams

- Both Men and Women
- Well Women exam to include preventive cervical cancer screenings

Other Services

- Screening Mammography
- Breast Pumps, supplies, counseling and interventions

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.