

RESOLUTION NO. 121018-1

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 well being of employees and also promotes the recruitment and retention of employees;

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 Management, Inc, shall be hereby adopted as provided in Attachments.

SECTION TWO. Implementation. The City Manager is hereby authorized to implement 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 January 1, 2019.

PASSED AND APPROVED by the Governing Body of the City of Abilene, Kansas this 10th day of December, 2018.



Penny L. Soukup, CMC
Penny L. Soukup, CMC
City Clerk

CITY OF ABILENE, KANSAS
Tim Shafer
Dr. Tim Shafer, Mayor

Health Benefits Plan for the Employees

City of Abilene

Group Number: 911128

Health Savings Account

Effective Date: **January 1, 2019**

FreedomChoice

Base Plan Claims Administrator
Base Plan: Financial Program
Group Health Plan

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

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 Calendar Year Basis</i>	Individual Family Limitation	\$2,000 \$4,000	\$2,000 \$4,000
Employee Cost Share Percentages AFTER Deductible		20%	40%
Out-of-Pocket Co-Insurance Maximum after Deductible <i>Before \$6,350 Limit Reached</i>	Individual Family Limitation	\$1,000 \$2,000	\$3,200 \$6,400
Copays Paid by Member "Per Visit"	Primary Care MD Specialist Physician	Deductible Deductible	Deductible Deductible
<i>Other Services performed subject to Deductible.</i>	Urgent Care Facility Emergency Room Chiropractor	Deductible Deductible Deductible	Deductible Deductible Deductible
Routine Preventive Care <i>Covers Preventive Services recommended by the U.S. Preventive Task Force</i>	Per Person	100% -Paid by Primary Carrier	Deductible
Routine Vision Exam (Limit one per Plan Year)		100% by Primary Carrier	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> Deductible Deductible Deductible Deductible/Co-insurance. 30 days supply only.	<u>Mail Order</u> Deductible Deductible 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
- *PSA

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

- *Well Man exam
- *Well Women exam to include preventive cervical cancer screenings
- *Routine Vision Exam

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.

Employee Rates per month	Single Empl/Spouse Empl/Child(ren) Family	Employer		Employee	
			\$394.89		\$138.75
			\$723.04		\$254.04
			\$646.62		\$227.19
			\$1,059.93		\$372.41

Health Benefits Plan for the Employees

City of Abilene
Group Number: 911128
FreedomChoice Plan

Effective Date: January 1, 2019	FreedomChoice
Base Plan Claims Administrator Base Plan: Financial Program Group Health Plan	Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier

Base Plan	Amounts Paid By The Member
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Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151

Employee Deductible <i>Deductible on Calendar Year Basis</i>	Individual	\$1,000	\$2,000
	Family Limitation	\$2,000	\$4,000
Employee Cost Share Percentages AFTER Deductible		20%	40%
Out-of-Pocket Co-Insurance Maximum after Deductible <i>Before \$3,500 Limit Reached</i>	Individual	\$1,000	\$3,200
	Family Limitation	\$2,000	\$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	\$20	Deductible
	Specialist Physician	\$40	Deductible
	Urgent Care Facility	\$20	Deductible
	Emergency Room	\$150	Deductible
	Chiropractor	\$20	Deductible
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
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	\$15	37.50
	Preferred Brand	\$35	\$125
	Non-Preferred Brand	\$55	187.50
	Specialty Drugs	Deductible/Co-insurance. 30 days supply only.	

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.

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Preventive Services Covered at 100%

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<u>Dental Services (every 6 months)</u>	<u>Immunizations</u>	<u>Diagnostic Screenings</u>
- *Routine Exams	- *Influenza	- *Cholesterol
- *Cleanings	- DTaP	- HIV
- Fluoride Treatments	- Pneumococcal	- Colorectal Cancer
- *Bitewing X-rays	- HPV	- Syphilis
	- Herpes Zoster	- Abdominal Aortic Aneurysm
	- Hepatitis A & B	- High Blood Pressure
	- Preventive Childhood Immunizations	- *PSA
<u>Counseling Screenings</u>	<u>Medications</u>	<u>Preventive Yearly Exams</u>
- Obesity	- Aspirin	- *Well Man exam
- Osteoporosis	- Vitamin D Supplements	- *Routine Vision Exam
- Alcohol Misuse	- Tobacco Cessation Medications	- *Well Women exam to include preventive cervical cancer screenings
- Tobacco Use	- Certain Cancer Prevention Medications	
- Diabetes	- Contraceptive medications and two visits per year for patient education and counseling on contraception	<u>Other Services</u>
- STDs		- *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.

Employee Rates per month	Single	Employer	\$439.82	Employee	\$154.53
	Empl/Spouse		\$805.65		\$283.06
	Empl/Child(ren)		\$720.95		\$253.31
	Family		\$1,179.13		\$414.29